

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: <b>Consent</b> (consent)									
1	[ record_id ]	Record ID	text						
2	[ consent_given ]	Section Header: <i>Consent</i> Is consent required for this study?	radio <table><tr><td>1</td><td>Yes, consent is required for this study</td></tr><tr><td>0</td><td>No, Consent is not required/is waived for this study</td></tr></table> Field Annotation: Variable is optional based on study design.	1	Yes, consent is required for this study	0	No, Consent is not required/is waived for this study		
1	Yes, consent is required for this study								
0	No, Consent is not required/is waived for this study								
3	[ consentdt_mdy ] Show the field ONLY if: [consent_given] = '1'	Date of Consent <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. Variable is optional based on study design.						
4	[ consent_ident ] Show the field ONLY if: [consent_given] = '1'	I agree to let the Duke Clinical Research Institute collect the following identifiable information: name, address, contact information, and date of birth. <i>This is to enable linkage of deidentified data.</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: For consent forms that include these named identifiers. Variable is optional based on study design.	1	Yes	0	No		
1	Yes								
0	No								
5	[ consent_zip_2 ] Show the field ONLY if: [consent_given] = '1' and [consent_ident] = '0'	I agree to let the Duke Clinical Research Institute collect my zip code.	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: For consent forms that include zip code. Variable is optional based on study design.	1	Yes	0	No		
1	Yes								
0	No								
6	[ consent_recontact ] Show the field ONLY if: [consent_given] = '1'	I agree to be contacted for future research.	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: For consent forms that include recontact for future research. Variable is optional based on study design.	1	Yes	0	No		
1	Yes								
0	No								
7	[ consent_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								
Instrument: <b>Location</b> (location)									
8	[ current_county ]	County	text Field Annotation: To match with Census data						
9	[ zip_code ]	Zip Code	text (zipcode) Field Annotation: PX010801. Only one of zip_code or zip_code_3digit needs to be collected for tier 1 compliance.						
10	[ location_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								
Instrument: <b>Sociodemographics</b> (sociodemographics)									
11	[ sociodem_date_mdy ]	Date of Sociodemographic Data Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.						

12	[ race_ethn_race ]	<div>Section Header: <i>Demographics</i></div> <div>What is your race?</div> <div>Mark one or more boxes.</div> <div>Check all that apply</div>	<div>checkbox</div> <table><tr><td>1</td><td>race_ethn_race__1</td><td>American Indian or Alaska Native</td></tr><tr><td>2</td><td>race_ethn_race__2</td><td>Black or African American</td></tr><tr><td>3</td><td>race_ethn_race__3</td><td>Asian</td></tr><tr><td>4</td><td>race_ethn_race__4</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>5</td><td>race_ethn_race__5</td><td>White</td></tr><tr><td>15</td><td>race_ethn_race__15</td><td>Some other race</td></tr><tr><td>99</td><td>race_ethn_race__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: @NONEOFTHEABOVE = '99' PX011901   <a href="https://www.phenxtoolkit.org/protocols/view/11901">https://www.phenxtoolkit.org/protocols/view/11901</a>   U.S. Census Bureau, Census 2020, Questionnaire   Reduced to OMB + specify, added 99, Prefer not to answer</div>	1	race_ethn_race__1	American Indian or Alaska Native	2	race_ethn_race__2	Black or African American	3	race_ethn_race__3	Asian	4	race_ethn_race__4	Native Hawaiian or Other Pacific Islander	5	race_ethn_race__5	White	15	race_ethn_race__15	Some other race	99	race_ethn_race__99	Prefer not to answer																																																
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99	race_ethn_race__99	Prefer not to answer																																																																						
13	[ race_ethn_asian_detail_3 ]  Show the field ONLY if: [race_ethn_race(3)] = '1'	<div>Check all that apply</div>	<div>checkbox</div> <table><tr><td>6</td><td>race_ethn_asian_detail_3__6</td><td>Asian Indian</td></tr><tr><td>7</td><td>race_ethn_asian_detail_3__7</td><td>Bangladeshi</td></tr><tr><td>8</td><td>race_ethn_asian_detail_3__8</td><td>Bhutanese</td></tr><tr><td>9</td><td>race_ethn_asian_detail_3__9</td><td>Burmese</td></tr><tr><td>10</td><td>race_ethn_asian_detail_3__10</td><td>Cambodian</td></tr><tr><td>3</td><td>race_ethn_asian_detail_3__3</td><td>Chinese, except Taiwanese</td></tr><tr><td>2</td><td>race_ethn_asian_detail_3__2</td><td>Filipino</td></tr><tr><td>11</td><td>race_ethn_asian_detail_3__11</td><td>Hmong</td></tr><tr><td>12</td><td>race_ethn_asian_detail_3__12</td><td>Indonesian</td></tr><tr><td>1</td><td>race_ethn_asian_detail_3__1</td><td>Japanese</td></tr><tr><td>4</td><td>race_ethn_asian_detail_3__4</td><td>Korean</td></tr><tr><td>13</td><td>race_ethn_asian_detail_3__13</td><td>Laotian</td></tr><tr><td>14</td><td>race_ethn_asian_detail_3__14</td><td>Malaysian</td></tr><tr><td>15</td><td>race_ethn_asian_detail_3__15</td><td>Mongolian</td></tr><tr><td>16</td><td>race_ethn_asian_detail_3__16</td><td>Nepalese</td></tr><tr><td>17</td><td>race_ethn_asian_detail_3__17</td><td>Okinawan</td></tr><tr><td>18</td><td>race_ethn_asian_detail_3__18</td><td>Pakistani</td></tr><tr><td>19</td><td>race_ethn_asian_detail_3__19</td><td>Sri Lankan</td></tr><tr><td>20</td><td>race_ethn_asian_detail_3__20</td><td>Taiwanese</td></tr><tr><td>21</td><td>race_ethn_asian_detail_3__21</td><td>Thai</td></tr><tr><td>22</td><td>race_ethn_asian_detail_3__22</td><td>Vietnamese</td></tr><tr><td>5</td><td>race_ethn_asian_detail_3__5</td><td>Other Asian</td></tr><tr><td>99</td><td>race_ethn_asian_detail_3__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: @NONEOFTHEABOVE = '99'   detail from RADx-UP projects</div>	6	race_ethn_asian_detail_3__6	Asian Indian	7	race_ethn_asian_detail_3__7	Bangladeshi	8	race_ethn_asian_detail_3__8	Bhutanese	9	race_ethn_asian_detail_3__9	Burmese	10	race_ethn_asian_detail_3__10	Cambodian	3	race_ethn_asian_detail_3__3	Chinese, except Taiwanese	2	race_ethn_asian_detail_3__2	Filipino	11	race_ethn_asian_detail_3__11	Hmong	12	race_ethn_asian_detail_3__12	Indonesian	1	race_ethn_asian_detail_3__1	Japanese	4	race_ethn_asian_detail_3__4	Korean	13	race_ethn_asian_detail_3__13	Laotian	14	race_ethn_asian_detail_3__14	Malaysian	15	race_ethn_asian_detail_3__15	Mongolian	16	race_ethn_asian_detail_3__16	Nepalese	17	race_ethn_asian_detail_3__17	Okinawan	18	race_ethn_asian_detail_3__18	Pakistani	19	race_ethn_asian_detail_3__19	Sri Lankan	20	race_ethn_asian_detail_3__20	Taiwanese	21	race_ethn_asian_detail_3__21	Thai	22	race_ethn_asian_detail_3__22	Vietnamese	5	race_ethn_asian_detail_3__5	Other Asian	99	race_ethn_asian_detail_3__99	Prefer not to answer
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1	race_ethn_asian_detail_3__1	Japanese																																																																						
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99	race_ethn_asian_detail_3__99	Prefer not to answer																																																																						

14	<div>[race_ethn_islander_detail_2]</div> <div>Show the field ONLY if: [race_ethn_race(4)] = '1'</div>	Check all that apply	<div>checkbox</div> <table><tr><td>1</td><td>race_ethn_islander_detail_2__1</td><td>Native Hawaiian</td></tr><tr><td>2</td><td>race_ethn_islander_detail_2__2</td><td>Pacific Islander</td></tr><tr><td>3</td><td>race_ethn_islander_detail_2__3</td><td>Samoan</td></tr><tr><td>4</td><td>race_ethn_islander_detail_2__4</td><td>Tongan</td></tr><tr><td>5</td><td>race_ethn_islander_detail_2__5</td><td>Maori</td></tr><tr><td>6</td><td>race_ethn_islander_detail_2__6</td><td>Fijian</td></tr><tr><td>7</td><td>race_ethn_islander_detail_2__7</td><td>Chamorro</td></tr><tr><td>8</td><td>race_ethn_islander_detail_2__8</td><td>Chuukese</td></tr><tr><td>9</td><td>race_ethn_islander_detail_2__9</td><td>Kosraen</td></tr><tr><td>10</td><td>race_ethn_islander_detail_2__10</td><td>Marshallese</td></tr><tr><td>11</td><td>race_ethn_islander_detail_2__11</td><td>Palauan</td></tr><tr><td>12</td><td>race_ethn_islander_detail_2__12</td><td>Pohnpeian</td></tr><tr><td>13</td><td>race_ethn_islander_detail_2__13</td><td>Yapese</td></tr><tr><td>14</td><td>race_ethn_islander_detail_2__14</td><td>Other Pacific Islander</td></tr><tr><td>99</td><td>race_ethn_islander_detail_2__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: @NONEOFTHEABOVE = '99'   detail from RADx-UP projects</div>	1	race_ethn_islander_detail_2__1	Native Hawaiian	2	race_ethn_islander_detail_2__2	Pacific Islander	3	race_ethn_islander_detail_2__3	Samoan	4	race_ethn_islander_detail_2__4	Tongan	5	race_ethn_islander_detail_2__5	Maori	6	race_ethn_islander_detail_2__6	Fijian	7	race_ethn_islander_detail_2__7	Chamorro	8	race_ethn_islander_detail_2__8	Chuukese	9	race_ethn_islander_detail_2__9	Kosraen	10	race_ethn_islander_detail_2__10	Marshallese	11	race_ethn_islander_detail_2__11	Palauan	12	race_ethn_islander_detail_2__12	Pohnpeian	13	race_ethn_islander_detail_2__13	Yapese	14	race_ethn_islander_detail_2__14	Other Pacific Islander	99	race_ethn_islander_detail_2__99	Prefer not to answer
1	race_ethn_islander_detail_2__1	Native Hawaiian																																														
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99	race_ethn_islander_detail_2__99	Prefer not to answer																																														
15	<div>[race_ethn_orig_other]</div> <div>Show the field ONLY if: [race_ethn_race(15)] = '1'</div>	Specify other origin.	<div>text</div> <div>Field Annotation: PX011901   <a href="https://www.phenxtoolkit.org/protocols/view/11901">https://www.phenxtoolkit.org/protocols/view/11901</a>   U.S. Census Bureau, Census 2020, Questionnaire</div>																																													
16	<div>[race_ethn_hispanic]</div>	Are you of Hispanic, Latino, or Spanish origin?	<div>radio</div> <table><tr><td>0</td><td>No, not of Hispanic, Latino, or Spanish origin</td></tr><tr><td>1</td><td>Yes, of Hispanic, Latino, or Spanish origin</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX011901   <a href="https://www.phenxtoolkit.org/protocols/view/11901">https://www.phenxtoolkit.org/protocols/view/11901</a>   U.S. Census Bureau, Census 2020, Questionnaire   Reduced to OMB, Added 99, Prefer not to answer</div>	0	No, not of Hispanic, Latino, or Spanish origin	1	Yes, of Hispanic, Latino, or Spanish origin	99	Prefer not to answer																																							
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99	Prefer not to answer																																															
17	<div>[race_ethn_hispanic_detail_2]</div> <div>Show the field ONLY if: [race_ethn_hispanic] = '1'</div>	Please specify your origin	<div>checkbox</div> <table><tr><td>1</td><td>race_ethn_hispanic_detail_2__1</td><td>Mexican, Mexican Am., Chicano</td></tr><tr><td>2</td><td>race_ethn_hispanic_detail_2__2</td><td>Puerto Rican</td></tr><tr><td>3</td><td>race_ethn_hispanic_detail_2__3</td><td>Cuban</td></tr><tr><td>4</td><td>race_ethn_hispanic_detail_2__4</td><td>Another Hispanic, Latino, or Spanish origin</td></tr><tr><td>5</td><td>race_ethn_hispanic_detail_2__5</td><td>Salvadoran</td></tr><tr><td>6</td><td>race_ethn_hispanic_detail_2__6</td><td>Dominican</td></tr><tr><td>7</td><td>race_ethn_hispanic_detail_2__7</td><td>Colombian</td></tr><tr><td>99</td><td>race_ethn_hispanic_detail_2__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: @NONEOFTHEABOVE = '99'   PX011901</div>	1	race_ethn_hispanic_detail_2__1	Mexican, Mexican Am., Chicano	2	race_ethn_hispanic_detail_2__2	Puerto Rican	3	race_ethn_hispanic_detail_2__3	Cuban	4	race_ethn_hispanic_detail_2__4	Another Hispanic, Latino, or Spanish origin	5	race_ethn_hispanic_detail_2__5	Salvadoran	6	race_ethn_hispanic_detail_2__6	Dominican	7	race_ethn_hispanic_detail_2__7	Colombian	99	race_ethn_hispanic_detail_2__99	Prefer not to answer																					
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99	race_ethn_hispanic_detail_2__99	Prefer not to answer																																														
18	<div>[race_ethn_hispanic_other]</div> <div>Show the field ONLY if: [race_ethn_hispanic_detail_2(4)] = '1'</div>	Please specify other Hispanic, Latino, or Spanish origin. For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.	<div>text</div> <div>Field Annotation: PX011901</div>																																													
19	<div>[age_yrs]</div>	<div>Section Header:</div> <div>Age</div> <div>For babies less than 1 year old, do not write the age in months. Write 0 as the age.</div> <div>Years</div>	<div>text (integer, Min: 0, Max: 110)</div> <div>Field Annotation: Census   <a href="https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf">https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf</a>   Census ACS. Only one of age_years or dob_mdy needs to be collected for tier 1 compliance.</div>																																													

20	[bio_sex_birth_2]	What was your sex assigned at birth on your birth certificate?	<table><tr><td>1</td><td>Female</td></tr><tr><td>0</td><td>Male</td></tr><tr><td>3</td><td>Intersex</td></tr><tr><td>96</td><td>None of these describe me</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX011601   <a href="https://www.phenxtoolkit.org/protocols/view/11601">https://www.phenxtoolkit.org/protocols/view/11601</a>   HHS/CDC COVID Lab Reporting Specifications   Removed 'Biological' term</p>	1	Female	0	Male	3	Intersex	96	None of these describe me	99	Prefer not to answer										
1	Female																						
0	Male																						
3	Intersex																						
96	None of these describe me																						
99	Prefer not to answer																						
21	[gender_identity_term_2]	What terms best express how you describe your gender identity?	<table><tr><td>1</td><td>Woman</td></tr><tr><td>0</td><td>Man</td></tr><tr><td>3</td><td>Transgender man/Female-to-male (FTM)</td></tr><tr><td>4</td><td>Transgender woman/Male-to-female (MTF)</td></tr><tr><td>5</td><td>Gender non-binary/Genderqueer/Gender nonconforming</td></tr><tr><td>6</td><td>Agender</td></tr><tr><td>7</td><td>Bigender</td></tr><tr><td>8</td><td>Two-spirit</td></tr><tr><td>96</td><td>None of these describe me</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX011801 @NONEOFTHEABOVE='96,99'   Modified based on RADx-UP project feedback to conform to MTPC</p>	1	Woman	0	Man	3	Transgender man/Female-to-male (FTM)	4	Transgender woman/Male-to-female (MTF)	5	Gender non-binary/Genderqueer/Gender nonconforming	6	Agender	7	Bigender	8	Two-spirit	96	None of these describe me	99	Prefer not to answer
1	Woman																						
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6	Agender																						
7	Bigender																						
8	Two-spirit																						
96	None of these describe me																						
99	Prefer not to answer																						
22	[pregnancy_status]  Show the field ONLY if: [bio_sex_birth_2] = '1'	Are you currently pregnant?	<table><tr><td>1</td><td>Pregnant</td></tr><tr><td>0</td><td>Not Pregnant</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX240602   <a href="https://www.phenxtoolkit.org/protocols/view/240602">https://www.phenxtoolkit.org/protocols/view/240602</a> . Consider [gender_identity_term] = '1' and [age_yrs] &gt;= 18 as additional recruitment restraints.</p>	1	Pregnant	0	Not Pregnant	98	Don't know	99	Prefer not to answer												
1	Pregnant																						
0	Not Pregnant																						
98	Don't know																						
99	Prefer not to answer																						
23	[sex_orient_id]	Which of the following best represents how you think of yourself at this time?	<table><tr><td>1</td><td>Gay</td></tr><tr><td>2</td><td>Lesbian</td></tr><tr><td>3</td><td>Straight; that is, not gay or lesbian, etc.</td></tr><tr><td>4</td><td>Bisexual</td></tr><tr><td>96</td><td>None of these describe me</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX011701</p>	1	Gay	2	Lesbian	3	Straight; that is, not gay or lesbian, etc.	4	Bisexual	96	None of these describe me	99	Prefer not to answer								
1	Gay																						
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96	None of these describe me																						
99	Prefer not to answer																						
24	[edu_years_of_school]	What is the highest level of education you have achieved outside or in the United States? Grades roughly equivalent to years of school.	<table><tr><td>0</td><td>Have never gone to school</td></tr><tr><td>1</td><td>5th grade or less</td></tr><tr><td>2</td><td>6th to 8th grade</td></tr><tr><td>3</td><td>9th to 12th grade, no diploma</td></tr><tr><td>4</td><td>High school graduate or GED completed</td></tr><tr><td>5</td><td>Some college level/ Technical / Vocational degree</td></tr><tr><td>6</td><td>Bachelor's degree</td></tr><tr><td>7</td><td>Other advanced degree (Master's, Doctoral degree)</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr><tr><td>99</td><td>Don't know</td></tr></table> <p>Field Annotation: Recommendation from RADx-UP projects</p>	0	Have never gone to school	1	5th grade or less	2	6th to 8th grade	3	9th to 12th grade, no diploma	4	High school graduate or GED completed	5	Some college level/ Technical / Vocational degree	6	Bachelor's degree	7	Other advanced degree (Master's, Doctoral degree)	98	Prefer not to answer	99	Don't know
0	Have never gone to school																						
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7	Other advanced degree (Master's, Doctoral degree)																						
98	Prefer not to answer																						
99	Don't know																						

25	[sociodemographics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										
Instrument: <b>Housing Employment And Insurance</b> (housing_employment_and_insurance)																											
26	[housing_date_mdy]	Section Header: <i>Housing</i> Date of Housing, Employment and Insurance Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.																								
27	[household_famgen_3]	What best describes the people at your home:	radio <table border="1"> <tr><td>1</td><td>Just me</td></tr> <tr><td>2</td><td>Living with spouse, no kids</td></tr> <tr><td>3</td><td>Family including kids</td></tr> <tr><td>4</td><td>Family with 3 generations (parents, children, grandchildren)</td></tr> <tr><td>5</td><td>Family with 4 generations</td></tr> <tr><td>6</td><td>Living with roommates</td></tr> <tr><td>90</td><td>None of these</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE = '90'    Recommendation from RADx-UP projects. Update, added roommates as an option	1	Just me	2	Living with spouse, no kids	3	Family including kids	4	Family with 3 generations (parents, children, grandchildren)	5	Family with 4 generations	6	Living with roommates	90	None of these	99	Prefer not to answer								
1	Just me																										
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4	Family with 3 generations (parents, children, grandchildren)																										
5	Family with 4 generations																										
6	Living with roommates																										
90	None of these																										
99	Prefer not to answer																										
28	[household_homeless] Show the field ONLY if: [household_famgen_3] = '90'	Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Prefer not to answer</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table> Field Annotation: Recommendation from RADx-UP projects	1	Yes	0	No	98	Prefer not to answer	99	Don't know																
1	Yes																										
0	No																										
98	Prefer not to answer																										
99	Don't know																										
29	[household_congregate_3] Show the field ONLY if: [household_homeless] = '1'	Do you live in any of these?	radio <table border="1"> <tr><td>1</td><td>A group care setting</td></tr> <tr><td>2</td><td>Nursing home</td></tr> <tr><td>3</td><td>Residential care facility for people with intellectual and developmental disabilities</td></tr> <tr><td>4</td><td>A psychiatric treatment facility</td></tr> <tr><td>5</td><td>A group home</td></tr> <tr><td>6</td><td>A board and care home</td></tr> <tr><td>7</td><td>Prison or jail</td></tr> <tr><td>8</td><td>A halfway house</td></tr> <tr><td>9</td><td>Foster care</td></tr> <tr><td>10</td><td>Homeless or in no consistent shelter</td></tr> <tr><td>90</td><td>Somewhere else</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: <a href="https://loinc.org/sars-cov-2-and-covid-19/HHS/CDC_COVID_Lab_Reporting_Specification_request">https://loinc.org/sars-cov-2-and-covid-19/HHS/CDC_COVID_Lab_Reporting_Specification_request</a>	1	A group care setting	2	Nursing home	3	Residential care facility for people with intellectual and developmental disabilities	4	A psychiatric treatment facility	5	A group home	6	A board and care home	7	Prison or jail	8	A halfway house	9	Foster care	10	Homeless or in no consistent shelter	90	Somewhere else	99	Prefer not to answer
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90	Somewhere else																										
99	Prefer not to answer																										
30	[household_other] Show the field ONLY if: [household_congregate_3] = '90'	Where do you stay/live?	text																								
31	[jobloss_covid19_2]	Section Header: <i>Employment</i> Have you, or has anyone in your household, experienced a loss of employment income since the start of the COVID-19 pandemic (March 2020)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Custom alignment: RV Field Annotation: CENSUS	1	Yes	0	No	99	Prefer not to answer																		
1	Yes																										
0	No																										
99	Prefer not to answer																										

32	[current_employment_status]	We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else?	<div>radio</div> <table><tr><td>1</td><td>Working now</td></tr><tr><td>2</td><td>Only temporarily laid off, sick leave or maternity leave</td></tr><tr><td>3</td><td>Looking for work, unemployed</td></tr><tr><td>4</td><td>Retired</td></tr><tr><td>5</td><td>Disabled, permanently or temporarily</td></tr><tr><td>6</td><td>Keeping house</td></tr><tr><td>7</td><td>Student</td></tr><tr><td>96</td><td>Other (Specify)</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr><tr><td>99</td><td>Don't know</td></tr></table> <div>Field Annotation: PX011301   <a href="https://www.phenxtoolkit.org/protocols/view/11301">https://www.phenxtoolkit.org/protocols/view/11301</a>   Study of Income Dynamics (PSID), 2007     Added 99, Prefer not to answer</div>	1	Working now	2	Only temporarily laid off, sick leave or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, permanently or temporarily	6	Keeping house	7	Student	96	Other (Specify)	98	Prefer not to answer	99	Don't know				
1	Working now																										
2	Only temporarily laid off, sick leave or maternity leave																										
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5	Disabled, permanently or temporarily																										
6	Keeping house																										
7	Student																										
96	Other (Specify)																										
98	Prefer not to answer																										
99	Don't know																										
33	[cur_employ_stat_specify]  Show the field ONLY if: [current_employment_status] = '96'	Current employment status, Other - specify	<div>text</div> <div>Field Annotation: PX011301   <a href="https://www.phenxtoolkit.org/protocols/view/11301">https://www.phenxtoolkit.org/protocols/view/11301</a>   Study of Income Dynamics (PSID), 2007</div>																								
34	[employed_ew]  Show the field ONLY if: [current_employment_status] = '1'	Are you considered an essential worker? An essential worker is someone who was required to go to work even when stay at home orders were in place	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: LOINC95418-0   <a href="https://loinc.org/sars-cov-2-and-covid-19/">https://loinc.org/sars-cov-2-and-covid-19/</a>   No source: Novel item as per CDC testing reporting   Novel Question-- Modified based on feedback from RADx-Up projects</div>	1	Yes	0	No	99	Prefer not to answer	98	Don't know																
1	Yes																										
0	No																										
99	Prefer not to answer																										
98	Don't know																										
35	[employed_healthcare_2]  Show the field ONLY if: [current_employment_status] = '1'	Would any of these describe where you work? If you work multiple jobs, select the closest match to your main job.	<div>radio</div> <table><tr><td>1</td><td>Nursing care facilities</td></tr><tr><td>2</td><td>Visiting nurse or home health aide service</td></tr><tr><td>3</td><td>Building cleaning services</td></tr><tr><td>4</td><td>Public transportation</td></tr><tr><td>5</td><td>Corrections facility</td></tr><tr><td>6</td><td>EMT or paramedic services</td></tr><tr><td>7</td><td>Meat packing farm facility</td></tr><tr><td>8</td><td>Agriculture and food production facility</td></tr><tr><td>9</td><td>Grocery store</td></tr><tr><td>10</td><td>Construction</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: <a href="https://loinc.org/sars-cov-2-and-covid-19/">https://loinc.org/sars-cov-2-and-covid-19/</a>   Recommendation from RADx-UP projects</div>	1	Nursing care facilities	2	Visiting nurse or home health aide service	3	Building cleaning services	4	Public transportation	5	Corrections facility	6	EMT or paramedic services	7	Meat packing farm facility	8	Agriculture and food production facility	9	Grocery store	10	Construction	0	No	99	Prefer not to answer
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8	Agriculture and food production facility																										
9	Grocery store																										
10	Construction																										
0	No																										
99	Prefer not to answer																										
36	[hi_coverage_type]	What is the primary kind of health insurance or health care plan that you have now? <i>Exclude plans that pay for only one type of Service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.</i>	<div>radio</div> <table><tr><td>0</td><td>I do NOT have health insurance</td></tr><tr><td>1</td><td>Private (purchased directly or through Employment)</td></tr><tr><td>2</td><td>Public (Medicare, Medicaid, Tricare)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a>. Further simplified.</div>	0	I do NOT have health insurance	1	Private (purchased directly or through Employment)	2	Public (Medicare, Medicaid, Tricare)	98	Don't know	99	Prefer not to answer														
0	I do NOT have health insurance																										
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2	Public (Medicare, Medicaid, Tricare)																										
98	Don't know																										
99	Prefer not to answer																										

	37	[hi_loss_covid]	Did you lose health coverage because of the COVID-19 pandemic?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr><tr><td>99</td><td>Don't know</td></tr></table>	1	Yes	0	No	98	Prefer not to answer	99	Don't know
1	Yes											
0	No											
98	Prefer not to answer											
99	Don't know											
	38	[covid_pandemic_challenges]	The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past 6 months have you or your family experienced any of the below challenges?	descriptive Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> . Modified Timeframe.								
	39	[cov_pan_chal_hlth_2]	Getting the health care I need (including for mental health)	radio <table><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> . This question 'covid_pandemic_challenges_healthcare' can also be submitted with the variable name synonym 'cov_pan_chal_hlth'.	0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
0	No, not a challenge											
1	Yes, a minor challenge											
2	Yes, this is a major challenge											
99	Prefer not to answer											
	40	[covid_pandemic_challenges_abod_2]	Having a place to stay/live	radio <table><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> .	0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
0	No, not a challenge											
1	Yes, a minor challenge											
2	Yes, this is a major challenge											
99	Prefer not to answer											
	41	[covid_pandemic_challenges_food_2]	Getting enough food to eat	radio <table><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> .	0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
0	No, not a challenge											
1	Yes, a minor challenge											
2	Yes, this is a major challenge											
99	Prefer not to answer											
	42	[covid_pandemic_challenges_water_2]	Having clean water to drink	radio <table><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> .	0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
0	No, not a challenge											
1	Yes, a minor challenge											
2	Yes, this is a major challenge											
99	Prefer not to answer											
	43	[cov_pan_chal_med_2]	Getting the medicine I need	radio <table><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/</a> . This question 'covid_pandemic_challenges_medications' can also be submitted with the variable name synonym 'cov_pan_chal_med'.	0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
0	No, not a challenge											
1	Yes, a minor challenge											
2	Yes, this is a major challenge											
99	Prefer not to answer											

	44	[ cov_pan_chlng_trans_2 ]	Getting to where I need to go	<table><tr><td colspan="2">radio</td></tr><tr><td>0</td><td>No, not a challenge</td></tr><tr><td>1</td><td>Yes, a minor challenge</td></tr><tr><td>2</td><td>Yes, this is a major challenge</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.   <a href="https://detroitssurvey.umich.edu/COVID-19-survey-and-resources">https://detroitssurvey.umich.edu/COVID-19-survey-and-resources</a>. This question 'covid_pandemic_challenges_transportation' can also be submitted with the variable name synonym 'cov_pan_chlng_trans'.</p>	radio		0	No, not a challenge	1	Yes, a minor challenge	2	Yes, this is a major challenge	99	Prefer not to answer
radio														
0	No, not a challenge													
1	Yes, a minor challenge													
2	Yes, this is a major challenge													
99	Prefer not to answer													



45	[ language_home ]	<div>Section Header: <i>Spoken Language</i></div> <div>What languages do you read, understand, or speak at home?</div>	<div>checkbox</div> <table><tr><td>9</td><td>language_home__9</td><td>English</td></tr><tr><td>1</td><td>language_home__1</td><td>Spanish</td></tr><tr><td>10</td><td>language_home__10</td><td>Albanian</td></tr><tr><td>11</td><td>language_home__11</td><td>Apache</td></tr><tr><td>12</td><td>language_home__12</td><td>Arabic</td></tr><tr><td>13</td><td>language_home__13</td><td>Bengali/Bangla</td></tr><tr><td>14</td><td>language_home__14</td><td>Bhutanese</td></tr><tr><td>15</td><td>language_home__15</td><td>Burmese</td></tr><tr><td>4</td><td>language_home__4</td><td>Cantonese</td></tr><tr><td>16</td><td>language_home__16</td><td>Cape Verdean Creole</td></tr><tr><td>17</td><td>language_home__17</td><td>Creole</td></tr><tr><td>18</td><td>language_home__18</td><td>Chamoru</td></tr><tr><td>19</td><td>language_home__19</td><td>Chuukese</td></tr><tr><td>20</td><td>language_home__20</td><td>Dakota</td></tr><tr><td>21</td><td>language_home__21</td><td>Fijian</td></tr><tr><td>22</td><td>language_home__22</td><td>French</td></tr><tr><td>6</td><td>language_home__6</td><td>Hawaiian</td></tr><tr><td>23</td><td>language_home__23</td><td>Hmong</td></tr><tr><td>7</td><td>language_home__7</td><td>Ilokano</td></tr><tr><td>24</td><td>language_home__24</td><td>Karen</td></tr><tr><td>25</td><td>language_home__25</td><td>Khmer/Cambodian</td></tr><tr><td>26</td><td>language_home__26</td><td>Kinyarwanda</td></tr><tr><td>27</td><td>language_home__27</td><td>Korean</td></tr><tr><td>28</td><td>language_home__28</td><td>Kosraean</td></tr><tr><td>29</td><td>language_home__29</td><td>Lakota</td></tr><tr><td>30</td><td>language_home__30</td><td>Lingala</td></tr><tr><td>31</td><td>language_home__31</td><td>Mam</td></tr><tr><td>3</td><td>language_home__3</td><td>Mandarin</td></tr><tr><td>32</td><td>language_home__32</td><td>Marshallese</td></tr><tr><td>33</td><td>language_home__33</td><td>Mixteco</td></tr><tr><td>34</td><td>language_home__34</td><td>Nakota</td></tr><tr><td>8</td><td>language_home__8</td><td>Navajo</td></tr><tr><td>35</td><td>language_home__35</td><td>Nepali</td></tr><tr><td>36</td><td>language_home__36</td><td>Portuguese</td></tr><tr><td>37</td><td>language_home__37</td><td>Pohnpeian</td></tr><tr><td>38</td><td>language_home__38</td><td>Russian</td></tr><tr><td>39</td><td>language_home__39</td><td>Sign Language</td></tr><tr><td>40</td><td>language_home__40</td><td>Somali</td></tr><tr><td>41</td><td>language_home__41</td><td>Samoan</td></tr><tr><td>42</td><td>language_home__42</td><td>Swahili</td></tr><tr><td>5</td><td>language_home__5</td><td>Tagalog</td></tr><tr><td>43</td><td>language_home__43</td><td>Thai</td></tr><tr><td>44</td><td>language_home__44</td><td>Tongan</td></tr><tr><td>45</td><td>language_home__45</td><td>Triqui</td></tr><tr><td>2</td><td>language_home__2</td><td>Vietnamese</td></tr><tr><td>46</td><td>language_home__46</td><td>Zapoteco</td></tr><tr><td>90</td><td>language_home__90</td><td>Other</td></tr><tr><td>99</td><td>language_home__99</td><td>Prefer not to answer</td></tr></table> <div>Question number: RV Field Annotation: Required as tier 1 for projects funded January 2022 or later.</div>	9	language_home__9	English	1	language_home__1	Spanish	10	language_home__10	Albanian	11	language_home__11	Apache	12	language_home__12	Arabic	13	language_home__13	Bengali/Bangla	14	language_home__14	Bhutanese	15	language_home__15	Burmese	4	language_home__4	Cantonese	16	language_home__16	Cape Verdean Creole	17	language_home__17	Creole	18	language_home__18	Chamoru	19	language_home__19	Chuukese	20	language_home__20	Dakota	21	language_home__21	Fijian	22	language_home__22	French	6	language_home__6	Hawaiian	23	language_home__23	Hmong	7	language_home__7	Ilokano	24	language_home__24	Karen	25	language_home__25	Khmer/Cambodian	26	language_home__26	Kinyarwanda	27	language_home__27	Korean	28	language_home__28	Kosraean	29	language_home__29	Lakota	30	language_home__30	Lingala	31	language_home__31	Mam	3	language_home__3	Mandarin	32	language_home__32	Marshallese	33	language_home__33	Mixteco	34	language_home__34	Nakota	8	language_home__8	Navajo	35	language_home__35	Nepali	36	language_home__36	Portuguese	37	language_home__37	Pohnpeian	38	language_home__38	Russian	39	language_home__39	Sign Language	40	language_home__40	Somali	41	language_home__41	Samoan	42	language_home__42	Swahili	5	language_home__5	Tagalog	43	language_home__43	Thai	44	language_home__44	Tongan	45	language_home__45	Triqui	2	language_home__2	Vietnamese	46	language_home__46	Zapoteco	90	language_home__90	Other	99	language_home__99	Prefer not to answer
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47	[ language_pref ]	What is your preferred language at home?	<div>dropdown</div> <table><tr><td>9</td><td>English</td></tr><tr><td>1</td><td>Spanish</td></tr><tr><td>10</td><td>Albanian</td></tr><tr><td>11</td><td>Apache</td></tr><tr><td>12</td><td>Arabic</td></tr><tr><td>13</td><td>Bengali/Bangla</td></tr><tr><td>14</td><td>Bhutanese</td></tr><tr><td>15</td><td>Burmese</td></tr><tr><td>4</td><td>Cantonese</td></tr><tr><td>16</td><td>Cape Verdean Creole</td></tr><tr><td>17</td><td>Creole</td></tr><tr><td>18</td><td>Chamoru</td></tr><tr><td>19</td><td>Chuukese</td></tr><tr><td>20</td><td>Dakota</td></tr><tr><td>21</td><td>Fijian</td></tr><tr><td>22</td><td>French</td></tr><tr><td>6</td><td>Hawaiian</td></tr><tr><td>23</td><td>Hmong</td></tr><tr><td>7</td><td>Ilokano</td></tr><tr><td>24</td><td>Karen</td></tr><tr><td>25</td><td>Khmer/Cambodian</td></tr><tr><td>26</td><td>Kinyarwanda</td></tr><tr><td>27</td><td>Korean</td></tr><tr><td>28</td><td>Kosraean</td></tr><tr><td>29</td><td>Lakota</td></tr><tr><td>30</td><td>Lingala</td></tr><tr><td>31</td><td>Mam</td></tr><tr><td>3</td><td>Mandarin</td></tr><tr><td>32</td><td>Marshallese</td></tr><tr><td>33</td><td>Mixteco</td></tr><tr><td>34</td><td>Nakota</td></tr><tr><td>8</td><td>Navajo</td></tr><tr><td>35</td><td>Nepali</td></tr><tr><td>36</td><td>Portuguese</td></tr><tr><td>37</td><td>Pohnpeian</td></tr><tr><td>38</td><td>Russian</td></tr><tr><td>39</td><td>Sign Language</td></tr><tr><td>40</td><td>Somali</td></tr><tr><td>41</td><td>Samoan</td></tr><tr><td>42</td><td>Swahili</td></tr><tr><td>5</td><td>Tagalog</td></tr><tr><td>43</td><td>Thai</td></tr><tr><td>44</td><td>Tongan</td></tr><tr><td>45</td><td>Triqui</td></tr><tr><td>2</td><td>Vietnamese</td></tr><tr><td>46</td><td>Zapoteco</td></tr><tr><td>90</td><td>Other</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: Required as tier 1 for projects funded January 2022 or later.</div>	9	English	1	Spanish	10	Albanian	11	Apache	12	Arabic	13	Bengali/Bangla	14	Bhutanese	15	Burmese	4	Cantonese	16	Cape Verdean Creole	17	Creole	18	Chamoru	19	Chuukese	20	Dakota	21	Fijian	22	French	6	Hawaiian	23	Hmong	7	Ilokano	24	Karen	25	Khmer/Cambodian	26	Kinyarwanda	27	Korean	28	Kosraean	29	Lakota	30	Lingala	31	Mam	3	Mandarin	32	Marshallese	33	Mixteco	34	Nakota	8	Navajo	35	Nepali	36	Portuguese	37	Pohnpeian	38	Russian	39	Sign Language	40	Somali	41	Samoan	42	Swahili	5	Tagalog	43	Thai	44	Tongan	45	Triqui	2	Vietnamese	46	Zapoteco	90	Other	99	Prefer not to answer
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49	[family_income]	<p>Section Header: <i>Family Income</i></p> <p>In 2019, what was your total household income before taxes?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than \$15,000</td></tr> <tr><td>2</td><td>\$15,000 - \$19,999</td></tr> <tr><td>3</td><td>\$20,000 - \$24,999</td></tr> <tr><td>4</td><td>\$25,000 - \$34,999</td></tr> <tr><td>5</td><td>\$35,000 - \$49,999</td></tr> <tr><td>6</td><td>\$50,000 - \$74,999</td></tr> <tr><td>7</td><td>\$75,000 - \$99,999</td></tr> <tr><td>8</td><td>\$100,000 and above</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: PX011102   <a href="https://www.phenxtoolkit.org/protocols/view/11102">https://www.phenxtoolkit.org/protocols/view/11102</a>   Annual Family Income   NHIS   Simplified to basic question for minimum dataset and conform to CEAL question 25.</p>	1	Less than \$15,000	2	\$15,000 - \$19,999	3	\$20,000 - \$24,999	4	\$25,000 - \$34,999	5	\$35,000 - \$49,999	6	\$50,000 - \$74,999	7	\$75,000 - \$99,999	8	\$100,000 and above	99	Prefer not to answer
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50	[housing_employment_and_insurance_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
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<b>Instrument: Work Ppe And Distancing (work_ppe_and_distancing)</b>																					
51	[work_ppe_date_mdy]	<p>Date of Work PPE and Distancing Collection</p> <p>MM/DD/YYYY</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>text (date_mdy, Min: 1900-01-01)</p> <p>Field Annotation: Note: Maximum expected day = Current day.</p>																		
52	[work_wash_2]	<p>In your workplace, do you have access to necessary facilities to wash?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	99	Prefer not to answer						
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53	[work_closecont_2]	<p>Does your work require you to be in close contact (i.e. within 6 ft) with others?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation:   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV">https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV</a></p>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	99	Prefer not to answer						
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54	[work_ppe_2]	<p>In your workplace, do you have access to necessary personal protective equipment (PPE)?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>6</td><td>Not applicable</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation:   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV">https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV</a></p>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	6	Not applicable	99	Prefer not to answer				
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<b>Instrument: Medical History (medical_history)</b>																					

	56	[ med_hx_date_mdy ]	Section Header: <i>Medical History</i> Date of Medical History Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.						
	57	[ current_conditions ]	Section Header: <i>Conditions</i> Do you have any of the following conditions? (Select all that apply)	descriptive Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey						
	58	[ cc_imm_2 ]	Immunocompromised condition	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey- Update with reference if exists	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									
	59	[ cc_autoimm_2 ]	Autoimmune disease	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation:      Recommendation from RADx-UP projects	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									
	60	[ cc_hypertension_2 ]	Hypertension (HTN, high blood pressure)	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									
	61	[ cc_diabetes_2 ]	Diabetes	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									
	62	[ cc_chronickd_2 ]	Chronic kidney disease (CKD)	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									
	63	[ cc_cancer_2 ]	Cancer diagnosis and/or treatment within the past 12 months	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU</a> from JHU Community Survey	1	Yes	0	No	99	Prefer not to answer
1	Yes									
0	No									
99	Prefer not to answer									

	64	[cc_cvd_2]	Cardiovascular disease (CVD or heart disease)	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	65	[cc_asthma_2]	Asthma	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	66	[cc_copd_2]	Chronic obstructive pulmonary disease (COPD)	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	67	[cc_clung_2]	Other chronic lung disease	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey -Update with reference if exists</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	68	[cc_sickle_2]	Sickle Cell Anemia	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey -Update with reference if exists</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	69	[cc_depression_2]	Depression	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											
	70	[cc_asud_2]	Alcohol or substance use disorder	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Custom alignment: RH Field Annotation: JHU C4WARD   <a href="https://www.phenxtoolkit.org/toolkit_content/PDF/JHU%20Community%20Survey.pdf">https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</a></p>	radio		1	Yes	0	No	99	Prefer not to answer
radio												
1	Yes											
0	No											
99	Prefer not to answer											

	71	[cc_intrav_2]	Intravenous drug use	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: RH Field Annotation:      Recommendation from RADx-UP projects</div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes											
0	No											
99	Prefer not to answer											
	72	[cc_othermh_2]	Other mental health disorder	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: RH Field Annotation: JHU C4WARD   https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes											
0	No											
99	Prefer not to answer											
	73	[cc_otherchroniccond_2]	Other chronic condition	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: RH Field Annotation: JHU C4WARD   https://www.phenxtoolkit.org/toolkit_content/PDF/JHU from JHU Community Survey</div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes											
0	No											
99	Prefer not to answer											
	74	[medical_history_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <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											
Instrument: <b>Health Status</b> (health_status)												
	75	[hlthstat_date_mdy]	Date of Health Status Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.								
	76	[self_reported_height_coded]	Section Header: <i>Height</i> How tall are you without shoes?  Please choose the units you would like to use for height	<div>radio</div> <table><tr><td>1</td><td>Feet and inches</td></tr><tr><td>2</td><td>Meters and centimeters</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX020704   https://www.phenxtoolkit.org/protocols/view/20704?origin=search   2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire</div>	1	Feet and inches	2	Meters and centimeters	98	Don't know	99	Prefer not to answer
1	Feet and inches											
2	Meters and centimeters											
98	Don't know											
99	Prefer not to answer											
	77	[self_reported_height_feet]  Show the field ONLY if: [self_reported_height_coded] = "1"	Feet	text (integer, Min: 0, Max: 10) Field Annotation: PX020704   https://www.phenxtoolkit.org/protocols/view/20704?origin=search   2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire. Only self_reported_height_feet and self_reported_height_inches OR self_reported_height_meters and self_reported_height_centimeters needs to be collected.								
	78	[self_reported_height_inches]  Show the field ONLY if: [self_reported_height_coded] = "1"	Inches	text (number, Min: 0, Max: 11) Field Annotation: PX020704   https://www.phenxtoolkit.org/protocols/view/20704?origin=search   2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire. Only self_reported_height_feet and self_reported_height_inches OR self_reported_height_meters and self_reported_height_centimeters needs to be collected.								

	79	[ self_reported_height_meters ]  Show the field ONLY if: [self_reported_height_coded] = "2"	Meters	text (integer, Min: 0, Max: 3) Field Annotation: PX020704   https://www.phenxtoolkit.org/protocols/view/20704?origin=search   2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire. Only self_reported_height_feet and self_reported_height_inches OR self_reported_height_meters and self_reported_height_centimeters needs to be collected.														
	80	[ self_reported_height_centimeters ]  Show the field ONLY if: [self_reported_height_coded] = "2"	Centimeters	text (number, Min: 0, Max: 99) Field Annotation: PX020704   https://www.phenxtoolkit.org/protocols/view/20704?origin=search   2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire. Only self_reported_height_feet and self_reported_height_inches OR self_reported_height_meters and self_reported_height_centimeters needs to be collected.														
	81	[ self_reported_weight_units_2 ]	Section Header: <i>Weight</i>  Please choose the units you would like to use for weight	radio <table><tr><td>1</td><td>Kilograms</td></tr><tr><td>2</td><td>Pounds</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>  Field Annotation: PX021502   https://www.phenxtoolkit.org/protocols/view/21502?origin=search   2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual	1	Kilograms	2	Pounds	99	Prefer not to answer								
1	Kilograms																	
2	Pounds																	
99	Prefer not to answer																	
	82	[ self_reported_weight_kgs ]  Show the field ONLY if: [self_reported_weight_units_2] = "1"	How much do you weigh without clothes or shoes?  If you are currently pregnant, how much did you weigh before your pregnancy?	text (number, Min: 0, Max: 635) Field Annotation: PX021502   https://www.phenxtoolkit.org/protocols/view/21502?origin=search   2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual. Only self_reported_weight_kgs or self_reported_weight_lbs needs to be collected.														
	83	[ self_reported_weight_lbs ]  Show the field ONLY if: [self_reported_weight_units_2] = "2"	How much do you weigh without clothes or shoes?  If you are currently pregnant, how much did you weigh before your pregnancy?	text (number, Min: 0, Max: 1400) Field Annotation: PX021502   https://www.phenxtoolkit.org/protocols/view/21502?origin=search   2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual. Only self_reported_weight_kgs or self_reported_weight_lbs needs to be collected.														
	84	[ self_rpt_hlth_stat_asses ]	Section Header: <i>Self-reported Health</i>  Would you say your health in general is excellent, very good, good, fair, or poor?	radio <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr><tr><td>98</td><td>Don't know</td></tr></table>  Field Annotation: PX770101. This question 'self_reported_health_status_assessment' can also be submitted with the variable name synonym 'self_rpt_hlth_stat_asses'.	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	99	Prefer not to answer	98	Don't know
1	Excellent																	
2	Very good																	
3	Good																	
4	Fair																	
5	Poor																	
99	Prefer not to answer																	
98	Don't know																	
	85	[ health_status_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																	
Instrument: <b>Disability</b> (disability)																		
	86	[ disability_date_mdy ]	Date of Disability Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.														
	87	[ self_reported_disability ]	Do you have a disability that interferes with your ability to carry out daily activities? Examples of daily activities include walking, climbing stairs, shopping, balancing a checkbook, bathing or dressing.	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Prefer not to answer								
1	Yes																	
0	No																	
98	Prefer not to answer																	

88	[disability_deaf_2]	Are you deaf, or do you have serious difficulty hearing?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
89	[disability_blind_2]	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
90	[disability_decisions_2] Show the field ONLY if: [self_reported_disability] = "1"	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  (5 years of age or older)	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
91	[disability_walking_2] Show the field ONLY if: [self_reported_disability] = "1"	Do you have serious difficulty walking or climbing stairs?  (5 years of age or older)	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
92	[disability_dress_2] Show the field ONLY if: [self_reported_disability] = "1"	Do you have difficulty dressing or bathing?  (5 years of age or older)	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
93	[disability_errands_2] Show the field ONLY if: [self_reported_disability] = "1"	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  (15 years of age or older)	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Custom alignment: RH Field Annotation: CDC Disability   <a href="https://www.cdc.gov/ncbddd/disabilityandhealth/data">https://www.cdc.gov/ncbddd/disabilityandhealth/data</a></div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
94	[disability_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
<b>Instrument: Vaccine Acceptance</b> (vaccine_acceptance)											
95	[vacc_date_mdy]	Date of Vaccine Acceptance Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.								
96	[flu_vaccinehistind_2]	Section Header: <i>Vaccination</i> Have you ever received a flu vaccination?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: C08096</div>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										



97	[flu_vaccine_season_3] Show the field ONLY if: [flu_vaccinehistind_2] = "1"	Have you received a flu vaccine in the last 12 months?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: UPENN SURVEY</div>	1	Yes	0	No	98	Don't know	99	Prefer not to answer																															
1	Yes																																									
0	No																																									
98	Don't know																																									
99	Prefer not to answer																																									
98	[covid_vaccine]	Have you received a COVID-19 vaccine?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Prefer not to answer</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	1	Yes	0	No	98	Prefer not to answer	99	Don't know																															
1	Yes																																									
0	No																																									
98	Prefer not to answer																																									
99	Don't know																																									
99	[vaccine_reasons_3]	<div>Section Header: Reasons for Getting/Not Getting a COVID 19 Vaccine</div> <div>Why would/did you get a COVID-19 vaccine?</div> <div>Check all that apply</div>	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>vaccine_reasons_3__1</td><td>I want(ed) to keep my family safe</td></tr> <tr><td>2</td><td>vaccine_reasons_3__2</td><td>I want(ed) to keep my community safe</td></tr> <tr><td>3</td><td>vaccine_reasons_3__3</td><td>I want(ed) to keep myself safe</td></tr> <tr><td>4</td><td>vaccine_reasons_3__4</td><td>I have(had) a chronic health problem, like asthma or diabetes</td></tr> <tr><td>5</td><td>vaccine_reasons_3__5</td><td>My doctor told me to get a COVID-19 vaccine</td></tr> <tr><td>6</td><td>vaccine_reasons_3__6</td><td>I don't(didn't) want to get really sick from COVID-19</td></tr> <tr><td>7</td><td>vaccine_reasons_3__7</td><td>I want(ed) to feel safe around other people</td></tr> <tr><td>8</td><td>vaccine_reasons_3__8</td><td>I believe(d) life won't go back to normal until most people get a COVID-19 vaccine</td></tr> <tr><td>10</td><td>vaccine_reasons_3__10</td><td>Required by my school or workplace</td></tr> <tr><td>11</td><td>vaccine_reasons_3__11</td><td>Required for travel</td></tr> <tr><td>9</td><td>vaccine_reasons_3__9</td><td>Other</td></tr> <tr><td>96</td><td>vaccine_reasons_3__96</td><td>Not Applicable</td></tr> <tr><td>99</td><td>vaccine_reasons_3__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='96'  From CEAL questions</div>	1	vaccine_reasons_3__1	I want(ed) to keep my family safe	2	vaccine_reasons_3__2	I want(ed) to keep my community safe	3	vaccine_reasons_3__3	I want(ed) to keep myself safe	4	vaccine_reasons_3__4	I have(had) a chronic health problem, like asthma or diabetes	5	vaccine_reasons_3__5	My doctor told me to get a COVID-19 vaccine	6	vaccine_reasons_3__6	I don't(didn't) want to get really sick from COVID-19	7	vaccine_reasons_3__7	I want(ed) to feel safe around other people	8	vaccine_reasons_3__8	I believe(d) life won't go back to normal until most people get a COVID-19 vaccine	10	vaccine_reasons_3__10	Required by my school or workplace	11	vaccine_reasons_3__11	Required for travel	9	vaccine_reasons_3__9	Other	96	vaccine_reasons_3__96	Not Applicable	99	vaccine_reasons_3__99	Prefer not to answer
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100	[vaccine_concerns_3]	<p>Why would you/did you NOT get a COVID-19 vaccine?</p> <p><i>Check all that apply</i></p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>vaccine_concerns_3__1</td> <td>I am/was allergic to vaccines</td> </tr> <tr> <td>2</td> <td>vaccine_concerns_3__2</td> <td>I don't/didn't like needles</td> </tr> <tr> <td>3</td> <td>vaccine_concerns_3__3</td> <td>I am/was not concerned about getting really sick from COVID-19</td> </tr> <tr> <td>4</td> <td>vaccine_concerns_3__4</td> <td>I am/was concerned about side effects from the vaccine</td> </tr> <tr> <td>5</td> <td>vaccine_concerns_3__5</td> <td>I don't/didn't think vaccines work very well</td> </tr> <tr> <td>6</td> <td>vaccine_concerns_3__6</td> <td>I don't/didn't trust that the vaccine will be safe</td> </tr> <tr> <td>7</td> <td>vaccine_concerns_3__7</td> <td>I don't/didn't believe the COVID-19 pandemic is as bad as some people say it is</td> </tr> <tr> <td>8</td> <td>vaccine_concerns_3__8</td> <td>I don't/didn't want to pay for it</td> </tr> <tr> <td>9</td> <td>vaccine_concerns_3__9</td> <td>I don't/didn't know enough about how well a COVID-19 vaccine works</td> </tr> <tr> <td>10</td> <td>vaccine_concerns_3__10</td> <td>Other</td> </tr> <tr> <td>96</td> <td>vaccine_concerns_3__96</td> <td>Not Applicable</td> </tr> <tr> <td>99</td> <td>vaccine_concerns_3__99</td> <td>Prefer not to answer</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '96'   From CEAL questions</p>	1	vaccine_concerns_3__1	I am/was allergic to vaccines	2	vaccine_concerns_3__2	I don't/didn't like needles	3	vaccine_concerns_3__3	I am/was not concerned about getting really sick from COVID-19	4	vaccine_concerns_3__4	I am/was concerned about side effects from the vaccine	5	vaccine_concerns_3__5	I don't/didn't think vaccines work very well	6	vaccine_concerns_3__6	I don't/didn't trust that the vaccine will be safe	7	vaccine_concerns_3__7	I don't/didn't believe the COVID-19 pandemic is as bad as some people say it is	8	vaccine_concerns_3__8	I don't/didn't want to pay for it	9	vaccine_concerns_3__9	I don't/didn't know enough about how well a COVID-19 vaccine works	10	vaccine_concerns_3__10	Other	96	vaccine_concerns_3__96	Not Applicable	99	vaccine_concerns_3__99	Prefer not to answer
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101	[vaccine_acceptance_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
0	Incomplete																																						
1	Unverified																																						
2	Complete																																						
<b>Instrument: Testing (testing)</b>																																							
102	[test_date_mdy]	<p>Date of Testing Collection</p> <p><i>MM/DD/YYYY</i></p>	<p>text (date_mdy, Min: 1900-01-01)</p> <p>Field Annotation: Note: Maximum expected day = Current day.</p>																																				
103	[isolate_maintain_job]	<p>If you were to test positive for COVID-19, would you be able to isolate without losing your job?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
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104	[quarantine_maintain_job]	<p>If you would be exposed to someone with COVID-19, would you be able to quarantine without losing your job?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
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105	[tested_for_covid]	<p>Section Header: <i>Tested previously for COVID-19</i></p> <p>Have you ever been tested for COVID-19?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> <p>Field Annotation: PX570201</p>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
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98	Don't know																																						
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106	[tested_positive_for_covid]	<p>Section Header: <i>Tested positive for COVID-19</i></p> <p>Have you ever tested positive for COVID-19?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
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107	<div>[positivemonth_covidtest_2]</div> <div>Show the field ONLY if: [tested_positive_for_covid] = "1"</div>	What month did you first test positive for COVID-19?	<div>dropdown</div> <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><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	99	Prefer not to answer
1	January																												
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108	<div>[positiveyear_covidtest_3]</div> <div>Show the field ONLY if: [tested_positive_for_covid] = "1"</div>	What year did you first test positive for COVID-19?	<div>radio</div> <table><tr><td>1</td><td>2019</td></tr><tr><td>2</td><td>2020</td></tr><tr><td>3</td><td>2021</td></tr><tr><td>4</td><td>2022</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201. For sequentially added years, we will accept all versions of this variable going forward, including 1.0.</div>	1	2019	2	2020	3	2021	4	2022	99	Prefer not to answer																
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109	<div>[recentmonth_covidtest_2]</div> <div>Show the field ONLY if: [tested_for_covid] = "1"</div>	What month did you have your most recent COVID-19 test?	<div>dropdown</div> <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><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	99	Prefer not to answer
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110	<div>[recentyear_covidtest_3]</div> <div>Show the field ONLY if: [tested_for_covid] = "1"</div>	What year did you have your most recent COVID-19 test?	<div>radio</div> <table><tr><td>1</td><td>2019</td></tr><tr><td>2</td><td>2020</td></tr><tr><td>3</td><td>2021</td></tr><tr><td>4</td><td>2022</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201. For sequentially added years, we will accept all versions of this variable going forward, including 1.0.</div>	1	2019	2	2020	3	2021	4	2022	99	Prefer not to answer																
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111	[recentresult_covidtest]  Show the field ONLY if: [tested_for_covid] = "1"	What was the result of your most recent COVID-19 test?	radio <table><tr><td>1</td><td>Negative</td></tr><tr><td>2</td><td>Positive</td></tr><tr><td>3</td><td>Never obtained results</td></tr><tr><td>4</td><td>Indeterminate</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: PX570201	1	Negative	2	Positive	3	Never obtained results	4	Indeterminate	98	Don't know	99	Prefer not to answer
1	Negative														
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112	[cov_tst_mthd_2]  Show the field ONLY if: [tested_for_covid] = "1"	How were you tested for your most recent test?	radio <table><tr><td>1</td><td>Nasal Swab</td></tr><tr><td>2</td><td>Throat Swab</td></tr><tr><td>3</td><td>Blood Sample</td></tr><tr><td>4</td><td>Saliva</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Nasal Swab	2	Throat Swab	3	Blood Sample	4	Saliva	99	Prefer not to answer		
1	Nasal Swab														
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3	Blood Sample														
4	Saliva														
99	Prefer not to answer														
113	[test_accesswhere_2]	Section Header: Accessibility to testing I know where I can get COVID-19 testing in my community.	radio <table><tr><td>0</td><td>Strongly disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither disagree or agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP	0	Strongly disagree	1	Disagree	2	Neither disagree or agree	3	Agree	4	Strongly agree	99	Prefer not to answer
0	Strongly disagree														
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3	Agree														
4	Strongly agree														
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114	[test_accesseasy_2]	It is easy to get tested for COVID-19.	radio <table><tr><td>0</td><td>Strongly disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither disagree or agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP	0	Strongly disagree	1	Disagree	2	Neither disagree or agree	3	Agree	4	Strongly agree	99	Prefer not to answer
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115	[testing_complete]	Section Header: Form Status 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														
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2	Complete														
Instrument: Covid Test (covid_test)															
116	[test_desc]	This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team. For many projects some of these fields may be prefilled, such as location, method target, test name, specimen type, specimen collector. Testing results will need to be filled in after collection	descriptive												
117	[covid_test_date_mdy]	Date of COVID Test Information Collection MM/DD/YYYY	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												

118	[ covid_test_tar_dis_stat_2 ]	Participant Testing Disease Status	<div>checkbox</div> <table><tr><td>1</td><td>covid_test_tar_dis_stat_2__1</td><td>Asymptomatic</td></tr><tr><td>2</td><td>covid_test_tar_dis_stat_2__2</td><td>Pre-symptomatic illness</td></tr><tr><td>3</td><td>covid_test_tar_dis_stat_2__3</td><td>Mild/Moderate outpatient illness</td></tr><tr><td>4</td><td>covid_test_tar_dis_stat_2__4</td><td>Acute illness</td></tr><tr><td>5</td><td>covid_test_tar_dis_stat_2__5</td><td>Severe/Critical inpatient illness</td></tr><tr><td>6</td><td>covid_test_tar_dis_stat_2__6</td><td>Exposed</td></tr><tr><td>9</td><td>covid_test_tar_dis_stat_2__9</td><td>Convalescent illness</td></tr></table> <div>Field Annotation:   From RADx-UP Testing Core. This replaces covid_test_target_disease_status with a multi select option based on site feedback. Definitions: Asymptomatic = Being asymptomatic means that you have no symptoms. Pre-symptomatic illness = Time between infection and developing symptoms. This category can only be distinguished from "asymptomatic" if the patient is followed to determine if symptoms ever developed. Mild/Moderate outpatient illness = Covid positive outpatient. Acute illness (symptomatic) = Symptomatic COVID disease without regard for severity. Severe/Critical inpatient illness = Covid positive inpatient. Exposed = Was in contact with COVID positive person but is themselves asymptomatic at the time of testing. Convalescent illness = Previously had COVID.</div>	1	covid_test_tar_dis_stat_2__1	Asymptomatic	2	covid_test_tar_dis_stat_2__2	Pre-symptomatic illness	3	covid_test_tar_dis_stat_2__3	Mild/Moderate outpatient illness	4	covid_test_tar_dis_stat_2__4	Acute illness	5	covid_test_tar_dis_stat_2__5	Severe/Critical inpatient illness	6	covid_test_tar_dis_stat_2__6	Exposed	9	covid_test_tar_dis_stat_2__9	Convalescent illness
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6	covid_test_tar_dis_stat_2__6	Exposed																						
9	covid_test_tar_dis_stat_2__9	Convalescent illness																						
119	[ covid_test_approval ]	Quality and Regulatory	<div>radio</div> <table><tr><td>1</td><td>CLIA/CP certified</td></tr><tr><td>2</td><td>CLIA Waiver</td></tr><tr><td>3</td><td>FDA authorized (EUA)</td></tr><tr><td>4</td><td>FDA cleared</td></tr><tr><td>5</td><td>LDT</td></tr><tr><td>90</td><td>Other (specify)</td></tr></table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	CLIA/CP certified	2	CLIA Waiver	3	FDA authorized (EUA)	4	FDA cleared	5	LDT	90	Other (specify)									
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120	[ covid_test_approval_other ] Show the field ONLY if: [covid_test_approval] = "90"	Other approval	<div>text</div> <div>Field Annotation: From RADx-UP Testing Core</div>																					
121	[ covid_test_collection_setting ]	Test Collection Setting	<div>radio</div> <table><tr><td>1</td><td>Clinic</td></tr><tr><td>2</td><td>Drive-through</td></tr><tr><td>3</td><td>Home</td></tr><tr><td>4</td><td>Mobile unit</td></tr><tr><td>5</td><td>Lab</td></tr><tr><td>6</td><td>Mail-in</td></tr><tr><td>7</td><td>Community location (e.g., church, school, community center, etc.)</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Clinic	2	Drive-through	3	Home	4	Mobile unit	5	Lab	6	Mail-in	7	Community location (e.g., church, school, community center, etc.)	90	Other, Specify					
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90	Other, Specify																							
122	[ cov_tst_col_set_oth ] Show the field ONLY if: [covid_test_collection_setting] = "90"	Other setting	<div>text</div> <div>Field Annotation: From RADx-UP Testing Core. This question 'covid_test_collection_setting_other' can also be submitted with the variable name synonym 'cov_tst_col_set_oth'.</div>																					

123	[ covid_test_performed_location ]	Test Performed Location	<table><tr><td>1</td><td>Clinic</td></tr><tr><td>2</td><td>Drive-through</td></tr><tr><td>3</td><td>Home</td></tr><tr><td>4</td><td>Mobile unit</td></tr><tr><td>5</td><td>Lab</td></tr><tr><td>6</td><td>Mail-in</td></tr><tr><td>7</td><td>Community location (e.g., church, school, community center, etc.)</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Clinic	2	Drive-through	3	Home	4	Mobile unit	5	Lab	6	Mail-in	7	Community location (e.g., church, school, community center, etc.)	90	Other, Specify		
1	Clinic																				
2	Drive-through																				
3	Home																				
4	Mobile unit																				
5	Lab																				
6	Mail-in																				
7	Community location (e.g., church, school, community center, etc.)																				
90	Other, Specify																				
124	[ cov_tst_perf_loc_oth ] Show the field ONLY if: [covid_test_performed_location] = "90"	Other performed location	text Field Annotation:   From RADx-UP Testing Core. This question 'covid_test_performed_location_other' can also be submitted with the variable name synonym 'cov_tst_perf_loc_oth'.																		
125	[ covid_test_study_setting ]	Study Setting	<table><tr><td>1</td><td>Community health center</td></tr><tr><td>2</td><td>Nursing home or long-term care facility</td></tr><tr><td>3</td><td>Prison or correctional facility</td></tr><tr><td>4</td><td>Public housing</td></tr><tr><td>5</td><td>Rural</td></tr><tr><td>6</td><td>Urban</td></tr><tr><td>7</td><td>School</td></tr><tr><td>8</td><td>In-home</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Community health center	2	Nursing home or long-term care facility	3	Prison or correctional facility	4	Public housing	5	Rural	6	Urban	7	School	8	In-home	90	Other, Specify
1	Community health center																				
2	Nursing home or long-term care facility																				
3	Prison or correctional facility																				
4	Public housing																				
5	Rural																				
6	Urban																				
7	School																				
8	In-home																				
90	Other, Specify																				
126	[ covid_test_study_setting_other ] Show the field ONLY if: [covid_test_study_setting] = "90"	Other study setting	text Field Annotation: From RADx-UP Testing Core																		
127	[ covid_test_type ]	Test Method Target	<table><tr><td>1</td><td>Antibody</td></tr><tr><td>2</td><td>Antigen</td></tr><tr><td>3</td><td>Nucleic acid/PCR</td></tr><tr><td>4</td><td>Nucleic acid/Isothermal</td></tr><tr><td>5</td><td>Molecular/host response</td></tr><tr><td>6</td><td>Biochemical marker (eg, pH)</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Antibody	2	Antigen	3	Nucleic acid/PCR	4	Nucleic acid/Isothermal	5	Molecular/host response	6	Biochemical marker (eg, pH)	90	Other, Specify				
1	Antibody																				
2	Antigen																				
3	Nucleic acid/PCR																				
4	Nucleic acid/Isothermal																				
5	Molecular/host response																				
6	Biochemical marker (eg, pH)																				
90	Other, Specify																				
128	[ covid_test_type_other ] Show the field ONLY if: [covid_test_type] = "90"	Other method target	text Field Annotation: From RADx-UP Testing Core																		
129	[ covid_test_name ]	Test manufacturer (or LDT) and test name	text Field Annotation: From RADx-UP Testing Core																		

	130	[ covid_test_specimen_type ]	Specimen Type	radio <table><tr><td>1</td><td>Anterior nasal swab</td></tr><tr><td>2</td><td>Mid-turbinate nasal swab</td></tr><tr><td>3</td><td>Nasopharyngeal swab</td></tr><tr><td>4</td><td>Oropharyngeal swab</td></tr><tr><td>5</td><td>Nasal lavage</td></tr><tr><td>6</td><td>Saliva</td></tr><tr><td>7</td><td>Sputum</td></tr><tr><td>8</td><td>Whole blood</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> Field Annotation: From RADx-UP Testing Core	1	Anterior nasal swab	2	Mid-turbinate nasal swab	3	Nasopharyngeal swab	4	Oropharyngeal swab	5	Nasal lavage	6	Saliva	7	Sputum	8	Whole blood	90	Other, Specify
1	Anterior nasal swab																					
2	Mid-turbinate nasal swab																					
3	Nasopharyngeal swab																					
4	Oropharyngeal swab																					
5	Nasal lavage																					
6	Saliva																					
7	Sputum																					
8	Whole blood																					
90	Other, Specify																					
	131	[ covid_test_specimen_type_other ]  Show the field ONLY if: [ covid_test_specimen_type ] = "90"	Other specimen type	text Field Annotation: From RADx-UP Testing Core																		
	132	[ covid_test_specimen_collector ]	Specimen Collector	radio <table><tr><td>1</td><td>Self-collect</td></tr><tr><td>2</td><td>Health Care Provider collected</td></tr><tr><td>90</td><td>Other, Specify</td></tr></table> Field Annotation: From RADx-UP Testing Core	1	Self-collect	2	Health Care Provider collected	90	Other, Specify												
1	Self-collect																					
2	Health Care Provider collected																					
90	Other, Specify																					
	133	[ cov_tst_spec_col_oth ]  Show the field ONLY if: [ covid_test_specimen_collector ] = "90"	Other specimen collector	text Field Annotation: From RADx-UP Testing Core. This question 'covid_test_specimen_collector_other' can also be submitted with the variable name synonym 'cov_tst_spec_col_oth'.																		
	134	[ covid_test_collect_datetime ]	Date and time specimen collected	text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.																		
	135	[ covid_test_result_datetime ]	Date and time result received	text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.																		
	136	[ covid_test_result_sent_datetime ]	Date and time result sent to participant	text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.																		
	137	[ covid_test_result_raw ]	Raw test result (if not a Positive/Negative/Failed report)	text Field Annotation: From RADx-UP Testing Core																		
	138	[ covid_test_result ]	Test result	radio <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Negative</td></tr><tr><td>3</td><td>Failed</td></tr><tr><td>4</td><td>Lost</td></tr><tr><td>90</td><td>Other</td></tr></table> Field Annotation: From RADx-UP Testing Core	1	Positive	2	Negative	3	Failed	4	Lost	90	Other								
1	Positive																					
2	Negative																					
3	Failed																					
4	Lost																					
90	Other																					
	139	[ covid_test_result_other ]  Show the field ONLY if: [ covid_test_result ] = "90"	Other test result	text																		
	140	[ covid_test_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																					
Instrument: <b>Symptoms</b> (symptoms)																						
	141	[ sym_date_mdy ]	Section Header: <i>This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team.</i> Date of Symptom Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.																		

142	[ covidsympdesc ]	Section Header: <i>Current Symptoms</i> Have you had any of these symptoms during the past week?	descriptive Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening   modified to 1 week based on feedback from RADx-UP projects   Only for projects that are providing acute COVID-19 testing								
143	[ covid_fever_2 ]	Fever or chills	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
144	[ covid_cough_2 ]	Cough	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
145	[ covid_diffbreath_2 ]	Shortness of breath or difficulty breathing	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
146	[ covid_fatigue_2 ]	Lack of energy or general tired feeling	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening   modified to 1 week based on feedback from RADx-UP projects. This CDE can also be submitted under its previous name covid_fatigue_2 (with a q)	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
147	[ covid_myalgia_2 ]	Muscle or body aches	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
148	[ covid_headache_2 ]	Headache	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation:  https://www.cdc.gov/screening/index.html  CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										



149	[covid_olfactory_2]	New loss of taste or smell	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   <a href="https://www.cdc.gov/screening/index.html">https://www.cdc.gov/screening/index.html</a>   CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
150	[covid_runnynose_2]	Sore throat, congestion or runny nose	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   <a href="https://www.cdc.gov/screening/index.html">https://www.cdc.gov/screening/index.html</a>   CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
151	[covid_nausea_2]	Feeling sick to your stomach or vomiting, diarrhea	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   <a href="https://www.cdc.gov/screening/index.html">https://www.cdc.gov/screening/index.html</a>   CDC COVID-19 Screening   modified to 1 week based on feedback from RADx-UP projects	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
152	[covid_abpain_2]	Abdominal Pain	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   From NIH communications	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
153	[covid_skinrash_2]	Skin Rash	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   From NIH communications	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
154	[covid_other_2]	Other	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation:   <a href="https://www.cdc.gov/screening/index.html">https://www.cdc.gov/screening/index.html</a>   CDC COVID-19 Screening	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
155	[symptoms_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
<b>Instrument: Alcohol And Tobacco</b> (alcohol_and_tobacco)											
156	[alcohol_date_mdy]	Date of Alcohol/Tobacco Use Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.								

157	[lifetime_use_alcohol]	Section Header: <i>Alcohol and Tobacco/Nicotine Use</i>  In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>  Custom alignment: RV Field Annotation: PX030101   <a href="https://www.phenxtoolkit.org/protocols/view/30101">https://www.phenxtoolkit.org/protocols/view/30101</a>   element name to lifetime_use_alcohol, added 99, Prefer not to answer	1	Yes	0	No	99	Prefer not to answer						
1	Yes														
0	No														
99	Prefer not to answer														
158	[alcohol_daysperweek]  Show the field ONLY if: [lifetime_use_alcohol] = '1'	How often do you have a drink containing alcohol?	radio <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Monthly or less</td></tr><tr><td>2</td><td>2-4 times a month</td></tr><tr><td>3</td><td>2-3 times a week</td></tr><tr><td>4</td><td>4 or more times a week</td></tr><tr><td>5</td><td>Don't know or refuse to answer</td></tr></table>  Field Annotation:   <a href="https://www.drugabuse.gov/sites/default/files/audit.pdf">https://www.drugabuse.gov/sites/default/files/audit.pdf</a>   Alcohol Use Disorders Identification Test (AUDIT)	0	Never	1	Monthly or less	2	2-4 times a month	3	2-3 times a week	4	4 or more times a week	5	Don't know or refuse to answer
0	Never														
1	Monthly or less														
2	2-4 times a month														
3	2-3 times a week														
4	4 or more times a week														
5	Don't know or refuse to answer														
159	[smoker_cur_stat_2]	Do you now smoke cigarettes?	radio <table><tr><td>4</td><td>Every Day</td></tr><tr><td>3</td><td>Some Days</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr><tr><td>99</td><td>Don't know</td></tr></table>  Field Annotation: PX30604   <a href="https://www.phenxtoolkit.org/protocols/view/30604">https://www.phenxtoolkit.org/protocols/view/30604</a>   to <a href="https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019-BRFSS-Questionnaire-508.pdf">https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019-BRFSS-Questionnaire-508.pdf</a> C09.01	4	Every Day	3	Some Days	2	Rarely	1	Not at all	98	Prefer not to answer	99	Don't know
4	Every Day														
3	Some Days														
2	Rarely														
1	Not at all														
98	Prefer not to answer														
99	Don't know														
160	[smoker_number]  Show the field ONLY if: [smoker_cur_stat_2] ='4'	If you smoke every day, on average, how many cigarettes per day do you smoke?	text (number, Min: 1, Max: 80) Field Annotation: PX30604   <a href="https://www.phenxtoolkit.org/protocols/view/30604">https://www.phenxtoolkit.org/protocols/view/30604</a>   to <a href="https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019-BRFSS-Questionnaire-508.pdf">https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019-BRFSS-Questionnaire-508.pdf</a> C09.01												
161	[vaper_cur_stat]	Do you now use electronic cigarettes every day, some days, rarely, or not at all?	radio <table><tr><td>4</td><td>Every Day</td></tr><tr><td>3</td><td>Some Days</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>98</td><td>Prefer not to answer</td></tr><tr><td>99</td><td>Don't know</td></tr></table>  Field Annotation:   <a href="https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_SGR_App_2-2_508.pdf">https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/pdfs/2016_SGR_App_2-2_508.pdf</a>	4	Every Day	3	Some Days	2	Rarely	1	Not at all	98	Prefer not to answer	99	Don't know
4	Every Day														
3	Some Days														
2	Rarely														
1	Not at all														
98	Prefer not to answer														
99	Don't know														
162	[alcohol_and_tobacco_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														
Instrument: <b>Identity</b> (identity)															
163	[iden_date_mdy]	Section Header: <i>About you</i>  Date of Identity Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Please note that for linkage, first name, last name, zipcode, phone, date of birth and email are required to maximize ability to link. Note: Maximum expected day = Current day.												
164	[first_name]	First Name	text Field Annotation: PX011402												
165	[last_name]	Last Name	text Field Annotation: PX011402												

	166	[current_street]	Street Address	text Field Annotation: PX010801
	167	[current_street2]	Street Address 2	text
	168	[current_city]	City	text Custom alignment: RH Field Annotation: PX010801

169

[current\_state]

State or Territory

dropdown (autocomplete)

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia(DC)
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AMS	American Somoa
GUAM	GUAM

				<table border="1"> <tr> <td>NMI</td><td>Northern Mariana Islands</td></tr> <tr> <td>PR</td><td>Puerto Rico</td></tr> <tr> <td>USVI</td><td>US Virgin Islands</td></tr> </table>	NMI	Northern Mariana Islands	PR	Puerto Rico	USVI	US Virgin Islands																
NMI	Northern Mariana Islands																									
PR	Puerto Rico																									
USVI	US Virgin Islands																									
				Field Annotation: PX010801																						
	170	[mobile_phone]	Mobile Phone	text (phone)																						
	171	[home_phone]	Home Phone	text (phone)																						
	172	[other_phone]	Other Phone	text (phone)																						
	173	[personal_email]	Personal Email	text (email)																						
	174	[other_email]	Other Email	text (email)																						
	175	[preferred_contact_method_2]	Preferred Method of Contact	radio <table border="1"> <tr><td>1</td><td>Mobile phone</td></tr> <tr><td>2</td><td>Home phone</td></tr> <tr><td>3</td><td>Other phone</td></tr> <tr><td>4</td><td>Personal email</td></tr> <tr><td>5</td><td>Other email</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Mobile phone	2	Home phone	3	Other phone	4	Personal email	5	Other email	99	Prefer not to answer										
1	Mobile phone																									
2	Home phone																									
3	Other phone																									
4	Personal email																									
5	Other email																									
99	Prefer not to answer																									
	176	[dob_mdy]	Date of Birth MM/DD/YYYY	text (date_mdy, Min: 1900-01-01) Field Annotation: Census @HIDEBUTTON Note: Maximum expected day = Current day. Only one of age_years or dob_mdy needs to be collected for tier 1 compliance.																						
	177	[identity_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																									
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2	Complete																									
Instrument: <b>Tier2 Sociodemographics</b> (tier2_sociodemographics)																										
	178	[sex_orient_desc_2] Show the field ONLY if: [sex_orient_id] = '96'	Are any of these a closer description of how you think of yourself?	radio <table border="1"> <tr><td>1</td><td>Queer</td></tr> <tr><td>2</td><td>Polysexual, omnisexual, sapiosexual or pansexual</td></tr> <tr><td>3</td><td>Asexual or Asexual Spectrum</td></tr> <tr><td>4</td><td>Two-spirit</td></tr> <tr><td>5</td><td>Have not figured out or are in the process of figuring out your sexuality</td></tr> <tr><td>6</td><td>Mostly straight, but sometimes attracted to people of your own sex</td></tr> <tr><td>7</td><td>Do not think of yourself as having sexuality</td></tr> <tr><td>8</td><td>Do not use labels to identity yourself</td></tr> <tr><td>98</td><td>Don't know the answer</td></tr> <tr><td>96</td><td>No, I have a different description and would like to specify</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Queer	2	Polysexual, omnisexual, sapiosexual or pansexual	3	Asexual or Asexual Spectrum	4	Two-spirit	5	Have not figured out or are in the process of figuring out your sexuality	6	Mostly straight, but sometimes attracted to people of your own sex	7	Do not think of yourself as having sexuality	8	Do not use labels to identity yourself	98	Don't know the answer	96	No, I have a different description and would like to specify	99	Prefer not to answer
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96	No, I have a different description and would like to specify																									
99	Prefer not to answer																									
				Field Annotation: PX011701																						
	179	[sex_orient_desc_other] Show the field ONLY if: [sex_orient_desc_2] = '96'	Specify your description of how you think of yourself.	text Field Annotation: PX011701																						
	180	[tier2_sociodemographics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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2	Complete																									
Instrument: <b>Tier2 Medical History</b> (tier2_medical_history)																										
	181	[missed_procedure_2]	Section Header: <i>Missed medical procedure</i> Since the start of the COVID-19 pandemic (March 2020), have you needed to postpone any medical care?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer																
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99	Prefer not to answer																									
				Custom alignment: RH Field Annotation: JHU C4WARD																						

182	[tier2_medical_history_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>Tier2 Vaccine Acceptance</b> (tier2_vaccine_acceptance)															
183	[vaccine_safe_2]	Section Header: <i>In deciding whether to get the COVID-19 vaccine, how important are/were these statements to you ? 1 = Not Important, 3 = Neutral, 5 = Very Important</i> The vaccine is safe	radio (Matrix) <table border="1"> <tr><td>1</td><td>1- Not important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3- Neutral</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5- Very important</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Not important	2	2	3	3- Neutral	4	4	5	5- Very important	99	Prefer not to answer
1	1- Not important														
2	2														
3	3- Neutral														
4	4														
5	5- Very important														
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184	[vaccine_effective_2]	The vaccine prevents COVID-19	radio (Matrix) <table border="1"> <tr><td>1</td><td>1- Not important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3- Neutral</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5- Very important</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Not important	2	2	3	3- Neutral	4	4	5	5- Very important	99	Prefer not to answer
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2	2														
3	3- Neutral														
4	4														
5	5- Very important														
99	Prefer not to answer														
185	[vaccine_free_2]	The vaccine is free or low cost	radio (Matrix) <table border="1"> <tr><td>1</td><td>1- Not important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3- Neutral</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5- Very important</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Not important	2	2	3	3- Neutral	4	4	5	5- Very important	99	Prefer not to answer
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2	2														
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4	4														
5	5- Very important														
99	Prefer not to answer														
186	[vaccine_no_pain_2]	The vaccine is not painful	radio (Matrix) <table border="1"> <tr><td>1</td><td>1- Not important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3- Neutral</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5- Very important</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Not important	2	2	3	3- Neutral	4	4	5	5- Very important	99	Prefer not to answer
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5	5- Very important														
99	Prefer not to answer														
187	[vaccine_conven_2]	Convenience in where and when I can get it	radio (Matrix) <table border="1"> <tr><td>1</td><td>1- Not important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3- Neutral</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5- Very important</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Not important	2	2	3	3- Neutral	4	4	5	5- Very important	99	Prefer not to answer
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5	5- Very important														
99	Prefer not to answer														
188	[vaccine_manufac_2] Show the field ONLY if: [covid_vaccine]='1'	Who was the manufacturer of the most recent vaccine you received?	radio <table border="1"> <tr><td>1</td><td>Pfizer</td></tr> <tr><td>2</td><td>Moderna</td></tr> <tr><td>3</td><td>Johnson &amp; Johnson</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Pfizer	2	Moderna	3	Johnson & Johnson	4	Other	98	Don't know	99	Prefer not to answer
1	Pfizer														
2	Moderna														
3	Johnson & Johnson														
4	Other														
98	Don't know														
99	Prefer not to answer														
189	[vaccine_manufac_oth] Show the field ONLY if: [vaccine_manufac_2] = '4'	Who was the manufacturer of your most recent vaccine?	text												
190	[vaccine_dose] Show the field ONLY if: [covid_vaccine]='1'	How many doses have you received?	text (integer, Min: 1, Max: 7), Required												

191	[ vaccine_rec1_dte ] Show the field ONLY if: [ covid_vaccine ] = '1' and [ vaccine_dose ] >= 1	On what date did you receive your first shot of the vaccine? <i>MM/DD/YYYY</i>	text (date_mdy, Min: 2020-01-01) Field Annotation: Note: Maximum expected day = Current day.														
192	[ vaccine_last_dte ] Show the field ONLY if: [ covid_vaccine ] = '1' and [ vaccine_dose ] >= 2	On what date did you receive your most recent shot of the vaccine? <i>MM/DD/YYYY</i>	text (date_mdy, Min: 2020-01-01) Field Annotation: Note: Maximum expected day = Current day.														
193	[ vaccine_edu_pre ] Show the field ONLY if: [ covid_vaccine ] = '1'	Prior to your vaccination, were you given information or brochures about the vaccine and/or COVID-19? <i>This would include materials or discussions with your doctor, your library or church, a government health agency, university/college, or community health organization.</i>	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
194	[ vaccine_edu_post ] Show the field ONLY if: [ covid_vaccine ] = '1'	After your vaccination, were you given information or brochures about the vaccine and/or COVID-19? <i>This would include materials or discussions with your doctor, your library or church, a government health agency, university/college, or community health organization.</i>	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
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98	Don't know																
99	Prefer not to answer																
195	[ vaccine_literacy ]	How often do you need someone to help you to understand information or guidance from your doctor, nurse or pharmacist?	radio <table border="1"> <tr><td>1</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Rarely</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: From All Aspects of Health Literacy Scale	1	Often	2	Sometimes	3	Rarely	98	Don't know	99	Prefer not to answer				
1	Often																
2	Sometimes																
3	Rarely																
98	Don't know																
99	Prefer not to answer																
196	[ vaccine_prev_expos ]	To the best of your knowledge, have you previously been exposed to someone who has had a positive COVID-19 test?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
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197	[ vaccine_options ]	On a scale of 1-5, How informed are you that you know which vaccine option is right for you? (1 is least informed, 5 is most informed)	radio <table border="1"> <tr><td>1</td><td>1- Least informed</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 - Most informed</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	1- Least informed	2	2	3	3	4	4	5	5 - Most informed	98	Don't know	99	Prefer not to answer
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4	4																
5	5 - Most informed																
98	Don't know																
99	Prefer not to answer																
198	[ vaccine_requirement ]	Is the vaccine required by your school or job?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
199	[ vaccine_booster ]	If you are given a recommendation for a vaccine booster, will you get a booster?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
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200	[ tier2_vaccine_acceptance_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
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2	Complete																

201	[test_percvaccuneg_2]	<div>Section Header: <i>Perceived accuracy of testing</i></div> <div>How confident are you that a negative test result means that you do not have COVID-19?</div>	<div>radio</div> <table><tr><td>0</td><td>Not at all confident</td></tr><tr><td>1</td><td>Somewhat confident</td></tr><tr><td>2</td><td>Confident</td></tr><tr><td>3</td><td>Very confident</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all confident	1	Somewhat confident	2	Confident	3	Very confident	99	Prefer not to answer		
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202	[test_percvaccupos_2]	<div>How confident are you that a positive test result means that you do have COVID-19?</div>	<div>radio</div> <table><tr><td>0</td><td>Not at all confident</td></tr><tr><td>1</td><td>Somewhat confident</td></tr><tr><td>2</td><td>Confident</td></tr><tr><td>3</td><td>Very confident</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all confident	1	Somewhat confident	2	Confident	3	Very confident	99	Prefer not to answer		
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203	[test_pbene]	<div>Section Header: <i>Perceived benefits of testing</i></div> <div>How much do the following encourage you to get tested?</div>	<div>descriptive</div> <div>Field Annotation: RADX UP</div>												
204	[test_pbeneworry_2]	<div>Reduce worry that I might have COVID-19.</div>	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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99	Prefer not to answer														
205	[test_pbeneexposed_2]	<div>Believe that I was exposed to someone who has COVID-19.</div>	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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206	[test_pbenesafe_2]	<div>To know if I am safe not to give COVID-19 to friends and family.</div>	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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207	[test_pbenearound_2]	<div>To know if I am safe not to give COVID-19 to anyone I am around.</div>	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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4	Very much														
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208	[test_pbenework_2]	To let my employer know that I am safe to work.	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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209	[test_pbenepos_2]	To get treated early (if I am positive).	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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210	[test_prisk]	Section Header: <i>Perceived risks of testing</i> How much do the following discourage you to get tested?	descriptive Field Annotation: RADX UP														
211	[test_priskouch_2]	May experience discomfort from being tested.	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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3	Moderately																
4	Very much																
99	Prefer not to answer																
212	[test_prisklater_2]	Even if I don't have it when tested, I can still get COVID-19 later.	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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4	Very much																
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213	[test_prisknosymp_2]	I don't have COVID-19 symptoms so I don't need to be tested.	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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4	Very much																
99	Prefer not to answer																
214	[test_priskcontact_2]	If I'm positive, officials will need to contact the people I've been in contact with.	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div>	radio (Matrix)		0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer
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4	Very much																
99	Prefer not to answer																

215	[test_priskknow_2]	I don't want to know if I have it.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Slightly</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: RADX UP	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer			
0	Not at all																	
1	Slightly																	
2	Somewhat																	
3	Moderately																	
4	Very much																	
99	Prefer not to answer																	
216	[test_prisknohelp_2]	Not much they can do for me if I have it.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Slightly</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: RADX UP	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer			
0	Not at all																	
1	Slightly																	
2	Somewhat																	
3	Moderately																	
4	Very much																	
99	Prefer not to answer																	
217	[test_priskhlthcare_2]	Difficult to get needed healthcare if I have it.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Slightly</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: RADX UP	0	Not at all	1	Slightly	2	Somewhat	3	Moderately	4	Very much	99	Prefer not to answer			
0	Not at all																	
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2	Somewhat																	
3	Moderately																	
4	Very much																	
99	Prefer not to answer																	
218	[test_intent_2]	Section Header: <i>Intention to be tested</i> I plan to get tested as often as needed.	radio <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither disagree or agree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: RADX UP	0	Strongly Disagree	1	Disagree	2	Neither disagree or agree	3	Agree	4	Strongly agree	99	Prefer not to answer			
0	Strongly Disagree																	
1	Disagree																	
2	Neither disagree or agree																	
3	Agree																	
4	Strongly agree																	
99	Prefer not to answer																	
219	[test_resneg_2]	Section Header: <i>Interpretation of negative or positive results</i> If I get a negative test result, it means  [check all that apply]: <i>Check all that apply</i>	checkbox <table border="1"> <tr> <td>1</td> <td>test_resneg_2__1</td> <td>I don't have to worry about getting COVID-19</td> </tr> <tr> <td>2</td> <td>test_resneg_2__2</td> <td>I don't have COVID-19 now</td> </tr> <tr> <td>3</td> <td>test_resneg_2__3</td> <td>I can be around others without giving the virus to them</td> </tr> <tr> <td>4</td> <td>test_resneg_2__4</td> <td>I can be around others without getting the virus from them</td> </tr> <tr> <td>99</td> <td>test_resneg_2__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: RADX UP	1	test_resneg_2__1	I don't have to worry about getting COVID-19	2	test_resneg_2__2	I don't have COVID-19 now	3	test_resneg_2__3	I can be around others without giving the virus to them	4	test_resneg_2__4	I can be around others without getting the virus from them	99	test_resneg_2__99	Prefer not to answer
1	test_resneg_2__1	I don't have to worry about getting COVID-19																
2	test_resneg_2__2	I don't have COVID-19 now																
3	test_resneg_2__3	I can be around others without giving the virus to them																
4	test_resneg_2__4	I can be around others without getting the virus from them																
99	test_resneg_2__99	Prefer not to answer																
220	[test_respos_2]	If I get a positive result, it means:  [check all that apply] <i>Check all that apply</i>	checkbox <table border="1"> <tr> <td>1</td> <td>test_respos_2__1</td> <td>I will need to be admitted to the hospital</td> </tr> <tr> <td>2</td> <td>test_respos_2__2</td> <td>I will need to isolate myself from others</td> </tr> <tr> <td>3</td> <td>test_respos_2__3</td> <td>I will need to take off work</td> </tr> <tr> <td>99</td> <td>test_respos_2__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: RADX UP	1	test_respos_2__1	I will need to be admitted to the hospital	2	test_respos_2__2	I will need to isolate myself from others	3	test_respos_2__3	I will need to take off work	99	test_respos_2__99	Prefer not to answer			
1	test_respos_2__1	I will need to be admitted to the hospital																
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3	test_respos_2__3	I will need to take off work																
99	test_respos_2__99	Prefer not to answer																

221	[testing_sick]	Section Header: <i>Has any one close to you:</i> Become sick from COVID-19?	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
222	[testing_hosp]	Been hospitalized from COVID-19?	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
223	[testing_died]	Died from COVID-19?	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
224	[covid_had]	Section Header: <i>Tier 2 Covid</i> Have you had COVID?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RV	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
225	[covid_risk] Show the field ONLY if: [covid_had]= '0'	What do you think your personal level of risk is for getting sick from COVID-19?	radio <table><tr><td>1</td><td>Low Risk</td></tr><tr><td>2</td><td>Medium Risk</td></tr><tr><td>3</td><td>High Risk</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RV	1	Low Risk	2	Medium Risk	3	High Risk	98	Don't know	99	Prefer not to answer				
1	Low Risk																
2	Medium Risk																
3	High Risk																
98	Don't know																
99	Prefer not to answer																
226	[covid_tested_30]	Have you been tested for COVID-19 in the last 30 days?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RV	1	Yes	0	No	98	Don't know	99	Prefer not to answer						
1	Yes																
0	No																
98	Don't know																
99	Prefer not to answer																
227	[covid_tst_reas] Show the field ONLY if: [covid_tested_30]='1'	Why were you tested? (Select the primary reason for your latest test.)	radio <table><tr><td>1</td><td>Required for work</td></tr><tr><td>2</td><td>I had symptoms</td></tr><tr><td>3</td><td>I had contact with someone who tested positive or was sick</td></tr><tr><td>4</td><td>I had no symptoms, but wanted to know if I was infected</td></tr><tr><td>5</td><td>Other</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: RV	1	Required for work	2	I had symptoms	3	I had contact with someone who tested positive or was sick	4	I had no symptoms, but wanted to know if I was infected	5	Other	98	Don't know	99	Prefer not to answer
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5	Other																
98	Don't know																
99	Prefer not to answer																
228	[covid_tst_reas_other] Show the field ONLY if: [covid_tst_reas] = '5'	Other reason why you were tested.	notes														

229	[covid_barrier]	Have you encountered any of the following barriers or problems with testing? (Select all that apply.)	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>covid_barrier__1</td> <td>Need to take time off work to get tested</td> </tr> <tr> <td>2</td> <td>covid_barrier__2</td> <td>Out of pocket costs for test</td> </tr> <tr> <td>3</td> <td>covid_barrier__3</td> <td>Out of pocket costs for transportation, childcare, or time off work to get tested</td> </tr> <tr> <td>4</td> <td>covid_barrier__4</td> <td>I do not know where to go to be tested</td> </tr> <tr> <td>5</td> <td>covid_barrier__5</td> <td>Pain or discomfort from the test</td> </tr> <tr> <td>6</td> <td>covid_barrier__6</td> <td>Saliva</td> </tr> <tr> <td>7</td> <td>covid_barrier__7</td> <td>Concern about others handling my personal data</td> </tr> <tr> <td>8</td> <td>covid_barrier__8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>covid_barrier__9</td> <td>None of the above</td> </tr> <tr> <td>98</td> <td>covid_barrier__98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>covid_barrier__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Custom alignment: RV Field Annotation: @NONEOFTHEABOVE = '9,98,99'</div>	1	covid_barrier__1	Need to take time off work to get tested	2	covid_barrier__2	Out of pocket costs for test	3	covid_barrier__3	Out of pocket costs for transportation, childcare, or time off work to get tested	4	covid_barrier__4	I do not know where to go to be tested	5	covid_barrier__5	Pain or discomfort from the test	6	covid_barrier__6	Saliva	7	covid_barrier__7	Concern about others handling my personal data	8	covid_barrier__8	Other	9	covid_barrier__9	None of the above	98	covid_barrier__98	Don't know	99	covid_barrier__99	Prefer not to answer
1	covid_barrier__1	Need to take time off work to get tested																																		
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9	covid_barrier__9	None of the above																																		
98	covid_barrier__98	Don't know																																		
99	covid_barrier__99	Prefer not to answer																																		
230	[covid_barrier_other] Show the field ONLY if: [covid_barrier(8)] = '1'	Other barriers or problems encountered.	notes																																	
231	[covid_pto] Show the field ONLY if: [current_employment_status] = '1'	Does your employer offer paid time off if you test positive?	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> <div>Custom alignment: RV</div>	1	Yes	0	No	98	Don't know	99	Prefer not to answer																									
1	Yes																																			
0	No																																			
98	Don't know																																			
99	Prefer not to answer																																			
232	[covid_iso_chal]	If you needed to isolate due to a positive test or illness, what challenges do you face?	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>covid_iso_chal__1</td> <td>There are other people in my household</td> </tr> <tr> <td>2</td> <td>covid_iso_chal__2</td> <td>There are children in my household</td> </tr> <tr> <td>3</td> <td>covid_iso_chal__3</td> <td>There are older adults in my household</td> </tr> <tr> <td>4</td> <td>covid_iso_chal__4</td> <td>I don't have a good place where I could isolate</td> </tr> <tr> <td>5</td> <td>covid_iso_chal__5</td> <td>No one to help me if I am sick</td> </tr> <tr> <td>6</td> <td>covid_iso_chal__6</td> <td>Lost income or wages</td> </tr> <tr> <td>7</td> <td>covid_iso_chal__7</td> <td>People might blame me or treat me badly</td> </tr> <tr> <td>8</td> <td>covid_iso_chal__8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>covid_iso_chal__9</td> <td>None of the above</td> </tr> <tr> <td>98</td> <td>covid_iso_chal__98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>covid_iso_chal__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Custom alignment: RV Field Annotation: @NONEOFTHEABOVE = '9,98,99'</div>	1	covid_iso_chal__1	There are other people in my household	2	covid_iso_chal__2	There are children in my household	3	covid_iso_chal__3	There are older adults in my household	4	covid_iso_chal__4	I don't have a good place where I could isolate	5	covid_iso_chal__5	No one to help me if I am sick	6	covid_iso_chal__6	Lost income or wages	7	covid_iso_chal__7	People might blame me or treat me badly	8	covid_iso_chal__8	Other	9	covid_iso_chal__9	None of the above	98	covid_iso_chal__98	Don't know	99	covid_iso_chal__99	Prefer not to answer
1	covid_iso_chal__1	There are other people in my household																																		
2	covid_iso_chal__2	There are children in my household																																		
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9	covid_iso_chal__9	None of the above																																		
98	covid_iso_chal__98	Don't know																																		
99	covid_iso_chal__99	Prefer not to answer																																		
233	[covid_iso_chal_other] Show the field ONLY if: [covid_iso_chal(8)] = '1'	Other challenges to isolation.	notes																																	
234	[testing_wait_2]	For your previous covid testing, how long did you wait between scheduling the test and when the test was performed?	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Same day as scheduled</td> </tr> <tr> <td>2</td> <td>Within a few days</td> </tr> <tr> <td>3</td> <td>Within a week/same week</td> </tr> <tr> <td>4</td> <td>Within the same month</td> </tr> <tr> <td>5</td> <td>More than a month</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Same day as scheduled	2	Within a few days	3	Within a week/same week	4	Within the same month	5	More than a month	99	Prefer not to answer																					
1	Same day as scheduled																																			
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5	More than a month																																			
99	Prefer not to answer																																			

	235	[testing_comm_2]	How are test results communicated?	<div>checkbox</div> <table><tr><td>1</td><td>testing_comm_2__1</td><td>Phone call</td></tr><tr><td>2</td><td>testing_comm_2__2</td><td>Email</td></tr><tr><td>3</td><td>testing_comm_2__3</td><td>Text</td></tr><tr><td>4</td><td>testing_comm_2__4</td><td>In person</td></tr><tr><td>99</td><td>testing_comm_2__99</td><td>Prefer not to answer</td></tr></table>	1	testing_comm_2__1	Phone call	2	testing_comm_2__2	Email	3	testing_comm_2__3	Text	4	testing_comm_2__4	In person	99	testing_comm_2__99	Prefer not to answer
1	testing_comm_2__1	Phone call																	
2	testing_comm_2__2	Email																	
3	testing_comm_2__3	Text																	
4	testing_comm_2__4	In person																	
99	testing_comm_2__99	Prefer not to answer																	
	236	[tier2_testing_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <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																		
Instrument: <b>Tier2 Medications</b> (tier2_medications)																			
	237	[med_date_mdy]	Date of Medication Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.															
	238	[take_presc_meds]	Section Header: <i>Medications The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products that can assist with classification and action of medications.</i>  Do you currently take prescription medications?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer or do not remember</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	1	Yes	0	No	99	Prefer not to answer or do not remember									
1	Yes																		
0	No																		
99	Prefer not to answer or do not remember																		
	239	[name_of_rx_med1]  Show the field ONLY if: [take_presc_meds] = "1"	Section Header: <i>Prescription Medication 1</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	240	[name_of_rx_med2]  Show the field ONLY if: [name_of_rx_med1] <> "	Section Header: <i>Prescription Medication 2</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	241	[name_of_rx_med3]  Show the field ONLY if: [name_of_rx_med2] <> "	Section Header: <i>Prescription Medication 3</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	242	[name_of_rx_med4]  Show the field ONLY if: [name_of_rx_med3] <> "	Section Header: <i>Prescription Medication 4</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	243	[name_of_rx_med5]  Show the field ONLY if: [name_of_rx_med4] <> "	Section Header: <i>Prescription Medication 5</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	244	[name_of_rx_med6]  Show the field ONLY if: [name_of_rx_med5] <> "	Section Header: <i>Prescription Medication 6</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	245	[name_of_rx_med7]  Show the field ONLY if: [name_of_rx_med6] <> "	Section Header: <i>Prescription Medication 7</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		
	246	[name_of_rx_med8]  Show the field ONLY if: [name_of_rx_med7] <> "	Section Header: <i>Prescription Medication 8</i>	text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301   <a href="https://www.phenxtoolkit.org/protocols/view/140301">https://www.phenxtoolkit.org/protocols/view/140301</a></div>	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM													
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM																		

247	<div>[name_of_rx_med9]</div> <div>Show the field ONLY if: [name_of_rx_med8] &lt;&gt; "</div>	Section Header: Prescription Medication 9	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
248	<div>[name_of_rx_med10]</div> <div>Show the field ONLY if: [name_of_rx_med9] &lt;&gt; "</div>	Section Header: Prescription Medication 10	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
249	<div>[name_of_rx_med11]</div> <div>Show the field ONLY if: [name_of_rx_med10] &lt;&gt; "</div>	Section Header: Prescription Medication 11	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
250	<div>[name_of_rx_med12]</div> <div>Show the field ONLY if: [name_of_rx_med11] &lt;&gt; "</div>	Section Header: Prescription Medication 12	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
251	<div>[name_of_rx_med13]</div> <div>Show the field ONLY if: [name_of_rx_med12] &lt;&gt; "</div>	Section Header: Prescription Medication 13	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
252	<div>[name_of_rx_med14]</div> <div>Show the field ONLY if: [name_of_rx_med13] &lt;&gt; "</div>	Section Header: Prescription Medication 14	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
253	<div>[name_of_rx_med15]</div> <div>Show the field ONLY if: [name_of_rx_med14] &lt;&gt; "</div>	Section Header: Prescription Medication 15	<div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
254	<div>[num_rxs_unable_to_trans]</div> <div>Show the field ONLY if: [take_presc_meds] = "1"</div>	Section Header: Prescription Medication 15 Prescribed medications unable to transcribe:	<div>notes</div> <div>Field Annotation: PX0140301   https://www.phenxtoolkit.org/protocols/view/140301</div>
255	<div>[tier2_medications_complete]</div>	Section Header: Form Status Complete?	<div>dropdown</div> <div><div>0</div>Incomplete</div> <div><div>1</div>Unverified</div> <div><div>2</div>Complete</div>

**Instrument: Tier2 Alcohol And Tobacco** (tier2\_alcohol\_and\_tobacco)

256	<div>[alcohol_drinksperday]</div> <div>Show the field ONLY if: [lifetime_use_alcohol] = 1</div>	How many drinks containing alcohol do you have on a typical day when you are drinking?	<div>radio</div> <table><tr><td>0</td><td>1 or 2</td></tr><tr><td>1</td><td>3 or 4</td></tr><tr><td>2</td><td>5 or 6</td></tr><tr><td>3</td><td>7, 8 or 9</td></tr><tr><td>4</td><td>10 or more</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation:   <a href="https://www.drugabuse.gov/sites/default/files/audit.pdf">https://www.drugabuse.gov/sites/default/files/audit.pdf</a>   Alcohol Use Disorders Identification Test (AUDIT)  </div>	0	1 or 2	1	3 or 4	2	5 or 6	3	7, 8 or 9	4	10 or more	5	Prefer not to answer
0	1 or 2														
1	3 or 4														
2	5 or 6														
3	7, 8 or 9														
4	10 or more														
5	Prefer not to answer														
257	<div>[smoke_years]</div> <div>Show the field ONLY if: [smoker_cur_stat_2] ='4' or [smoker_cur_stat_2] ='3' or [smoker_cur_stat_2] ='2'</div>	How many years have you smoked?	text (number, Min: 0.1, Max: 100)												
258	<div>[vaper_years]</div> <div>Show the field ONLY if: [vaper_cur_stat] ='4' or [vaper_cur_stat] ='3' or [vaper_cur_stat] ='2'</div>	How many years have you vaped?	text (number, Min: 0.1, Max: 100)												

	259	[tier2_alcohol_and_tobacco_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete															
1	Unverified															
2	Complete															
Instrument: <b>Tier2 Drug Use</b> (tier2_drug_use)																
	260	[drg_date_mdy]	Date of Drug Use Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	261	[mari_use_2]	Have you used marijuana in the past 12 months?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer						
1	Yes															
0	No															
99	Prefer not to answer															
	262	[mari_use_smk_2] Show the field ONLY if: [mari_use_2] = 1	If you have used marijuana in the past 12 months, have often have you smoked it?	radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Daily or almost daily	2	About once or twice per week	3	About once per month	4	Rarely (less than once per month)	5	Never	99	Prefer not to answer
1	Daily or almost daily															
2	About once or twice per week															
3	About once per month															
4	Rarely (less than once per month)															
5	Never															
99	Prefer not to answer															
	263	[mari_use_vap_2] Show the field ONLY if: [mari_use_2] = 1	If you have used marijuana in the past 12 months, have often have you vaped it?	radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Daily or almost daily	2	About once or twice per week	3	About once per month	4	Rarely (less than once per month)	5	Never	99	Prefer not to answer
1	Daily or almost daily															
2	About once or twice per week															
3	About once per month															
4	Rarely (less than once per month)															
5	Never															
99	Prefer not to answer															
	264	[pdrg_use_2]	In the past 12 months, have often have you used prescription drugs just for the feeling, more than prescribed, or that were not prescribed for you?	radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Daily or almost daily	2	About once or twice per week	3	About once per month	4	Rarely (less than once per month)	5	Never	99	Prefer not to answer
1	Daily or almost daily															
2	About once or twice per week															
3	About once per month															
4	Rarely (less than once per month)															
5	Never															
99	Prefer not to answer															
	265	[idrug_use_2]	In the past 12 months, have you used any of the following drugs: cocaine or crack, heroin, crystal meth (methamphetamine), hallucinogens (like LSD, psilocybin, PCP, ketamine), ecstasy?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer						
1	Yes															
0	No															
99	Prefer not to answer															
	266	[cocaine_use_2] Show the field ONLY if: [idrug_use_2] = 1	Section Header: <i>How often have you used each of the following drugs?</i> Cocaine or crack	radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Daily or almost daily	2	About once or twice per week	3	About once per month	4	Rarely (less than once per month)	5	Never	99	Prefer not to answer
1	Daily or almost daily															
2	About once or twice per week															
3	About once per month															
4	Rarely (less than once per month)															
5	Never															
99	Prefer not to answer															
	267	[heroin_use_2] Show the field ONLY if: [idrug_use_2] = 1	Heroin	radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Daily or almost daily	2	About once or twice per week	3	About once per month	4	Rarely (less than once per month)	5	Never	99	Prefer not to answer
1	Daily or almost daily															
2	About once or twice per week															
3	About once per month															
4	Rarely (less than once per month)															
5	Never															
99	Prefer not to answer															

268	<div>[meth_use_2]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div>	Crystal meth (methamphetamine)	<div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div> <div><div>99</div><div>Prefer not to answer</div></div>
269	<div>[hallu_use_2]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div>	Hallucinogens (like LSD, psilocybin, PCP, ketamine)	<div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div> <div><div>99</div><div>Prefer not to answer</div></div>
270	<div>[ecstasy_use]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div>	Ecstasy	<div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div>
271	<div>[tier2_drug_use_complete]</div>	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div><div>0</div><div>Incomplete</div></div> <div><div>1</div><div>Unverified</div></div> <div><div>2</div><div>Complete</div></div>

**Instrument: Tier2 Food Insecurity (tier2\_food\_insecurity)**

272	[ fi_food_money_frequency ]	<p>Section Header: <i>Food Insecurity: I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.</i></p> <p>The first statement is,</p> <p>"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Often true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Never true</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX270301</p>	radio		1	Often true	2	Sometimes true	3	Never true	98	Don't know	99	Prefer not to answer
radio															
1	Often true														
2	Sometimes true														
3	Never true														
98	Don't know														
99	Prefer not to answer														
273	[ fi_afford_balanced_meals ]	<p>The second statement is,</p> <p>"(I/we) couldn't afford to eat balanced meals."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Often true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Never true</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX270301</p>	radio		1	Often true	2	Sometimes true	3	Never true	98	Don't know	99	Prefer not to answer
radio															
1	Often true														
2	Sometimes true														
3	Never true														
98	Don't know														
99	Prefer not to answer														
274	[ fi_change_diet ]	<p>In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX270301</p>	radio		1	Yes	2	No	98	Don't know	99	Prefer not to answer		
radio															
1	Yes														
2	No														
98	Don't know														
99	Prefer not to answer														
275	[ fi_change_diet_frequency ]  Show the field ONLY if: [fi_food_money_frequency]='1' or [fi_food_money_frequency]='2' or [fi_afford_balanced_meals]='1' or [fi_afford_balanced_meals]='2' or [fi_change_diet]='1'	<p>How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Almost every month</td></tr><tr><td>2</td><td>Some months but not every month</td></tr><tr><td>3</td><td>Only 1 or 2 months</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: PX270301</p>	radio		1	Almost every month	2	Some months but not every month	3	Only 1 or 2 months	98	Don't know	99	Prefer not to answer
radio															
1	Almost every month														
2	Some months but not every month														
3	Only 1 or 2 months														
98	Don't know														
99	Prefer not to answer														



276	[fi_eat_less] Show the field ONLY if: [fi_change_diet]='1'	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: PX270301	1	Yes	2	No	98	Don't know	99	Prefer not to answer						
1	Yes																
2	No																
98	Don't know																
99	Prefer not to answer																
277	[fi_hungry]	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: PX270301	1	Yes	2	No	98	Don't know	99	Prefer not to answer						
1	Yes																
2	No																
98	Don't know																
99	Prefer not to answer																
278	[fi_high_quality_2]	The fresh fruits and vegetables in my neighborhood are of high quality	radio <table border="1"> <tr><td>1</td><td>Completely agree</td></tr> <tr><td>2</td><td>Somewhat agree</td></tr> <tr><td>3</td><td>Neutral/no opinion</td></tr> <tr><td>4</td><td>Somewhat disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: Perceived Availability of Healthy Foods Scale from the Multi-Ethnic Study of Atherosclerosis (MESA) <a href="https://www.phenxtoolkit.org/protocols/view/210701">https://www.phenxtoolkit.org/protocols/view/210701</a>	1	Completely agree	2	Somewhat agree	3	Neutral/no opinion	4	Somewhat disagree	5	Strongly disagree	98	Don't know	99	Prefer not to answer
1	Completely agree																
2	Somewhat agree																
3	Neutral/no opinion																
4	Somewhat disagree																
5	Strongly disagree																
98	Don't know																
99	Prefer not to answer																
279	[tier2_food_insecurity_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Tier2 Housing</b> (tier2_housing)																	
280	[stable_housing]	In the past two months, have you been staying in the same place?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Prefer not to answer</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table> Field Annotation: PMC4612177   <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/</a>   VA Homeless Screening Clinical Reminder   Modified to simplify question based on RADx-UP feedback	1	Yes	0	No	98	Prefer not to answer	99	Don't know						
1	Yes																
0	No																
98	Prefer not to answer																
99	Don't know																
281	[housing_concerns]	Are you worried or concerned that in the next two months you may NOT have a place to stay?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Prefer not to answer</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table> Field Annotation: PMC4612177   <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/</a>   VA Homeless Screening Clinical Reminder   Modified to simplify question based on RADx-UP feedback	1	Yes	0	No	98	Prefer not to answer	99	Don't know						
1	Yes																
0	No																
98	Prefer not to answer																
99	Don't know																
282	[tier2_housing_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Tier2 Trust</b> (tier2_trust)																	

283	[trust_doc_2]	<p>Section Header: <i>How much do you trust each of these sources to provide correct information about COVID 19? (Select one response for each row.)</i></p> <p>Your doctor or health care provider</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
284	[trust_flead_2]	Your faith leader	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
285	[trust_fam_2]	Your close friends and members of your family	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
286	[trust_coll_2]	People you go to work or class with or other people you know	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
287	[trust_news_2]	News on the radio, TV, online, or in newspapers	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
288	[trust_social_2]	Your contacts on social media	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p>	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														

289	[trust_usgov_2]	The U.S. government	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: CEAL	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
290	[trust_cortf_2]	The U.S. Coronavirus Task Force	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: CEAL	0	Not at all	1	A little	2	Somewhat	3	A great deal	4	Don't know	99	Prefer not to answer
0	Not at all														
1	A little														
2	Somewhat														
3	A great deal														
4	Don't know														
99	Prefer not to answer														
291	[tier2_trust_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>Tier2 Mrn</b> (tier2_mrn)															
292	[mrn]	Medical Record Number	text												
293	[mrn_organization]	Medical Record Number Organization	text												
294	[tier2_mrn_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: <b>Tier2 Other</b> (tier2_other)															
295	[survey_language]	In what language is this survey being provided?	radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Chinese</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	1	English	2	Spanish	3	Chinese	9	Other				
1	English														
2	Spanish														
3	Chinese														
9	Other														
296	[survey_language_other] Show the field ONLY if: [survey_language] = '9'	In what language is this survey being provided, specify	text												
297	[project_aim]	This variable is used to separate aims being submitted to the CDCC in the same file. All records from the same aim should have a common label.	text												
298	[nih_appr]	Which set of CDEs does this record represent? Some projects collected data prior to implementation of NIH approved CDE exceptions.	radio <table border="1"> <tr><td>0</td><td>CDEs collected prior to completion of NIH exception process</td></tr> <tr><td>1</td><td>CDEs collected with NIH approved exceptions implemented</td></tr> </table>	0	CDEs collected prior to completion of NIH exception process	1	CDEs collected with NIH approved exceptions implemented								
0	CDEs collected prior to completion of NIH exception process														
1	CDEs collected with NIH approved exceptions implemented														
299	[seq_cov_genbank] Show the field ONLY if: [covid_test_result] = "1"	If you have processed sequence data you have submitted to GenBank, enter your GenBank accession number here. <i>Your processed PCR sequence data can be uploaded to GenBank at <a href="https://submit.ncbi.nlm.nih.gov/">https://submit.ncbi.nlm.nih.gov/</a></i>	text												
300	[zip_code_3digit]	Zip Code (3 digit only)	text (number, Min: 3, Max: 3) Field Annotation: Only one of zip_code or zip_code_3digit needs to be collected for tier 1 compliance.												
301	[data_source]	What is the source of these data?	radio <table border="1"> <tr><td>1</td><td>Participant Direct Report</td></tr> <tr><td>2</td><td>Secondary Medical Record Dataset</td></tr> <tr><td>3</td><td>Mixed</td></tr> </table>	1	Participant Direct Report	2	Secondary Medical Record Dataset	3	Mixed						
1	Participant Direct Report														
2	Secondary Medical Record Dataset														
3	Mixed														

	302	[tier2_other_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																					
0	Incomplete																														
1	Unverified																														
2	Complete																														
Instrument: <b>Tier2 Fam</b> (tier2_fam)																															
	303	[respondent_type]	Who is answering this survey?	radio <table border="1"> <tr><td>1</td><td>Minor self-report only</td></tr> <tr><td>2</td><td>Parent/guardian proxy of a participant who is a minor</td></tr> <tr><td>3</td><td>Minor self-report AND parent/guardian proxy</td></tr> <tr><td>4</td><td>Parent/guardian self-report</td></tr> </table>	1	Minor self-report only	2	Parent/guardian proxy of a participant who is a minor	3	Minor self-report AND parent/guardian proxy	4	Parent/guardian self-report																			
1	Minor self-report only																														
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3	Minor self-report AND parent/guardian proxy																														
4	Parent/guardian self-report																														
	304	[family_record_id]	What is the unique identifier for the family to which this individual belongs?	text																											
	305	[tier2_fam_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																					
0	Incomplete																														
1	Unverified																														
2	Complete																														
Instrument: <b>Tier2 Ped</b> (tier2_ped)																															
	306	[ped_date_mdy]	Date of Pediatric Data Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.																											
	307	[premature_neonatal_cond]	Section Header: <i>Baseline Child Health</i> Did your child have any of the following premature or neonatal conditions?	checkbox <table border="1"> <tr><td>1</td><td>premature_neonatal_cond__1</td><td>Fetal malnutrition</td></tr> <tr><td>2</td><td>premature_neonatal_cond__2</td><td>Extreme immaturity</td></tr> <tr><td>3</td><td>premature_neonatal_cond__3</td><td>Cerebral hemorrhage at birth</td></tr> <tr><td>4</td><td>premature_neonatal_cond__4</td><td>Spinal cord injury at birth</td></tr> <tr><td>5</td><td>premature_neonatal_cond__5</td><td>Birth asphyxia</td></tr> <tr><td>6</td><td>premature_neonatal_cond__6</td><td>Respiratory diseases</td></tr> <tr><td>7</td><td>premature_neonatal_cond__7</td><td>Hypoxic-ischemic encephalopathy</td></tr> <tr><td>90</td><td>premature_neonatal_cond__90</td><td>Other</td></tr> <tr><td>99</td><td>premature_neonatal_cond__99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	premature_neonatal_cond__1	Fetal malnutrition	2	premature_neonatal_cond__2	Extreme immaturity	3	premature_neonatal_cond__3	Cerebral hemorrhage at birth	4	premature_neonatal_cond__4	Spinal cord injury at birth	5	premature_neonatal_cond__5	Birth asphyxia	6	premature_neonatal_cond__6	Respiratory diseases	7	premature_neonatal_cond__7	Hypoxic-ischemic encephalopathy	90	premature_neonatal_cond__90	Other	99	premature_neonatal_cond__99	Prefer not to answer
1	premature_neonatal_cond__1	Fetal malnutrition																													
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90	premature_neonatal_cond__90	Other																													
99	premature_neonatal_cond__99	Prefer not to answer																													
	308	[circumference_known]	(0-2) Do you know your child's head circumference?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child at least 2 years old</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Child at least 2 years old	99	Prefer not to answer																			
1	Yes																														
0	No																														
3	Child at least 2 years old																														
99	Prefer not to answer																														
	309	[circum_cm] Show the field ONLY if: [circumference_known] = '1'	How many centimeters?	text (number, Min: 20, Max: 60)																											
	310	[breastfed]	(0-1) Is your child being breastfed or fed pumped milk?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child is not in first year of life</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Child is not in first year of life	99	Prefer not to answer																			
1	Yes																														
0	No																														
3	Child is not in first year of life																														
99	Prefer not to answer																														
	311	[symptoms_change]	Section Header: <i>COVID-19 Vaccination History</i> If your child had long COVID/post-acute sequelae of COVID-19 (PASC) symptoms at the time of vaccination, did those symptoms change?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child is not in first year of life</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Child is not in first year of life	99	Prefer not to answer																			
1	Yes																														
0	No																														
3	Child is not in first year of life																														
99	Prefer not to answer																														

312	[patient_immun]	Are the patient's immunizations up to date for their age at the time of COVID-19 diagnosis/assessment?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
313	[immun_outdated_reasons]	If immunizations are not up to date, what is/are the reason(s) for not being up to date? (Check all that apply.)	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>immun_outdated_reasons__1</td> <td>Clinic was closed because of COVID-19</td> </tr> <tr> <td>2</td> <td>immun_outdated_reasons__2</td> <td>Child had symptoms of COVID-19, so you cancelled appointment</td> </tr> <tr> <td>3</td> <td>immun_outdated_reasons__3</td> <td>You cancelled appointments to avoid being around others/in a healthcare setting</td> </tr> <tr> <td>4</td> <td>immun_outdated_reasons__4</td> <td>Other reasons related to COVID-19</td> </tr> <tr> <td>5</td> <td>immun_outdated_reasons__5</td> <td>Other reasons not related to COVID-19</td> </tr> <tr> <td>99</td> <td>immun_outdated_reasons__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div>	1	immun_outdated_reasons__1	Clinic was closed because of COVID-19	2	immun_outdated_reasons__2	Child had symptoms of COVID-19, so you cancelled appointment	3	immun_outdated_reasons__3	You cancelled appointments to avoid being around others/in a healthcare setting	4	immun_outdated_reasons__4	Other reasons related to COVID-19	5	immun_outdated_reasons__5	Other reasons not related to COVID-19	99	immun_outdated_reasons__99	Prefer not to answer
1	immun_outdated_reasons__1	Clinic was closed because of COVID-19																			
2	immun_outdated_reasons__2	Child had symptoms of COVID-19, so you cancelled appointment																			
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5	immun_outdated_reasons__5	Other reasons not related to COVID-19																			
99	immun_outdated_reasons__99	Prefer not to answer																			
314	[mmr_vaccine]	Has your child received any MMR vaccinations?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
315	[flu_vaccine]	Has your child received the current seasonal influenza vaccine?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
316	[rsv_palivizumab]	Has your child received palivizumab for prevention of respiratory syncytial virus (RSV)?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
317	[bcg_vaccine]	Has your child received the BCG vaccination?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
318	[most_recvac_date_mdy]	Date of most recent vaccination (excluding vaccination for COVID-19) MM/DD/YYYY	<div>text (date_mdy, Min: 1900-01-01)</div> <div>Field Annotation: Note: Maximum expected day = Current day.</div>																		
319	[resp_support]	Respiratory support prior to onset of COVID-19	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
0	No																				
98	Don't know																				
99	Prefer not to answer																				
320	[body_temp]	Section Header: <i>Vital Signs</i> Body temperature (degrees Celsius)	text (number, Min: 35, Max: 42)																		
321	[heart_rate]	Heart rate (beats/min)	text (number, Min: 30, Max: 220)																		
322	[systolic_pressure]	Systolic blood pressure (mmHg)	text (number, Min: 0, Max: 300)																		
323	[diastolic_pressure]	Diastolic blood pressure (mmHg)	text (number, Min: 0, Max: 200)																		
324	[resp_rate]	Respiratory rate (breaths/min)	text (number, Min: 0, Max: 60)																		

	325	[oxygen_saturation]	Oxygen saturation (%)	text (number, Min: 0, Max: 100)								
	326	[supp_oxygen]	Supplemental oxygen	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	327	[vital_datetime]	Date and time of vital signs	text (datetime_mdy, Min: 1900-01-01 00:00) Field Annotation: Note: Maximum expected day = Current day.								
	328	[acute_abpain]	Section Header: <i>Symptoms/Physical Findings Which of the following acute COVID/MIS-C symptoms were experienced at any time point during current illness?</i> Abdominal pain	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	329	[acute_bleeding]	Bleeding	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	330	[acute_chestpain]	Chest pain	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	331	[acute_cough]	Cough	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	332	[acute_cyanosis]	Cyanosis (bluish lips/face)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	333	[acute_diarrhea]	Diarrhea	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	334	[acute_fatigue]	Fatigue	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	335	[acute_fever]	Fever	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	336	[acute_headache]	Headache	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											

	337	[acute_aches]	Muscle or body aches	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
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98	Don't know												
99	Prefer not to answer												
	338	[acute_nasal]	Nasal congestion or runny nose	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	339	[acute_nausea]	Nausea/vomiting	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	340	[acute_neckpain]	Neck pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	341	[acute_tastesnell]	New loss of taste or smell	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	342	[acute_palp]	Palpitations	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	343	[acute_breath]	Shortness of breath or difficulty breathing	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	344	[acute_skinrash]	Skin rash	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	345	[acute_throat]	Sore throat	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	346	[acute_subj]	Subjective fever/chills/rigors/night sweats	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												

	347	[acute_swollen]	Swollen glands	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	348	[acute_con]	Conjunctivitis	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	349	[acute_mucosal]	Oral mucosal change	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	350	[acute_handsfeet]	Changes in hands and feet	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	351	[acute_other]	Other symptoms	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	352	[acute_asymp]	None of the above/asymptomatic	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer
radio (Matrix)														
1	Yes													
0	No													
98	Don't know													
99	Prefer not to answer													
	353	[acute_abpain_pe] Show the field ONLY if: [acute_abpain] ='1' OR [acute_abpain] ='0'	Section Header: Which of the following acute symptoms were confirmed by physical exam? Abdominal pain	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													
	354	[acute_bleeding_pe] Show the field ONLY if: [acute_bleeding] ='1' OR [acute_bleeding] ='0'	Bleeding	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													
	355	[acute_chestpain_pe] Show the field ONLY if: [acute_chestpain] ='1' OR [acute_chestpain] ='0'	Chest pain	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													
	356	[acute_cough_pe] Show the field ONLY if: [acute_cough] ='1' OR [acute_cough] ='0'	Cough	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													
	357	[acute_cyanosis_pe] Show the field ONLY if: [acute_cyanosis] ='1' OR [acute_cyanosis] ='0'	Cyanosis (bluish lips/face)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													
	358	[acute_diarrhea_pe] Show the field ONLY if: [acute_diarrhea] ='1' OR [acute_diarrhea] ='0'	Diarrhea	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	99	Prefer not to answer		
radio (Matrix)														
1	Yes													
0	No													
99	Prefer not to answer													



359	[acute_fatigue_pe] Show the field ONLY if: [acute_fatigue] = '1' OR [acute_fatigue] = '0'	Fatigue	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
360	[acute_fever_pe] Show the field ONLY if: [acute_fever] = '1' OR [acute_fever] = '0'	Fever	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
361	[acute_headache_pe] Show the field ONLY if: [acute_headache] = '1' OR [acute_headache] = '0'	Headache	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
362	[acute_aches_pe] Show the field ONLY if: [acute_aches] = '1' OR [acute_aches] = '0'	Muscle or body aches	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
363	[acute_nasal_pe] Show the field ONLY if: [acute_nasal] = '1' OR [acute_nasal] = '0'	Nasal congestion or runny nose	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
364	[acute_nausea_pe] Show the field ONLY if: [acute_nausea] = '1' OR [acute_nausea] = '0'	Nausea/vomiting	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
365	[acute_neckpain_pe] Show the field ONLY if: [acute_neckpain] = '1' OR [acute_neckpain] = '0'	Neck pain	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
366	[acute_tastesnell_pe] Show the field ONLY if: [acute_tastesnell] = '1' OR [acute_tastesnell] = '0'	New loss of taste or smell	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
367	[acute_palp_pe] Show the field ONLY if: [acute_palp] = '1' OR [acute_palp] = '0'	Palpitations	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
368	[acute_breath_pe] Show the field ONLY if: [acute_breath] = '1' OR [acute_breath] = '0'	Shortness of breath or difficulty breathing	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
369	[acute_skinrash_pe] Show the field ONLY if: [acute_skinrash] = '1' OR [acute_skinrash] = '0'	Skin rash	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
370	[acute_throat_pe] Show the field ONLY if: [acute_throat] = '1' OR [acute_throat] = '0'	Sore throat	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
371	[acute_subj_pe] Show the field ONLY if: [acute_subj] = '1' OR [acute_subj] = '0'	Subjective fever/chills/rigors/night sweats	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer

372	[acute_swollen_pe] Show the field ONLY if: [acute_swollen] = '1' OR [acute_swollen] = '0'	Swollen glands	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
373	[acute_con_pe] Show the field ONLY if: [acute_con] = '1' OR [acute_con] = '0'	Conjunctivitis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
374	[acute_mucosal_pe] Show the field ONLY if: [acute_mucosal] = '1' OR [acute_mucosal] = '0'	Oral mucosal change	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
375	[acute_handsfeet_pe] Show the field ONLY if: [acute_handsfeet] = '1' OR [acute_handsfeet] = '0'	Changes in hands and feet	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
376	[acute_other_pe] Show the field ONLY if: [acute_other] = '1' OR [acute_other] = '0'	Other symptoms	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
377	[acute_asymp_pe] Show the field ONLY if: [acute_asymp] = '1' OR [acute_asymp] = '0'	None of the above/asymptomatic	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
378	[cervical_lymph] Show the field ONLY if: [acute_swollen] = '1' and [acute_swollen_pe] = '1'	If swollen glands, Cervical lymphadenopathy (at least 1.5 cm in diameter?)	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
379	[swollen_supp] Show the field ONLY if: [acute_mucosal] = '1' and [acute_mucosal_pe] = '1'	Were swollen, red, or cracked lips; strawberry tongue; and/or erythema of the oral/pharyngeal mucosa present?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
380	[acute_other_specify] Show the field ONLY if: [acute_other] = 1	What other symptoms (comma-separated)?	text								
381	[long_allodynia]	Section Header: Which of the following long COVID/PASC symptoms were experienced at any time point during current illness?  Allodynia	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
382	[long_conscious]	Altered level of consciousness/confusion	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
383	[long_anorexia]	Anorexia (decrease in appetite)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										

384	[long_anxiety]	Anxiety	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
385	[long_face]	Cannot move and/or feel one side of body or face	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
386	[long_depressed]	Depressed mood	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
387	[long_dizzy]	Dizziness/lightheadedness/blackouts	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
388	[long_fatigue]	Exertional fatigue	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
389	[long_forget]	Forgetfulness	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
390	[long_irritable]	Irritability	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
391	[long_ortho]	Orthostasis (dizziness/lightheadedness/blackouts on sitting up or standing)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
392	[long_jointpain]	Joint pain	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
393	[long_hallucinate]	(15+) Hallucinations (seeing or hearing things others do not see or hear)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											

	394	[long_hypersomnia]	Hypersomnia	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	395	[long_insomnia]	Insomnia	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
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98	Don't know												
99	Prefer not to answer												
	396	[long_malaise]	Malaise	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	397	[long_muscleweak]	Muscle weakness	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	398	[long_paresthesia]	Paresthesia (numbness or tingling somewhere in the body)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	399	[long_cough]	Persistent cough	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	400	[long_balance]	Problems with balance	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	401	[long_falls]	Problems with gait/falls	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
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98	Don't know												
99	Prefer not to answer												
	402	[long_toerash]	Toe rashes (red/purple sores or blisters on the feet, including the toes)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
	403	[long_brainfog]	Trouble concentrating or difficulty thinking ("brain fog")	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												

404	[long_weightloss]	Weight loss	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
405	[long_weightfail]	Failure of expected weight gain	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
406	[long_growthfail]	Failure of expected linear growth	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
407	[long_other]	Other symptoms	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
408	[long_allodynia_pe] Show the field ONLY if: [long_allodynia] ='1' OR [long_allo dynia] ='0'	Section Header: Which of the following long symptoms were confirmed by physical exam? Allodynia	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
409	[long_conscious_pe] Show the field ONLY if: [long_conscious] ='1' OR [long_co nscious] ='0'	Altered level of consciousness/confusion	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
410	[long_anorexia_pe] Show the field ONLY if: [long_anorexia] ='1' OR [long_ano rexia] ='0'	Anorexia (decrease in appetite)	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
411	[long_anxiety_pe] Show the field ONLY if: [long_anxiety] ='1' OR [long_anxie ty] ='0'	Anxiety	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
412	[long_face_pe] Show the field ONLY if: [long_face] ='1' OR [long_face] ='0'	Cannot move and/or feel one side of body or face	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
413	[long_depressed_pe] Show the field ONLY if: [long_depressed] ='1' OR [long_de pressed] ='0'	Depressed mood	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
414	[long_dizzy_pe] Show the field ONLY if: [long_dizzy] ='1' OR [long_dizzy] ='0'	Dizziness/lightheadedness/blackouts	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
415	[long_fatigue_pe] Show the field ONLY if: [long_fatigue] ='1' OR [long_fatigu e] ='0'	Exertional fatigue	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer

416	[ long_forget_pe ] Show the field ONLY if: [long_forget] = '1' OR [long_forget] = '0'	Forgetfulness	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
417	[ long_irritable_pe ] Show the field ONLY if: [long_irritable] = '1' OR [long_irritable] = '0'	Irritability	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
418	[ long_ortho_pe ] Show the field ONLY if: [long_ortho] = '1' OR [long_ortho] = '0'	Orthostasis (dizziness/lightheadedness/blackouts on sitting up or standing)	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
419	[ long_jointpain_pe ] Show the field ONLY if: [long_jointpain] = '1' OR [long_jointpain] = '0'	Joint pain	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
420	[ long_hallucinate_pe ] Show the field ONLY if: [long_hallucinate] = '1' OR [long_hallucinate] = '0'	(15+) Hallucinations (seeing or hearing things others do not see or hear)	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
421	[ long_hypersomnia_pe ] Show the field ONLY if: [long_hypersomnia] = '1' OR [long_hypersomnia] = '0'	Hypersomnia	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
422	[ long_insomnia_pe ] Show the field ONLY if: [long_insomnia] = '1' OR [long_insomnia] = '0'	Insomnia	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
423	[ long_malaise_pe ] Show the field ONLY if: [long_malaise] = '1' OR [long_malaise] = '0'	Malaise	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
424	[ long_muscleweak_pe ] Show the field ONLY if: [long_muscleweak] = '1' OR [long_muscleweak] = '0'	Muscle weakness	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
425	[ long_paresthesia_pe ] Show the field ONLY if: [long_paresthesia] = '1' OR [long_paresthesia] = '0'	Paresthesia (numbness or tingling somewhere in the body)	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
426	[ long_cough_pe ] Show the field ONLY if: [long_cough] = '1' OR [long_cough] = '0'	Persistent cough	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
427	[ long_balance_pe ] Show the field ONLY if: [long_balance] = '1' OR [long_balance] = '0'	Problems with balance	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer
428	[ long_falls_pe ] Show the field ONLY if: [long_falls] = '1' OR [long_falls] = '0'	Problems with gait/falls	radio (Matrix) 1 Yes 0 No 99 Prefer not to answer

429	[long_toerash_pe] Show the field ONLY if: [long_toerash] = '1' OR [long_toerash] = '0'	Toe rashes (red/purple sores or blisters on the feet, including the toes)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
430	[long_brainfog_pe] Show the field ONLY if: [long_brainfog] = '1' OR [long_brainfog] = '0'	Trouble concentrating or difficulty thinking ("brain fog")	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
431	[long_weightloss_pe] Show the field ONLY if: [long_weightloss] = '1' OR [long_weightloss] = '0'	Weight loss	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
432	[long_weightfail_pe] Show the field ONLY if: [long_weightfail] = '1' OR [long_weightfail] = '0'	Failure of expected weight gain	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
433	[long_growthfail_pe] Show the field ONLY if: [long_growthfail] = '1' OR [long_growthfail] = '0'	Failure of expected linear growth	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
434	[long_other_pe] Show the field ONLY if: [long_other] = '1' OR [long_other] = '0'	Other symptoms	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	99	Prefer not to answer		
1	Yes										
0	No										
99	Prefer not to answer										
435	[long_other_specify] Show the field ONLY if: [long_other] = '1'	What other symptoms (comma-separated)?	text								
436	[long_ortho_change] Show the field ONLY if: [long_ortho] = '1'	If Orthostatsis, confirmed by changes in heart rate/blood pressure?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
437	[long_cough_productive] Show the field ONLY if: [long_cough] = '1'	If persistent cough, productive?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
438	[infant_dehyd]  Section Header: <i>In addition to the above, which of the following were experienced by the infant during illness?</i> Dehydration		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
439	[infant_fontanelle]	Full or bulging fontanelle	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
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0	No										
98	Don't know										
99	Prefer not to answer										
440	[infant_fussiness]	Fussiness	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										

441	[ <i>infant_breath</i> ]	Increased work of breathing/shallow breathing	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer		
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
442	[ <i>infant_lethargy</i> ]	Lethargy	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer		
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
443	[ <i>infant_feeding</i> ]	Poor feeding	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer		
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
444	[ <i>infant_dehyd_pe</i> ] Show the field ONLY if: [infant_dehyd] ='1' OR [infant_dehyd] ='0'	Section Header: Which infant symptoms were confirmed by physical exam? Dehydration	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
0	No												
99	Prefer not to answer												
445	[ <i>infant_fontanelle_pe</i> ] Show the field ONLY if: [infant_fontanelle] ='1' OR [infant_fontanelle] ='0'	Full or bulging fontanelle	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
0	No												
99	Prefer not to answer												
446	[ <i>infant_fussiness_pe</i> ] Show the field ONLY if: [infant_fussiness] ='1' OR [infant_fussiness] ='0'	Fussiness	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
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99	Prefer not to answer												
447	[ <i>infant_breath_pe</i> ] Show the field ONLY if: [infant_breath] ='1' OR [infant_breath] ='0'	Increased work of breathing/shallow breathing	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
0	No												
99	Prefer not to answer												
448	[ <i>infant_lethargy_pe</i> ] Show the field ONLY if: [infant_lethargy] ='1' OR [infant_lethargy] ='0'	Lethargy	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
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449	[ <i>infant_feeding_pe</i> ] Show the field ONLY if: [infant_feeding] ='1' OR [infant_feeding] ='0'	Poor feeding	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	99	Prefer not to answer				
1	Yes												
0	No												
99	Prefer not to answer												
450	[ <i>symp_presented_datetime</i> ]	Date Symptoms Presented (including intermittent symptoms)	text (date_mdy) Field Annotation: Note: Maximum expected day = Current day.										
451	[ <i>symptoms_ongoing</i> ]	Are the symptoms ongoing (including intermittent symptoms)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A (no symptoms)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	97	N/A (no symptoms)	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
97	N/A (no symptoms)												
98	Don't know												
99	Prefer not to answer												
452	[ <i>symptoms_resolved_datetime</i> ] Show the field ONLY if: [symptoms_ongoing] = '2'	Date Symptoms Resolved	text (date_mdy) Field Annotation: Note: Maximum expected day = Current day.										



	453	[comp_fibro]	<div>Section Header: Did the patient develop any of the following complications/conditions since the diagnosis of COVID (organized by organ system)?</div> <div>Fibromyalgia/amplified pain syndrome</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	454	[comp_fatigue]	Post viral fatigue syndrome	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
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	455	[comp_seizure]	Seizure	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	456	[comp_hemorr]	Stroke: intracerebral hemorrhage	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	457	[comp_ischemic]	Stroke: ischemic cerebrovascular accident	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	458	[comp_dka]	Diabetic ketoacidosis (DKA)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	459	[comp_diabetes]	New onset diabetes	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
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0	No											
98	Don't know											
99	Prefer not to answer											
	460	[comp_pancreas]	Pancreatitis	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
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98	Don't know											
99	Prefer not to answer											
	461	[comp_ards]	Acute respiratory distress syndrome	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
99	Prefer not to answer											
	462	[comp_bronch]	Bronchiolitis	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes											
0	No											
98	Don't know											
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	463	[comp_pulm]	Deterioration of prior pulmonary diseases	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	464	[comp_lung]	Lung fibrosis	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	465	[comp_pneumonia]	Pneumonia	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	466	[comp_embolism]	Pulmonary embolism	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	467	[comp_arrhythmic]	Cardiac arrhythmias	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	468	[comp_cardiacfailure]	Cardiac failure	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	469	[comp_myopathy]	Cardiomyopathy	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	470	[comp_coronary]	Coronary artery abnormalities	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	471	[comp_myocarditis]	Myocarditis/pericarditis/pericardial effusion	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
	472	[comp_myositis]	Myositis	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer

	473	[comp_shock]	Shock	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	474	[comp_arthritis]	Arthritis	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	475	[comp_disability]	Physical disability/muscular weakness	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	476	[comp_kidney]	Acute kidney injury	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	477	[comp_liver]	Acute liver dysfunction	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	478	[comp_renal]	End stage renal disease (ESRD)	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	479	[comp_bleeding]	Bleeding events	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	480	[comp_thrombosis]	Deep vein thrombosis	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	481	[comp_appendix]	Appendicitis	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer
	482	[comp_gerd]	Gastroesophageal reflux disease	radio (Matrix)	
				1	Yes
				0	No
				98	Don't know
				99	Prefer not to answer

	483	[ comp_gastrohem ]	Gastrointestinal hemorrhage	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	484	[ comp_perf ]	Gastrointestinal perforation	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	485	[ comp_peritonitis ]	Peritonitis	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	486	[ comp_bacteremia ]	Bacteremia	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	487	[ comp_asper ]	Pulmonary aspergillosis	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	488	[ comp_tss ]	Toxic shock syndrome	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	489	[ comp_other ]	Other (specify)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio (Matrix)																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															
	490	[ diagnosis_datetime ]	Date of Onset/Diagnosis	text (date_mdy) Field Annotation: Note: Maximum expected day = Current day.												
	491	[ comp_thromb_location ] Show the field ONLY if: [comp_thrombosis] = '1'	Where is it located?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Intracranial</td></tr><tr><td>2</td><td>Extracranial</td></tr><tr><td>3</td><td>Both</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio		1	Intracranial	2	Extracranial	3	Both	98	Don't know	99	Prefer not to answer
radio																
1	Intracranial															
2	Extracranial															
3	Both															
98	Don't know															
99	Prefer not to answer															
	492	[ diagnosis_resolution_datetime ]	Date of Resolution	text (date_mdy) Field Annotation: Note: Maximum expected day = Current day.												
	493	[ lab_tests_performed ]	Any lab tests performed?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio		1	Yes	0	No	98	Don't know	99	Prefer not to answer		
radio																
1	Yes															
0	No															
98	Don't know															
99	Prefer not to answer															

494	[ lab_eosino ] Show the field ONLY if: [lab_tests_performed]='1'	Section Header: <i>If lab tests were performed, which?</i> Absolute eosinophil count	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
495	[ lab_monocyte ] Show the field ONLY if: [lab_tests_performed]='1'	Absolute monocyte count	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
496	[ lab_basophil ] Show the field ONLY if: [lab_tests_performed]='1'	Absolute basophil count	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
497	[ lab_hemo ] Show the field ONLY if: [lab_tests_performed]='1'	Hemoglobin	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
498	[ lab_bilirubin ] Show the field ONLY if: [lab_tests_performed]='1'	Total bilirubin	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
499	[ lab_pt ] Show the field ONLY if: [lab_tests_performed]='1'	Prothrombin time (PT)	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
500	[ lab_inr ] Show the field ONLY if: [lab_tests_performed]='1'	International normalized ratio (INR)	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
501	[ lab_aptt ] Show the field ONLY if: [lab_tests_performed]='1'	Activated partial thromboplastin time (aPTT)	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
502	[ lab_il6 ] Show the field ONLY if: [lab_tests_performed]='1'	IL-6	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer
503	[ lab_complement ] Show the field ONLY if: [lab_tests_performed]='1'	Complement	radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer

504	<div>[ lab_a1c ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Hemoglobin A1C	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
505	<div>[ lab_ph ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	pH	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
506	<div>[ lab_pco2 ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	pCO2	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
507	<div>[ lab_pa02 ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	paO2	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
508	<div>[ lab_calcium ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Calcium	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
509	<div>[ lab_csf ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Cerebrospinal fluid (CSF) WBC	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
510	<div>[ lab_rbc ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	CSF red blood cell count (RBC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
511	<div>[ lab_csf_protein ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	CSF Proten	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
512	<div>[ lab_csf_glucose ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	CSF Glucose	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
513	<div>[ lab_other ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Other	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
514	<div>[ lab_other_specify ]</div> <div>Show the field ONLY if: [lab_other] = '1' and [lab_tests_performed]='1'</div>	Specify	text								

515	<div>[ lab_datetime ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Date and Time of Lab Sample Collection	text (datetime_mdy) Field Annotation: Note: Maximum expected day = Current day.								
516	<div>[ abnormal_eosino ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Section Header: Any labs repeated during admission that were more abnormal than initial values?  Absolute eosinophil count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
517	<div>[ abnormal_monocyte ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Absolute monocyte count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
518	<div>[ abnormal_basophil ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Absolute basophil count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
519	<div>[ abnormal_hemo ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Hemoglobin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
520	<div>[ abnormal_bilirubin ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Total bilirubin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
521	<div>[ abnormal_pt ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Prothrombin time (PT)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
522	<div>[ abnormal_inr ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	International normalized ratio (INR)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
523	<div>[ abnormal_aptt ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Activated partial thromboplastin time (aPTT)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
524	<div>[ abnormal_il6 ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	IL-6	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
525	<div>[ abnormal_complement ]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div>	Complement	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										

526	<div><div>[ abnormal_a1c ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	Hemoglobin A1C	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
527	<div><div>[ abnormal_ph ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	pH	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
528	<div><div>[ abnormal_pc02 ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	pCO2	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
529	<div><div>[ abnormal_pa02 ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	paO2	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
530	<div><div>[ abnormal_calcium ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	Calcium	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
531	<div><div>[ abnormal_csf ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	Cerebrospinal fluid (CSF) WBC	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
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98	Don't know										
99	Prefer not to answer										
532	<div><div>[ abnormal_rbc ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	CSF red blood cell count (RBC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
533	<div><div>[ abnormal_protein ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	CSF Protein	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
534	<div><div>[ abnormal_csf_glucose ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	CSF Glucose	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
535	<div><div>[ abnormal_other ]</div><div>Show the field ONLY if: [lab_tests_performed]='1'</div></div>	Other	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer
1	Yes										
0	No										
98	Don't know										
99	Prefer not to answer										
536	<div><div>[ abnormal_specify ]</div><div>Show the field ONLY if: [abnormal_other] = '1' and [lab_tests_performed]='1'</div></div>	Specify	text								



537	[viral_positive]	Any other viral testing positive?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer		
1	Yes												
0	No												
98	Don't know												
99	Prefer not to answer												
538	[viral_testing] Show the field ONLY if: [viral_positive] = '1'	List other viral tests that were positive.	text										
539	[culture_org]	Positive blood culture organism?	text										
540	[culture_datetime]	Positive Culture Date	text (date_mdy) Field Annotation: Note: Maximum expected day = Current day.										
541	[cardio_assessment]	Section Header: <i>Cardiopulmonary Diagnostic Assessments</i> Did the patient have any cardiovascular diagnostic assessment performed (beyond physical exam)?	radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
542	[assessment_date_mdy] Show the field ONLY if: [cardio_assessment] = '2' or [cardio_o_assessment] = '1'	Cardiovascular Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.										
543	[abnormality_detail] Show the field ONLY if: [cardio_assessment] = '1'	What type of abnormalities were detected?	radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr><tr><td>4</td><td>Other</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Abnormal function	2	Pericardial effusion	3	Coronary artery abnormalities	4	Other	99	Prefer not to answer
1	Abnormal function												
2	Pericardial effusion												
3	Coronary artery abnormalities												
4	Other												
99	Prefer not to answer												
544	[assessment_ecg]	Section Header: <i>What type of assessment was performed</i> ECG	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
545	[assessment_echo]	ECHO	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
546	[assessment_mri]	Cardiac MRI	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
547	[assessment_other]	Other tests	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
548	[assessment_other_specify] Show the field ONLY if: [assessment_other] = '2' or [assessment_other] = '1'	Specify	text										

549	[pulmonary_testing]	Did the patient have any pulmonary diagnostic testing (beyond physical exam and radiographic testing)?	radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
550	[pulmonary_testing_date_mdy] Show the field ONLY if: [pulm_othertest] = '2' or [pulm_othertest] = '1'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.										
551	[pulm_walktest_6minute]	Section Header: <i>What type of pulmonary diagnostic testing was performed?</i> (6+) 6-Minute Walk Test	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
552	[pulm_functiontest]	(6+) Pulmonary Function Test	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
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3	No, not performed												
98	Don't know												
99	Prefer not to answer												
553	[pulm_oxiometry]	Co-oxiometry	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
554	[pulm_walktest_2minute]	(6+) 2-Minute Walk Test	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
555	[pulm_othertest]	Other tests (specify test) performed	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
556	[pulm_other_detail] Show the field ONLY if: [pulm_othertest] = '1' or [pulm_othertest] = '2'	Specify	text										
557	[imaging_xray]	Did the patient have a chest x-ray performed?	radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												

558	[ ct_brain ]	Section Header: <i>If imaging was performed, what type?</i> CT Brain	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
559	[ ct_chest ]	CT Chest	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
560	[ ct_abdomen ]	CT Abdomen	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
561	[ lung_ultrasound ]	Lung Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
562	[ vasc_ultrasound ]	Vascular Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
563	[ ab_ultrasound ]	Abdominal Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
564	[ neonatal_ultrasound ]	Neonatal Ultrasound Brain	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
565	[ mri_brain ]	MRI Brain	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												
566	[ mri_spine ]	MRI Spine	radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
1	Yes, abnormalities detected												
2	Yes, normal												
3	No, not performed												
98	Don't know												
99	Prefer not to answer												

	567	[ mri_abdomen ]	MRI Abdomen	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
radio (Matrix)																
1	Yes, abnormalities detected															
2	Yes, normal															
3	No, not performed															
98	Don't know															
99	Prefer not to answer															
	568	[ imaging_other ]	Other	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes, abnormalities detected	2	Yes, normal	3	No, not performed	98	Don't know	99	Prefer not to answer
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1	Yes, abnormalities detected															
2	Yes, normal															
3	No, not performed															
98	Don't know															
99	Prefer not to answer															
	569	[ imaging_other_detail ] Show the field ONLY if: [imaging_other] = '1' or [imaging_ other] = '2'	Specify	text												
	570	[ ct_brain_date_mdy ] Show the field ONLY if: [ct_brain] = '1' or [ct_brain] = '2'	Date of CT Brain <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	571	[ ct_chest_date_mdy ] Show the field ONLY if: [ct_chest] = '1' or [ct_chest] = '2'	Date of CT Chest <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	572	[ ct_ab_date_mdy ] Show the field ONLY if: [ct_abdomen] = '1' or [ct_abdome n] = '2'	Date of CT Abdomen <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	573	[ lung_ultrasound_date_mdy ] Show the field ONLY if: [lung_ultrasound] = '1' or [lung_ul trasound] = '2'	Date of Lung Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	574	[ vasc_ultrasound_date_mdy ] Show the field ONLY if: [vasc_ultrasound] = '1' or [vasc_ul trasound] = '2'	Date of Vascular Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	575	[ ab_ultrasound_date_mdy ] Show the field ONLY if: [ab_ultrasound] = '1' or [ab_ultras ound] = '2'	Date of Abdomen Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	576	[ neonatal_ultrasound_date_mdy ] Show the field ONLY if: [neonatal_ultrasound] = '1' or [ne onatal_ultrasound] = '2'	Date of Neonatal Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	577	[ mri_brain_date_mdy ] Show the field ONLY if: [mri_brain] = '1' or [mri_brain] = '2'	Date of MRI Brain <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	578	[ mri_spine_date_mdy ] Show the field ONLY if: [mri_spine] = '1' or [mri_spine] = '2'	Date of MRI Spine <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	579	[ mri_ab_date_mdy ] Show the field ONLY if: [mri_abdomen] = '1' or [mri_abdo men] = '2'	Date of MRI Abdomen <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
	580	[ mri_other_date_mdy ] Show the field ONLY if: [imaging_other] = '1' or [imaging_ other] = '2'	Date of Other Radiographic Imaging <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												

581	[anti_coag]	<div>Section Header: <i>Treatment</i> What medications did the patient take or receive to treat Acute COVID-19/MIS-C/Long COVID (PASC)?</div> Anti-coagulant	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
582	[heparin]	Heparin	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
583	[medications_enoxaparin]	Enoxaparin	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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98	Don't know												
99	Prefer not to answer												
584	[medications_warfarin]	Warfarin	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
585	[medications_doac]	Direct oral anticoagulant (DOAC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
586	[medications_antiplatelets]	Antiplatelets/aspirin therapy	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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4	Not reported												
98	Don't know												
99	Prefer not to answer												
587	[medications_antibiotics]	Systemic antibiotics	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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4	Not reported												
98	Don't know												
99	Prefer not to answer												
588	[medications_modulators]	Immune modulators/immunosuppressants	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
589	[medications_anakinra]	Anakinra	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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4	Not reported												
98	Don't know												
99	Prefer not to answer												

590	[medications_tocilizumab]	Tocilizumab	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
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98	Don't know														
99	Prefer not to answer														
591	[medications_plasma]	Convalescent plasma	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
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4	Not reported														
98	Don't know														
99	Prefer not to answer														
592	[medications_antibodies]	SARS-CoV-2 monoclonal antibodies	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
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4	Not reported														
98	Don't know														
99	Prefer not to answer														
593	[medications_ivig]	Intravenous immunoglobulins (IVIG)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
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594	[medications_interferon]	Interferon	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
595	[medications_tnf_inhibitors]	Tumor necrosis factor (TNF) inhibitors (i.e. infliximab, etanercept, adalimumab)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
596	[medications_nsaid]	NSAID-Ibuprofen	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
597	[medications_antiviral]	Anti-viral/anti-COVID	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
598	[medications_diabetic]	Diabetic medications	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)															
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														

599	[medications_steroids]	Systemic steroids	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
600	[medications_other]	Other medications	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
601	[antibiotic_specify] Show the field ONLY if: [medications_antibiotics] = '1'	Specify antibiotic	text <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
602	[medications_remdesivir]	Section Header: <i>If anti-viral/antibiotic, what type?</i> Remdesivir	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
603	[medications_ribavirin]	Ribavirin	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
604	[medications_insulin] Show the field ONLY if: [medications_diabetic] = '1'	Insulin?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
605	[medications_inhaled]	Section Header: <i>If inhaled medications, what type?</i> Inhaled steroids	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
606	[medications_albuterol]	Albuterol	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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4	Not reported												
98	Don't know												
99	Prefer not to answer												
607	[medications_ipratropium]	Ipratropium	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												

608	[medications_dexa]	Section Header: <i>If systemic steroids, what type?</i> Dexamethasone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
609	[medications_methyl]	Methylprednisolone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
610	[medications_prednisone]	Prednisone/prednisolone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
611	[medications_hydro]	Hydrocortisone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
612	[medications_fludro]	Fludrocortison	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
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98	Don't know												
99	Prefer not to answer												
613	[medications_other_specify]  Show the field ONLY if: [medications_other] = '1'	Specify	text										
614	[patient_death]	Section Header: <i>Outcomes</i> Did the patient die?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
4	Not reported												
98	Don't know												
99	Prefer not to answer												
615	[patient_death_covid]	Death due to COVID/MIS-C?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A or not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	97	N/A or not reported	98	Don't know	99	Prefer not to answer
1	Yes												
0	No												
97	N/A or not reported												
98	Don't know												
99	Prefer not to answer												
616	[patient_date_date_mdy]  Show the field ONLY if: [patient_death] = '1'	Date of Death <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.										



617	[discharge_location]	If hospitalized for suspected or diagnosed COVID-19 and survived, to where was the participant discharged?	radio <table border="1"> <tr><td>1</td><td>Home with in-home nursing care</td></tr> <tr><td>2</td><td>Home with self-care</td></tr> <tr><td>3</td><td>Rehabilitation facility/nursing facility</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>97</td><td>N/A or not reported</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Home with in-home nursing care	2	Home with self-care	3	Rehabilitation facility/nursing facility	4	Other	97	N/A or not reported	99	Prefer not to answer
1	Home with in-home nursing care														
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97	N/A or not reported														
99	Prefer not to answer														
618	[discharge_location_other]	Specify	text												
619	[treatment_invasive]	Section Header: Did the patient receive the following for treatment of COVID in the hospital? Invasive mechanical ventilation (e.g., endotracheal intubation, mechanical ventilation via tracheostomy)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
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98	Don't know														
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620	[treatment_tracheo]	New tracheostomy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
621	[treatment_noninvasive]	Noninvasive mechanism ventilation (e.g. CPAP, BiPAP, NIPPV)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
622	[treatment_ecmo]	Extracorporeal membrane oxygenation (ECMO)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
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4	Not reported														
98	Don't know														
99	Prefer not to answer														
623	[treatment_vasoactive]	Vasoactive medications	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
624	[treatment_arterial]	Arterial catheter placement	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														
625	[treatment_cardiopulmonary]	Cardiopulmonary resuscitation with/without return of spontaneous circulation	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
4	Not reported														
98	Don't know														
99	Prefer not to answer														

	626	[treatment_catheter]	Central venous catheter placement	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
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1	Yes															
0	No															
4	Not reported															
98	Don't know															
99	Prefer not to answer															
	627	[treatment_lowflow]	Low flow oxygen therapy (e.g. nasal cannula, simple mask, face tent)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
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1	Yes															
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4	Not reported															
98	Don't know															
99	Prefer not to answer															
	628	[treatment_highflow]	High flow oxygen therapy	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
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98	Don't know															
99	Prefer not to answer															
	629	[treatment_thrombosis]	Invasive management of thrombosis (e.g., surgical thrombectomy, endovascular thrombectomy, catheter-directed thrombolysis)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)																
1	Yes															
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4	Not reported															
98	Don't know															
99	Prefer not to answer															
	630	[treatment_rrt]	Renal replacement therapy (RRT)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)																
1	Yes															
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4	Not reported															
98	Don't know															
99	Prefer not to answer															
	631	[treatment_pacemaker]	Pacemaker placement	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
radio (Matrix)																
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99	Prefer not to answer															
	632	[treatment_lvad]	Left ventricular assist device (LVAD)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
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	633	[treatment_other]	Other, specify	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Yes	0	No	4	Not reported	98	Don't know	99	Prefer not to answer
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98	Don't know															
99	Prefer not to answer															
	634	[treatment_other_specify]  Show the field ONLY if: [treatment_other] = '1'	Specify	text												

635	[treatment_ongoing]	Is the treatment ongoing?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A (no support)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	97	N/A (no support)	98	Don't know	99	Prefer not to answer		
1	Yes														
0	No														
97	N/A (no support)														
98	Don't know														
99	Prefer not to answer														
636	[treatment_startdate_mdy]	Date intensive treatment started <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
637	[support_limitation]	Was there a "Do Not Resuscitate" order or any other limitation of support?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	98	Don't know	99	Prefer not to answer				
1	Yes														
0	No														
98	Don't know														
99	Prefer not to answer														
638	[treatment_stopdt_mdy] Show the field ONLY if: [treatment_ongoing] = '2'	Date intensive treatment stopped <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												
639	[breakfast_precovid]	Did your child get breakfast and/or lunch from the school in the 2019-2020 school year before the COVID-19 pandemic?	radio <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>97</td><td>Not applicable/child did not go to school in person</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No	1	Yes	98	Don't know	97	Not applicable/child did not go to school in person	99	Prefer not to answer		
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98	Don't know														
97	Not applicable/child did not go to school in person														
99	Prefer not to answer														
640	[breakfast_duringcovid] Show the field ONLY if: [breakfast_precovid] = '2'	Did your child's school continue to provide breakfast and/or lunch during the COVID-19 pandemic (since March 2020)?	radio <table><tr><td>1</td><td>No</td></tr><tr><td>2</td><td>Yes, less frequently</td></tr><tr><td>3</td><td>Yes, same frequency</td></tr><tr><td>4</td><td>Yes, more frequently</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	No	2	Yes, less frequently	3	Yes, same frequency	4	Yes, more frequently	99	Prefer not to answer		
1	No														
2	Yes, less frequently														
3	Yes, same frequency														
4	Yes, more frequently														
99	Prefer not to answer														
641	[discrimination_ethnicity]	(13+) During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Most of the time	5	Always	99	Prefer not to answer
1	Never														
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99	Prefer not to answer														
642	[ethnicity_sincecovid]	(13+) Since the start of the pandemic (since March 2020), have you felt that you were treated badly or unfairly because of your race or ethnicity?	radio <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>Same amount</td></tr><tr><td>3</td><td>More</td></tr><tr><td>97</td><td>Not applicable (N/A)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	Same amount	3	More	97	Not applicable (N/A)	99	Prefer not to answer		
1	Less														
2	Same amount														
3	More														
97	Not applicable (N/A)														
99	Prefer not to answer														
643	[ethnicity_dangerous]	Section Header: (15+) Please answer the following questions on your beliefs about how the coronavirus is affecting people of your race/ethnicity.  (13+) I believe the country has become more dangerous for people in my racial/ethnic group because of fear of the coronavirus.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														

644	[ethnicity_jobloss]	People of my race/ethnicity are more likely to lose their job because of the coronavirus.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree															
99	Prefer not to answer															
645	[ethnicity_assumecovid]	I worry about people thinking I have the coronavirus simply because of my race/ethnicity.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree															
99	Prefer not to answer															
646	[ethnicity_mediabias]	Most social and mass media reports about the coronavirus create bias against people of my racial/ethnic group.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer															
647	[ethnicity_covidlikely]	People of my race/ethnicity are more likely to get the coronavirus.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer															
648	[ethnicity_healthunequal]	People of my race/ethnicity will not receive coronavirus healthcare as good as the care received by other groups.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree															
99	Prefer not to answer															
649	[cyberbully_self]	Due to the coronavirus, I have been cyberbullied because of my race/ethnicity.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree															
99	Prefer not to answer															
650	[cyberbully_others]	Since the coronavirus, I have seen a lot more cyberbullying of people of my race/ethnicity.	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer
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651	[cyberbully_socialmedia]	Negative social media posts against people of my race/ethnicity have increased because of the coronavirus.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Somewhat disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly disagree	2	Somewhat disagree	3	Neutral	4	Somewhat agree	5	Strongly Agree	99	Prefer not to answer						
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4	Somewhat agree																				
5	Strongly Agree																				
99	Prefer not to answer																				
652	[schooltype_report]	Is [your/your child's] current school a...	radio <table border="1"> <tr><td>1</td><td>A public school, including charter school or magnet school</td></tr> <tr><td>2</td><td>A private school, including private religious schools</td></tr> <tr><td>3</td><td>Bureau of Indian Affairs (BIA) or tribal school</td></tr> <tr><td>4</td><td>Early Childhood Center (school/center includes preschool and/or early elementary grades)</td></tr> <tr><td>5</td><td>Special Education school - primarily serves children with disabilities</td></tr> <tr><td>6</td><td>College, community college, or university</td></tr> <tr><td>7</td><td>Homeschool, including co-ops</td></tr> <tr><td>8</td><td>Full-time cyber school virtual school</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	A public school, including charter school or magnet school	2	A private school, including private religious schools	3	Bureau of Indian Affairs (BIA) or tribal school	4	Early Childhood Center (school/center includes preschool and/or early elementary grades)	5	Special Education school - primarily serves children with disabilities	6	College, community college, or university	7	Homeschool, including co-ops	8	Full-time cyber school virtual school	99	Prefer not to answer
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8	Full-time cyber school virtual school																				
99	Prefer not to answer																				
653	[child_iep]	Does your child have an Individualized Education Plan (IEP) or 504 plan?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	98	Don't know	99	Prefer not to answer										
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654	[child_iep_precovid] Show the field ONLY if: [child_iep] = '2'	Was your child receiving any specialized services or resources on an Individualized Education Plan (IEP) or 504 plan in the 2019-2020 school year before the pandemic?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	98	Don't know	99	Prefer not to answer										
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655	[child_iep_duringcovid] Show the field ONLY if: [child_iep] = '2'	During the pandemic (since March 2020) were your child's services less, the same, or more frequent compared to before the pandemic?	radio <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>4</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Less	2	Same	3	More	4	N/A	99	Prefer not to answer								
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656	[schooling_precovid]	From March 2020-May/June 2020, what was the primary form of schooling for your child?	radio <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason	7	NA	99	Prefer not to answer		
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657	[schooling_precovid_specify]	Other	text																		

658	[schooling_middle]	From Aug/Sept 2020-May/June 2021, what was the primary form of schooling for your child?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason	7	NA	99	Prefer not to answer		
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659	[schooling_middle_specify] Show the field ONLY if: [schooling_middle] = '6'	Other	text																		
660	[schooling_present]	From Aug/Sept 2021-present, what was the primary form of schooling for your child?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason	7	NA	99	Prefer not to answer		
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661	[schooling_present_specify] Show the field ONLY if: [schooling_present] = '6'	Other	text																		
662	[child_absent]	Since start of the current school year (or past school year if on summer break), about how many days did this child miss school (including missing remote learning)?	<div>radio</div> <table border="1"> <tr><td>1</td><td>No missed school days</td></tr> <tr><td>2</td><td>1-3 days</td></tr> <tr><td>3</td><td>4-6 days</td></tr> <tr><td>4</td><td>7-10 days</td></tr> <tr><td>5</td><td>11-15 days</td></tr> <tr><td>6</td><td>15 or more days</td></tr> <tr><td>7</td><td>This child was not enrolled in school</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	No missed school days	2	1-3 days	3	4-6 days	4	7-10 days	5	11-15 days	6	15 or more days	7	This child was not enrolled in school	98	Don't know	99	Prefer not to answer
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4	7-10 days																				
5	11-15 days																				
6	15 or more days																				
7	This child was not enrolled in school																				
98	Don't know																				
99	Prefer not to answer																				
663	[child_absent_covid] Show the field ONLY if: [child_absent] = '2' or [child_absent] = '3' or [child_absent] = '4' or [child_absent] = '5' or [child_absent] = '6'	About how many days did this child miss school (including missing remote learning) because of illness of you or a family member from COVID-19?	<div>radio</div> <table border="1"> <tr><td>1</td><td>No missed school days</td></tr> <tr><td>2</td><td>1-3 days</td></tr> <tr><td>3</td><td>4-6 days</td></tr> <tr><td>4</td><td>7-10 days</td></tr> <tr><td>5</td><td>11-15 days</td></tr> <tr><td>6</td><td>15 or more days</td></tr> <tr><td>7</td><td>This child was not enrolled in school</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	No missed school days	2	1-3 days	3	4-6 days	4	7-10 days	5	11-15 days	6	15 or more days	7	This child was not enrolled in school	98	Don't know	99	Prefer not to answer
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98	Don't know																				
99	Prefer not to answer																				
664	[school_effective]	<p>Section Header: Using a scale of 1-5 where 1 is not at all true, and 5 is completely true, how true would you say each of the following statements is for your child's school/college, regarding how your experiences were/are during the COVID-19 pandemic (since March 2020)</p> <p>Remote learning is as effective as live/traditional classroom lectures for my child.</p>	<div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all true (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>Completely true (5)</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all true (1)	2	(2)	3	(3)	4	(4)	5	Completely true (5)	99	Prefer not to answer						
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4	(4)																				
5	Completely true (5)																				
99	Prefer not to answer																				

665	[ school_goals ]	My child can meet his/her educational goals with remote learning.	radio (Matrix) <table><tr><td>1</td><td>Not at all true (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>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all true (1)	2	(2)	3	(3)	4	(4)	5	Completely true (5)	99	Prefer not to answer
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5	Completely true (5)															
99	Prefer not to answer															
666	[ school_social ]	My child has sufficient social interaction with peers during remote learning.	radio (Matrix) <table><tr><td>1</td><td>Not at all true (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>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all true (1)	2	(2)	3	(3)	4	(4)	5	Completely true (5)	99	Prefer not to answer
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667	[ school_lackinterest ]	It seems my child experiences a lack of interest during remote learning.	radio (Matrix) <table><tr><td>1</td><td>Not at all true (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>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all true (1)	2	(2)	3	(3)	4	(4)	5	Completely true (5)	99	Prefer not to answer
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668	[ school_frustration ]	It seems my child experiences frustration during remote learning.	radio (Matrix) <table><tr><td>1</td><td>Not at all true (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>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all true (1)	2	(2)	3	(3)	4	(4)	5	Completely true (5)	99	Prefer not to answer
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669	[ teacher_problems ]	Section Header: <i>Teacher Relationships (12-18)</i> Teachers understand my problems	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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670	[ teacher_interest ]	Teachers and staff seem to take a real interest in my future	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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671	[ teacher_available ]	Teachers are available when I need to talk with them	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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672	[teacher_easytalk]	It is easy to talk with teachers	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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673	[teacher_getalong]	Students get along well with teachers	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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674	[teacher_notice]	At my school, there is a teacher or some other adult who notices when I'm not there	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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675	[teacher_help]	Teachers at my school help us children with our problems	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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676	[teacher_care]	My teachers care about me	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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677	[teacher_esteem]	My teacher makes me feel good about myself	radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly disagree	2	Disagree	3	Neither Agree or Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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678	[connect_schoolwork]	Section Header: School Connectedness (12-18) My schoolwork is exciting	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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679	[connect_suggestions]	Students can make suggestions on courses that are offered	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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680	[connected_recognition]	Students are publicly recognized for their outstanding performances in speech, drama, art, music, etc.	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree														
99	Prefer not to answer														
681	[connect_moreclass]	If this school had an extra period during the day, I would take an additional academic class	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree														
99	Prefer not to answer														
682	[connect_enthusiasm]	This school makes students enthusiastic about learning	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														
683	[connect_praise]	Students are frequently rewarded or praised by faculty and staff for following school rules	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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4	Agree														
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99	Prefer not to answer														
684	[support_understand]	Section Header: <i>Academic Support (12-18)</i> I usually understand my homework assignments	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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685	[support_clarity]	Teachers make it clear what work needs to be done to get the grade I want	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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686	[support_expectation]	I believe that teachers expect all students to learn	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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687	[support_wellinschool]	I feel that I can do well in this school	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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688	[support_wellinworkj]	My teachers believe that I can do well in my school work	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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689	[support_tryhard]	I try hard to succeed in my classes	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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690	[order_rules]	Classroom rules are applied equally	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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691	[order_problems]	Problems in this school are solved by students and staff	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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692	[order_trouble]	Students get in trouble if they do not follow school rules	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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693	[order_fairrules]	The rules of the school are fair	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree														
99	Prefer not to answer														
694	[order_enforced]	School rules are enforced consistently and fairly	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree														
99	Prefer not to answer														
695	[order_clarity]	My teachers make it clear to me when I have misbehaved in class	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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696	[order_disciplinefair]	Discipline is fair	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														
697	[physical_grounds]	Section Header: (Only answer if in-person schooling - 12-18) School Physical Environment The school grounds are kept clean	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														
698	[physical_schoolneatneat]	My school is neat and clean	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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5	Strongly Agree														
99	Prefer not to answer														
699	[physical_buildings]	My school buildings are generally pleasant and well maintained	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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2	Agree														
3	Neither Agree nor Disagree														
4	Agree														
5	Strongly Agree														
99	Prefer not to answer														

700	[physical_tidy]	My school is usually clean and tidy	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														
701	[social_studenthappy]	Section Header: School Social Environment I am happy with kinds of students who go to my school	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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4	Agree														
5	Strongly Agree														
99	Prefer not to answer														
702	[social_studentgeneral]	I am happy, in general, with the other students who go to my school	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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703	[privilege_samehelp]	Section Header: Perceived Exclusion/Privilege At my school, the same person always gets to help the teacher	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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704	[privilege_samechosen]	At my school, the same kids get chosen every time to take part in after-school or special activities	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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705	[privilege_sameuse]	The same kids always get to use things, like a computer, a ball or a piano, when we play	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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99	Prefer not to answer														
706	[satisfaction_testnumber]	Section Header: Academic Satisfaction I am happy about the number of tests I have	radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer
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707	[satisfaction_homework]	I am happy about the amount of homework I have	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree	99	Prefer not to answer									
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708	[grades_precovid]	In the months before the pandemic (2019-February 2020) how would you describe [you/your child's] grades in school?	radio <table border="1"> <tr><td>1</td><td>Below Average (D's or F's)</td></tr> <tr><td>2</td><td>Average (C's)</td></tr> <tr><td>3</td><td>Good (B's)</td></tr> <tr><td>4</td><td>Very Good (A's and B's)</td></tr> <tr><td>5</td><td>Excellent (A's)</td></tr> <tr><td>6</td><td>My child was not graded</td></tr> <tr><td>7</td><td>Refused</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Below Average (D's or F's)	2	Average (C's)	3	Good (B's)	4	Very Good (A's and B's)	5	Excellent (A's)	6	My child was not graded	7	Refused	98	Don't know	99	Prefer not to answer			
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709	[grades_thisyear]	During the current school year, how would you describe [you/your child's] grades in school?	radio <table border="1"> <tr><td>1</td><td>Below Average (D's or F's)</td></tr> <tr><td>2</td><td>Average (C's)</td></tr> <tr><td>3</td><td>Good (B's)</td></tr> <tr><td>4</td><td>Very Good (A's and B's)</td></tr> <tr><td>5</td><td>Excellent (A's)</td></tr> <tr><td>6</td><td>My child was not graded</td></tr> <tr><td>7</td><td>Refused</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Below Average (D's or F's)	2	Average (C's)	3	Good (B's)	4	Very Good (A's and B's)	5	Excellent (A's)	6	My child was not graded	7	Refused	98	Don't know	99	Prefer not to answer			
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710	[covid_childcare]	How has the COVID-19 outbreak affected your regular childcare/supervision of school aged children (K-12)?	checkbox <table border="1"> <tr> <td>1</td> <td>covid_childcare__1</td> <td>I had difficulty arranging for childcare/supervision</td> </tr> <tr> <td>2</td> <td>covid_childcare__2</td> <td>I had to pay more for childcare/supervision</td> </tr> <tr> <td>3</td> <td>covid_childcare__3</td> <td>My co-parent or I no longer needed childcare</td> </tr> <tr> <td>4</td> <td>covid_childcare__4</td> <td>My co-parent or I had to change our work schedule or quit our job to care for our children</td> </tr> <tr> <td>5</td> <td>covid_childcare__5</td> <td>My regular childcare/supervision was not affected by the COVID-19 outbreak</td> </tr> <tr> <td>6</td> <td>covid_childcare__6</td> <td>I do not have a school-age child who needed regular supervision</td> </tr> <tr> <td>99</td> <td>covid_childcare__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	covid_childcare__1	I had difficulty arranging for childcare/supervision	2	covid_childcare__2	I had to pay more for childcare/supervision	3	covid_childcare__3	My co-parent or I no longer needed childcare	4	covid_childcare__4	My co-parent or I had to change our work schedule or quit our job to care for our children	5	covid_childcare__5	My regular childcare/supervision was not affected by the COVID-19 outbreak	6	covid_childcare__6	I do not have a school-age child who needed regular supervision	99	covid_childcare__99	Prefer not to answer
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99	covid_childcare__99	Prefer not to answer																						
711	[education_computerfreq]	How often is a computer/laptop or other digital device (e.g., tablet) available to your child for educational purposes to support remote distance learning?	radio <table border="1"> <tr><td>1</td><td>Always available</td></tr> <tr><td>2</td><td>Usually available</td></tr> <tr><td>3</td><td>Sometimes available</td></tr> <tr><td>4</td><td>Rarely available</td></tr> <tr><td>5</td><td>Never available</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Always available	2	Usually available	3	Sometimes available	4	Rarely available	5	Never available	97	N/A	99	Prefer not to answer							
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99	Prefer not to answer																							

712	[education_digital]	Is/are there computer(s) or other digital devices?...	checkbox <table border="1"> <tr> <td>1</td> <td>education_digital__1</td> <td>Provided by the child's school or school district to use outside of school</td> </tr> <tr> <td>2</td> <td>education_digital__2</td> <td>Provided by someone in the household or family, or it is the child's</td> </tr> <tr> <td>3</td> <td>education_digital__3</td> <td>Provided by another source</td> </tr> <tr> <td>97</td> <td>education_digital__97</td> <td>N/A</td> </tr> <tr> <td>99</td> <td>education_digital__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='97,99'	1	education_digital__1	Provided by the child's school or school district to use outside of school	2	education_digital__2	Provided by someone in the household or family, or it is the child's	3	education_digital__3	Provided by another source	97	education_digital__97	N/A	99	education_digital__99	Prefer not to answer
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97	education_digital__97	N/A																
99	education_digital__99	Prefer not to answer																
713	[internet_reliability]	How often is the Internet reliable so that your child is able to work remotely for education purposes to support remote virtual learning?	radio <table border="1"> <tr><td>1</td><td>Always available</td></tr> <tr><td>2</td><td>Usually available</td></tr> <tr><td>3</td><td>Sometimes available</td></tr> <tr><td>4</td><td>Rarely available</td></tr> <tr><td>5</td><td>Never available</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Always available	2	Usually available	3	Sometimes available	4	Rarely available	5	Never available	97	N/A	99	Prefer not to answer	
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714	[internet_paidby]	Are internet services...	checkbox <table border="1"> <tr> <td>1</td> <td>internet_paidby__1</td> <td>Paid for by the children's school or school district</td> </tr> <tr> <td>2</td> <td>internet_paidby__2</td> <td>Paid for by someone in the household or family</td> </tr> <tr> <td>3</td> <td>internet_paidby__3</td> <td>Paid for by another source</td> </tr> <tr> <td>97</td> <td>internet_paidby__97</td> <td>N/A</td> </tr> <tr> <td>99</td> <td>internet_paidby__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='97,99'	1	internet_paidby__1	Paid for by the children's school or school district	2	internet_paidby__2	Paid for by someone in the household or family	3	internet_paidby__3	Paid for by another source	97	internet_paidby__97	N/A	99	internet_paidby__99	Prefer not to answer
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97	internet_paidby__97	N/A																
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715	[connection_precovid]	Compared to before the COVID-19 outbreak (before March 2020), [do you/does your child] feel	radio <table border="1"> <tr><td>1</td><td>Much less socially connected</td></tr> <tr><td>2</td><td>Less socially connected</td></tr> <tr><td>3</td><td>Slightly less socially connected</td></tr> <tr><td>4</td><td>Slightly more socially connected</td></tr> <tr><td>5</td><td>More socially connected</td></tr> <tr><td>6</td><td>Much more socially connected</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Much less socially connected	2	Less socially connected	3	Slightly less socially connected	4	Slightly more socially connected	5	More socially connected	6	Much more socially connected	99	Prefer not to answer	
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716	[support_problems]	Section Header: (8-17) In the past month, please describe how often... I have someone who understands my problems	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer			
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717	[support_listen]	I have someone who will listen to me when I need to talk	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer			
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718	[support_badday]	I have someone to talk with when I have a bad day	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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719	[support_helpneed]	There is someone around to help me if I need it	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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720	[support_advice]	I can get helpful advice from others when dealing with a problem	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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721	[support_useful]	I get useful advice about important things in my life	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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722	[support_talk_problems]	I have someone to talk with about school problems	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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723	[compare_problems]	Section Header: (8-17) Compared to before the COVID-19 pandemic (before March 2020)...	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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724	[compare_listen]	I have someone who will listen to me when I need to talk	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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725	[compare_badday]	I have someone to talk with when I have a bad day	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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726	[compare_helpneed]	There is someone around to help me if I need it	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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727	[compare_advice]	I can get helpful advice from others when dealing with a problem	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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730	[relationships_share]	Section Header: (1-5) In the past 7 days My child shared with other kids	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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731	[relationships_played]	My child played well with other children	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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732	[relationships_laughed]	My child laughed and smiled with other children	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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733	[relationships_interest]	My child showed interest in other children	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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734	[child_shares]	Section Header: (1-5) Compared to before the COVID-19 pandemic (before March 2020) ... My child shares with other kids	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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735	[child_playswell]	My child plays well with other children	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Less	2	The same	3	More	99	Prefer not to answer				
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736	[childLaughs]	My child laughs and smiles with other children	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Less	2	The same	3	More	99	Prefer not to answer				
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738	[relationships_accepted]	Section Header: (5-17) In the past 7 days... My child felt accepted by other kids his/her age	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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739	[relationships_counton]	My child was able to count on his/her friends	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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740	[relationships_makefriends]	My child was good at making friends	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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741	[relationships_help]	My child and his/her friends helped each other out	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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742	[relationships_befriend]	Other kids wanted to be my child's friend	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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743	[relationships_bewith]	Other kids wanted to be with my child	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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744	[relationships_talkto]	Other kids wanted to talk to my child	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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748	[child_befriend]	Other kids want to be my child's friend	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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749	[child_bewith]	Other kids want to be with my child	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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757	[relationships_bewith_sr]	Other kids wanted to be with me	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always	99	Prefer not to answer
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760	[child_counton_sr]	I am able to count on my friends	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
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765	[child_bewith_sr]	Other kids want to be with me	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
1	Less														
2	The same														
3	More														
99	Prefer not to answer														
766	[child_talkto_sr]	Other kids want to talk to me	radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less	2	The same	3	More	99	Prefer not to answer				
1	Less														
2	The same														
3	More														
99	Prefer not to answer														
767	[getting_along_sr]	How [have/were] YOU and your parent(s) (been) getting along during the COVID-19 outbreak (since March 2020)?	radio <table><tr><td>1</td><td>Very well - no problems or tension</td></tr><tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr><tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr><tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr><tr><td>5</td><td>Terribly</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Very well - no problems or tension	2	Well - occasional tension, some tension, but manageable	3	Okay - some tension and sometimes things get out of hand (a few heated arguments)	4	Not very well - tense, lots of arguing, unsettled feeling, definite problems	5	Terribly	99	Prefer not to answer
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5	Terribly														
99	Prefer not to answer														
768	[getting_along_change_sr]	Is this a change from how you were getting along during the COVID-19 outbreak (since March 2020)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	3	Prefer not to answer						
1	Yes														
0	No														
3	Prefer not to answer														
769	[violence_tochild]	(13+) During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with a child (for example, shoved, hit, kicked, or shook [her/him/them])?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table>	1	Yes	0	No	3	Prefer not to answer						
1	Yes														
0	No														
3	Prefer not to answer														

770	[violence_toself]	(13+) During the COVID-19 outbreak (since March 2020), was an adult in your household ever physically violent with you (for example, shoved, hit, kicked, or shook you)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Prefer not to answer						
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771	[violence_tosomeone]	(13+) During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with someone else (for example, shoved, hit, kicked, or shook someone else)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Prefer not to answer						
1	Yes														
0	No														
3	Prefer not to answer														
772	[screentime_weekdays_child]	Section Header: <i>Social Media/Screen Time</i> (13+) ON MOST WEEKDAYS, about how much time did [you/your child] spend in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, accessing the Internet or using social media? Do not include time spent doing schoolwork.	radio <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1 hour</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>3 hours</td></tr> <tr><td>5</td><td>4 or more hours</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Less than 1 hour	2	1 hour	3	2 hours	4	3 hours	5	4 or more hours	99	Prefer not to answer
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4	3 hours														
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773	[education_child]	Section Header: <i>Compared to before the COVID-19 outbreak (before March 2020), how much are you now of the following?</i> Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for educational purposes, including schoolwork	radio (Matrix) <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Less	2	Same amount	3	More	99	Prefer not to answer				
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774	[noneducation_child]	Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for non-educational purposes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Less	2	Same amount	3	More	99	Prefer not to answer				
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775	[happy_withlife]	(13+) Since becoming aware of the COVID-19 outbreak, how often have you felt happy and satisfied with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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776	[child_attentive]	(8-17) I felt attentive	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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777	[child_delighted]	(8-12) I felt delighted/(3-12) My child was delighted	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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778	[child_calm]	(8-12) I felt calm	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	779	[ child_interested ]	(13-17) I felt interested/(3-12) My child was interested	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	780	[ child_confident ]	(8-12) I felt confident/(3-12) My child was confident	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	781	[ child_energetic ]	(8-12) I felt energetic	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	782	[ child_concentrate ]	(8-12) I felt able to concentrate	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	783	[ child_cheerful ]	(13-17) I felt cheerful/(3-12) My child was cheerful	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	784	[ child_joyful ]	(13-17) I felt joyful/(3-12) My child was joyful	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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	785	[ child_atease ]	(13-17) I felt at ease/(3-12) My child was at ease	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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786	[child_peaceful]	(13-17) I felt peaceful	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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787	[child_goodnatured]	(13-17) I felt good-natured	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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788	[child_content]	(13-17) I felt content	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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789	[child_inspired]	(3-12) My child was inspired	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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790	[child_happy]	(3-12) My child was happy	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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791	[child_alert]	(3-12) My child was alert	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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792	[child_enthusiastic]	(8-12) I felt enthusiastic/(3-12) My child was enthusiastic	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much	99	Prefer not to answer
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793	[coping_child]	(13+) What have you done to cope with your stress related to the COVID-19 outbreak? (Mark all that apply)/(Child 8+) Which of the following strategies [have been/were] helpful to YOUR CHILD while staying at home because of the COVID-19 outbreak? (Mark all that apply)	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>coping_child__1</td><td>Arts and crafts projects</td></tr> <tr><td>2</td><td>coping_child__2</td><td>Cooking/baking</td></tr> <tr><td>3</td><td>coping_child__3</td><td>Drinking alcohol (13+)</td></tr> <tr><td>4</td><td>coping_child__4</td><td>Engaging in more family activities (e.g., games, sports)</td></tr> <tr><td>5</td><td>coping_child__5</td><td>Exercising/walking</td></tr> <tr><td>6</td><td>coping_child__6</td><td>Increasing time reading books, or doing activities like puzzles and crosswords</td></tr> <tr><td>7</td><td>coping_child__7</td><td>Meditation and/or mindfulness practices</td></tr> <tr><td>8</td><td>coping_child__8</td><td>Spiritual/religious practices</td></tr> <tr><td>9</td><td>coping_child__9</td><td>Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)</td></tr> <tr><td>10</td><td>coping_child__10</td><td>Texting, calling or video-calling family members or friends</td></tr> <tr><td>11</td><td>coping_child__11</td><td>Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping (13+)</td></tr> <tr><td>12</td><td>coping_child__12</td><td>Volunteer work</td></tr> <tr><td>13</td><td>coping_child__13</td><td>(I have not/My child has) done any of these things to cope with the COVID-19 outbreak</td></tr> <tr><td>14</td><td>coping_child__14</td><td>Other</td></tr> <tr><td>99</td><td>coping_child__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div>	1	coping_child__1	Arts and crafts projects	2	coping_child__2	Cooking/baking	3	coping_child__3	Drinking alcohol (13+)	4	coping_child__4	Engaging in more family activities (e.g., games, sports)	5	coping_child__5	Exercising/walking	6	coping_child__6	Increasing time reading books, or doing activities like puzzles and crosswords	7	coping_child__7	Meditation and/or mindfulness practices	8	coping_child__8	Spiritual/religious practices	9	coping_child__9	Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)	10	coping_child__10	Texting, calling or video-calling family members or friends	11	coping_child__11	Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping (13+)	12	coping_child__12	Volunteer work	13	coping_child__13	(I have not/My child has) done any of these things to cope with the COVID-19 outbreak	14	coping_child__14	Other	99	coping_child__99	Prefer not to answer
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794	[coping_child_other] Show the field ONLY if: [coping_child(14)] = '1'	Specify	text																																													
795	[lonliness]	Is your life lonelier because of the COVID-19 pandemic?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	3	Prefer not to answer																																							
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796	[during_worriedself]	Section Header: (9+) During the COVID-19 pandemic (since March 2020) How worried have you been about coronavirus (COVID-19)?	<div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer																																	
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797	[during_worriedothers]	How worried have others around you been about coronavirus (COVID-19)?	<div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer																																	
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798	[during_worriedschool]	How worried have you been about changes to schooling (e.g., missing school in-person)?	<div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer																																	
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799	[during_lifechange]	How much do you think your life has changed due to coronavirus (COVID-19)?	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer
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800	[during_hope]	How hopeful have you been that the coronavirus/COVID- 19 crisis in your area will end soon?	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer
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801	[pastweek_worriedself]	Section Header: <i>In the past week:</i> How worried have you been about coronavirus (COVID-19)?	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer
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803	[pastweek_worriedschool]	How worried have you been about changes to schooling (e.g., missing school in-person)?	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer
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804	[pastweek_lifechange]	How much do you think your life has changed due to coronavirus (COVID-19)?	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer
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806	[ stress_sleep ]	<div>Section Header: (13+) During the COVID-19 pandemic (since March 2020), how often did you:</div> <div>Have difficulty sleeping</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
1	Not at all														
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807	[ stress_startle ]	Startle easily	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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808	[ stress_outburst ]	Have angry outbursts	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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809	[ stress_timeslow ]	Feel a sense of time slowing down	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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810	[ stress_daze ]	Feel in a daze	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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811	[ stress_avoid ]	Try to avoid thoughts and feelings about COVID-19	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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812	[ stress_dreams ]	Have distressing dreams about COVID-19	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer
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813	[ stress_reminder ]	Feel distressed when you saw something that reminded you of COVID-19	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often	99	Prefer not to answer				
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99	Prefer not to answer																		
814	[ pastweek_exercise ]	During the past week, on how many days did this child exercise, play a sport, or participate in physical activity (including physical education classes) for at least 60 minutes?	radio <table><tr><td>1</td><td>0 days</td></tr><tr><td>2</td><td>1-3 days</td></tr><tr><td>3</td><td>4-6 days</td></tr><tr><td>4</td><td>Every day</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table>	1	0 days	2	1-3 days	3	4-6 days	4	Every day	5	Prefer not to answer						
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5	Prefer not to answer																		
815	[ compare_exercise ]	How has this changed compared to before the COVID-19 outbreak (before March 2020)?	radio <table><tr><td>1</td><td>Fewer days</td></tr><tr><td>2</td><td>Same number of days</td></tr><tr><td>3</td><td>More days</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Fewer days	2	Same number of days	3	More days	98	Don't know	99	Prefer not to answer						
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816	[ sleep_change ]	(Child 13+) How has your quality of sleep changed compared to before the COVID-19 outbreak (before March 2020)?	radio <table><tr><td>1</td><td>It's gotten a lot worse</td></tr><tr><td>2</td><td>It's gotten a little worse</td></tr><tr><td>3</td><td>Stayed the same</td></tr><tr><td>4</td><td>It's gotten a little better</td></tr><tr><td>5</td><td>It's gotten a lot better</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	It's gotten a lot worse	2	It's gotten a little worse	3	Stayed the same	4	It's gotten a little better	5	It's gotten a lot better	99	Prefer not to answer				
1	It's gotten a lot worse																		
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99	Prefer not to answer																		
817	[ sleephours_child ]	In the last week, how many hours of sleep did you get on most nights?	radio <table><tr><td>1</td><td>More than 11 hours</td></tr><tr><td>2</td><td>9-11 hours</td></tr><tr><td>3</td><td>8-9 hours</td></tr><tr><td>4</td><td>7-8 hours</td></tr><tr><td>5</td><td>5-7 hours</td></tr><tr><td>6</td><td>Less than 5 hours</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	More than 11 hours	2	9-11 hours	3	8-9 hours	4	7-8 hours	5	5-7 hours	6	Less than 5 hours	98	Don't know	99	Prefer not to answer
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98	Don't know																		
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818	[ comparesleep_child ]	How has this changed compared to before the COVID-19 outbreak (before March 2020)?	radio <table><tr><td>1</td><td>Less time</td></tr><tr><td>2</td><td>Same time</td></tr><tr><td>3</td><td>More time</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less time	2	Same time	3	More time	98	Don't know	99	Prefer not to answer						
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819	[ sleephours_parent ]	In the last week, how many hours of sleep did your child get on most nights?	radio <table><tr><td>1</td><td>More than 11 hours</td></tr><tr><td>2</td><td>9-11 hours</td></tr><tr><td>3</td><td>8-9 hours</td></tr><tr><td>4</td><td>7-8 hours</td></tr><tr><td>5</td><td>5-7 hours</td></tr><tr><td>6</td><td>Less than 5 hours</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	More than 11 hours	2	9-11 hours	3	8-9 hours	4	7-8 hours	5	5-7 hours	6	Less than 5 hours	98	Don't know	99	Prefer not to answer
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820	[comparesleep_parent]	How has this changed compared to before the COVID-19 outbreak (before March 2020)?	radio <table><tr><td>1</td><td>Less time</td></tr><tr><td>2</td><td>Same time</td></tr><tr><td>3</td><td>More time</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Less time	2	Same time	3	More time	98	Don't know	99	Prefer not to answer
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3	More time												
98	Don't know												
99	Prefer not to answer												
821	[baseline_tourette]	Tourette Syndrome	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
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98	Don't know												
99	Prefer not to answer												
822	[baseline_depression]	Depression	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
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98	Don't know												
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823	[baseline_anxiety]	Anxiety problems	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
2	No												
98	Don't know												
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824	[baseline_autism]	Autism or Autism Spectrum Disorder (ASD), Asperger's Disorder, Pervasive Developmental Disorder (PDD)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
2	No												
98	Don't know												
99	Prefer not to answer												
825	[baseline_add]	Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD/ADHD)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
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98	Don't know												
99	Prefer not to answer												
826	[baseline_fatigue]	Chronic fatigue	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
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99	Prefer not to answer												
827	[baseline_ptsd]	Post-traumatic stress disorder (PTSD)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
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99	Prefer not to answer												
828	[baseline_ideation]	Suicidal thoughts or behaviors	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
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99	Prefer not to answer												
829	[baseline_bipolar]	Mania or bipolar disorder	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer		
1	Yes												
2	No												
98	Don't know												
99	Prefer not to answer												

830	[baseline_behavioral]	Behavioral disorder or conduct problems	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer				
1	Yes														
2	No														
98	Don't know														
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831	[baseline_delay]	Developmental delay	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer				
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832	[baseline_intellectual]	Intellectual disability	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer				
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2	No														
98	Don't know														
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833	[baseline_speech]	Speech or other language disorder	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer				
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834	[baseline_learning]	Learning disability	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer				
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98	Don't know														
99	Prefer not to answer														
835	[baseline_current]	Specify which conditions the child currently has.	text												
836	[physical_health]	(8+) In general, how would you rate your physical health?/In general, how is your child's physical health?	radio <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	99	Prefer not to answer
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3	Good														
4	Fair														
5	Poor														
99	Prefer not to answer														
837	[mental_health]	(8+) In general, how would you rate your mental health, including how you feel, think, and behave?/In general, how is your child's mental or emotional health?	radio <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	99	Prefer not to answer
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838	[cross_stomach]	Section Header: During the past TWO (2) WEEKS, how much (or how often) has your child.../ (11-17) During the past TWO (2) WEEKS, how much (or how often) have you...  Complained of stomach aches, headaches, or other aches and pains? /(11-17) Been bothered by stomach aches, headaches, or other aches and pains?	radio (Matrix) <table border="1"> <tr><td>0</td><td>None- Not at all</td></tr> <tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr> <tr><td>2</td><td>Mild- several days</td></tr> <tr><td>3</td><td>Moderate- More than half the days</td></tr> <tr><td>4</td><td>Severe- Nearly every day</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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839	[cross_sick]	Said he/she was worried about his/her health or about getting sick? /(11-17) Worried about your health or about getting sick?	radio (Matrix) <table border="1"> <tr><td>0</td><td>None- Not at all</td></tr> <tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr> <tr><td>2</td><td>Mild- several days</td></tr> <tr><td>3</td><td>Moderate- More than half the days</td></tr> <tr><td>4</td><td>Severe- Nearly every day</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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840	[cross_sleep]	Had problems sleeping-that is, trouble falling asleep, staying asleep, or waking up too early? /(11-17) Been bothered by not being able to fall asleep or stay asleep, or by waking up too early?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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841	[cross_attention]	Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game /(11-17) Been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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842	[cross_fun]	Had less fun doing things than he/she used to? /(11-17) Had less fun doing things than you used to?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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843	[cross_sad]	Seemed sad or depressed for several hours? /(11-17) Felt sad or depressed for several hours?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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844	[cross_irritated]	Seemed more irritated or easily annoyed than usual? /(11-17) Felt more irritated or easily annoyed than usual?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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845	[cross_temper]	Seemed angry or lost his/her temper? /(11-17) Felt angry or lost your temper?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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846	[cross_risky]	Started lots more projects than usual or did more risky things than usual? /(11-17) Started lots more projects than usual or done more risky things than usual?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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847	[ cross_energy ]	Slept less than usual for him/her, but still had lots of energy? /(11-17) Slept less than usual but still had a lot of energy?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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848	[ cross_nervous ]	Said he/she felt nervous, anxious, or scared? /(11-17) Felt nervous, anxious, or scared?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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849	[ cross_worry_ ]	Not been able to stop worrying? /(11-17) Not been able to stop worrying?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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850	[ cross_resist ]	Said he/she couldn't do things he/she wanted to or should have done, because they made him/her feel nervous? /(11-17) Not been able to do things you wanted to or should have done, because they made you feel nervous?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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851	[ cross_voices ]	Said that he/she heard voices-when there was no one there-speaking about him/her or telling him/her what to do or saying bad things to him/her? /(11-17) Heard voices-when there was no one there-speaking about you or telling you what to do or saying bad things to you?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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852	[ cross_vision ]	Said that he/she had a vision when he/she was completely awake-that is, saw something or someone that no one else could see? /(11-17) Had visions when you were completely awake-that is, seen something or someone that no one else could see?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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853	[ cross_thoughts ]	Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to him/her or to someone else? /(11-17) Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else?	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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854	[cross_check]	Said he/she felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? /(11-17) Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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855	[cross_things]	Seemed to worry a lot about things he/she touched being dirty or having germs or being poisoned? /(11-17) Worried a lot about things you touched being dirty or having germs or being poisoned?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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856	[cross_behavior]	Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening? /(11-17) Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?	<div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		0	None- Not at all	1	Slight - Rare- less than a day or two	2	Mild- several days	3	Moderate- More than half the days	4	Severe- Nearly every day	99	Prefer not to answer
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857	[cross_alcohol]	<div>Section Header: In the past TWO (2) WEEKS, has your child ... (11-17) In the past TWO (2) WEEKS, have you...</div> <div>Had an alcoholic beverage (beer, wine, liquor, etc.)? /(11-17) Had an alcoholic beverage (beer, wine, liquor, etc.)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
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858	[cross_smoking]	Smoked marijuana, a cigarette, a cigar, a pipe, e-cigarettes, vaped, or used snuff or chewing tobacco? /(11-17) Smoked marijuana, a cigarette, a cigar, or pipe, e-cigarettes, vaped, or used snuff or chewing tobacco?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
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859	[cross_drugs]	Used drugs like cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? /(11-17) Used drugs like cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
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860	[cross_meds]	Used any medicine without a doctor's prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? /(11-17) Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
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861	[cross_suic_idea]	In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself or about wanting to commit suicide? /(11-17) In the last 2 weeks, have you thought about killing yourself or committing suicide?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
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862	[cross_suic_attem]	Has he/she EVER tried to kill himself/herself? /(11-17) Have you EVER tried to kill yourself?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Yes	98	Don't know	99	Prefer not to answer						
1	Yes															
98	Don't know															
99	Prefer not to answer															
863	[promis_nervous]	<div>Section Header: PROMIS Anxiety-In the past 7 days</div> <div>My child felt nervous /(8-17) I felt nervous</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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3	Sometimes															
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99	Prefer not to answer															



864	[promis_scared]	My child felt scared /(8-17) I felt nervous	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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3	Sometimes															
4	Often															
5	Almost Always															
99	Prefer not to answer															
865	[promis_worried]	My child felt worried /(8-17) I felt worried	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often															
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99	Prefer not to answer															
866	[promis_awful]	My child felt like something awful might happen /(8-17) I felt like something awful might happen	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often															
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99	Prefer not to answer															
867	[promis_home_worry]	My child worried when he/she was at home /(8-17) I worried when I was at home	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often															
5	Almost Always															
99	Prefer not to answer															
868	[promis_scare_easy]	My child got scared really easy /(8-17) I got scared really easy	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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3	Sometimes															
4	Often															
5	Almost Always															
99	Prefer not to answer															
869	[promis_worry_self]	My child worried what could happen to him/her /(8-17) I worried what could happen to me	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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3	Sometimes															
4	Often															
5	Almost Always															
99	Prefer not to answer															
870	[promis_worry_night]	My child worried when he/she went to bed at night /(8-17) I worried when I went to bed at night	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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99	Prefer not to answer															

871	[promis_stop_sad]	<div>Section Header: PROMIS Depressive Symptoms-In the past 7 days</div> <div>My child could not stop feeling sad /(8-17) I could not stop feeling sad</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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2	Almost Never														
3	Sometimes														
4	Often														
5	Almost Always														
99	Prefer not to answer														
872	[promis_alone]	(8-17) I felt alone	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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873	[promis_life_wrong]	My child felt everything in his/her life went wrong /(8-17) I felt everything in my life went wrong	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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874	[promis_not_right]	My child felt like he/she couldn't do anything right /(8-17) I felt like I couldn't do anything right	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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99	Prefer not to answer														
875	[promis_lonely]	My child felt lonely /(8-17) I felt lonely	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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876	[promis_sad]	My child felt sad /(8-17) I felt sad	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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877	[promis_unhappy]	(8-17) I felt unhappy	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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99	Prefer not to answer														

878	[promis_fun]	It was hard for my child to have fun /(8-17) It was hard for me to have fun	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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1	Never																
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879	[promis_tired_friend]	Section Header: PROMIS Fatigue-In the past 7 days Being tired made it hard for my child to play or go out with friends as much as he/she would like /(8-17) Being tired made it hard for me to play or go out with my friends as much as I'd like	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often																
5	Almost Always																
99	Prefer not to answer																
880	[promis_weak]	My child felt weak /(8-17) I felt weak	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often																
5	Almost Always																
99	Prefer not to answer																
881	[promis_tired_easily]	My child got tired easily /(8-17) I got tired easily	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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882	[promis_tired_school]	Being tired made it hard for my child to keep up with schoolwork /(8-17) Being tired made it hard for me to keep up with my schoolwork	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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99	Prefer not to answer																
883	[promis_tired_finish]	My child had trouble finishing things because he/she was too tired /(8-17) I had trouble finishing things because I was too tired	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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884	[promis_tired_start]	My child had trouble starting things because he/she was too tired /(8-17) I had trouble starting things because I was too tired	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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885	[promis_tired_atten]	My child was so tired it was hard for him/her to pay attention /(8-17) I was so tired it was hard for me to pay attention	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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886	[promis_tired_sport]	My child was too tired to do sports or exercise /(8-17) I was too tired to do sports or exercise	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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887	[promis_tired_outside]	My child was too tired to do things outside /(8-17) I was too tired to do things outside	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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888	[promis_tired_enjoy]	My child was too tired to enjoy the things he/she likes to do /(8-17) I was too tired to enjoy the things I like to do	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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4	Often																
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889	[rcas_worry]	Section Header: RCADS Anxiety and Depression Scale My child worries about things /(8-18) I worry about things	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
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890	[rcas_sad]	My child feels sad or empty /(8-18) I feel sad or empty	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
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891	[rcas_stomach]	When my child has a problem, he/she gets a funny feeling in his/her stomach /(8-18) When I have a problem, I get a funny feeling in my stomach	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
radio (Matrix)																	
1	Never																
2	Sometimes																
3	Often																
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99	Prefer not to answer																
892	[rcas_worry_think]	My child worries when he/she thinks she has done poorly at something /(8-18) I worry when I think I have done poorly at something	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
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3	Often																
4	Always																
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893	[rcas_afraid_alone]	My child feels afraid of being alone at home /(8-18) I would feel afraid of being on my own at home	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
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894	[rcas_no_fun]	Nothing is much fun for my child anymore /(8-18) Nothing is much fun anymore	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
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4	Always												
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895	[rcas_scared_test]	My child feels scared when taking a test /(8-18) I feel scared when I have to take a test	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
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4	Always												
99	Prefer not to answer												
896	[rcas_worry_angry]	My child worries when he/she thinks someone is angry with him/her /(8-18) I feel worried when I think someone is angry with me	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												
897	[rcas_worry_away]	My child worries about being away from me /(8-18) I worry about being away from my parents	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												
898	[rcas_bothered_pics]	My child is bothered by bad or silly thoughts or pictures in his/her mind /(8-18) I get bothered by bad or silly thoughts or pictures in my mind	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												
899	[rcas_sleeping]	My child has trouble sleeping /(8-18) I have trouble sleeping	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												
900	[rcas_worry_school]	My child worries about doing badly at schoolwork /(8-18) I worry that I will do badly at my schoolwork	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												
901	[rcas_worry_family]	My child worries that something awful happen to someone in the family /(8-18) I worry that something awful will happen to someone in my family	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never												
2	Sometimes												
3	Often												
4	Always												
99	Prefer not to answer												

	902	[rcas_worry_breathe]	My child suddenly feels as if he/she can't breathe when there is no reason for this /(8-18) I suddenly feel as if I can't breathe when there is no reason for this	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	903	[rcas_appetite]	My child has problems with his/her appetite /(8-18) I have problems with my appetite	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	904	[rcas_checking_tasks]	My child has to keep checking that she has done things right (like the switch off, or the door is locked) /(8-18) I have to keep checking that I have done things right (like the switch is off, or the door is locked)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	905	[rcas_sleep_alone]	My child feels scared to sleep on his/her own /(8-18) I feel scared if I have to sleep on my own	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	906	[rcas_go_school]	My child has trouble going to school the mornings because of feeling nervous or afraid /(8-18) I have trouble going to school in the mornings because I feel nervous or afraid	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
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3	Often														
4	Always														
99	Prefer not to answer														
	907	[rcas_no_energy]	My child has no energy for things /(8-18) I have no energy for things	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
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2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	908	[rcas_worry_foolish]	My child worries about looking foolish /(8-18) I worry I might look foolish	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	909	[rcas_tired]	My child is tired a lot /(8-18) I am tired a lot	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	910	[rcas_worry_bad_things]	My child worries that bad things will happen to him/her /(8-18) I worry that bad things will happen to me	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														

911	[rcas_bad_thought]	My child can't seem to get bad or silly thoughts out of his/her head /(8-18) I can't seem to get bad or silly thoughts out of my head	<table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
912	[rcas_tachy]	(8-18) When I have a problem, my heart beats really fast	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
913	[rcas_think_clear]	(8-18) I cannot think clearly	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
914	[rcas_tremble]	(8-18) I suddenly start to tremble or shake when there is no reason for this	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
915	[rcas_bad_happen]	(8-18) I worry that something bad will happen to me	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
916	[rcas_shaky]	(8-18) When I have a problem, I feel shaky	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
917	[rcas_worthless]	(8-18) I feel worthless	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
918	[rcas_worry_mistakes]	(8-18) I worry about making mistakes	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
919	[rcas_special_thought]	(8-18) I have to think of special thoughts (like numbers or words) to stop bad things from happening	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
radio (Matrix)															
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														

	920	[rcas_worry_other_peo]	(8-18) I worry what other people think of me	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	921	[rcas_afraid_crowd]	(8-18) I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	922	[rcas_sudden_scared]	(8-18) All of a sudden, I feel really scared for no reason at all	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	923	[rcas_worry_happen]	(8-18) I worry about what is going to happen	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	924	[rcas_dizzy]	(8-18) I suddenly become dizzy or faint when there is no reason for this	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	925	[rcas_death]	(8-18) I think about death	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	926	[rcas_afraid_talk]	(8-18) I feel afraid if I have to talk in front of my class	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	927	[rcas_heart_no_reas]	(8-18) My heart suddenly starts to beat too quickly for no reason	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														
	928	[rcas_dont_move]	(8-18) I feel like I don't want to move	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer
1	Never														
2	Sometimes														
3	Often														
4	Always														
99	Prefer not to answer														



	929	[rcas_scared_feeling]	(8-18) I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
2	Sometimes																
3	Often																
4	Always																
99	Prefer not to answer																
	930	[rcas_repetitive]	(8-18) I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
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3	Often																
4	Always																
99	Prefer not to answer																
	931	[rcas_afraid_fool]	(8-18) I feel afraid that I will make a fool of myself in front of people	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
2	Sometimes																
3	Often																
4	Always																
99	Prefer not to answer																
	932	[rcas_right_way]	(8-18) I have to do some things in just the right way to stop bad things from happening	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
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3	Often																
4	Always																
99	Prefer not to answer																
	933	[rcas_worry_night]	(8-18) I worry when I go to bed at night	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
2	Sometimes																
3	Often																
4	Always																
99	Prefer not to answer																
	934	[rcas_scared_away]	(8-18) I would feel scared if I had to stay away from home overnight	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
1	Never																
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3	Often																
4	Always																
99	Prefer not to answer																
	935	[rcas_restless]	(8-18) I feel restless	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Sometimes	3	Often	4	Always	99	Prefer not to answer		
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4	Always																
99	Prefer not to answer																
	936	[promis_troub_sleep]	<div>Section Header: PROMIS Pain Interference (in the past 7 days)</div> <div>My child had trouble sleeping when he/she had pain /(8-17) I had trouble sleeping when I had pain</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	937	[promis_angry_pain]	My child felt angry when he/she had pain /(8-17) I felt angry when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	938	[promis_troub_school]	My child had trouble doing schoolwork when he/she had pain /(8-17) I had trouble doing schoolwork when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	939	[promis_pain_atten]	It was hard for my child to pay attention when he/she had pain /(8-17) It was hard for me to pay attention when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	940	[promis_pain_run_when_]	It was hard for my child to run when he/she had pain /(8-17) It was hard for me to run when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	941	[promis_pain_walk]	It was hard for my child to walk when he/she had pain /(8-17) It was hard for me to walk one block when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	942	[promis_pain_fun_]	It was hard for my child to have fun when he/she had pain /(8-17) It was hard to have fun when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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	943	[promis_pain_standing]	It was hard for my child to stay standing when he/she had pain /(8-17) It was hard to stay standing when I had pain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>		1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always	99	Prefer not to answer
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944	[promis_lists]	<p>Section Header: <i>PROMIS Cognitive Function (in the past four weeks)</i></p> <p>Your child has to use written lists more often than other people his/her age so he/she will not forget things /(8-17) I have to use written lists more often than other people my age so I will not forget things</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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945	[promis_attentio]	<p>It is hard for your child to pay attention to one thing for more than 5-10 minutes /(8-17) It is hard for me to pay attention to one thing for more than 5-10 minutes</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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946	[promis_lof]	<p>Your child has trouble keeping track of what he/she is doing if he/she gets interrupted /(8-17) I have trouble keeping track of what I am doing if I get interrupted</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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947	[promis_read_mult]	<p>Your child has to read things several times to understand them /(8-17) I have to read things several times to understand them</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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948	[promis_forget]	<p>Your child forgets things easily /(8-17) I forget things easily</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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949	[promis_focus_atten]	<p>Your child has to work really hard to pay attention or he/she makes mistakes /(8-17) I have to work really hard to pay attention or I make mistakes</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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950	[promis_trouble_remem]	<p>Your child has trouble remembering to do things like school projects or chores /(8-17) I have trouble remembering to do things like school projects or chores</p>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	radio (Matrix)		1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time	99	Prefer not to answer
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951	[cries_dont_mean]	<p>Section Header: Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you during the past seven days. If they did not occur during that time, please tick the 'not at all' box.</p> <p>Do you think about it even when you don't mean to?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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952	[cries_memory]	Do you try to remove it from your memory?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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953	[cries_feelings]	Do you have waves of strong feelings about it?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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954	[cries_reminder]	Do you stay away from reminders of it (e.g. places or situations?)	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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955	[cries_talk]	Do you try not to talk about it?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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956	[cries_mind]	Do pictures about it pop in your mind?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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957	[cries_other_things]	Do other things keep making you think about it?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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958	[cries_not_think]	Do you try not to think about it?	<p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Rarely	2	Sometimes	3	Often	99	Prefer not to answer
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959	<p>[insur_detail]</p> <p>Show the field ONLY if: [hi_loss_covid] = '1'</p>	If yes, what change occurred?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Loss of this child's health insurance</td></tr> <tr><td>2</td><td>Fewer benefits / less coverage from the insurance</td></tr> <tr><td>3</td><td>Gaining of insurance, for example as part of emergency coverage of Medicaid expansion</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Loss of this child's health insurance	2	Fewer benefits / less coverage from the insurance	3	Gaining of insurance, for example as part of emergency coverage of Medicaid expansion	99	Prefer not to answer		
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960	[hc_notrec]	Since the start of the COVID-19 pandemic (since March 2020), was there any time when this child needed health care, but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
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961	[hc_notrec_detail] Show the field ONLY if: [hc_notrec] = '1'	If yes, which types of care were not received?	checkbox <table border="1"> <tr> <td>1</td> <td>hc_notrec_detail__1</td> <td>Medical Care</td> </tr> <tr> <td>2</td> <td>hc_notrec_detail__2</td> <td>Dental Care</td> </tr> <tr> <td>3</td> <td>hc_notrec_detail__3</td> <td>Vision Care</td> </tr> <tr> <td>4</td> <td>hc_notrec_detail__4</td> <td>Hearing Care</td> </tr> <tr> <td>5</td> <td>hc_notrec_detail__5</td> <td>Mental Health</td> </tr> <tr> <td>6</td> <td>hc_notrec_detail__6</td> <td>Other (Specify)</td> </tr> <tr> <td>99</td> <td>hc_notrec_detail__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	hc_notrec_detail__1	Medical Care	2	hc_notrec_detail__2	Dental Care	3	hc_notrec_detail__3	Vision Care	4	hc_notrec_detail__4	Hearing Care	5	hc_notrec_detail__5	Mental Health	6	hc_notrec_detail__6	Other (Specify)	99	hc_notrec_detail__99	Prefer not to answer
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962	[hc_notrec_specify] Show the field ONLY if: [hc_notrec_detail(6)] = '1'	Specify other type of care not received	text																					
963	[mc_access_change]	Please rate how much the coronavirus pandemic has changed your family's life with respect to Medical health care access	radio <table border="1"> <tr> <td>0</td> <td>No change</td> </tr> <tr> <td>1</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>2</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health</td> </tr> <tr> <td>3</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No change	1	Appointments moved to telehealth	2	Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health	3	Unable to access needed care resulting in severe risk and/or significant impact	99	Prefer not to answer											
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964	[mh_access_change]	Please rate how much the coronavirus pandemic has changed your family's life with respect to Mental health treatment access	radio <table border="1"> <tr> <td>0</td> <td>No change</td> </tr> <tr> <td>1</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>2</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health</td> </tr> <tr> <td>3</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No change	1	Appointments moved to telehealth	2	Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health	3	Unable to access needed care resulting in severe risk and/or significant impact	99	Prefer not to answer											
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965	[mh_counsel]	Since the start of the COVID-19 pandemic (since March 2020), has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
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966	[med_change]	Since the start of the COVID-19 pandemic (since March 2020), has this child taken any medication because of difficulties with their emotions, concentration, or behavior?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
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967	[special_ser]	Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
0	No																							
1	Yes																							
99	Prefer not to answer																							
968	[special_ser_during] Show the field ONLY if: [special_ser] = '1'	Is/was this child receiving these special services during the pandemic (since March 2020)?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
0	No																							
1	Yes																							
99	Prefer not to answer																							
969	[special_ser_before] Show the field ONLY if: [special_ser] = '1'	Was this child receiving these special services BEFORE the pandemic (before March 2020)?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	0	No	1	Yes	99	Prefer not to answer															
0	No																							
1	Yes																							
99	Prefer not to answer																							
970	[gest_age_birth]	If < 2 years of age, what was the participant's gestational age at birth (in weeks)?	text																					

971	[deaf_diff]	<p>Section Header: <i>Disability Status</i></p> <p>(0-12+) Does this child have deafness or problems with hearing? / (15+) Are you deaf, or do you have serious difficulty hearing?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
972	[blind_diff]	<p>(0-12+) Does this child have blindness or problems with seeing even when wearing glasses? / (15+) Are you blind, or do you have serious difficulty seeing, even when wearing glasses?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
973	[conc_diff]	<p>(6-12+) Does this child have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition? / (5+) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
974	[walk_diff]	<p>(6-12+) Does this child have serious difficulty walking or climbing stairs? / (5+) Do you have serious difficulty walking or climbing stairs?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
975	[dress_diff]	<p>(6-12+) Does this child have difficulty dressing or bathing? / (5+) Do you have difficulty dressing or bathing?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
976	[errands_diff]	<p>(12+) Does this child have difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical mental, or emotional condition? / (15+) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
977	[use_meds]	<p>Section Header: <i>Special Healthcare needs</i></p> <p>Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
978	<p>[any_med_condition]</p> <p>Show the field ONLY if: [use_meds] = '1'</p>	<p>Is this because of ANY medical, behavioral or other health condition?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
979	<p>[any_med_condition_yr]</p> <p>Show the field ONLY if: [any_med_condition] = '1'</p>	<p>Is this a condition that has lasted or is expected to last for at least 12 months?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
980	[more_care]	<p>Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
981	<p>[any_care_condition]</p> <p>Show the field ONLY if: [more_care] = '1'</p>	<p>Is this because of ANY medical, behavioral or other health condition?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
982	<p>[any_care_condition_yr]</p> <p>Show the field ONLY if: [any_care_condition] = '1'</p>	<p>Is this a condition that has lasted or is expected to last for at least 12 months?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								
983	[lim_abil]	<p>Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer
0	No								
1	Yes								
99	Prefer not to answer								

984	[lim_abil_condition] Show the field ONLY if: [lim_abil] = '1'	Is this because of ANY medical, behavioral or other health condition?	radio 0 No 1 Yes 99 Prefer not to answer
985	[lim_abil_condition_yr] Show the field ONLY if: [lim_abil_condition] = '1'	Is this a condition that has lasted or is expected to last for at least 12 months?	radio 0 No 1 Yes 99 Prefer not to answer
986	[therapy]	Does your child need or get special therapy, such as physical, occupational or speech therapy?	radio 0 No 1 Yes 99 Prefer not to answer
987	[therapy_condition] Show the field ONLY if: [therapy] = '1'	Is this because of ANY medical, behavioral or other health condition?	radio 0 No 1 Yes 99 Prefer not to answer
988	[therapy_condition_yr] Show the field ONLY if: [therapy_condition] = '1'	Is this a condition that has lasted or is expected to last for at least 12 months?	radio 0 No 1 Yes 99 Prefer not to answer
989	[treatment]	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	radio 0 No 1 Yes 99 Prefer not to answer
990	[treatment_yr] Show the field ONLY if: [treatment] = '1'	Has this problem lasted or is it expected to last for at least 12 months?	radio 0 No 1 Yes 99 Prefer not to answer
991	[walking_bath]	Section Header: <i>Functional Disability Inventory: In the past two weeks, would you have had any physical trouble or difficulty doing these activities?</i> Walking to the bathroom	radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer
992	[walking_stairs]	Walking up stairs	radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer
993	[something_friend]	Doing something with a friend (For example, playing a game)	radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer

994	[chores_home]	Doing chores at home	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
995	[eating_meals]	Eating regular meals	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
996	[up_all_day]	Being up all day without a nap or rest	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
997	[riding_bus]	Riding the school bus or traveling in the car	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
998	[school_day]	Being at school all day	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
999	[activities_gym]	Doing the activities in gym class (or playing sports)	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1000	[reading_homework]	Reading or doing homework	radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														



1001	[watching_tv]	Watching TV	radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1002	[walking_football]	Walking the length of a football field	radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1003	[running_football]	Running the length of a football field	radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1004	[going_shopping]	Going Shopping	radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1005	[getting_sleep]	Getting to sleep at night and staying asleep	radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible	99	Prefer not to answer
0	No trouble														
1	A little trouble														
2	Some trouble														
3	A lot of trouble														
4	Impossible														
99	Prefer not to answer														
1006	[checkup_yr]	Section Header: <i>Developmental Delay Screening/Surveillance</i> DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer						
0	No														
1	Yes														
99	Prefer not to answer														
1007	[fam_concern_yr]	DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer						
0	No														
1	Yes														
99	Prefer not to answer														
1008	[doc_concern_yr]	DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer						
0	No														
1	Yes														
99	Prefer not to answer														
1009	[fam_new_concern_yr]	DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior that wasn't asked about by your provider?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer						
0	No														
1	Yes														
99	Prefer not to answer														

1010	[doc_question_yr]	DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1011	[doc_question_yr_detail] Show the field ONLY if: [doc_question_yr]='1'	If Yes, (2-5) Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>doc_question_yr_detail__1</td> <td>Words and phrases this child uses and understands?</td> </tr> <tr> <td>2</td> <td>doc_question_yr_detail__2</td> <td>How this child behaves and gets along with you and others?</td> </tr> <tr> <td>99</td> <td>doc_question_yr_detail__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	doc_question_yr_detail__1	Words and phrases this child uses and understands?	2	doc_question_yr_detail__2	How this child behaves and gets along with you and others?	99	doc_question_yr_detail__99	Prefer not to answer
1	doc_question_yr_detail__1	Words and phrases this child uses and understands?										
2	doc_question_yr_detail__2	How this child behaves and gets along with you and others?										
99	doc_question_yr_detail__99	Prefer not to answer										
1012	[diab_typ1]	Section Header: <i>Significant underlying medical conditions at the time of COVID-19 testing or diagnosis:</i> Diabetes type I	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1013	[diab_typ2]	Diabetes type II	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1014	[obesity]	Obesity	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1015	[asthma]	Asthma	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1016	[cys_fib]	Cystic fibrosis	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1017	[cancer]	Cancer	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1018	[bmt]	Hematopoietic cell recipient/bone marrow transplant recipient	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1019	[organ_transplant]	Solid organ transplant recipient	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
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1	Yes											
99	Prefer not to answer											
1020	[rheum_condition]	Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											
1021	[hyperten]	Hypertension	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	99	Prefer not to answer			
0	No											
1	Yes											
99	Prefer not to answer											

	1022	[congen_hd]	Congenital heart disease	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1023	[heart_failure]	Heart failure	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1024	[cardiomyop]	Cardiomyopathy	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1025	[h_kawasaki]	History of Kawasaki Disease (not a current diagnosis)	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1026	[h_mis_c]	History of MIS-C (not a current diagnosis)	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1027	[ibd]	Inflammatory bowel disease	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1028	[feeding_tube]	Feeding tube dependent	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1029	[sickle_cell]	Sickle cell disease	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1030	[thrombotic]	Thrombotic disorders	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1031	[chronic_liver]	Chronic liver disease	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1032	[seiz_dis]	Seizure disorder/epilepsy	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1033	[eczma]	Eczema	radio
				0 No
				1 Yes
				99 Prefer not to answer
	1034	[physical_dis]	Physical disability (including cerebral palsy)	radio
				0 No
				1 Yes
				99 Prefer not to answer

	1035	[down_syn]	Down syndrome	radio 0 No 1 Yes 99 Prefer not to answer
	1036	[congen_syn]	Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes	radio 0 No 1 Yes 99 Prefer not to answer
	1037	[premature_neonatal]	Premature or neonatal conditions	radio 0 No 1 Yes 99 Prefer not to answer
	1038	[other_cond]	Other conditions (specify)	text
	1039	[fetal_nutr]	Section Header: <i>Premature or neonatal conditions</i> Fetal malnutrition	radio 0 No 1 Yes 99 Prefer not to answer
	1040	[extrem_immat]	Extreme immaturity	radio 0 No 1 Yes 99 Prefer not to answer
	1041	[cereb_hem]	Cerebral hemorrhage at birth	radio 0 No 1 Yes 99 Prefer not to answer
	1042	[spinal_cord]	Spinal cord injury at birth	radio 0 No 1 Yes 99 Prefer not to answer
	1043	[birth_asphy]	Birth asphyxia	radio 0 No 1 Yes 99 Prefer not to answer
	1044	[respir_dis]	Respiratory diseases	radio 0 No 1 Yes 99 Prefer not to answer
	1045	[hyooxic]	Hypoxic-ischemic encephalopathy	radio 0 No 1 Yes 99 Prefer not to answer
	1046	[other_neonatal]	Other premature or neonatal condition	radio 0 No 1 Yes 99 Prefer not to answer
	1047	[tier2_ped_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Tier2 Parent Guard</b> (tier2_parent_guard)				
	1048	[guard_date_mdy]	Date of Parent/Guardian Data Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.

1049	[employment_remote]	<p>Section Header: Which of the following changes in employment have occurred due to the COVID-19 pandemic?</p> <p>Move to remote work, telework</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1050	[employment_hourloss]	Loss of hours	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1051	[employment_lesspay]	Decreased pay	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1052	[employment_furloughed]	Furloughed	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1053	[employment_jobloss]	Loss of job	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1054	[employment_jobsec]	Decreased job security	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1055	[employment_childcare]	Disruptions due to childcare challenges	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1056	[employment_morehours]	Increased hours	radio <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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1057	[employment_other]	Another change	radio <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	Yes (self)	2	Yes (Partner only)	3	Yes (Self and Partner)	4	Neither (Self or Partner)	97	N/A	99	Prefer not to answer
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99	Prefer not to answer														
1058	[employment_other_specify]	Specify	text												
1059	[financial_food]	Section Header: How difficult is/was it to meet each of the following needs for you and/or your family during the COVID-19 pandemic (since March 2020)? Have enough money for food	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
1	Not difficult														
2	Somewhat difficult														
3	Very difficult														
99	Prefer not to answer														
1060	[financial_utilities]	Have enough money to pay for electricity, heating, or water	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
1	Not difficult														
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99	Prefer not to answer														
1061	[financial_housing]	Have enough money to pay for housing	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
1	Not difficult														
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99	Prefer not to answer														
1062	[financial_community]	Get help from community organizations that I trust	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
1	Not difficult														
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3	Very difficult														
99	Prefer not to answer														
1063	[financial_family]	Get help from family members and friends	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
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3	Very difficult														
99	Prefer not to answer														
1064	[financial_healthcare]	See a healthcare provider if you or your family needs it	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
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1065	[financial_medications]	Get routine/essential medications	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer				
1	Not difficult														
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99	Prefer not to answer														

1066	[financial_transportation]	Get transportation when you need it	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer																
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1067	[financial_internet]	Use the internet for things like work, school, medical visits, socializing	radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not difficult	2	Somewhat difficult	3	Very difficult	99	Prefer not to answer																
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1068	[future_challenge]	Thinking about the future, over the next 3 months how challenging will it be to make ends meet?	radio <table border="1"> <tr><td>1</td><td>A lot more challenging than usual</td></tr> <tr><td>2</td><td>A little more challenging than usual</td></tr> <tr><td>3</td><td>No more challenging than usual</td></tr> <tr><td>4</td><td>Less challenging than usual</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	A lot more challenging than usual	2	A little more challenging than usual	3	No more challenging than usual	4	Less challenging than usual	98	Don't know	99	Prefer not to answer												
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1069	[food_reasons]	In the last 12 months, if you didn't have enough to eat or what you wanted to eat, why was that? Choose all that apply.	checkbox <table border="1"> <tr> <td>1</td> <td>food_reasons__1</td> <td>Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)</td> </tr> <tr> <td>2</td> <td>food_reasons__2</td> <td>Didn't want to go out to buy food</td> </tr> <tr> <td>3</td> <td>food_reasons__3</td> <td>Afraid to go out because of the chance of contracting COVID-19</td> </tr> <tr> <td>4</td> <td>food_reasons__4</td> <td>Couldn't get groceries or meals delivered to me</td> </tr> <tr> <td>5</td> <td>food_reasons__5</td> <td>The stores didn't have the food I wanted</td> </tr> <tr> <td>6</td> <td>food_reasons__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>food_reasons__7</td> <td>I always had enough to eat and what I wanted to eat</td> </tr> <tr> <td>99</td> <td>food_reasons__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	food_reasons__1	Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)	2	food_reasons__2	Didn't want to go out to buy food	3	food_reasons__3	Afraid to go out because of the chance of contracting COVID-19	4	food_reasons__4	Couldn't get groceries or meals delivered to me	5	food_reasons__5	The stores didn't have the food I wanted	6	food_reasons__6	Other	7	food_reasons__7	I always had enough to eat and what I wanted to eat	99	food_reasons__99	Prefer not to answer
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1070	[food_reasons_other]	Specify	text																								
1071	[getting_along]	How [have/were] you and your child(ren) (been) getting along during the COVID-19 outbreak (since March 2020)?	radio <table border="1"> <tr><td>1</td><td>Very well - no problems or tension</td></tr> <tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr> <tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr> <tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr> <tr><td>5</td><td>Terribly</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Very well - no problems or tension	2	Well - occasional tension, some tension, but manageable	3	Okay - some tension and sometimes things get out of hand (a few heated arguments)	4	Not very well - tense, lots of arguing, unsettled feeling, definite problems	5	Terribly	99	Prefer not to answer												
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1072	[getting_along_change]	Is this a change from how you were getting along during the COVID-19 outbreak (since March 2020)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	3	Prefer not to answer																		
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1073	[neighborhood_close]	Section Header: For each of these statements, please state whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. This is a close-knit neighborhood.	radio <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Disagree	5	Strongly Disagree	99	Prefer not to answer												
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	1074	[neighborhood_help]	People around here are willing to help their neighbors.	radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Disagree	5	Strongly Disagree	99	Prefer not to answer
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	1075	[neighborhood_getalong]	People in this neighborhood generally don't get along with each other.	radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Disagree	5	Strongly Disagree	99	Prefer not to answer
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	1076	[neighborhood_values]	People in this neighborhood do not share the same values.	radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Disagree	5	Strongly Disagree	99	Prefer not to answer
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5	Strongly Disagree															
99	Prefer not to answer															
	1077	[neighborhood_trusted]	People in this neighborhood can be trusted.	radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Strongly Agree	2	Agree	3	Neither Agree nor Disagree	4	Disagree	5	Strongly Disagree	99	Prefer not to answer
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2	Agree															
3	Neither Agree nor Disagree															
4	Disagree															
5	Strongly Disagree															
99	Prefer not to answer															
	1078	[neighborhood_skipschool]	<p>Section Header: <i>For each of the following, state whether it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in your neighborhood would act in the following manner.</i></p> <p>If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?</p>	radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Very likely	2	Likely	3	Neither likely not unlikely	4	Unlikely	5	Very unlikely	99	Prefer not to answer
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99	Prefer not to answer															
	1079	[neighborhood_spraypaint]	If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Very likely	2	Likely	3	Neither likely not unlikely	4	Unlikely	5	Very unlikely	99	Prefer not to answer
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99	Prefer not to answer															
	1080	[neighborhood_disrespect]	If a child was showing disrespect to an adult, how likely is it that people in your neighborhoodwould scold that child?	radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Very likely	2	Likely	3	Neither likely not unlikely	4	Unlikely	5	Very unlikely	99	Prefer not to answer
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1081	[neighborhood_fight]	If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?	radio <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely not unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Very likely	2	Likely	3	Neither likely not unlikely	4	Unlikely	5	Very unlikely	99	Prefer not to answer						
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1082	[neighborhood_firestation]	Suppose that because of budget cuts the fire station closest to your home was going to be closed by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?	radio <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely not unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Very likely	2	Likely	3	Neither likely not unlikely	4	Unlikely	5	Very unlikely	99	Prefer not to answer						
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1083	[household_isolate]	If it were necessary, could a member of your household isolate themselves from the rest of your household due to suspected COVID-19 infection for as long as needed? (To effectively isolate during a COVID-19 infection, the infected family member would need to stay in a specific "sickroom" away from other people or animals and, if possible, use a separate bathroom.)	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer										
1	Yes																				
2	No																				
98	Don't know																				
99	Prefer not to answer																				
1084	[serious_disease_parent]	I believe that COVID-19 is a serious disease.	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer										
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2	No																				
98	Don't know																				
99	Prefer not to answer																				
1085	[covid_protect]	To the best of your knowledge, which of the following can protect you and your family from COVID-19? (Mark all that apply)	checkbox <table border="1"> <tr><td>1</td><td>covid_protect__1</td><td>Standing 6 feet from another person</td></tr> <tr><td>2</td><td>covid_protect__2</td><td>Wearing a face mask</td></tr> <tr><td>3</td><td>covid_protect__3</td><td>Working from home</td></tr> <tr><td>4</td><td>covid_protect__4</td><td>Distance learning (or taking school classes over the computer or remotely)</td></tr> <tr><td>5</td><td>covid_protect__5</td><td>Vaccination for COVID-19</td></tr> <tr><td>99</td><td>covid_protect__99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99'	1	covid_protect__1	Standing 6 feet from another person	2	covid_protect__2	Wearing a face mask	3	covid_protect__3	Working from home	4	covid_protect__4	Distance learning (or taking school classes over the computer or remotely)	5	covid_protect__5	Vaccination for COVID-19	99	covid_protect__99	Prefer not to answer
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99	covid_protect__99	Prefer not to answer																			
1086	[eligible_plans]	Which of the following applies to your plans about the COVID vaccine for your child(ren)?	radio <table border="1"> <tr><td>1</td><td>My child(ren) is/are already vaccinated</td></tr> <tr><td>2</td><td>I plan on getting the COVID vaccine for my child(ren) as soon as it is available</td></tr> <tr><td>3</td><td>I plan on getting the COVID vaccine for my child(ren) eventually</td></tr> <tr><td>4</td><td>I do not plan on getting the COVID vaccine for my child(ren)</td></tr> <tr><td>5</td><td>I am unsure</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	My child(ren) is/are already vaccinated	2	I plan on getting the COVID vaccine for my child(ren) as soon as it is available	3	I plan on getting the COVID vaccine for my child(ren) eventually	4	I do not plan on getting the COVID vaccine for my child(ren)	5	I am unsure	99	Prefer not to answer						
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99	Prefer not to answer																				
1087	[ineligible_plans]	Which of the following applies to your plans about the COVID vaccine for your child(ren) who are not yet eligible to receive the COVID vaccine?	radio <table border="1"> <tr><td>1</td><td>I plan on getting the COVID vaccine for my child(ren) eventually</td></tr> <tr><td>2</td><td>I plan on getting the COVID vaccine for my child(ren) as soon as they are eligible</td></tr> <tr><td>3</td><td>I do not plan on getting the COVID vaccine for my child(ren)</td></tr> <tr><td>4</td><td>I am unsure</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	I plan on getting the COVID vaccine for my child(ren) eventually	2	I plan on getting the COVID vaccine for my child(ren) as soon as they are eligible	3	I do not plan on getting the COVID vaccine for my child(ren)	4	I am unsure	99	Prefer not to answer								
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1088	[vaccine_children_concerns]	If you do not plan on getting the COVID vaccine for your child(ren), why not? (Mark all that apply)	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>vaccine_children_concerns__1</td><td>Not available</td></tr> <tr><td>2</td><td>vaccine_children_concerns__2</td><td>Doctor/healthcare provider did not recommend</td></tr> <tr><td>3</td><td>vaccine_children_concerns__3</td><td>My friends and family did not recommend</td></tr> <tr><td>4</td><td>vaccine_children_concerns__4</td><td>I have read information that suggests it is unsafe</td></tr> <tr><td>5</td><td>vaccine_children_concerns__5</td><td>The vaccine was not well tested in ethnically diverse people</td></tr> <tr><td>6</td><td>vaccine_children_concerns__6</td><td>The vaccine was not well tested among children</td></tr> <tr><td>7</td><td>vaccine_children_concerns__7</td><td>I cannot afford the vaccine</td></tr> <tr><td>8</td><td>vaccine_children_concerns__8</td><td>I do not have time to take my child to be vaccinated</td></tr> <tr><td>9</td><td>vaccine_children_concerns__9</td><td>My child is at low risk and does not need it</td></tr> <tr><td>10</td><td>vaccine_children_concerns__10</td><td>It is riskier to go and get it than to stay at home</td></tr> <tr><td>11</td><td>vaccine_children_concerns__11</td><td>Worried about side effects</td></tr> <tr><td>12</td><td>vaccine_children_concerns__12</td><td>The vaccine's technology hasn't been tested enough</td></tr> <tr><td>13</td><td>vaccine_children_concerns__13</td><td>The vaccine was approved too fast</td></tr> <tr><td>14</td><td>vaccine_children_concerns__14</td><td>No long-term safety data available</td></tr> <tr><td>15</td><td>vaccine_children_concerns__15</td><td>Concerned about vaccine storage</td></tr> <tr><td>16</td><td>vaccine_children_concerns__16</td><td>My child already had COVID-19</td></tr> <tr><td>17</td><td>vaccine_children_concerns__17</td><td>Other (please specify)</td></tr> <tr><td>99</td><td>vaccine_children_concerns__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div>	1	vaccine_children_concerns__1	Not available	2	vaccine_children_concerns__2	Doctor/healthcare provider did not recommend	3	vaccine_children_concerns__3	My friends and family did not recommend	4	vaccine_children_concerns__4	I have read information that suggests it is unsafe	5	vaccine_children_concerns__5	The vaccine was not well tested in ethnically diverse people	6	vaccine_children_concerns__6	The vaccine was not well tested among children	7	vaccine_children_concerns__7	I cannot afford the vaccine	8	vaccine_children_concerns__8	I do not have time to take my child to be vaccinated	9	vaccine_children_concerns__9	My child is at low risk and does not need it	10	vaccine_children_concerns__10	It is riskier to go and get it than to stay at home	11	vaccine_children_concerns__11	Worried about side effects	12	vaccine_children_concerns__12	The vaccine's technology hasn't been tested enough	13	vaccine_children_concerns__13	The vaccine was approved too fast	14	vaccine_children_concerns__14	No long-term safety data available	15	vaccine_children_concerns__15	Concerned about vaccine storage	16	vaccine_children_concerns__16	My child already had COVID-19	17	vaccine_children_concerns__17	Other (please specify)	99	vaccine_children_concerns__99	Prefer not to answer
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1089	[vaccine_concerns_specify]	Specify	text																																																						
1090	[selfphysical_parent]	In general, how is your physical health?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	99	Prefer not to answer																																										
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1091	[selfmental_parent]	In general, how is your mental or emotional health?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	99	Prefer not to answer																																										
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1092	[ tier2_parent_guard_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																					
0	Incomplete																													
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Instrument: <b>Tier2 Long Covid</b> (tier2_long_covid)																														
1093	[ lc_date_mdy ]	Date of Long COVID Data Collection <i>MM/DD/YYYY</i>	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.																											
1094	[ covid_treatment ]  Show the field ONLY if: [tested_positive_for_covid] = '1'	Section Header: <i>COVID Care</i>  The following questions will ask you about the care you received for your COVID-19 infection(s).	descriptive Field Annotation: Note: If you are asking the Long COVID questions for your project and are not asking the testing and vaccination questions, you may want to consider asking those questions.																											
1095	[ covid_treatment_loc ]  Show the field ONLY if: [tested_positive_for_covid] = '1'	What was the highest level of care you had for any of your COVID-19 infection(s)?	checkbox <table border="1"> <tr><td>1</td><td>covid_treatment_loc__1</td><td>Hospital ICU</td></tr> <tr><td>2</td><td>covid_treatment_loc__2</td><td>Hospital in-patient</td></tr> <tr><td>3</td><td>covid_treatment_loc__3</td><td>Emergency Department</td></tr> <tr><td>4</td><td>covid_treatment_loc__4</td><td>Urgent Care/ Walk-in clinic</td></tr> <tr><td>5</td><td>covid_treatment_loc__5</td><td>Primary doctor</td></tr> <tr><td>6</td><td>covid_treatment_loc__6</td><td>Community health center</td></tr> <tr><td>7</td><td>covid_treatment_loc__7</td><td>Stayed home (isolated, rested, drank water, etc.)</td></tr> <tr><td>8</td><td>covid_treatment_loc__8</td><td>I did not seek treatment (including self-treatment or isolation)</td></tr> <tr><td>99</td><td>covid_treatment_loc__99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='8,99'	1	covid_treatment_loc__1	Hospital ICU	2	covid_treatment_loc__2	Hospital in-patient	3	covid_treatment_loc__3	Emergency Department	4	covid_treatment_loc__4	Urgent Care/ Walk-in clinic	5	covid_treatment_loc__5	Primary doctor	6	covid_treatment_loc__6	Community health center	7	covid_treatment_loc__7	Stayed home (isolated, rested, drank water, etc.)	8	covid_treatment_loc__8	I did not seek treatment (including self-treatment or isolation)	99	covid_treatment_loc__99	Prefer not to answer
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1096	[ covid_treatment_month ]  Show the field ONLY if: [tested_positive_for_covid] = '1' and ([covid_treatment_loc(1)] = '1' or [covid_treatment_loc(2)] = '1' or [covid_treatment_loc(3)] = '1' or [covid_treatment_loc(4)] = '1' or [covid_treatment_loc(5)] = '1' or [covid_treatment_loc(6)] = '1' or [covid_treatment_loc(7)] = '1')	What month did your highest level of care start?	dropdown <table border="1"> <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> <tr><td>99</td><td>Prefer not to answer</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	99	Prefer not to answer	
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1097	[ covid_treatment_year ]  Show the field ONLY if: [tested_positive_for_covid] = '1' and ([covid_treatment_loc(1)] = '1' or [covid_treatment_loc(2)] = '1' or [covid_treatment_loc(3)] = '1' or [covid_treatment_loc(4)] = '1' or [covid_treatment_loc(5)] = '1' or [covid_treatment_loc(6)] = '1' or [covid_treatment_loc(7)] = '1')	What year did your highest level of care start?	radio <table border="1"> <tr><td>1</td><td>2019</td></tr> <tr><td>2</td><td>2020</td></tr> <tr><td>3</td><td>2021</td></tr> <tr><td>4</td><td>2022</td></tr> <tr><td>5</td><td>2023</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	2019	2	2020	3	2021	4	2022	5	2023	99	Prefer not to answer															
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1098	[ lc_symptoms ]	Section Header: <i>Long COVID Symptoms</i>  Instructions: Next we will ask you about symptoms you may have had since your first COVID-19 infection.	descriptive Field Annotation:																											
1099	[ lc_symp_breathing ]	Since your first COVID-19 infection, have you had new or worsening problems breathing?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't Know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't Know	99	Prefer not to answer																			
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99	Prefer not to answer																													

	1100	[lc_symp_heartbeat]	Since your first COVID-19 infection, have you had new or worsening heart problems and/or heart attack?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1101	[lc_symp_stroke]	Since your first COVID-19 infection, have you had a stroke?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1102	[lc_symp_bloodsugar]	Since your first COVID-19 infection, have you had new or worsening difficulty managing your blood sugar?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1103	[lc_symp_brainfog]	Since your first COVID-19 infection, have you had new or worsening brain fog (confusion, lack of focus, being forgetful, etc.)?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1104	[lc_symp_fatigue]	Since your first COVID-19 infection, have you had new or worsening fatigue (tire easily, decreased energy, etc.)?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1105	[lc_symp_sleep]	Since your first COVID-19 infection, have you had new or worsening problems sleeping?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1106	[lc_symp_headache]	Since your first COVID-19 infection, have you had new, worsening, or more frequent headaches?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1107	[lc_symp_mood]	Since your first COVID -19 infection, have you had any changes in your mood?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer  Field Annotation: Note to projects: If needed, please reference other validated scales for anxiety or depression, such as PROMIS or PHQ9.
	1108	[lc_symp_menstrual] Show the field ONLY if: [bio_sex_birth_2] = "1" or [bio_sex_birth_2] = "3"	Since your first COVID-19 infection, have you experienced changes to your menstrual cycle?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer
	1109	[lc_symptoms_other]	Since your first COVID-19 infection, have you developed any other physical or mental health issues?	radio 1 Yes 2 No 98 Don't Know 99 Prefer not to answer

1110	<div>[lc_symp_duration]</div> <div>Show the field ONLY if: [lc_symp_breathing] = '1' or [lc_symp_heartbeat] = '1' or [lc_symp_stroke] = '1' or [lc_symp_bloodsugar] = '1' or [lc_symp_brainfog] = '1' or [lc_symp_fatigue] = '1' or [lc_symp_sleep] = '1' or [lc_symp_headache] = '1' or [lc_symp_mood] = '1' or [lc_symp_menstrual] = '1' or [lc_symptoms_other] = '1'</div>	Think about the symptoms above. How many weeks did you have these symptoms?	text (integer)										
1111	<div>[lc_symp_resolve]</div> <div>Show the field ONLY if: [lc_symp_breathing]= '1' or [lc_symp_heartbeat] = '1' or [lc_symp_stroke] = '1' or [lc_symp_bloodsugar] = '1' or [lc_symp_brainfog] = '1' or [lc_symp_fatigue] = '1' or [lc_symp_sleep] = '1' or [lc_symp_headache] = '1' or [lc_symp_mood] = '1' or [lc_symp_menstrual] = '1' or [lc_symptoms_other] = '1'</div>	Have any of the symptoms gone away?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	99	Prefer not to answer				
1	Yes												
2	No												
99	Prefer not to answer												
1112	<div>[lc_symp_trt_yesno]</div>	Since your first COVID-19 infection, have you started any new treatments related to any of the symptoms listed above?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Don't Know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	98	Don't Know	99	Prefer not to answer		
1	Yes												
2	No												
98	Don't Know												
99	Prefer not to answer												
1113	<div>[lc_symp_dailyfunct]</div>	When your symptoms were the worst, which of the following applied:	radio <table><tr><td>0</td><td>I was only short of breath with strenuous exercise</td></tr><tr><td>1</td><td>I got short of breath when hurrying on level ground or walking up a slight hill</td></tr><tr><td>2</td><td>On level ground, I walked slower than people of my age because of shortness of breath, or I had to stop for breath when walking at my own pace</td></tr><tr><td>3</td><td>On level ground, I stopped for breath after walking about 100 yards or after a few minutes</td></tr><tr><td>4</td><td>I was too short of breath to leave the house or I was short of breath when dressing/undressing</td></tr></table> <div>Field Annotation: Note: Scale modified from mMRC Questionnaire.</div>	0	I was only short of breath with strenuous exercise	1	I got short of breath when hurrying on level ground or walking up a slight hill	2	On level ground, I walked slower than people of my age because of shortness of breath, or I had to stop for breath when walking at my own pace	3	On level ground, I stopped for breath after walking about 100 yards or after a few minutes	4	I was too short of breath to leave the house or I was short of breath when dressing/undressing
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1114	<div>[lc_symp_dailyfunct_weeks]</div> <div>Show the field ONLY if: [lc_symp_dailyfunct] = '1' or [lc_symp_dailyfunct] = '2' or [lc_symp_dailyfunct] = '3' or [lc_symp_dailyfunct] = '4'</div>	How many weeks were you unable to go about your normal day?	text (integer)										
1115	<div>[lc_knowledge]</div>	Section Header: Long COVID Knowledge The following questions will ask you about your experience with Long COVID.	descriptive										
1116	<div>[lc_know_condition]</div>	Do you know what Long COVID is?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	99	Prefer not to answer				
1	Yes												
2	No												
99	Prefer not to answer												
1117	<div>[lc_definition]</div> <div>Show the field ONLY if: [lc_know_condition]='1' or [lc_know_condition]='2' or [lc_know_condition]='99'</div>	<div>Long COVID is an illness that people may get after COVID-19. Common signs include fatigue, breathing problems, brain fog, stroke, heart attack, and poor control of blood sugar.</div> <div>Long COVID is sometimes called long-haul COVID, post COVID-19, long-term effects of COVID, or chronic COVID.</div>	descriptive										

1118	[lc_trusted_source]	Who do you trust to give you information about Long COVID? (Check all that apply)	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>lc_trusted_source__1</td><td>Your doctor or healthcare provider</td></tr> <tr><td>2</td><td>lc_trusted_source__2</td><td>Your faith leader</td></tr> <tr><td>3</td><td>lc_trusted_source__3</td><td>Your close friends and members of your family</td></tr> <tr><td>4</td><td>lc_trusted_source__4</td><td>People you go to work or class with or other people you know</td></tr> <tr><td>5</td><td>lc_trusted_source__5</td><td>News on the radio, TV, online, or in newspapers</td></tr> <tr><td>6</td><td>lc_trusted_source__6</td><td>Your contacts on social media</td></tr> <tr><td>7</td><td>lc_trusted_source__7</td><td>The U.S. government</td></tr> <tr><td>99</td><td>lc_trusted_source__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99' Note: If your project uses another trust question, you do not need to include this one.</div>	1	lc_trusted_source__1	Your doctor or healthcare provider	2	lc_trusted_source__2	Your faith leader	3	lc_trusted_source__3	Your close friends and members of your family	4	lc_trusted_source__4	People you go to work or class with or other people you know	5	lc_trusted_source__5	News on the radio, TV, online, or in newspapers	6	lc_trusted_source__6	Your contacts on social media	7	lc_trusted_source__7	The U.S. government	99	lc_trusted_source__99	Prefer not to answer
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99	lc_trusted_source__99	Prefer not to answer																									
1119	[lc_diagnosis]	Has a doctor diagnosed you with Long COVID?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>98</td><td>Don't Know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	2	No	98	Don't Know	99	Prefer not to answer																
1	Yes																										
2	No																										
98	Don't Know																										
99	Prefer not to answer																										
1120	[lc_effects_experience]	<div>Section Header: <i>Everyday Life Experience</i></div> <div>Instructions: Next we will ask you about your everyday life.</div>	descriptive																								
1121	<div>[lc_effects_life]</div> <div>Show the field ONLY if: [lc_diagnosis] = '1'</div>	How much has having Long COVID affected your everyday life?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer												
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1122	<div>[lc_effects]</div> <div>Show the field ONLY if: [lc_diagnosis] = '1'</div>	<div>Which of the following areas of your life have your Long COVID symptoms affected?</div> <div>(Check one or more answers)</div>	<div>checkbox</div> <table border="1"> <tr><td>0</td><td>lc_effects__0</td><td>None</td></tr> <tr><td>1</td><td>lc_effects__1</td><td>Family</td></tr> <tr><td>2</td><td>lc_effects__2</td><td>Work or school</td></tr> <tr><td>3</td><td>lc_effects__3</td><td>Spending time with friends</td></tr> <tr><td>4</td><td>lc_effects__4</td><td>Hobbies/activities</td></tr> <tr><td>5</td><td>lc_effects__5</td><td>Doing household duties or chores</td></tr> <tr><td>6</td><td>lc_effects__6</td><td>Exercising/being active</td></tr> <tr><td>99</td><td>lc_effects__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div>	0	lc_effects__0	None	1	lc_effects__1	Family	2	lc_effects__2	Work or school	3	lc_effects__3	Spending time with friends	4	lc_effects__4	Hobbies/activities	5	lc_effects__5	Doing household duties or chores	6	lc_effects__6	Exercising/being active	99	lc_effects__99	Prefer not to answer
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99	lc_effects__99	Prefer not to answer																									
1123	<div>[lc_effects_family]</div> <div>Show the field ONLY if: [lc_diagnosis] = '1'</div>	How much has having Long COVID (not COVID-19 itself) affected your family's everyday life?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	99	Prefer not to answer												
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99	Prefer not to answer																										

	1124	[lc_effects_community]	How much do you think Long COVID (not COVID-19 itself) is affecting your friends and communities everyday lives?	radio <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely	98	Don't know	99	Prefer not to answer
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4	Very																	
5	Extremely																	
98	Don't know																	
99	Prefer not to answer																	
	1125	[lc_treatment_loc]	Section Header: Do you know of a place that specializes in Long COVID diagnosis and care near where you live?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Yes	2	No	99	Prefer not to answer								
1	Yes																	
2	No																	
99	Prefer not to answer																	
	1126	[lc_treatment_resource]  Show the field ONLY if: [lc_treatment_loc]='1' or [lc_treatment_loc]='2' or [lc_treatment_loc]='99'	Note to implementer: Use this space to provide list of Long COVID clinics or information/resources for Long COVID available in your area.	descriptive Field Annotation: Note to projects: Optional CDE for projects wishing to provide resources specific to your geographic area.														
	1127	[tier2_long_covid_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								
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