RAINBOW Study

📖 Data Dictionary Codebook

#	Variable / Field Name	Field Label / *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
		Instrument: Rainbow Study Initial Eligibility Screening	
1	record_id	Record ID	text
2	es1_by	Online Form completed by:	radio, Required 1 Potential participant completing form him/herself 2 RAINBOW study Research Associate
3	es2_ra Show the field ONLY if: [es1_by] = '2'	If you are a patient, please return to the previous page and check the correct box.	radio, Required 1 Elizabeth Jameiro 2 Nancy Wittels 3 Veronica Luna 4 Shweta Karve
4	enter	Please enter the following to help us ensure the accuracy of your data record:	descriptive
5	es3_studyid	Please enter the Confidential Study ID, found on the bottom portion of the email or letter you received telling you about the RAINBOW Study. Study ID: *Example: MP99999*	text, Required
6	screening_paper_consent Show the field ONLY if: [es1_by] = '2'	Did the patient complete the screening consent on paper?	radio, Required 1 Yes. Patient completed and returned paper consent. 2 No. Patient did not complete paper consent.
7	es4_consent_cont Show the field ONLY if: [screening_paper_consent] = '2' or [es1_by] = '1'	On the next page is some information about the study, followed by questions to help determine your potential eligibility. We ask that you read through this information before you decide whether or not you would like to participate. Do you want to continue to the next page? (PLEASE NOTE: If you select "No", we will no longer seek your participation in the study and your name will be removed from the study contact list.)	radio, Required 1 Yes, continue 2 No, I decline
8	consent_form Show the field ONLY if: [es4_consent_cont] = '1'	RESEARCH INSTITUTE PALO ALTO MEDICAL FOUNDATION WRITTEN INFORMED CONSENT TO PARTICIPATE IN THE INITIAL SCREENING STEP OF A CLINICAL TRIAL Research Aimed at Improving Both Mood and Weight (RAINBOW) FOR QUESTIONS INVOLVING THE RESEARCH STUDY OR A RESEARCH-RELATED INJURY, CONTACT THE PRINCIPAL INVESTIGATOR: FULL NAME: Lisa Goldman Rosas, Ph.D. ADDRESS: Palo Alto Medical Foundation Research Institute 795 El Camino Real, Ames Bldg. Palo Alto, CA 94301 PHONE: 650-330-4515 FOR QUESTIONS RELATED TO SUBJECTS' RIGHTS, OR COMPLAINTS ABOUT THE CONDUCT OF THE	descriptive

STUDY, CONTACT THE OMBUDSPERSON:
ADDRESS:
Ombudsperson
Palo Alto Medical Foundation, Office of the
Ombudsperson
795 El Camino Real
Palo Alto, CA 94301
PHONE: 650-321-4121

TITLE: Research Aimed at Improving Both Mood and
Weight (RAINBOW)

BACKGROUND/PURPOSE
The purpose of this step in the screening process is to
find out if you are or are not potentially eligible to
participate in the RAINBOW Study.

The purpose of this Study is to test whether a new
integrated intervention program is better than the
standard of care for helping to improve mood and weight
in adults who may be at risk for diabetes and heart
disease. This is not a drug study.

The study is being conducted by the Palo Alto Medical
Foundation and sponsored by the National Heart, Lung,
and Blood Institute.

STUDY PROCEDURES
This screening takes approximately five to ten minutes to
complete. You will be asked questions about your health
and about your ability and willingness to participate in
this study should you prove eligible.

Depending upon the results of this screening, you may be
invited via email to complete a more detailed online
questionnaire, complete a telephone call regarding your
dietary intake during the preceding 24-hours, and attend
an in-person study visit for further tests to determine your
eligibility.

If, after the in-person clinic visit, it is determined that you
are eligible to participate, you will be randomly assigned
(by chance, like flipping a coin) to one of two groups,
either the intervention group, or the standard care group.

RISKS AND DISCOMFORTS
In general, there is little risk involved in this brief
screening for the study. There may be minor
inconvenience (e.g. the time required) but it will not be
excessive. Sometimes, answering health related
questions can raise concern about one's health and, in
rare cases, it could lead to anxiety. You may decline
answering any questions that cause you excessive
concern or anxiety or abort the screening at any time.

POSSIBLE BENEFITS
If you join the study, you will be randomly assigned,
similar to flipping a coin, to one of two intervention groups
to help you make healthy lifestyle changes, improve your
mood and lower your risk for heart disease and diabetes.
Despite the possibility for personal benefit from study
participation described above, it must be clearly stated
that WE CANNOT AND DO NOT GUARANTEE OR
PROMISE THAT YOU WILL RECEIVE ANY BENEFITS
FROM THIS STUDY.

COSTS/COMPENSATION
There is no cost to you for participation in this screening.

ALTERNATIVES
The alternative is not to participate.

VOLUNTARY PARTICIPATION
Your participation in this screening is completely

voluntary. If you decide to participate, you are free to
withdraw your consent to participate at any time. If you
refuse to participate or withdraw your consent, it will not
impact your current or future medical care at the Palo Alto
Medical Foundation.

CONFIDENTIALITY
To protect against a breach of confidentiality, all
information obtained from or about you will be considered
strictly confidential and will be kept confidential to the
extent allowed under law. It will be communicated to your
physician(s) only if necessary in order to determine your
eligibility or protect your health. All of your personal
identifying information (name, phone number, address,
etc.) will be stored separately from study-specific data. All
study materials will be kept in locked files and, in the case
of electronic data, will be safeguarded with state-of-the-
art technologies, including password protection and data
encryption. You should be advised, however, that the
potential exists for online and email communications and
data to be intercepted and read.

Approval Date: 11/29/2015

Expiration Date: 7/4/2016

#	Field	Question	Type / Options
9	es5_consent Show the field ONLY if: [es4_consent_cont] = '1'	By selecting "I AGREE" below you are indicating the following:1) You have read and understood this consent form 2)You are the intended recipient of the letter inviting you to complete this eligibility screening, and 3)You consent to continue with this screening to determine whether you may be a potential candidate for this study.	radio, Required 1 | I AGREE to participate and I acknowledge that my selection of this option is intended to be the equivalent of my handwritten signature. 2 | I DECLINE to participate 3 | I have read the above information and would like someone to call me
10	paperscreenconsentdate Show the field ONLY if: [es1_by] = '2' and [screening_paper_consent] = '1'	RA: Please indicate the Signature Date on participant's paper Screening Consent returned by mail:	text (date_mdy), Required
11	es6_english Show the field ONLY if: [es5_consent] = '1' or [screening_paper_consent] = '1'	This study requires participants to be able to read, speak and understand English. Do you feel you meet that requirement?	radio, Required 1 | Yes 2 | No 99 | Decline to state
12	es7_age_ok Show the field ONLY if: [es6_english] = '1' or [es6_english] = '99'	This study is for people at least 18 years of age or older. Are you at least 18 years of age?	radio, Required 1 | Yes 2 | No 99 | Decline to state
13	es10_sex Show the field ONLY if: [es7_age_ok] = '1' or [es7_age_ok] = '99'	What is your sex?	radio, Required 1 | Female 2 | Male 3 | Other 99 | Decline to state
14	gender_other Show the field ONLY if: [es10_sex] = '3'	If Other, please specify: *(If Decline to State enter "99")*	text
15	es11_pregnant Show the field ONLY if: [es10_sex] = '1' or [es10_sex] = '3' or [es10_sex] = '99'	Are you currently pregnant, breast-feeding or planning to get pregnant in the next 24 MONTHS?	radio, Required 1 | Yes 2 | No 99 | Decline to state*

16	es12_phq9_1 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Little interest or pleasure in doing things	radio (Matrix), Required

radio (Matrix), Required
0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

17	es12_phq9_2 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Feeling down, depressed or hopeless	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

18	es12_phq9_3 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Trouble falling or staying asleep, or sleeping too much	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

19	es12_phq9_4 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Feeling tired or having little energy	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

20	es12_phq9_5 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Poor appetite or overeating	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

21	es12_phq9_6 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

22	es12_phq9_7 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Trouble concentrating on things, such as reading the newspaper or watching television	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*

23	es12_phq9_8 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	radio (Matrix), Required

0	Not at All
1	Several Days
2	More than Half the Days

			3	Nearly Every Day	
			99	Decline to state*	

24	es12_phq9_9 Show the field ONLY if: [es11_pregnant] = '2' or [es10_sex] = '2'	Thoughts that you would be better off dead, or of hurting yourself	radio (Matrix), Required		
			0	Not at All	
			1	Several Days	
			2	More than Half the Days	
			3	Nearly Every Day	
			99	Decline to state*	

25	es12_phq9_10 Show the field ONLY if: [es12_phq9_1] = '1' or [es12_phq9_1] = '2' or [es12_phq9_1] = '3' or [es12_phq9_2] = '1' or [es12_phq9_2] = '2' or [es12_phq9_2] = '3' or [es12_phq9_3] = '1' or [es12_phq9_3] = '2' or [es12_phq9_3] = '3' or [es12_phq9_4] = '1' or [es12_phq9_4] = '2' or [es12_phq9_4] = '3' or [es12_phq9_5] = '1' or [es12_phq9_5] = '2' or [es12_phq9_5] = '3' or [es12_phq9_6] = '1' or [es12_phq9_6] = '2' or [es12_phq9_6] = '3' or [es12_phq9_7] = '1' or [es12_phq9_7] = '2' or [es12_phq9_7] = '3' or [es12_phq9_8] = '1' or [es12_phq9_8] = '2' or [es12_phq9_8] = '3' or [es12_phq9_9] = '1' or [es12_phq9_9] = '2' or [es12_phq9_9] = '3'	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	radio, Required		
			1	Not difficult at at all	
			2	Somewhat difficult	
			3	Very difficult	
			4	Extremely difficult	
			99	Decline to state	

26	phq9_score Show the field ONLY if: [es1_by] = '2' and ([es11_pregnant] = '2' or [es10_sex] = '2') and [es12_phq9_1] <> '99' and [es12_phq9_2] <> '99' and [es12_phq9_3] <> '99' and [es12_phq9_4] <> '99' and [es12_phq9_5] <> '99' and [es12_phq9_6] <> '99' and [es12_phq9_7] <> '99' and [es12_phq9_8] <> '99' and [es12_phq9_9] <> '99'	PHQ9 score	calc Calculation: [es12_phq9_1]+[es12_phq9_2]+[es12_phq9_3]+[es12_phq9_4]+[es12_phq9_5]+[es12_phq9_6]+[es12_phq9_7]+[es12_phq9_8]+[es12_phq9_9]		

27	phq9_suicide_plan Show the field ONLY if: ([es12_phq9_9] = '2' or [es12_phq9_9] = '3') and [es1_by] = '2'	Do you have a plan for how you would commit suicide?	radio, Required		
			1	Yes	
			2	No	
			99	Decline to state	

28	rascreen_selfharm Show the field ONLY if: [es1_by] = '2' and ([es12_phq9_9] = '2' or [es12_phq9_9] = '3') and ([phq9_suicide_plan] ='1' or [phq9_suicide_plan] ='2' or [phq9_suicide_plan] ='99')	If YES, participant has active plan for self harm: 1. Get participant's location 2. Explain to participant: I am concerned for your safety and therefore need to call for help right now. 3. Call 911 now. 4. Contact study psychiatrist If NO active plan, explain to participant: I am not a clinician; however, our study has clinicians who speak with any participant who tells us they've been	descriptive

feeling this way recently. I will have a study doctor call you within the next day or so. I would also like to give you three local emergency contact numbers that you may find helpful. All numbers are available 24 hours/7 days per week.

ALAMEDA COUNTY: 1-(800)-309-2131

SAN MATEO COUNTY: 1-(650)-579-0350

SANTA CLARA COUNTY: 1-(855)-278-4204

Further numbers that may be useful:
National Hopeline Network: 1-(800)-SUICIDE or 1-(800)-784-2433

National Suicide Prevention Lifeline: 1-(800) 273-TALK or 1-(800)-273-8255

29	phq9_9_score_ge_2 Show the field ONLY if: ([es12_phq9_9] = '2' or [es 12_phq9_9] = '3') and [es 1_by] = '1'	Please note: we do not monitor this screener in real time, if this is an emergency call 911. For more immediate attention, because you have been bothered by thoughts that you would be better off dead or of hurting yourself in some way in the last 2 weeks, you should call your physician or other healthcare professional right away, or go to the emergency room. You may also call the National Suicide Hotline at 800-SUICIDE / 800-784-2433 or the National Suicide Prevention Lifeline at 800-273-TALK / 800-273-8255. The helplines are available 24 hours every day. We will have a study clinician contact you within 1-2 days. In the meantime, do not delay seeking medical attention.	descriptive	
30	dysthymia Show the field ONLY if: ((([phq9_score] >= 10 and [phq9_score] < 99) and ([e s12_phq9_9] = '0' or [es12 _phq9_9] = '1')) or ([es1_b y] = '1' and ([es12_phq9_ 9] = '0' or [es12_phq9_9] = '1') and [es12_phq9_1]< >'99' and [es12_phq9_2]< >'99' and [es12_phq9_3]< >'99' and [es12_phq9_4]< >'99' and [es12_phq9_5]< >'99' and [es12_phq9_6]< >'99' and [es12_phq9_7]< >'99' and [es12_phq9_8]< >'99' and [es12_phq9_9]< >'99')	Over the last 2 YEARS, have you often felt down or depressed, or had little interest or pleasure in doing things?	radio, Required | 1	Yes
2	No
99	Decline to state		
31	dysthymia2 Show the field ONLY if: [dysthymia] = '1'	Was that on more than half the days over the last 2 YEARS?	radio, Required | 1	Yes
2	No
99	Decline to state		
32	dysthymia3 Show the field ONLY if: [dysthymia] = '1'	Have these feelings often made it hard for you to do your work, take care of things at home, or get along with other people?	radio, Required | 1	Yes
2	No
99	Decline to state		
33	es13_transfercare Show the field ONLY if: [dysthymia] = '1' or [dysthy mia] = '2' or [dysthymia] = '99'	Do you plan to drop or transfer your care outside of PAMF in the next 24 MONTHS?	radio, Required | 1	Yes
2	No
99	Decline to state*		

34	es14_move Show the field ONLY if: [es13_transfercare] = '2'	Are you planning to move out of the Bay Area in the next 24 MONTHS?	radio, Required		
			1	Yes	
			2	No	
			99	Decline to state*	

35	es15_computer Show the field ONLY if: [es14_move] = '2'	Do you have a reliable telephone service, regular access to a computer and/or mobile device with internet and e-mail capabilities (e.g., at home, at work, in a library), a device to play DVD?	radio, Required		
			1	Yes	
			2	No	
			99	Decline to state*	

36	es16_bariatric Show the field ONLY if: [es15_computer] = '1'	Have you had bariatric (weight loss) surgery within the past 12 MONTHS or do you plan to undergo bariatric surgery during the study period?	radio, Required		
			1	Yes	
			2	No	
			99	Decline to state*	

37	es17_phq_6_eat1 Show the field ONLY if: [es16_bariatric] = '2'	Do you often feel that you can't control what or how much you eat?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

38	es17_phq_6_eat2 Show the field ONLY if: [es16_bariatric] = '2'	Do you often eat, within any 2-HOUR period, what most people would regard as an unusually large amount of food?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

39	es17_phq_6_eat3 Show the field ONLY if: [es17_phq_6_eat1] = '1' a nd [es17_phq_6_eat2] = '1'	Has this been as often, on average, as twice a week for the last 3 MONTHS?	radio, Required		
			1	Yes	
			2	No	
			99	Decline to state*	

40	es18_phq_7_eat1 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and ([es17_phq_6_eat 3] = '1' or [es17_phq_6_ea t3] = '2')	Made yourself vomit?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

41	es18_phq_7_eat2 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and ([es17_phq_6_eat 3] = '1' or [es17_phq_6_ea t3] = '2')	Took more than twice the recommended dose of laxatives?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

42	es18_phq_7_eat3 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and ([es17_phq_6_eat 3] = '1' or [es17_phq_6_ea t3] = '2')	Fasted - not eaten anything at all for at least 24 hours?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

43	es18_phq_7_eat4 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and ([es17_phq_6_eat	Exercised for more than an hour specifically to avoid gaining weight after binge eating?	radio (Matrix), Required		
			1	Yes	
			2	No	
			99	Decline to state*	

	3] = '1' or [es17_phq_6_ea t3] = '2')		
44	es19_phq_8_eat1 Show the field ONLY if: ([es18_phq_7_eat1] = '1' o r [es18_phq_7_eat2] = '1' or [es18_phq_7_eat3] = '1' or [es18_phq_7_eat4] = '1') and [es18_phq_7_eat 1] <> '99' and [es18_phq_ 7_eat2] <> '99' and [es18_ phq_7_eat3] <> '99' and [e s18_phq_7_eat4] <> '99'	If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	radio, Required 1 Yes 2 No 99 Decline to state*
45	es20_cage1 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and [es17_phq_6_eat 3] <> '99' and [es18_phq_ 7_eat1] <> '99' and [es18_ phq_7_eat2] <> '99' and [e s18_phq_7_eat3] <> '99' a nd [es18_phq_7_eat4] <> '99' and [es19_phq_8_eat 1] <> '99' and ([es17_phq_ 6_eat1] = '2' or [es17_phq _6_eat2] = '2' or [es17_ph q_6_eat3] = '2' or [es19_p hq_8_eat1] = '2') or ([es18 _phq_7_eat1] ='2' and [es 18_phq_7_eat2] = '2' and [es18_phq_7_eat3] = '2' a nd [es18_phq_7_eat4] ='2') or ([es17_phq_6_eat 1] = '2' and [es17_phq_6_ eat2] = '2')	In the past 12 months, have you ever felt you ought to cut down on your drinking or drug use?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*
46	es20_cage2 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and [es17_phq_6_eat 3] <> '99' and [es18_phq_ 7_eat1] <> '99' and [es18_ phq_7_eat2] <> '99' and [e s18_phq_7_eat3] <> '99' a nd [es18_phq_7_eat4] <> '99' and [es19_phq_8_eat 1] <> '99' and ([es17_phq_ 6_eat1] = '2' or [es17_phq _6_eat2] = '2' or [es17_ph q_6_eat3] = '2' or [es19_p hq_8_eat1] = '2') or ([es18 _phq_7_eat1] ='2' and [es 18_phq_7_eat2] = '2' and [es18_phq_7_eat3] = '2' a nd [es18_phq_7_eat4] ='2') or ([es17_phq_6_eat 1] = '2' and [es17_phq_6_ eat2] = '2')	In the past 12 months, have people annoyed you by criticizing your drinking or drug use?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*
47	es20_cage3 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and [es17_phq_6_eat 3] <> '99' and [es18_phq_ 7_eat1] <> '99' and [es18_ phq_7_eat2] <> '99' and [e s18_phq_7_eat3] <> '99' a	In the past 12 months, have you felt bad or guilty about drinking or drug use?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*

	nd [es18_phq_7_eat4] <> '99' and [es19_phq_8_eat 1] <> '99' and ([es17_phq_ 6_eat1] = '2' or [es17_phq _6_eat2] = '2' or [es17_ph q_6_eat3] = '2' or [es19_p hq_8_eat1] = '2') or ([es18 _phq_7_eat1] ='2' and [es 18_phq_7_eat2] = '2' and [es18_phq_7_eat3] = '2' a nd [es18_phq_7_eat4] ='2') or ([es17_phq_6_eat 1] = '2' and [es17_phq_6_ eat2] = '2')		

48	es20_cage4 Show the field ONLY if: [es16_bariatric] = '2' and [e s17_phq_6_eat1] <> '99' a nd [es17_phq_6_eat2] <> '99' and [es17_phq_6_eat 3] <> '99' and [es18_phq_ 7_eat1] <> '99' and [es18_ phq_7_eat2] <> '99' and [e s18_phq_7_eat3] <> '99' a nd [es18_phq_7_eat4] <> '99' and [es19_phq_8_eat 1] <> '99' and ([es17_phq_ 6_eat1] = '2' or [es17_phq _6_eat2] = '2' or [es17_ph q_6_eat3] = '2' or [es19_p hq_8_eat1] = '2') or ([es18 _phq_7_eat1] ='2' and [es 18_phq_7_eat2] = '2' and [es18_phq_7_eat3] = '2' a nd [es18_phq_7_eat4] ='2') or ([es17_phq_6_eat 1] = '2' and [es17_phq_6_ eat2] = '2')	In the past 12 months, have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	radio (Matrix), Required 1　Yes 0　No 99　Decline to state*
49	cage_score Show the field ONLY if: [es1_by] = '2' and ([es20_c age1] = '1' or [es20_cage 1] = '0') and ([es20_cage2] = '1' or [es20_cage2] = '0') and ([es20_cage3] = '1' or [es20_cage3] = '0') and ([e s20_cage4] = '1' or [es20_ cage4] = '0')	CAGE score	calc, Required Calculation: [es20_cage1]+[es20_cage2]+ [es20_cage3]+[es20_cage4]
50	es21_dm Show the field ONLY if: ([es1_by] = '1' and [es16_b ariatric] = '2' and ([es20_ca ge1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') a nd ([es20_cage3] = '0' or [es20_cage3] = '1') and ([e s20_cage4] = '0' or [es20_ cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Diabetes (except during pregnancy)	radio (Matrix), Required 1　Yes 2　No 3　Not sure 99　Decline to state
51	es21_stroke Show the field ONLY if: ([es1_by] = '1' and [es16_b ariatric] = '2' and ([es20_ca ge1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') a nd ([es20_cage3] = '0' or [es20_cage3] = '1') and ([e	Stroke	radio (Matrix), Required 1　Yes 2　No 3　Not sure 99　Decline to state

52	es21_mi Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Heart attack	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
53	es21_hf Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Heart failure	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
54	es21_cabg Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Coronary bypass surgery or angioplasty	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
55	es21_vesselsurg Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Blood vessel surgery to open arteries in your neck or legs	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
56	es21_psych Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([e	Bipolar or Psychotic disorder	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state

	s20_cage4] = '0' or [es20_cage4] = '1') or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))		
57	es21_organfail Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Failure of the liver or kidney	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
58	es21_cancer Show the field ONLY if: ([es1_by] = '1' and [es16_bariatric] = '2' and ([es20_cage1] = '0' or [es20_cage1] = '1') and ([es20_cage2] = '0' or [es20_cage2] = '1') and ([es20_cage3] = '0' or [es20_cage3] = '1') and ([es20_cage4] = '0' or [es20_cage4] = '1')) or ([es1_by] = '2' and [cage_score] < 2 and ([es20_cage4] = '0' or [es20_cage4] = '1'))	Cancer (other than non-melanoma skin cancer)	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
59	es21_cancerative Show the field ONLY if: [es21_cancer] = '1'	Was the cancer active within the past two years or treated with radiation or chemotherapy in the past 12 MONTHS?	radio, Required 1 Yes 2 No 3 Unsure 99 Decline to state
60	es22_pyschcare_outpamf Show the field ONLY if: [es16_bariatric]='2' and ([es21_dm] = '2' or [es21_dm] = '3' or [es21_dm] = '99') and ([es21_stroke] = '2' or [es21_stroke] = '3' or [es21_stroke] = '99') and ([es21_mi] = '2' or [es21_mi] = '3' or [es21_mi] = '99') and ([es21_hf] = '2' or [es21_hf] = '3' or [es21_hf] = '99') and ([es21_cabg] = '2' or [es21_cabg] = '3' or [es21_cabg] = '99') and ([es21_vesselsurg] = '2' or [es21_vesselsurg] = '3' or [es21_vesselsurg] = '99') and ([es21_psych] = '2' or [es21_psych] = '3' or [es21_psych] = '99') and ([es21_organfail] = '2' or [es21_organfail] = '3' or [es21_organfail] = '99') and [es21_cancerative] <> '1'	Are you currently receiving psychiatric care with a provider outside of Sutter Health network?	radio, Required 1 Yes 2 No 99 Decline to state*
61	es23_hospice Show the field ONLY if: [es22_pyschcare_outpamf] = '2'	Do you live in a long-term care facility and/or hospice care?	radio, Required 1 Yes 2 No 99 Decline to state*

| 62 | es24_housemember

Show the field ONLY if: [es23_hospice] = '2' | Do you live in the same household with a person enrolled in this study or is a staff member? | radio, Required |
|---|---|---|---|

			1	Yes
			2	No
			99	Decline to state*

| 63 | based_answer_ineligible

Show the field ONLY if: [es24_housemember] <> '2' and ([es5_consent]='1' or [screening_paper_cons ent] = '1') | Thank you for your time in completing this eligibility screener. Your responses indicate that you are not eligible to participate in the study. We understand that this may be a disappointment to you, but want to be sure you know that your willingness to be screened is greatly appreciated. | descriptive |
|---|---|---|---|

| 64 | based_answer_eligible

Show the field ONLY if: [es24_housemember] = '2' and [es1_by] = '2' and ([es 5_consent] = '1' or [screeni ng_paper_consent] = '1') | Based on your answers we have determined that you are eligible to continue to the next step in the screening process, which is to attend an in-person study visit. Between today and that visit, you will be asked to complete a more detailed online questionnaire and a Research Assistant will call you to ask about your dietary intake during the 24 hours preceding the call. | descriptive |
|---|---|---|---|

| 65 | based_answer_maybeelig ible

Show the field ONLY if: [es24_housemember] = '2' and [es1_by] = '1' and [es5 _consent] = '1' | Based on your answers we have determined that you may be eligible to continue to the next step in the screening process, which is to attend an in-person study visit. If you are determined eligible to continue, a Research Assistant will call to schedule the visit. Prior to that visit, you will be asked to complete a more detailed online questionnaire and a Research Assistant will call you to ask about your dietary intake during the 24 hours preceding the call. | descriptive |
|---|---|---|---|

| 66 | es26_agree_after_screen

Show the field ONLY if: [es24_housemember] = '2' | Do you agree to be scheduled for the in-person study visit?
(If you have self-screened, our study staff will review your answers and will contact you to schedule an appointment, or you may call 650-853-5648) | radio, Required |
|---|---|---|---|

			1	Yes
			2	No
			3	Undecided. Please call me.

| 67 | no_decline

Show the field ONLY if: [es4_consent_cont] = '2' or [es5_consent] = '2' or [es2 6_agree_after_screen] = '2' | We respect your decision not to participate in the study. | descriptive |
|---|---|---|---|

| 68 | one_more_min | Please take one more minute to tell us a little more about yourself.
Although these questions are optional, your answers will help us better characterize the differences between non-study participants and participants. This information is important to help us design better studies in the future. Whether or not you answer these questions, please click on the submit button at the bottom of the next page. | descriptive |
|---|---|---|---|

| 69 | his_or_lat | Hispanic or Latino:
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino". | descriptive |
|---|---|---|---|

70	es27_hispanic	Are you Hispanic or Latino?	radio, Required

			1	Yes
			2	No
			99	Decline to state

| 71 | racial_categories | Racial Categories:

American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or | descriptive |
|---|---|---|

		South America and maintains tribal affiliation or community attachment.	
		Asian: A person having origins in any if the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
		Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."	
		Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
		White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
72	es28_race	What race(s) do you identify yourself with? (Check all that apply) *Check all that apply*	checkbox, Required
			1 es28_race___1 White
			2 es28_race___2 Black or African American
			3 es28_race___3 Asian
			4 es28_race___4 Native Hawaiian or Other Pacific Islander
			5 es28_race___5 American Indian or Alaska Native
			6 es28_race___6 Other (please specify)
			99 es28_race___99 Decline to state
73	es29_otherrace_text Show the field ONLY if: [es28_race(6)] = '1'	If you selected other, please specify:	text, Required
74	contact_you Show the field ONLY if: [es26_agree_after_screen] = '3' or [es5_consent] = '3'	Someone from our research staff will contact you to provide more information about this study. Please provide your current contact information below. Use of E-mail address is for RAINBOW Study communication purposes only, and will not be shared with any third parties	descriptive
75	preferred_phone_type Show the field ONLY if: [es26_agree_after_screen] = '1' or [es26_agree_after_screen] = '3' or [es5_consent] = '3'	Preferred phone type:	radio, Required
			1 Cell phone
			2 Day phone
			3 Evening phone
76	alternate_phone_type Show the field ONLY if: [es26_agree_after_screen] = '1' or [es26_agree_after_screen] = '3' or [es5_consent] = '3'	Alternate phone type:	radio
			1 Cell phone
			2 Day phone
			3 Evening phone
77	best_time Show the field ONLY if: [es26_agree_after_screen] = '1' or [es26_agree_after_screen] = '3' or [es5_consent] = '3'	Best time to reach you:	text, Required
78	es_manual_date Show the field ONLY if: [es1_by] = '2'	Please enter the date when form was completed	text (date_mdy), Required
79	rainbow_study_initial_eligibility_screening_complet	Complete?	dropdown
			0 Incomplete

	e		1	Unverified
			2	Complete

Instrument: **Recruitment Link**

80	study_id	Study ID	text, Required
81	pcp_name	PCP Name	text
82	ies_elig	IES Eligible	truefalse 1 True 0 False
83	sched_bv_date Show the field ONLY if: [ies_elig] = '1'	Baseline Visit Date	text (date_mdy)
84	sched_bv_time Show the field ONLY if: [ies_elig] = '1'	Baseline Visit Time *Example: 10:30 am*	text
85	randomized	Randomized	yesno 1 Yes 0 No
86	sched_fup1_date Show the field ONLY if: [randomized] = '1'	FUP1 Date	text (date_mdy)
87	sched_fup1_time Show the field ONLY if: [randomized] = '1'	FUP1 Time *Example: 10:30 am*	text
88	sched_fup2_date Show the field ONLY if: [randomized] = '1'	FUP2 Date	text (date_mdy)
89	sched_fup2_time Show the field ONLY if: [randomized] = '1'	FUP2 Time *Example: 10:30 am*	text
90	sched_fup3_date Show the field ONLY if: [randomized] = '1'	FUP3 Date	text (date_mdy)
91	sched_fup3_time Show the field ONLY if: [randomized] = '1'	FUP3 Time *Example: 10:30 am*	text
92	sched_fup4_date Show the field ONLY if: [randomized] = '1'	FUP4 Date	text (date_mdy)
93	sched_fup4_time Show the field ONLY if: [randomized] = '1'	FUP4 Time *Example: 10:30 am*	text
94	recruitment_link_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Rainbow Study Questionnaire**

95	studyid	Study ID:	text, Required
96	qq_date_completed	Date of Completion:	text (date_mdy), Required

97	qq_timepoint	Timepoint:	radio, Required

radio, Required

1	Baseline
2	6-month follow-up
3	12-month follow-up
4	18-month follow-up
5	24-month follow-up

98	qq_completed_by	Completed by participant:	radio, Required

1	Online
2	Paper

99	qq_aboutdecline	NOTE ABOUT DECLINE TO STATE OPTION: Participation in research is voluntary. As a research participant, you have the right to decline to answer any question. Please be advised that your decision to do so may prevent us from being able to determine your eligibility for enrollment. Also, if you are enrolled into the study, providing complete data is important to the scientific validity of our findings, and we thank you for keeping these considerations in mind.	descriptive

100	qq_eq5d_mobile	MOBILITY	radio, Required

1	I have no problems in walking about
2	I have slight problems in walking about
3	I have moderate problems in walking about
4	I have severe problems in walking about
5	I am unable to walk about
99	Decline to state

101	qq_eq5d_care	SELF CARE	radio, Required

1	I have no problems washing or dressing myself
2	I have slight problems washing or dressing myself
3	I have moderate problems washing or dressing myself
4	I have severe problems washing or dressing myself
5	I am unable to wash or dress myself
99	Decline to state

102	qq_eq5d_activity	USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)	radio, Required

1	I have no problems doing my usual activities
2	I have slight problems doing my usual activities
3	I have moderate problems doing my usual activities
4	I have severe problems doing my usual activities
5	I am unable to do my usual activities
99	Decline to state

103	qq_eq5d_pain	PAIN/DISCOMFORT	radio, Required

1	I have no pain or discomfort
2	I have slight pain or discomfort
3	I have moderate pain or discomfort
4	I have severe pain or discomfort

			5	I have extreme pain or discomfort
			99	Decline to state

104	qq_eq5d_anxious	ANXIETY/DEPRESSION	radio, Required

1	I am not anxious or depressed
2	I am slightly anxious or depressed
3	I am moderately anxious or depressed
4	I am severely anxious or depressed
5	I am extremely anxious or depressed
99	Decline to state

105	qq_eq5d_health	We would like to know how good or bad your health is TODAY. This line is numbered from 0 to 100. 100 means the BEST health you can imagine. 0 means the WORST health you can imagine. Please drag the slider to show how good or bad your health is TODAY.	slider (number) Slider labels: 0, 50, 100

106	qq_eq5d_health_99 Show the field ONLY if: [qq_eq5d_health] = ''	You did not enter an answer for the previous question. Do you decline to answer the previous question?	radio, Required

99	Yes, I decline to state
2	No --> Please return to previous question and enter an answer.

107	qq_sf8_1	Overall, how would you rate your health during the PAST 4 WEEKS?	radio (Matrix), Required

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
6	Very poor
99	Decline to state

108	qq_sf8_2	During the PAST 4 WEEKS, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?	radio (Matrix), Required

1	Not at all
2	Very little
3	Somewhat
4	Quite a lot
5	Could not do physical activities
99	Decline to state

109	qq_sf8_3	During the PAST 4 WEEKS, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?	radio (Matrix), Required

1	Not at all
2	A little bit
3	Some
4	Quite a lot
5	Could not do daily work
99	Decline to state

110	qq_sf8_4	How much bodily pain have you had during the PAST 4 WEEKS?	radio (Matrix), Required

1	None
2	Very Mild
3	Mild
4	Moderate
5	Severe

			6	Very Severe	
			99	Decline to state	
111	qq_sf8_5	During the PAST 4 WEEKS, how much energy did you have?	radio (Matrix), Required		
			1	Very much	
			2	Quite a lot	
			3	Some	
			4	A little	
			5	None	
			99	Decline to state	
112	qq_sf8_6	During the PAST 4 WEEKS, how much did your physical health or emotional problems limit your usual social activities with family or friends?	radio (Matrix), Required		
			1	Not at all	
			2	Very little	
			3	Somewhat	
			4	Quite a lot	
			5	Could not do social activities	
			99	Decline to state	
113	qq_sf8_7	During the PAST 4 WEEKS, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?	radio (Matrix), Required		
			1	Not at all	
			2	Slightly	
			3	Moderately	
			4	Quite a lot	
			5	Extremely	
			99	Decline to state	
114	qq_sf8_8	During the PAST 4 WEEKS, how much personal or emotional problems keep you from doing your usual work, school or other daily activities?	radio (Matrix), Required		
			1	Not at all	
			2	Very little	
			3	Somewhat	
			4	Quite a lot	
			5	Could not do daily activities	
			99	Decline to state	
115	disability		descriptive		
116	qq_sheehan_work	Depressive symptoms have disrupted your work/school work:	radio (Matrix), Required		
			0	0	
			1	1	
			2	2	
			3	3	
			4	4	
			5	5	
			6	6	
			7	7	
			8	8	
			9	9	
			10	10	
			99	Decline to state	
117	qq_sheehan_disability_no work		radio		
			1	I have not worked/studied at all during the	

		past week for reasons unrelated to the disorder.*work includes paid, unpaid volunteer work or training

118	qq_sheehan_act	Depressive symptoms have disrupted your social life/leisure activities:	radio (Matrix), Required

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
99	Decline to state

119	qq_sheehan_fam	Depressive symptoms have disrupted your family life/home responsibilities.	radio (Matrix), Required

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
99	Decline to state

120	qq_sheehan_disability_lostday	DAYS LOST: On how many days in the LAST WEEK did your depressive symptoms cause you to miss school or work or leave you unable to carry out your normal daily responsibilities? [Enter and answer from 0-7 days] *If Decline to State enter "9"*	text (number, Min: 0, Max: 9), Required
121	qq_sheehan_disability_unpday	DAYS UNPRODUCTIVE: On how many days in the LAST WEEK did you feel so impaired by your depressive symptoms, that even though you went to school or work, your productivity was reduced? [Enter and answer from 0-7 days] *If Decline to State enter "9"*	text (number, Min: 0, Max: 9), Required

122	qq_gad7_1	Feeling nervous, anxious or on edge	radio (Matrix), Required

0	Not at all
1	Several days
2	More than half the days
3	Nearly every day
99	Decline to state

123	qq_gad7_2	Not being able to stop or control worrying	radio (Matrix), Required

0	Not at all

			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

124	qq_gad7_3	Worrying too much about different things	radio (Matrix), Required	
			0	Not at all
			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

125	qq_gad7_4	Trouble relaxing	radio (Matrix), Required	
			0	Not at all
			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

126	qq_gad7_5	Being so restless that it is hard to sit still	radio (Matrix), Required	
			0	Not at all
			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

127	qq_gad7_6	Becoming easily annoyed or irritable	radio (Matrix), Required	
			0	Not at all
			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

128	qq_gad7_7	Feeling afraid as if something awful might happen	radio (Matrix), Required	
			0	Not at all
			1	Several days
			2	More than half the days
			3	Nearly every day
			99	Decline to state

129	qq_gad7_all Show the field ONLY if: [qq_gad7_1] = '1' or [qq_gad7_1] = '2' or [qq_gad7_1] = '3' or [qq_gad7_2] = '1' or [qq_gad7_2] = '2' or [qq_gad7_2] = '3' or [qq_gad7_3] = '1' or [qq_gad7_3] = '2' or [qq_gad7_3] = '3' or [qq_gad7_4] = '1' or [qq_gad7_4] = '2' or [qq_gad7_4] = '3' or [qq_gad7_5] = '1' or [qq_gad7_5] = '2' or [qq_gad7_5] = '3' or [qq_gad7_6] = '1' or [qq_gad7_6] = '2' or [qq_gad7_6] = '3' or [qq_gad7_6] = '99' or [qq_gad7_7] = '1' or [qq_gad7_7] = '2' or [qq_gad7_7] = '3'	If you checked off any problems, how difficult have these problems made it for you to do work, take care of things at home, or get along with other people?	radio, Required	
			1	Not difficult at all
			2	Somewhat difficult
			3	Very difficult
			4	Extremely difficult
			99	Decline to state

			or [qq_gad7_7] = '99' or [qq_gad7_3] = '99' or [qq_gad7_4] = '99' or [qq_gad7_5] = '99' or [qq_gad7_1] = '99' or [qq_gad7_2] = '99'	
130	qq_anx_disorder_1a	Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way?	radio, Required	
			0	No
			1	Yes
			99	Decline to state
131	qq_anx_disorder_1b Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did the spells peak within 10 minutes?	radio, Required	
			0	No
			1	Yes
			99	Decline to state
132	qq_anx_disorder_2 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?	radio, Required	
			0	No
			1	Yes
			99	Decline to state
133	qq_anx_disorder_3 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Have you ever had one such attack followed by a month or more of persistent fear of having another attack, or worries about the consequences of the attack?	radio, Required	
			0	No
			1	Yes
			99	Decline to state
134	qq_anx_disorder_4 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have skipping, racing or pounding of your heart?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
135	qq_anx_disorder_5a Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have sweating or clammy hands?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
136	qq_anx_disorder_5b Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Were you trembling or shaking?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
137	qq_anx_disorder_6 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have shortness of breath or difficulty breathing?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
138	qq_anx_disorder_7 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have a choking sensation or a lump in your throat?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
139	qq_anx_disorder_8 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have chest pain, pressure or discomfort?	radio (Matrix), Required	
			0	No
			1	Yes
			99	Decline to state
140	qq_anx_disorder_9 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] =	Did you have nausea, stomach problems, or sudden diarrhea?	radio (Matrix), Required	
			0	No
			1	Yes

141	qq_anx_disorder_10 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you feel dizzy, unsteady, lightheaded or faint?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
142	qq_anx_disorder_11 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
143	qq_anx_disorder_12 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you fear that you were losing control or going crazy?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
144	qq_anx_disorder_13 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you fear that you were dying?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
145	qq_anx_disorder_14 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have tingling or numbness in parts of your body?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
146	qq_anx_disorder_15 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	Did you have hot flashes or chills?	radio (Matrix), Required
			0 No
			1 Yes
			99 Decline to state
147	qq_anx_disorder_16 Show the field ONLY if: [qq_anx_disorder_1a] = '1' or [qq_anx_disorder_1a] = '99'	In the PAST MONTH, did you have such attacks repeatedly, (2 or more) followed by persistent fear of having another attack?	radio, Required
			0 No
			1 Yes
			99 Decline to state
148	qq_ptsd_1 Show the field ONLY if: [qq_timepoint] = '1'	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
			6 Don't know
			99 Decline to state
149	qq_ptsd_2 Show the field ONLY if: [qq_timepoint] = '1'	Repeated, disturbing dreams of a stressful experience from the past?	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
			6 Don't know
			99 Decline to state
150	qq_ptsd_3	Suddenly acting or feeling as if a stressful experience	radio (Matrix), Required

	Show the field ONLY if: [qq_timepoint] = '1'	were happening again (as if you were reliving it)?	1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

151	qq_ptsd_4 Show the field ONLY if: [qq_timepoint] = '1'	Feeling very upset when something reminded you of a stressful experience from the past?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

152	qq_ptsd_5 Show the field ONLY if: [qq_timepoint] = '1'	Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

153	qq_ptsd_6 Show the field ONLY if: [qq_timepoint] = '1'	Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

154	qq_ptsd_7 Show the field ONLY if: [qq_timepoint] = '1'	Avoid activities or situations because they remind you of a stressful experience from the past?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

155	qq_ptsd_8 Show the field ONLY if: [qq_timepoint] = '1'	Trouble remembering important parts of a stressful experience from the past?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know

			99	Decline to state
156	qq_ptsd_9 Show the field ONLY if: [qq_timepoint] = '1'	Loss of interest in things that you used to enjoy?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state
157	qq_ptsd_10 Show the field ONLY if: [qq_timepoint] = '1'	Feeling distant or cut off from other people?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state
158	qq_ptsd_11 Show the field ONLY if: [qq_timepoint] = '1'	Feeling emotionally numb or being unable to have loving feelings for those close to you?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state
159	qq_ptsd_12 Show the field ONLY if: [qq_timepoint] = '1'	Feeling as if your future will somehow be cut short?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state
160	qq_ptsd_13 Show the field ONLY if: [qq_timepoint] = '1'	Trouble falling or staying asleep?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state
161	qq_ptsd_14 Show the field ONLY if: [qq_timepoint] = '1'	Feeling irritable or having angry outbursts?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit

			5	Extremely
			6	Don't know
			99	Decline to state

162	qq_ptsd_15 Show the field ONLY if: [qq_timepoint] = '1'	Having difficulty concentrating?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

163	qq_ptsd_16 Show the field ONLY if: [qq_timepoint] = '1'	Being "super alert" or watchful on guard?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

164	qq_ptsd_17 Show the field ONLY if: [qq_timepoint] = '1'	Feeling jumpy or easily startled?	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Moderately
			4	Quite a bit
			5	Extremely
			6	Don't know
			99	Decline to state

165	qq_spsi_rs_1	Feel threatened and afraid when I have an important problem to solve.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

166	qq_spsi_rs_2	When making decisions, I do not evaluate all my options carefully enough.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

167	qq_spsi_rs_3	I feel nervous and unsure of myself when I have an important decision to make.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me

| | | | 4 | Extremely True of Me |
| | | | 99 | Decline to state |

168	qq_spsi_rs_4	When my first efforts to solve a problem fail, I know if I persist and do not give up too easily, I will be able to eventually find a good solution.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
169	qq_spsi_rs_5	When I have a problem, I try to see it as a challenge, or opportunity to benefit in some positive way from having the problem.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
170	qq_spsi_rs_6	I wait to see if a problem will resolve itself first, before trying to solve it myself.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
171	qq_spsi_rs_7	When my first efforts to solve a problem fail, I get very frustrated.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
172	qq_spsi_rs_8	When I am faced with a difficult problem, I doubt that I will be able to solve it on my own no matter how hard I try.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
173	qq_spsi_rs_9	Whenever I have a problem, I believe that it can be solved.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
174	qq_spsi_rs_10	I go out of my way to avoid having to deal with problems in my life.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me

			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
175	qq_spsi_rs_11	Difficult problems make me very upset.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
176	qq_spsi_rs_12	When I have a decision to make, I try to predict the positive and negative consequences of each option.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
177	qq_spsi_rs_13	When problems occur in my life, I like to deal with them as soon as possible.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
178	qq_spsi_rs_14	When I am trying to solve a problem, I go with the first good idea that comes to mind.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
179	qq_spsi_rs_15	When I am faced with a difficult problem, I believe that I will be able to solve it on my own if I try hard enough.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
180	qq_spsi_rs_16	When I have a problem to solve, one of the first things I do is get as many facts about the problem as possible.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

181	qq_spsi_rs_17	When a problem occurs in my life, I put off trying to solve it for as long as possible.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

182	qq_spsi_rs_18	I spend more time avoiding my problems than solving them.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

183	qq_spsi_rs_19	Before I try to solve a problem, I set a specific goal so that I know exactly what I want to accomplish.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

184	qq_spsi_rs_20	When I have a decision to make, I do not take the time to consider the pros and cons of each option.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

185	qq_spsi_rs_21	After carrying out a solution to a problem, I try to evaluate as carefully as possible how much the situation has changed for the better.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

186	qq_spsi_rs_22	I put off solving problems until it is too late to do anything about them.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state

187	qq_spsi_rs_23	When I am trying to solve a problem, I think of as many options as possible until I cannot come up with any more ideas.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me

			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
188	qq_spsi_rs_24	When making decisions, I go with my "gut feeling" without thinking too much about the consequences of each option.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
189	qq_spsi_rs_25	I am too impulsive when it comes to making decisions.	radio (Matrix), Required	
			0	Not at All True of Me
			1	Slightly True of Me
			2	Moderately True of Me
			3	Very True of Me
			4	Extremely True of Me
			99	Decline to state
190	qq_obprob1	Private gatherings in my own home	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
191	qq_obprob2	Private gatherings in a friend's or relative's home	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
192	qq_obprob3	Going to a restaurant	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
193	qq_obprob4	Going to community activities, courses, etc.	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
194	qq_obprob5	Vacations away from home	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered

			99	Decline to state
195	qq_obprob6	Trying on and buying clothes	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
196	qq_obprob7	Bathing in public places (beach, public pool, etc.)	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
197	qq_obprob8	Intimate relations	radio (Matrix), Required	
			1	Definitely bothered
			2	Mostly bothered
			3	Not so bothered
			4	Definitely not bothered
			99	Decline to state
198	sleep1	My sleep was restless	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very Much
			99	Decline to state
199	sleep2	I was satisfied with my sleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very Much
			99	Decline to state
200	sleep3	My sleep was refreshing	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very Much
			99	Decline to state
201	sleep4	I had difficulty falling asleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very Much

		99	Decline to state

202	sleep5	I had trouble staying asleep	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
			99 Decline to state
203	sleep6	I had trouble sleeping	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
			99 Decline to state
204	sleep7	I got enough sleep	radio (Matrix), Required
			1 Never
			2 Rarely
			3 Sometimes
			4 Often
			5 Always
			99 Decline to state
205	sleep8	My sleep quality was	radio (Matrix), Required
			1 Very poor
			2 Poor
			3 Fair
			4 Good
			5 Very good
			99 Decline to state
206	sleep9	I had a hard time getting things done because I was sleepy	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
			99 Decline to state
207	sleep10	I felt alert when I woke up	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Somewhat
			4 Quite a bit
			5 Very much
			99 Decline to state
208	sleep11	I felt tired	radio (Matrix), Required
			1 Not at all
			2 A little bit

		3	Somewhat
		4	Quite a bit
		5	Very much
		99	Decline to state

209	sleep12	I had problems during the day because of poor sleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
			99	Decline to state

210	sleep13	I had a hard time concentrating because of poor sleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
			99	Decline to state

211	sleep14	I felt irritable because of poor sleep	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
			99	Decline to state

212	sleep15	I was sleepy during the daytime	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
			99	Decline to state

213	sleep16	I had trouble staying awake during the day	radio (Matrix), Required	
			1	Not at all
			2	A little bit
			3	Somewhat
			4	Quite a bit
			5	Very much
			99	Decline to state

214	qq_absenteeism_1	In the LAST 6 MONTHS, were you working either full or part time?	radio, Required	
			1	Yes
			0	No
			99	Decline to state

215	qq_absenteeism_2 Show the field ONLY if: [qq_absenteeism_1] = '1' or [qq_absenteeism_1] = '9	About how many hours altogether did you work in the LAST 7 DAYS? *HOURS [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required

	9'		
216	qq_absenteeism_3 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	On average, how many hours does your employer expect you to work in a typical 7 day week? *HOURS [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
217	qq_absenteeism_4 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	.....miss an entire work day because of problems with your physical or mental health? (please include only days missed for your own health, not someone else's health) *[Answer between 0 and 28 days] [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999)
218	qq_absenteeism_5 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	...miss an entire work day for any other reason (including vacation)? *[Answer between 0 and 28 days] [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
219	qq_absenteeism_6 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	....miss part of a work day because of problems with your physical or mental health? (please include only days missed for your own health, not someone else's health) *[Answer between 0 and 28 days] [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
220	qq_absenteeism_7 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	....miss part of a work day for any other reason (including vacation)? *[Answer between 0 and 28 days] [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
221	qq_absenteeism_8 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	....come in early, go home late, or work on your day off? *[Answer between 0 and 28 days] [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
222	qq_absenteeism_9 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	About how many hours altogether did you work in the LAST 4 WEEKS (28 days)? (See examples below.) *HOURS [If Decline to State enter "999"]*	text (number, Min: 0, Max: 999), Required
223	heading_2 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	Examples for Calculating Hours Worked in the Last 4 Weeks 40 hours per week for 4 weeks = 160 hours 35 hours per week for 4 weeks = 140 hours 40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours 40 hours per week for 4 weeks with 3 4-hour partial days missed = 148 hours 35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours	descriptive
224	qq_presenteeism_1 Show the field ONLY if: [qq_absenteeism_1] = '1' o r [qq_absenteeism_1] = '9 9'	How would how would you rate the usual performance of most workers in a job similar to yours?	radio (Matrix), Required 0 | 0 1 | 1 2 | 2 3 | 3 4 | 4 5 | 5 6 | 6 7 | 7 8 | 8 9 | 9 10 | 10

			99	Decline to state

225	qq_presenteeism_2 Show the field ONLY if: [qq_absenteeism_1] = '1' or [qq_absenteeism_1] = '99'	How would you rate your usual job performance over the LAST YEAR or TWO?	radio (Matrix), Required	
			0	0
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			99	Decline to state

226	qq_presenteeism_3 Show the field ONLY if: [qq_absenteeism_1] = '1' or [qq_absenteeism_1] = '99'	How would you rate your overall job performance on the days you worked during the LAST 4 WEEKS (28 days)?	radio (Matrix), Required	
			0	0
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			99	Decline to state

227	qq_cost_eat_athome	During the LAST 6 MONTHS, how much money did your family typically spend per week, or per month, on food that YOUR FAMILY has eaten AT HOME? Include purchases made with food stamps. If you Decline to State, enter "999" and check Decline to State below. *Dollars spent per week or per month*	text (number), Required Custom alignment: RH	

228	qq_cost_eat_athome_unit	Was this amount spent per week or per month?	radio (Matrix), Required	
			1	per week
			2	per month
			99	decline to state

229	qq_cost_eat_fastfood_times	During the LAST 6 MONTHS, how many times did YOUR FAMILY typically eat out in FAST-FOOD RESTAURANTS per week or per month? IF NONE, ENTER "0". If you Decline to State, enter "999" and check Decline to State below. *Number of times per week or per month*	text (number), Required	

230	qq_cost_eat_fastfood_times_unit	Was this the number of times per week or per month?	radio (Matrix), Required	
			1	per week
			2	per month
			99	decline to state

231	qq_cost_eat_fastfood	During the LAST 6 MONTHS, how much money did YOUR FAMILY typically spend on eating out in FAST-FOOD RESTAURANTS per week or per month?	text, Required	

		IF NONE, ENTER "0". If you Decline to State, enter "999" and check Decline to State below. *Dollar spent per week or per month*	
232	qq_cost_eat_fastfood_unit	Was this amount spent per week or per month?	radio (Matrix), Required 1 | per week 2 | per month 99 | decline to state
233	qq_cost_eat_restaur_times	During the LAST 6 MONTHS, how many times did YOUR FAMILY typically eat out in NON-fast-food RESTAURANTS per week or per month? IF NONE, ENTER "0". If you Decline to State, enter "999" and check Decline to State below. *Number of times per week or per month*	text (number), Required
234	qq_cost_eat_restaur_times_unit	Was this the number of times per week or per month?	radio (Matrix), Required 1 | per week 2 | per month 99 | decline to state
235	qq_cost_eat_restaur	During the LAST 6 MONTHS, how much money did YOUR FAMILY typically spend on eating out in NON-fast-food RESTAURANTS per week or per month? IF NONE, ENTER "0". If you Decline to State, enter "999" and check Decline to State below. *Dollars spent per week or per month*	text (number), Required
236	qq_cost_eat_restaur_unit	Was this amount spent per week or per month?	radio (Matrix), Required 1 | per week 2 | per month 99 | decline to state
237	qq_cost_fam_size	During the LAST 6 MONTHS, what was the usual number of persons in your family or household who were consumers of the food purchases reported above? If you Decline to State, enter "999" *Number of persons*	text (number), Required
238	qq_cost_eat_athome_change Show the field ONLY if: [qq_timepoint] = '2' or [qq_timepoint] = '3' or [qq_timepoint] = '4' or [qq_timepoint] = '5'	Now, think of changes that you yourself have made since you started in the RAINBOW study. Over time, you may have changed the types of foods that you eat. Since you started in the RAINBOW study, have the costs of the foods that you yourself eat at home changed?	radio 1 | Increased a lot (more than 10%) 2 | Increased some (5-10%) 3 | Stayed about the same 4 | Decreased some (5-10%) 5 | Decreased a lot (more than 10%) 99 | Decline to state
239	qq_cost_eat_fast_food_change Show the field ONLY if: [qq_timepoint] = '2' or [qq_timepoint] = '3' or [qq_timepoint] = '4' or [qq_timepoint] = '5'	Since you started in the RAINBOW study, has the number of meals that you yourself eat in (or take out from) FAST-FOOD restaurants changed?	radio 1 | Increased a lot (more than 10%) 2 | Increased some (5-10%) 3 | Stayed about the same 4 | Decreased some (5-10%) 5 | Decreased a lot (more than 10%) 99 | Decline to state
240	qq_cost_eat_restaur_change Show the field ONLY if: [qq_timepoint] = '2' or [qq_timepoint] = '3' or [qq_timepoint] = '4' or [qq_timepoint] = '5'	Since you started in the RAINBOW study, has the number of meals that you yourself eat in (or take out from) NON-fast-food restaurants changed?	radio 1 | Increased a lot (more than 10%) 2 | Increased some (5-10%) 3 | Stayed about the same 4 | Decreased some (5-10%) 5 | Decreased a lot (more than 10%) 99 | Decline to state

241	qq_cost_wktime_shop_self	On average in a typical week, how many hours do you yourself spend shopping for and preparing food for yourself? If you Decline to State, enter "999". *Hours per week*	text (number, Min: 0, Max: 999), Required
242	qq_cost_wktime_shop_fam	On average in a typical week, how many hours do your spouse, family, and friends spend shopping for and preparing food for you? Example: If two people, NOT INCLUDING YOURSELF, spend 1 hour, count as 2 hours. If you Decline to State, enter "999". *Hours per week*	text (number), Required
243	qq_cost_equip_popcorn	Air Popper (Popcorn)	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
244	qq_cost_equip_blender	Blender	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
245	qq_cost_equip_cookboke	Cookbooks	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
246	qq_cost_equip_cookvideo	Cooking videos	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
247	qq_cost_equip_foodscale	Food scale	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
248	qq_cost_equip_freezer	Freezer	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
249	qq_cost_equip_microwave	Microwave	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
250	qq_cost_equip_mixer	Mixer	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
251	qq_cost_equip_steamer	Steamer	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Decline to state</td></tr></table>
252	qq_cost_equip_wok	Wok	radio (Matrix), Required

				1	Yes
				0	No
				99	Decline to state

253	qq_cost_equip_other	Other	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

254	qq_cost_equip_other_text Show the field ONLY if: [qq_cost_equip_other] = '1' or [qq_cost_equip_othe r] = '99'	If Other Please specify: *If you decline to state enter "999"*	text

255	qq_cost_equip_shoe	Over the LAST 6 MONTHS, did you purchase any exercise shoes (walking, running, or sport-specific shoes)?	radio, Required		
			1	Yes
			0	No
			99	Decline to state

256	qq_cost_equip_shoe_pair s Show the field ONLY if: [qq_cost_equip_shoe] = '1' or [qq_cost_equip_shoe] = '99'	How many pairs of shoes were purchased? If you Decline to State, enter "999". *Number of Pairs*	text (number), Required

257	qq_act_equip_video	Exercise videos	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

258	qq_act_equip_weigh	Free weights (dumbbells)	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

259	qq_act_equip_cloth	Clothing for exercise	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

260	qq_act_equip_stat_bike	Stationary bicycle	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

261	qq_act_equip_bike	Regular bicycle	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

262	qq_act_equip_treadmill	Treadmill	radio (Matrix), Required		
			1	Yes
			0	No
			99	Decline to state

263	qq_act_equip_ellipt	Elliptical machine	radio (Matrix), Required		
			1	Yes
			0	No

			99	Decline to state
264	qq_act_equip_swim	Swimming trunks or swimsuit	radio (Matrix), Required	
			1	Yes
			0	No
			99	Decline to state
265	qq_act_equip_other	Other	radio (Matrix), Required	
			1	Yes
			0	No
			99	Decline to state
266	qq_cost_act_equip_other _text Show the field ONLY if: [qq_act_equip_other] = '1' or [qq_act_equip_other] = '99'	If Other please specify: *If you decline to state enter "999"*	text	
267	qq_smoke_fup Show the field ONLY if: [qq_timepoint] = '3' or [qq_t imepoint] = '5'	Have your smoking habits (including tobacco cigarettes, pipe, cigars, e-cigarettes, and/or marijuana or hashish) changed since your last visit?	radio, Required	
			1	Yes
			2	No
			99	Decline to state
268	qq_smoke_life Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_fup] = '1') or ([qq_ti mepoint] = '5' and [qq_smo ke_fup] = '1')	Have you smoked at least 100 tobacco cigarettes in your entire life?	radio (Matrix), Required	
			1	Yes
			2	No
			99	Decline to State
269	qq_smoke_pipe Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_fup] = '1') or ([qq_ti mepoint] = '5' and [qq_smo ke_fup] = '1')	Have you ever smoked a tobacco pipe or cigars regularly?	radio (Matrix), Required	
			1	Yes
			2	No
			99	Decline to State
270	qq_smoke_ecig Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_fup] = '1') or ([qq_ti mepoint] = '5' and [qq_smo ke_fup] = '1')	Have you ever tried an electronic cigarette or e-cigarette such as Blu, 21st Century Smoke or NJOY?	radio (Matrix), Required	
			1	Yes
			2	No
			99	Decline to State
271	qq_smoke_marijuana Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_fup] = '1') or ([qq_ti mepoint] = '5' and [qq_smo ke_fup] = '1')	Have you ever, even once, used marijuana or hashish?	radio (Matrix), Required	
			1	Yes
			2	No
			99	Decline to State
272	qq_smoke_start Show the field ONLY if: [qq_timepoint] = '1' and [qq _smoke_life] = '1'	Tobacco Smoking History How old were you when you first started smoking? *Years [If you decline to state enter "99"]*	text (number), Required	
273	qq_smoke_now Show the field ONLY if: [qq_timepoint] = '1' and [qq _smoke_life] = '1'	Do you smoke tobacco cigarettes now? (Do not include electronic cigarettes such as Blu, 21st Century smoke or NJOY).	radio, Required	
			1	Yes
			2	No
			99	Decline to state
274	qq_smoke_amount	How many tobacco cigarettes do you smoke per day now?	text (number), Required	

	Show the field ONLY if: [qq_timepoint] = '1' and [qq _smoke_life] = '1' and [qq_ smoke_now] = '1'	*Cigarettes [If you decline to state enter "99"]*	
275	qq_smoke_stop Show the field ONLY if: [qq_timepoint] = '1' and [qq _smoke_life] = '1' and ([qq _smoke_now] = '2' or [qq_ smoke_now] = '99')	How old were you when you stopped? *Years [If you decline to state enter "99"]*	text (number), Required
276	qq_smoke_average Show the field ONLY if: [qq_timepoint] = '1' and [qq _smoke_life] = '1' and [qq_ smoke_now] = '1'	On the average of the entire time you smoked, how many tobacco cigarettes did you smoke per day? *Cigarettes [If you decline to state enter "99"]*	text (number), Required
277	qq_smoke_pipe_now	Do you currently smoke a tobacco pipe or cigars?	radio, Required 1 Yes 2 No 99 Decline to state
278	qq_ecig_days Show the field ONLY if: [qq_smoke_ecig] = '1' or ([qq_timepoint] = '3' and [q q_smoke_ecig] = '1') or ([q q_timepoint] = '5' and [qq_ smoke_ecig] = '1')	E-Cigarette Use Questions During the past 30 days, on how many days did you use electronic cigarettes or e-cigarettes such as Blu, 21st Century Smoke or NJOY?	radio, Required 1 0 days 2 1 or 2 days 3 3 to 5 days 4 6 to 9 days 5 10 to 19 days 6 20 to 29 days 7 All 30 days 8 Decline to State
279	qq_marijuana_year Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_marijuana] = '1') or ([qq_timepoint] = '5' and [q q_smoke_marijuana] = '1')	Marijuana Use Questions Now think about the past 12 months including today. We want to know how many days you've used marijuana or hashish during the past 12 months. What would be the easiest way for you to tell us how many days you've used it?	radio 1 Average number of days per week during the past 12 months 2 Average number of days per month during the past 12 months 3 Total number of days during the past 12 months 4 Decline to State
280	qq_marijuana_day Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_marijuana] = '1' and [qq_marijuana_now] = '3') or ([qq_timepoint] = '5' and [qq_smoke_marijuana] = '1' and [qq_marijuana_no w] = '3')	On how many days in the past 12 months did you use marijuana or hashish? *Total number of days [If decline to state enter "99"]*	text (number), Required
281	qq_marijuana_month Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_marijuana] = '1' and [qq_marijuana_now] = '2') or ([qq_timepoint] = '5' and [qq_smoke_marijuana] = '1' and [qq_marijuana_no w] = '2')	On average, how many days did you use marijuana or hashish each month during the past 12 months? *average number of days per month [If deline to state enter "99"]*	text (number), Required
282	qq_marijuana_week Show the field ONLY if:	On average, how many days did you use marijuana or hashish each week during the past 12 months? *Average number of days per week [If decline to state enter "99"]*	text (number), Required

			checkbox, Required		
	[qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_marijuana] = '1' and [qq_marijuana_year] = '1') or ([qq_timepoint] = '5' and [qq_smoke_marijuana] = '1' and [qq_marijuana_yea r] = '1')				
283	qq_marijuana_now Show the field ONLY if: [qq_timepoint] = '1' or ([qq _timepoint] = '3' and [qq_s moke_marijuana] = '1') or ([qq_timepoint] = '5' and [q q_smoke_marijuana] = '1')	Think specifically about the past 30 days including today. During the past 30 days, on how many days did you use marijuana or hashish? *Number of days [If decline to state enter "99"]*	text (number), Required		

284	qq_dem_update_req12 Show the field ONLY if: [qq_timepoint] = '3'	At your [baseline_arm_1][qq timepoint] you reported that you lived in [baseline_arm_1][qq_dem_res], with [baseline_arm_1][qq_live_with_you_ge_age15_num] persons 15 years of age or older working for pay or profit. You reported your family income (including all workers aged 15 years or older) as [baseline_arm_1] [qq_dem_income]. The highest level of education you had received was [baseline_arm_1] [qq_dem_highesteduc], you were working [baseline_arm_1][qq_dem_employ] in [baseline_arm_1] [qq_dem_occupation_ind] business or industry engaged in [baseline_arm_1][qq_dem_occupation]. HAS ANY OF THIS INFORMATION CHANGED IN THE PAST 12 MONTHS?	checkbox, Required		
			1	qq_dem_update_req12___1	Housing
			2	qq_dem_update_req12___2	Employment
			3	qq_dem_update_req12___3	Education
			4	qq_dem_update_req12___4	Income
			5	qq_dem_update_req12___5	None of the Above
			99	qq_dem_update_req12___99	Decline to state

285	qq_dem_update_req24 Show the field ONLY if: [qq_timepoint] = '5'	At your [fup2_arm_1][qq timepoint] you reported that you lived in [fup2_arm_1][qq_dem_res], with [fup2_arm_1] [qq_live_with_you_ge_age15_num] persons 15 years of age or older working for pay or profit. You reported your family income (including all workers aged 15 years or older) as [fup2_arm_1][qq_dem_income]. The highest level of education you had received was [fup2_arm_1] [qq_dem_highesteduc], you were working [fup2_arm_1] [qq_dem_employ] in [fup2_arm_1] [qq_dem_occupation_ind] business or industry engaged in [fup2_arm_1][qq_dem_occupation]. HAS ANY OF THIS INFORMATION CHANGED IN THE PAST 12 MONTHS?	checkbox		
			1	qq_dem_update_req24___1	Housing
			2	qq_dem_update_req24___2	Employment
			3	qq_dem_update_req24___3	Education
			4	qq_dem_update_req24___4	Income
			5	qq_dem_update_req24___5	None of the Above
			99	qq_dem_update_req24___99	Decline to state

286	qq_home_zip Show the field ONLY if: [qq_timepoint] = '1' and [qq _date_completed] = '11/1 1/2015'	Home Zip Code: *If Decline to State enter "99999"*	text (zipcode), Required, Identifier		
287	qq_work_zip Show the field ONLY if: [qq_timepoint] = '1' and [qq _date_completed] = '11/1 1/2015'	Work Zip code (if applicable): *If Decline to State enter "99999"*	text (zipcode), Identifier		

288	qq_dem_marital Show the field ONLY if: [qq_timepoint]= '1'	What is your Marital Status? (check one box)	radio, Required		
			1	Never Married	
			2	Married or living with a partner	
			3	Separated/Divorced	
			4	Widowed	
			99	Decline to state	

289	qq_his_lat Show the field ONLY if: [qq_timepoint]= '1'	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".	descriptive		
290	qq_dem_hispanic	Are you Hispanic or Latino?	radio, Required		

	Show the field ONLY if: [qq_timepoint]= '1'		0	No	
			1	Yes	
			99	Decline to state*	
291	qq_dem_hispanic_orig Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_hispanic] = '1'	Please specify your country or place of origin or ancestry (e.g. Cuba, Mexico, Puerto Rico, etc.)? *If Decline to State enter "999"*	text, Required		
292	qq_category Show the field ONLY if: [qq_timepoint]= '1'	Racial Categories: American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community. Asian: A person having origins in any if the original peoples of the Far East, Southern Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	descriptive		

293	qq_dem_race Show the field ONLY if: [qq_timepoint]= '1'	What race(s) do you identify yourself with? (Check all that apply)	checkbox		
			1	qq_dem_race___1	White
			2	qq_dem_race___2	Black or African American
			3	qq_dem_race___3	Asian
			4	qq_dem_race___4	Native Hawaiian or Other Pacific Islander
			5	qq_dem_race___5	American Indian or Alaska Native
			6	qq_dem_race___6	Other
			99	qq_dem_race___99	Decline to state*

294	qq_othr_categry Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_race(6)] = '1'	Please specify "other" race: *If Decline to State enter "999"*	text, Required		
295	qq_dem_asian_orig Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_race(3)] = '1'	Please specify your country or place of origin or ancestry (e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)? *If Decline to State enter "999"*	text, Required		

296	qq_dem_res Show the field ONLY if: [qq_timepoint] = '1'	Where do you live most of the year?	radio, Required	
			1	Your home, apartment or condo
			2	Senior citizen apartment/condo
			3	Home of a relative/friend
			4	Retirement home
			5	Adult foster care
			6	Nursing home
			7	Other
			99	Decline to state

297	qq_dem_res_other Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_res] = '7'	If Other, Please specify *If Decline to State enter "999"*	text, Required		
298	qq_live_with_you_ge_age 15_yn Show the field ONLY if: [qq_timepoint] = '1'	Are there any other, 15 years old or older now living or staying with you?	radio, Required		
			1	Yes	
			0	No	
			99	Decline to state	
299	qq_live_with_you_ge_age 15_num Show the field ONLY if: [qq_timepoint] = '1' and ([qq_live_with_you_ge_age15_yn] = '1' or [qq_live_with_you_ge_age15_yn] = '99')	How many members of your family, 15 years old or older living with you work for pay or profit? *If Decline to State enter "999"*	text, Required		
300	qq_dem_income Show the field ONLY if: [qq_timepoint] = '1'	What is you annual family income? (check only one)	radio, Required		
			1	$0 to $9,999	
			2	$10,000 to $19,999	
			3	$20,000 to $34,999	
			4	$35,000 to $54,999	
			5	$55,000 to $74,999	
			6	$75,000 to $99,999	
			7	$100,000 to $124,999	
			8	$125,000 to $149,999	
			9	$150,000+	
			10	Decline to state	
301	qq_dem_highesteduc Show the field ONLY if: [qq_timepoint] = '1'	What is the highest grade or year of school you have completed? (check only one)	radio, Required		
			1	Never attended school or only attended kindergarten	
			2	Grades 1 through 8	
			3	Grades 9 through 11	
			4	Grade 12 or GED	
			5	College - 1 year to 3 years	
			6	College - 4 years or more	
			7	Post-graduate	
			99	Decline to state*	
302	qq_dem_employ Show the field ONLY if: [qq_timepoint] = '1'	Which of the following best describes your current employment status? (check only one)	radio, Required		
			1	Working full-time, 35 hours or more a week	
			2	Working part-time, less than 35 hours a week	
			3	Unemployed or laid off and looking for work	
			4	Unemployed and not looking for work	
			5	Homemaker	
			6	In school	
			7	Retired	
			8	Disabled and not able to work	
			9	Other	
			99	Decline to state	

303	qq_dem_othemploystatus Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_employ] = '9'	If other, please specify: *If Decline to State enter "999"*	text, Required	
304	qq_dem_occupation_ind Show the field ONLY if: [qq_timepoint] = '1'	Which of the following best describes the kind of business or industry you work in? (check only one)	radio, Required	
			1	Information
			2	Professional and business services
			3	Educational and health services
			4	Financial activities
			5	Wholesale and retail trade
			6	Transportation and utilities
			7	Construction
			8	Manufacturing
			9	Leisure and hospitality
			10	Public administration
			11	Armed Forces
			12	Agriculture, forestry, fishing, and hunting
			13	Mining
			14	Other services
			99	Decline to state
305	qq_dem_occupation_ind_other Show the field ONLY if: [qq_timepoint] = '1' and [qq_dem_occupation_ind] = '14'	If other services, please specify: *If Decline to State enter "999"*	text, Required	
306	qq_dem_occupation Show the field ONLY if: [qq_timepoint] = '1'	Which of the following best describes the kind of work do you do? (check only one)	radio, Required	
			1	Computer and Mathematical Occupations
			2	Business and Financial Operations Occupations
			3	Life, Physical, and Social Science Occupations
			4	Management Occupations
			5	Architecture and Engineering Occupations
			6	Healthcare Practitioners and Technical Occupations
			7	Education, Training, and Library Occupations
			8	Community and Social Service Occupations
			9	Legal Occupations
			10	Arts, Design, Entertainment, Sports, and Media Occupations
			11	Healthcare Support Occupations
			12	Protective Service Occupations
			13	Food Preparation and Serving Related Occupations
			14	Building and Grounds Cleaning and Maintenance Occupations
			15	Personal Care and Service Occupations
			16	Sales and Related Occupations

			17	Office and Administrative Support Occupations
			18	Farming, Fishing, and Forestry Occupations
			19	Construction and Extraction Occupations
			20	Installation, Maintenance, and Repair Occupations
			21	Production Occupations
			22	Transportation and Material Moving Occupations
			23	Military Specific Occupations
			99	Decline to state
307	qq_end_msg	You have reached the end of the questionnaire. Please click on the "Submit" button below.	descriptive	
308	rainbow_study_questionnaire_complete	Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Rainbow Study Visit Form

309	bv_studyid	Study ID *(e.g. MP99999)*	text, Required	
310	bv_ra	Data Collector	radio, Required	
			1	Elizabeth Jameiro
			2	Nancy Wittels
			3	Veronica Luna
			4	Shweta Karve
311	bv_date	Visit Date	text (date_mdy), Required	
312	bv_timepoint	Timepoint	radio, Required	
			1	Baseline
			2	6-month follow-up
			3	12-month follow-up
			4	18-month follow-up
			5	24-month follow-up
313	bv_typeofvisit	Type of visit:	radio, Required	
			1	Full Clinic Visit
			2	Modified in person
			3	Modified by phone
314	bv_site	Site/Location *e.g. Palo Alto, Fremont*	dropdown, Required	
			1	PAMFRI
			2	MV - 700 (HMR)
			3	Los Altos
315	bv_eqipment_id	Equipment ID:	descriptive	
316	bv_5_heightscale Show the field ONLY if: [bv_timepoint] = '1'	Height Scale *refer to chart (e.g. for PA enter PAHT01)*	text, Required	
317	bv_5_weightscale	Weight Scale *refer to chart (e.g. for PA enter PAWT01)*	text, Required	
318	bv_tapemeasure	Tape Measure *(e.g., GII-1, GII-2, etc)*	text, Required	

319	bv_bloodpressure_id	BP monitor *(e.g., bp01, bp02, etc)*	text, Required
320	bv_bmi_chart	Repeat the following measurements twice. Use the chart below to help you convert your fractional measurements.	descriptive
321	bv_height Show the field ONLY if: [bv_timepoint] = '1'	BMI Eligibility Determination: Height *in*	descriptive
322	bv_1_1stht Show the field ONLY if: [bv_timepoint] = '1'	1st Ht. *inches (If decline, enter 999)*	text (number), Required
323	bv_1_2ndht Show the field ONLY if: [bv_timepoint] = '1'	2nd Ht. *inches (If decline, enter 999)*	text (number), Required
324	bv_qa_ht Show the field ONLY if: [bv_timepoint] = '1'	Height Check	calc Calculation: abs([bv_1_1stht]-[bv_1_2ndht])
325	bv_height_differs Show the field ONLY if: [bv_timepoint] = '1' and [bv_qa_ht] >= 0.25	The first two height measurement differs by ? 0.25 in. Take a third measurement.	descriptive
326	bv_1_3rdht Show the field ONLY if: [bv_timepoint] = '1' and [bv_qa_ht] >= 0.25	3rd Ht. *inches (if needed)*	text (number)
327	bv_outlier_ht Show the field ONLY if: [bv_timepoint] = '1' and ([bv_qa_ht] >= 0.25 or [bv_qa_ht] <= -0.25)	3rd Height Outlier Check	calc Calculation: abs([bv_1_3rdht]-mean([bv_1_1stht],[bv_1_2ndht]))
328	bv_outlier_ht_flag Show the field ONLY if: [bv_outlier_ht] > 2 or [bv_1_1stht] > 80 or [bv_1_2ndht] > 80 or [bv_1_3rdht] > 80	The third height measurement differs by >2 in. OR The height measurement is >80 in. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive
329	bv_weight_aec	Weight *in*	descriptive
330	bv_weight	Weight Scale Type	dropdown 1 digital scale 2 balance beam scale
331	bv_2_1stwt	1st Wt. *lbs (If decline, enter 999)*	text (number), Required
332	bv_2_2ndwt	2nd Wt. *lbs (If decline, enter 999)*	text (number), Required
333	bv_qa_wt	Weight Check	calc Calculation: abs([bv_2_1stwt]-[bv_2_2ndwt])
334	bv_weight_differs Show the field ONLY if: ([bv_weight] = '1' and [bv_qa_wt] >= 0.1) or ([bv_weight] = '2' and [bv_qa_wt] >= 0.25)	The first two weight measurement differs by ? 0.1 lb using the digital scale OR ? 0.25 lb using the balance beam scale. Take a third measurement.	descriptive
335	bv_2_3rdwt Show the field ONLY if: ([bv_weight] = '1' and [bv_qa_wt] >= 0.1) or ([bv_weight] = '2' and [bv_qa_wt] >= 0.25)	3rd Wt. *lbs (if needed)*	text (number)

336	bv_outlier_wt Show the field ONLY if: ([bv_weight] = '1' and ([bv_qa_wt] >= 0.1 or [bv_qa_wt] <= '0.1')) or ([bv_weight] = '2' and ([bv_qa_wt] >= 0.25 or [bv_qa_wt] <= '0.25'))	3rd Weight Outlier Check	calc Calculation: abs([bv_2_3rdwt] - mean([bv_2_1stwt],[bv_2_2ndwt]))
337	bv_outlier_wt_flag2_701 Show the field ONLY if: [bv_outlier_wt] > 5 or [bv_2_1stwt] > 350 or [bv_2_2ndwt] > 350 or [bv_2_3rdwt] > 350	The third weight measurement differs by >5 lbs. OR The weight measurement is >350 lbs. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive
338	bv_bmiby_ra Show the field ONLY if: [bv_timepoint] = '1'	BMI Calculation *kg/m2*	calc Calculation: 703*((mean([bv_2_1stwt], [bv_2_2ndwt], [bv_2_3rdwt]))/(mean([bv_1_1stht],[bv_1_2ndht], [bv_1_3rdht]))^(2))
339	bv_outlier_bmi_flag Show the field ONLY if: [bv_bmiby_ra] > 75	The BMI is >75 lbs. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive
340	primary_asian Show the field ONLY if: [bv_bmiby_ra] < 30.0 and [bv_bmiby_ra] >= 27.0	Do you consider your primary ancestry to be Asian? [To be asked when IES race is Asian]	radio 0 No 1 Yes
341	bv_bmi_elig Show the field ONLY if: [bv_timepoint] = '1'	Confirm BMI is >= 30 kg/m2 (non-Asians) or >= 27 kg/m2 (Asians)	radio, Required 1 Eligible 2 Ineligible
342	bv_otherstudy Show the field ONLY if: [bv_bmi_elig] = '1'	Are you currently enrolled or planning to participate in any other research study or clinical trial that will limit your participation in this study?	radio 1 Yes 2 No
343	bv_4_informedconsent Show the field ONLY if: [bv_timepoint] = '1' and [bv_bmi_elig] = '1'	Patient completed Informed Consent	radio, Required 1 Yes, Consented to Part 1 only 5 Yes, Consented to Part 1 and 2 2 No, Declined 3 Undecided 4 Ineligible prior to consent
344	bv_4_informedconsent_inelig Show the field ONLY if: [bv_4_informedconsent] = '4'	Reason:	notes
345	future_res Show the field ONLY if: [bv_4_informedconsent] = '1' and [bv_date] < 1/1/2015	Patient consented to save blood samples for future research:	radio Yes Yes, consented. No No, declined.
346	audiotape Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5'	Did patient provide consent for audio recording during the study and consent for use of recordings for quality improvement purposes?	checkbox 1 audiotape___1 Yes - consent to audio recording 2 audiotape___2 Yes - consent to recording for QI 3 audiotape___3 No to BOTH
347	videorecording	Video recording during VR	radio (Matrix), Required

	Show the field ONLY if: [bv_timepoint] = '1' and [bv_4_informedconsent] = '5'			1 Yes, Consented
				2 No, Declined
348	mindstrong Show the field ONLY if: [bv_timepoint] = '1' and [bv_4_informedconsent] = '5'	MindStrong installation	radio (Matrix), Required 1 Yes, Consented 2 No, Declined	
349	bv_waist_cmferce Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	Waist Circumference	descriptive	
350	bv_14_1stwc Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	1st WC: *inches*	text (number), Required	
351	bv_14_2ndwc Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	2nd WC: *inches*	text (number), Required	
352	bv_qa_wc Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	Waist Check	calc Calculation: abs([bv_14_1stwc]-[bv_14_2ndwc])	
353	bv_waist_third Show the field ONLY if: [bv_qa_wc] >= 0.25	First two measurements differ by 0.25 inches. Take third measurement.	descriptive	
354	bv_14_3rdwc Show the field ONLY if: [bv_qa_wc] >= 0.25	3rd WC: *inches (if needed)*	text (number)	
355	bv_outlier_wc Show the field ONLY if: [bv_qa_wc] >= 0.25	3rd Waist Circumference Outlier Check	calc Calculation: abs([bv_14_3rdwc] - mean([bv_14_1stwc],[bv_14_2ndwc]))	
356	bv_outlier_wc_flag Show the field ONLY if: [bv_outlier_wc] > 2 or [bv_14_1stwc] > 80 or [bv_14_2ndwc] > 80 or [bv_14_3rdwc] > 80	The third waist circumference measurement differs by >2 inches. OR The wist circumference measurement is >80 inches. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive	
357	bv_15_pvd_walk Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	In the past month, have you had a pain in either leg on walking?	radio, Required 1 Yes 2 No	

358	bv_16_pvd_sitstill Show the field ONLY if: [bv_15_pvd_walk] = '1'	Does this pain ever begin when you are standing still or sitting?	radio, Required 1 Yes 2 No
359	bv_17_pvd_paincalf Show the field ONLY if: [bv_16_pvd_sitstill] = '2'	Do you get this pain in your calf (or calves)?	radio, Required 1 Yes 2 No
360	bv_18_pvd_hillhurry Show the field ONLY if: [bv_17_pvd_paincalf] = '1'	Do you get it when you walk uphill or hurry?	radio, Required 1 Yes 2 No
361	bv_19_pvd_onlevel Show the field ONLY if: [bv_18_pvd_hillhurry] = '1'	Do you get it when you walk at an ordinary pace on the level?	radio, Required 1 Yes 2 No
362	bv_20_pvd_paingoaway Show the field ONLY if: [bv_18_pvd_hillhurry] = '1'	Does the pain ever disappear while you are still walking?	radio, Required 1 Yes 2 No
363	bv_21_pvd_dowhat Show the field ONLY if: [bv_20_pvd_paingoaway] = '2'	What do you do if you get it when you are walking?	radio, Required 1 Stop or Slow down 2 Continue at same pace
364	bv_22_pvd_ifstill Show the field ONLY if: [bv_21_pvd_dowhat] = '1'	What happens to it if you stand still?	radio, Required 1 Usually disappears in 10 minutes or less 2 Usually continues more than 10 minutes
365	bv_pvd_pos Show the field ONLY if: [bv_22_pvd_ifstill] = '1'	Rose PVD Screening is POSITIVE. Ask patient to sign Medical Advisory Acknowledgement. If Baseline Visit, provide patient with PCP Clearance Form. Continue visit.	descriptive
366	bv_pvd_neg Show the field ONLY if: ([bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5') and [bv_22_pvd_ifstill] <>'1'	Rose PVD Screening is NEGATIVE.	descriptive
367	bv_23_pvd Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	Outcome of Rose-PVD qq	radio, Required 1 Positive 2 Negative
368	bv_24_angina_pain Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	In the past month, have you had any pain or discomfort in your chest?	radio, Required 1 Yes 2 No
369	bv_25_angina_walk Show the field ONLY if: [bv_24_angina_pain] = '1'	Do you get this pain or discomfort when you walk uphill or hurry?	radio, Required 1 Yes 2 No
370	bv_26_angina_onlevel	Do you get this pain when you walk at an ordinary pace	radio, Required

	Show the field ONLY if: [bv_25_angina_walk] = '1'	on the level?	1 Yes 2 No
371	bv_27_angina_dowhat Show the field ONLY if: [bv_25_angina_walk] = '1'	When you get any pain or discomfort in your chest, what do you do?	radio, Required 1 stop 2 slow down 3 continue
372	bv_28_angina_paingoaway Show the field ONLY if: [bv_27_angina_dowhat] = '1' or [bv_27_angina_dowhat] = '2'	Does it go away when you stand still?	radio, Required 1 Yes 2 No
373	bv_29_angina_resolves Show the field ONLY if: [bv_28_angina_paingoaway] = '1'	How soon?	radio, Required 1 10 minutes or less 2 >10 minutes
374	bv_where_pain Show the field ONLY if: [bv_29_angina_resolves] = '1'	Where do you get this pain or discomfort? (mark the place(s) with X in the diagram)	descriptive
375	bv_30_angina_loc Show the field ONLY if: [bv_29_angina_resolves] = '1'	Did the participant mark at least one "X" on the center third of the chest (from clavicle to xiphoid) - OR - "X's" on both the left side of the chest and the left arm?	radio, Required 1 Yes 2 No
376	bv_angina_pos Show the field ONLY if: [bv_30_angina_loc] = '1'	Rose Angina Screening is POSITIVE. Ask patient to sign Medical Advisory Acknowledgement. If Baseline Visit, provide patient with PCP Clearance Form. Continue visit.	descriptive
377	bv_angina_neg Show the field ONLY if: ([bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5') and [bv_30_angina_loc] <> '1'	Rose Angina Screening is NEGATIVE.	descriptive
378	bv_31_angina Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' or [bv_4_informedconsent] = '5'	Outcome of Rose-Angina qq:	radio, Required 1 Positive 2 Negative
379	bv_cog1 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5'	1. Apple	radio (Matrix) 1 Yes 2 No
380	bv_cog2 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5'	2. Table	radio (Matrix) 1 Yes 2 No
381	bv_cog3 Show the field ONLY if:	3. Car	radio (Matrix) 1 Yes 2 No

	[bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'		
382	bv_cog4 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	What is the year?	radio (Matrix) 1 Yes 2 No
383	bv_cog5 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	What is the month?	radio (Matrix) 1 Yes 2 No
384	bv_cog6 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	What is the day of the week?	radio (Matrix) 1 Yes 2 No
385	bv_cog7 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	Use an additional set of questions, such as verifying name, address and phone number a distractor. Allow 3 minutes to pass before asking for recall. Update the Patient Contact Information.	descriptive
386	bv_cog8 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	4. Apple	radio (Matrix) 1 Yes 2 No
387	bv_cog9 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	5. Table	radio (Matrix) 1 Yes 2 No
388	bv_cog10 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	6. Car	radio (Matrix) 1 Yes 2 No
389	bv_cog12 Show the field ONLY if: [bv_4_informedconsent] = '1' or [bv_4_informedcons ent] = '5'	Item Recall Summary: Number of objects missed	dropdown 1 0 2 1 3 2 4 3 5 4 6 5 7 6
390	par Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '1' or [bv _cog12] = '2' or [bv_cog12] = '3'	For the past seven days, and thinking only about activities that are at least of moderate intensity, how many days did you do activity or exercise that added up to at least 30 minutes each day?	text (number, Min: 0, Max: 7)
391	bv_click Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]=	Note: Click RAINBOW 7 Day PAR to complete the seven-day recall grid with the patient. Then continue with the questions below.	descriptive

392	bv_33_par_typical_week Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Was this a typical week in terms of your usual pattern of activity or exercise?	radio, Required 1 Yes 2 No
393	bv_par_more_less Show the field ONLY if: [bv_33_par_typical_week] = '2'	Were you more or less active in the past week than you usually are?	radio, Required 1 More 2 Less
394	activity_past_7_days Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	For the Activities you described over the past 7 days, how often were you accompanied by your spouse, a family member, or a friend?	radio, Required 1 Always 2 Almost always 3 Usually 4 Half the time 5 Rarely 6 Almost never 7 Never
395	accompany Show the field ONLY if: [activity_past_7_days] = '1' or [activity_past_7_days] = '2' or [activity_past_7_day s] = '3' or [activity_past_7_ days] = '4' or [activity_past _7_days] = '5' or [activity_p ast_7_days] = '6'	Typically, how many people accompany you in those activities?	text (number), Required
396	bv_35_stairs Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	How many flights of stairs do you climb up each day? (1 flight = 10 steps) *Number of flights*	text (number), Required
397	bv_36_walkingpace Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	What is your usual pace of walking? Mark ONE only.	radio, Required 1 Casual or strolling (less than 2 miles per hour) 2 Average or normal (2 to 3 miles per hour) 3 Fairly brisk (3 to 4 miles per hour) 4 Brisk or striding (4 miles per hour or faster)
398	bv_37_regular_exercises Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Do you regularly do strength and flexibility exercises like sit ups, push ups, yoga or stretching?	radio, Required 1 Yes 2 No
399	bv_38_exercise_days Show the field ONLY if: [bv_37_regular_exercises] = '1'	How many days per week do you do these exercises? *Number of days (0-7)*	text (number, Min: 0, Max: 7), Required
400	bv_39_exercise_minutes		text, Required

At top of page (continuation):
'5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '1' or [bv_cog12] = '2'

	Show the field ONLY if: [bv_37_regular_exercises] = '1'	On the days that you do strength and flexibility exercises, how many minutes do you spend doing them? *Total minutes*	
401	par_1 Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Was the 7-day PAR Activity Grid administered?	radio 1 Yes 2 No
402	bv_40_par_problem Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Were there any problems with the 7-Day PAR interview?	radio, Required 1 Yes 2 No
403	par_problem_details Show the field ONLY if: [bv_40_par_problem] = '1'	If Yes, details:	notes
404	bv_41_par_valid Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Do you think this was a valid 7-Day PAR interview?	radio, Required 1 Yes 2 No
405	ndsr Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Did the patient complete NDSR?	radio 1 Yes. Completed before the visit 2 No. Will complete before the patient leaves the visit. 3 No. Not feasible to complete at the visit. Plan to complete at another day. 99 Declined
406	bv_adm Show the field ONLY if: [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Are you currently taking any medication prescribed by a qualified health care provider for depression? (Check all that apply)	checkbox 1 bv_adm___1 Paroxetine (Paxil) 2 bv_adm___2 Mirtazapine (Mirtazon) 3 bv_adm___3 Bupropion (Wellbutrin) 4 bv_adm___4 Other medication prescribed for depression 5 bv_adm___5 No Medication 6 bv_adm___6 Decline to state
407	meds Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Are you currently taking any medications regularly (5 or more days per month)? Medications DO NOT include dietary supplements, which we have asked/will ask about separately. Dietary supplements include things like vitamins, minerals, amino acids, and herbal /botanical products.	radio, Required 1 Yes 2 No
408	how_many_meds Show the field ONLY if: [meds] = '1'	How many medications are you currently taking?	text (number), Required
409	medi_2	Have you brought the containers for these medications?	radio 1 Yes

	Show the field ONLY if: [meds] = '1'		2 | No
410	record_hw_many Show the field ONLY if: [medi_2] = '1'	Record the number of medication containers:	text, Required
411	meds_not_at_visit Show the field ONLY if: [medi_2] = '1'	Medication containers not brought to visit.	calc Calculation: [how_many_meds]- [record_hw_many]
412	medication_brought_less Show the field ONLY if: [medi_2] = '2' or [meds_not _at_visit] > 0	Schedule a call with the patient to collect information from medication containers that were not brought to the visit.	descriptive
413	phone_call Show the field ONLY if: [medi_2] = '2' or [meds_not _at_visit] > 0	Phone call to collect information from medication containers completed: [To be completed after the visit.]	radio 1 | Yes 2 | No
414	instructions Show the field ONLY if: [record_hw_many] >= 1 or [phone_call] = '1'	For each medication, I will record some information about the medication based on the product label and then will ask you some questions about it. a. Record the medication name. b. Record the strength. c. Record the prescribed dose. d. Record the prescribed schedule. [Ask patient the following] e. What was the condition being treated by this medication? f. How long have you been taking this medication (duration)? g. Has the prescribed dosage of this medication changed during the past 6 months (dosage change)? h. Are you continuing to take this medication (continued use)? i. If you are no longer taking this medication, when did you discontinue (stopping time) and why (reason)?	descriptive
415	med_name Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	a) Name: *Enter GENERIC name*	text, Required
416	med_strenghth Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	b) [med_name] Strength:	text (number)
417	med_strengthunit Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	[med_name] Strength unit:	radio, Required 1 | mcg 2 | mg 3 | mcl 4 | ml 5 | Other
418	med_dose Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	c) [med_name] Dose:	text
419	med_doseunit Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho	[med_name] Dose unit:	radio, Required 1 | Tablets/capsules 2 | Teaspoons

420	med_o_spec Show the field ONLY if: [med_doseunit] = '5'	If Other, Please specify:	text

Row before 420 (continuation):

			3 Tablespoons
			4 Puffs/inhalations
			5 Other

421	med_schedule Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	d) [med_name] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
422	med_condition Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	e) [med_name] Condition:	text
423	med_duration Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	f) [med_name] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
424	med_do_change Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	g) [med_name] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
425	med_cntd_use Show the field ONLY if: [record_hw_many] >= 1 or ([phone_call] = '1' and [ho w_many_meds] >= 1)	h) [med_name] Continued use:	radio, Required 1 Yes 2 No
426	med_st_time Show the field ONLY if: [med_cntd_use] = '2'	i) [med_name] Stopping time:	text (date_mdy)
427	med_reson_for_st Show the field ONLY if: [med_cntd_use] = '2'	j) Reason for stopping [med_name] (choose all that apply):	checkbox 1 med_reson_for_st___1 Side effects 2 med_reson_for_st___2 Cost too much 3 med_reson_for_st___3 Condition improved 4 med_reson_for_st___4 No noticeable improvement 5 med_reson_for_st___5 Changed to another treatment 6 med_reson_for_st___6 Other
428	med_o_specify Show the field ONLY if: [med_reson_for_st(6)] = '1'	If Other, Please specify:	text
429	med_name2 Show the field ONLY if:	a) Name	text

	[record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)		
430	med_strenghth2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	b) [med_name2] Strength:	text
431	med_dose2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	c)[med_name2] Dose:	text
432	med_doseunit2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	[med_name2] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
433	med_o_spec2 Show the field ONLY if: [med_doseunit2] = '5'	If Other, Please specify:	text
434	med_schedule2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	d) [med_name2] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
435	med_condition2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	e) [med_name2] Condition:	text
436	med_duration2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	f) [med_name2] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
437	med_do_change2 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	g) [med_name2] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
438	med_cntd_use2_164 Show the field ONLY if: [record_hw_many] >= 2 or ([phone_call] = '1' and [how_many_meds] >= 2)	h) [med_name2] Continued use:	radio, Required 1 Yes 2 No
439	med_st_time2 Show the field ONLY if: [med_cntd_use2_164] = '2'	i) [med_name2] Stopping time:	text (date_mdy), Required
440	med_reson2	j) Reason for stopping [med_name2] (choose all that	checkbox

		Show the field ONLY if: [med_cntd_use2_164] = '2'	apply):	1	med_reson2___1	Side effects
				2	med_reson2___2	Cost too much
				3	med_reson2___3	Condition improved
				4	med_reson2___4	No noticeable improvement
				5	med_reson2___5	Changed to another treatment
				6	med_reson2___6	Other

441	med_o_specify2 Show the field ONLY if: [med_reson2(6)] = '1'	If Other, Please specify:	text, Required
442	med_name3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	a) Name	text, Required
443	med_strenghth3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	b) [med_name3] Strength:	text, Required
444	med_dose3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	c) [med_name3] Dose:	text, Required

445	med_doseunit3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	[med_name3] Dose unit:	radio, Required

1	Tablets/capsules
2	Teaspoons
3	Tablespoons
4	Puffs/inhalations
5	Other

446	med_o_spec3 Show the field ONLY if: [med_doseunit3] = '5'	If Other, Please specify:	text

447	med_schedule3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	d) [med_name3] Schedule:	radio, Required

1	Once a day
2	Twice a day
3	Three times/day
4	Four times/day
5	PRN (As needed)
6	Other

448	med_condition3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	e) [med_name3] Condition:	text

449	med_duration3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	f) [med_name3] Duration:	radio, Required

1	< 3 months
2	3 -6 months
3	6-12 months
4	>12 months

450	med_do_change3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	g) [med_name3] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
451	med_cntd_use3 Show the field ONLY if: [record_hw_many] >= 3 or ([phone_call] = '1' and [how_many_meds] >= 3)	h) [med_name3] Continued use:	radio, Required 1 Yes 2 No
452	med_st_time3 Show the field ONLY if: [med_cntd_use3] = '2'	i) [med_name3] Stopping time:	text (date_mdy), Required
453	med_reson_stop_3 Show the field ONLY if: [med_cntd_use3] = '2'	j) Reason for stopping [med_name3] (choose all that apply):	checkbox 1 med_reson_stop_3___1 Side effects 2 med_reson_stop_3___2 Cost too much 3 med_reson_stop_3___3 Condition improved 4 med_reson_stop_3___4 No noticeable improvement 5 med_reson_stop_3___5 Changed to another treatment 6 med_reson_stop_3___6 Other
454	med_o_specify3 Show the field ONLY if: [med_reson_stop_3(6)] = '1'	If Other, Please specify:	text, Required
455	med_name4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	a) Name	text, Required
456	med_strenghth4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	b) [med_name4] Strength:	text, Required
457	med_dose4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	c) [med_name4] Dose:	text, Required
458	med_doseunit4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	[med_name4] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
459	med_o_spec4 Show the field ONLY if: [med_doseunit4] = '5'	If Other, Please specify:	text
460	med_schedule4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [ho	d)[med_name4] Schedule:	radio, Required 1 Once a day 2 Twice a day

	w_many_meds] >= 4)		3	Three times/day
			4	Four times/day
			5	PRN (As needed)
			6	Other
461	med_condition4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	e) [med_name4] Condition:	text, Required
462	med_duration4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	f) [med_name4] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
463	med_do_change4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	g) [med_name4] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
464	med_cntd_use4 Show the field ONLY if: [record_hw_many] >= 4 or ([phone_call] = '1' and [how_many_meds] >= 4)	h) [med_name4] Continued use:	radio, Required 1 Yes 2 No
465	med_st_time4 Show the field ONLY if: [med_cntd_use4] = '2'	i) [med_name4] Stopping time:	text (date_mdy), Required
466	med_reson_stop4 Show the field ONLY if: [med_cntd_use4] = '2'	j) Reason for stopping [med_name4] (choose all that apply):	checkbox 1 med_reson_stop4___1 Side effects 2 med_reson_stop4___2 Cost too much 3 med_reson_stop4___3 Condition improved 4 med_reson_stop4___4 No noticeable improvement 5 med_reson_stop4___5 Changed to another treatment 6 med_reson_stop4___6 Other
467	med_o_specify4 Show the field ONLY if: [med_reson_stop4(6)] = '1'	If Other, Please specify:	text, Required
468	med_name5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [how_many_meds] >= 5)	a) Name	text, Required
469	med_strenght5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [how_many_meds] >= 5)	b) [med_name5] Strength:	text, Required
470	med_dose5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [how	c) [med_name5] Dose:	text, Required

471	med_doseunit5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	[med_name5] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
472	med_o_spec5 Show the field ONLY if: [med_doseunit5] = '5'	If Other, Please specify:	text
473	med_schedule5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	d) [med_name5] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
474	med_condition5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	e) [med_name5] Condition:	text, Required
475	med_duration5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	f) [med_name5] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
476	med_do_change5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	g) [med_name5] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
477	med_cntd_use5 Show the field ONLY if: [record_hw_many] >= 5 or ([phone_call] = '1' and [ho w_many_meds] >= 5)	h) [med_name5] Continued use:	radio, Required 1 Yes 2 No
478	med_st_time5 Show the field ONLY if: [med_cntd_use5] = '2'	i) [med_name5] Stopping time:	text (date_mdy), Required
479	med_reson_stop5 Show the field ONLY if: [med_cntd_use5] = '2'	j) Reason for stopping [med_name5] (choose all that apply):	checkbox 1 med_reson_stop5___1 Side effects 2 med_reson_stop5___2 Cost too much 3 med_reson_stop5___3 Condition improved 4 med_reson_stop5___4 No noticeable improvement 5 med_reson_stop5___5 Changed to another treatment 6 med_reson_stop5___6 Other
480	med_o_specify5	If Other, Please specify:	text, Required

	Show the field ONLY if: [med_reson_stop5(6)] = '1'		
481	med_name6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	a) Name	text, Required
482	med_strenghth62_476 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	b) [med_name6] Strength:	text, Required
483	med_dose6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	c) [med_name6] Dose:	text, Required
484	med_doseunit6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	[med_name6] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
485	med_o_spec6 Show the field ONLY if: [med_doseunit6] = '5'	If Other, Please specify:	text
486	med_schedule6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	d) [med_name6] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
487	med_condition6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	e) [med_name6] Condition:	text, Required
488	med_duration6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	f) [med_name6] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
489	med_do_change6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	g) [med_name6] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
490	med_cntd_use6 Show the field ONLY if: [record_hw_many] >= 6 or ([phone_call] = '1' and [ho w_many_meds] >= 6)	h) [med_name6] Continued use:	radio, Required 1 Yes 2 No
491	med_st_time6	i) [med_name6] Stopping time:	text (date_mdy), Required

	Show the field ONLY if: [med_cntd_use6] = '2'		

492	med_reson_stop6 Show the field ONLY if: [med_cntd_use6] = '2'	j) Reason for stopping [med_name6] (choose all that apply):	checkbox	

checkbox table:

1	med_reson_stop6___1	Side effects
2	med_reson_stop6___2	Cost too much
3	med_reson_stop6___3	Condition improved
4	med_reson_stop6___4	No noticeable improvement
5	med_reson_stop6___5	Changed to another treatment
6	med_reson_stop6___6	Other

493	med_o_specify6 Show the field ONLY if: [med_reson_stop6(6)] = '1'	If Other, Please specify:	text, Required
494	med_name7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	a) Name	text, Required
495	med_strenghth7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	b) [med_name7] Strength:	text, Required
496	med_dose7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	c) [med_name7] Dose:	text, Required

497	med_doseunit7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	[med_name7] Dose unit:	radio, Required

radio options:

1	Tablets/capsules
2	Teaspoons
3	Tablespoons
4	Puffs/inhalations
5	Other

498	med_o_spec7 Show the field ONLY if: [med_doseunit7] = '5'	If Other, Please specify:	text

499	med_schedule7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	d) [med_name7] Schedule:	radio, Required

radio options:

1	Once a day
2	Twice a day
3	Three times/day
4	Four times/day
5	PRN (As needed)
6	Other

500	med_condition7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [how_many_meds] >= 7)	e) [med_name7] Condition:	text, Required

501	med_duration7 Show the field ONLY if:	f) [med_name7] Duration:	radio, Required

radio options:

1	< 3 months

			2	3 -6 months
			3	6-12 months
			4	>12 months

502	med_do_change7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [ho w_many_meds] >= 7)	g) [med_name7] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
503	med_cntd_use7 Show the field ONLY if: [record_hw_many] >= 7 or ([phone_call] = '1' and [ho w_many_meds] >= 7)	h) [med_name7]Continued use:	radio, Required 1 Yes 2 No
504	med_st_time7 Show the field ONLY if: [med_cntd_use7] = '2'	i) [med_name7] Stopping time:	text (date_mdy), Required
505	med_reson_stop7 Show the field ONLY if: [med_cntd_use7] = '2'	j) Reason for stopping [med_name7] (choose all that apply):	checkbox 1 med_reson_stop7___1 Side effects 2 med_reson_stop7___2 Cost too much 3 med_reson_stop7___3 Condition improved 4 med_reson_stop7___4 No noticeable improvement 5 med_reson_stop7___5 Changed to another treatment 6 med_reson_stop7___6 Other
506	med_o_specify7 Show the field ONLY if: [med_reson_stop7(6)] = '1'	If Other, Please specify:	text, Required
507	med_name8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [ho w_many_meds] >= 8)	a) Name	text, Required
508	med_strenghth8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [ho w_many_meds] >= 8)	b) [med_name8] Strength:	text, Required
509	med_dose8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [ho w_many_meds] >= 8)	c) [med_name8] Dose:	text, Required
510	med_doseunit8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [ho w_many_meds] >= 8)	[med_name8] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
511	med_o_spec8 Show the field ONLY if: [med_doseunit8] = '5'	If Other, Please specify:	text

512	med_schedule8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [how_many_meds] >= 8)	d) [med_name8] Schedule:	radio, Required

radio, Required

1	Once a day
2	Twice a day
3	Three times/day
4	Four times/day
5	PRN (As needed)
6	Other

513	med_condition8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [how_many_meds] >= 8)	e) [med_name8] Condition:	text, Required

514	med_duration8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [how_many_meds] >= 8)	f) [med_name8] Duration:	radio, Required

radio, Required

1	< 3 months
2	3 -6 months
3	6-12 months
4	>12 months

515	med_do_change8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [how_many_meds] >= 8)	g) [med_name8] Dosage change:	radio, Required

radio, Required

1	Yes, increased
2	Yes, decreased
3	No

516	med_cntd_use8 Show the field ONLY if: [record_hw_many] >= 8 or ([phone_call] = '1' and [how_many_meds] >= 8)	h) [med_name8] Continued use:	radio, Required

radio, Required

1	Yes
2	No

517	med_st_time8 Show the field ONLY if: [med_cntd_use8] = '2'	i) [med_name8] Stopping time:	text (date_mdy), Required

518	med_reson_stop8 Show the field ONLY if: [med_cntd_use8] = '2'	j) Reason for stopping [med_name8] (choose all that apply):	checkbox

checkbox

1	med_reson_stop8___1	Side effects
2	med_reson_stop8___2	Cost too much
3	med_reson_stop8___3	Condition improved
4	med_reson_stop8___4	No noticeable improvement
5	med_reson_stop8___5	Changed to another treatment
6	med_reson_stop8___6	Other

519	med_o_specify8 Show the field ONLY if: [med_reson_stop8(6)] = '1'	If Other, Please specify:	text, Required

520	med_name9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	a) Name	text, Required

521	med_strenghth9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	b) [med_name9] Strength:	text, Required

522	med_dose9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	c) [med_name9] Dose:	text, Required
523	med_doseunit9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	[med_name9] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
524	med_o_spec9 Show the field ONLY if: [med_doseunit9] = '5'	If Other, Please specify:	text
525	med_schedule9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	d) [med_name9] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
526	med_condition9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	e) [med_name9] Condition:	text, Required
527	med_duration9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	f) [med_name9] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
528	med_do_change9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	g) [med_name9] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
529	med_cntd_use9 Show the field ONLY if: [record_hw_many] >= 9 or ([phone_call] = '1' and [how_many_meds] >= 9)	h) [med_name9] Continued use:	radio, Required 1 Yes 2 No
530	med_st_time9 Show the field ONLY if: [med_cntd_use9] = '2'	i) [med_name9] Stopping time:	text (date_mdy), Required
531	med_reson_stop9 Show the field ONLY if: [med_cntd_use9] = '2'	j) Reason for stopping [med_name9] (choose all that apply):	checkbox 1 med_reson_stop9___1 Side effects 2 med_reson_stop9___2 Cost too much 3 med_reson_stop9___3 Condition improved 4 med_reson_stop9___4 No noticeable improvement 5 med_reson_stop9___5 Changed to another

					treatment
			6	med_reson_stop9___6	Other

532	med_o_specify9 Show the field ONLY if: [med_reson_stop9(6)] = '1'	If Other, Please specify:	text, Required
533	med_name10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	a) Name	text, Required
534	med_strenghth10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	b) [med_name10] Strength:	text, Required
535	med_dose10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	c) [med_name10] Dose:	text, Required

536	med_doseunit10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	[med_name10] Dose unit:	radio, Required
			1 Tablets/capsules
			2 Teaspoons
			3 Tablespoons
			4 Puffs/inhalations
			5 Other

537	med_o_spec10 Show the field ONLY if: [med_doseunit10] = '5'	If Other, Please specify:	text

538	med_schedule10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	d) [med_name10] Schedule:	radio, Required
			1 Once a day
			2 Twice a day
			3 Three times/day
			4 Four times/day
			5 PRN (As needed)
			6 Other

539	med_condition10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	e) [med_name10] Condition:	text, Required

540	med_duration10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	f) [med_name10] Duration:	radio, Required
			1 < 3 months
			2 3 -6 months
			3 6-12 months
			4 >12 months

541	med_do_change10 Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)	g) [med_name10] Dosage change:	radio, Required
			1 Yes, increased
			2 Yes, decreased
			3 No

542	med_cntd_use10	h) [med_name10] Continued use:	radio, Required
			1 Yes

	Show the field ONLY if: [record_hw_many] >= 10 or ([phone_call] = '1' and [how_many_meds] >= 10)		2 No
543	med_st_time10 Show the field ONLY if: [med_cntd_use10] = '2'	i) [med_name10] Stopping time:	text (date_mdy), Required
544	med_reson_stop10 Show the field ONLY if: [med_cntd_use10] = '2'	j) Reason for stopping [med_name10] (choose all that apply):	checkbox 1 med_reson_stop10___1 Side effects 2 med_reson_stop10___2 Cost too much 3 med_reson_stop10___3 Condition improved 4 med_reson_stop10___4 No noticeable improvement 5 med_reson_stop10___5 Changed to another treatment 6 med_reson_stop10___6 Other
545	med_o_specify10 Show the field ONLY if: [med_reson_stop10(6)] = '1'	If Other, Please specify:	text, Required
546	med_name11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	a) Name	text, Required
547	med_strenghth11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	b) [med_name11] Strength:	text, Required
548	med_dose11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	c) [med_name11] Dose:	text, Required
549	med_doseunit11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	[med_name11]Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
550	med_o_spec11 Show the field ONLY if: [med_doseunit11] = '5'	If Other, Please specify:	text
551	med_schedule11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	d) [med_name11] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
552	med_condition11	e) [med_name11] Condition:	text, Required

	Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)		

553	med_duration11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	f) [med_name11] Duration:	radio, Required 1 | < 3 months 2 | 3 -6 months 3 | 6-12 months 4 | >12 months
554	med_do_change11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	g) [med_name11] Dosage change:	radio, Required 1 | Yes, increased 2 | Yes, decreased 3 | No
555	med_cntd_use11 Show the field ONLY if: [record_hw_many] >= 11 or ([phone_call] = '1' and [how_many_meds] >= 11)	h) [med_name11] Continued use:	radio, Required 1 | Yes 2 | No
556	med_st_time11 Show the field ONLY if: [med_cntd_use11] = '2'	i) [med_name11] Stopping time:	text (date_mdy), Required
557	med_reson_stop11 Show the field ONLY if: [med_cntd_use11] = '2'	j) Reason for stopping [med_name11] (choose all that apply):	checkbox 1 | med_reson_stop11___1 | Side effects 2 | med_reson_stop11___2 | Cost too much 3 | med_reson_stop11___3 | Condition improved 4 | med_reson_stop11___4 | No noticeable improvement 5 | med_reson_stop11___5 | Changed to another treatment 6 | med_reson_stop11___6 | Other
558	med_o_specify11 Show the field ONLY if: [med_reson_stop11(6)] = '1'	If Other, Please specify:	text, Required
559	med_name12 Show the field ONLY if: [record_hw_many] >= 12 or ([phone_call] = '1' and [how_many_meds] >= 12)	a) Name	text, Required
560	med_strenght12 Show the field ONLY if: [record_hw_many] >= 12 or ([phone_call] = '1' and [how_many_meds] >= 12)	b) [med_name12] Strength:	text, Required
561	med_dose12 Show the field ONLY if: [record_hw_many] >= 12 or ([phone_call] = '1' and [how_many_meds] >= 12)	c) [med_name12] Dose:	text, Required
562	med_doseunit12 Show the field ONLY if: [record_hw_many] >= 12 or ([phone_call] = '1' and [how_many_meds] >= 12)	[med_name12] Dose unit:	radio, Required 1 | Tablets/capsules 2 | Teaspoons 3 | Tablespoons

			4	Puffs/inhalations	
			5	Other	
563	med_o_spec12 Show the field ONLY if: [med_doseunit12] = '5'	If Other, Please specify:	text		
564	med_schedule12 Show the field ONLY if: [record_hw_many] >= 12 o r ([phone_call] = '1' and [h ow_many_meds] >= 12)	d) [med_name12] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other		
565	med_condition12 Show the field ONLY if: [record_hw_many] >= 12 o r ([phone_call] = '1' and [h ow_many_meds] >= 12)	e) [med_name12] Condition:	text, Required		
566	med_duration12 Show the field ONLY if: [record_hw_many] >= 12 o r ([phone_call] = '1' and [h ow_many_meds] >= 12)	f) [med_name12] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months		
567	med_do_change12 Show the field ONLY if: [record_hw_many] >= 12 o r ([phone_call] = '1' and [h ow_many_meds] >= 12)	g) [med_name12] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No		
568	med_cntd_use12 Show the field ONLY if: [record_hw_many] >= 12 o r ([phone_call] = '1' and [h ow_many_meds] >= 12)	h) [med_name12] Continued use:	radio, Required 1 Yes 2 No		
569	med_st_time12 Show the field ONLY if: [med_cntd_use12] = '2'	i) [med_name12] Stopping time:	text (date_mdy), Required		
570	med_reson_stop12 Show the field ONLY if: [med_cntd_use12] = '2'	j) Reason for stopping [med_name12] (choose all that apply):	checkbox 1 med_reson_stop12___1 Side effects 2 med_reson_stop12___2 Cost too much 3 med_reson_stop12___3 Condition improved 4 med_reson_stop12___4 No noticeable improvement 5 med_reson_stop12___5 Changed to another treatment 6 med_reson_stop12___6 Other		
571	med_o_specify12 Show the field ONLY if: [med_reson_stop12(6)] = '1'	If Other, Please specify:	text, Required		
572	med_name13 Show the field ONLY if:	a) Name	text, Required		

	[record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)		
573	med_strenghth13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	b) [med_name13] Strength:	text, Required
574	med_dose13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	c) [med_name13] Dose:	text, Required
575	med_doseunit13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	[med_name13] Dose unit:	radio, Required 1 Tablets/capsules 2 Teaspoons 3 Tablespoons 4 Puffs/inhalations 5 Other
576	med_o_spec13 Show the field ONLY if: [med_doseunit13] = '5'	If Other, Please specify:	text
577	med_schedule13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	d) [med_name13] Schedule:	radio, Required 1 Once a day 2 Twice a day 3 Three times/day 4 Four times/day 5 PRN (As needed) 6 Other
578	med_condition13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	e) [med_name13] Condition:	text, Required
579	med_duration13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	f) [med_name13] Duration:	radio, Required 1 < 3 months 2 3 -6 months 3 6-12 months 4 >12 months
580	med_do_change13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	g) [med_name13] Dosage change:	radio, Required 1 Yes, increased 2 Yes, decreased 3 No
581	med_cntd_use13 Show the field ONLY if: [record_hw_many] >= 13 or ([phone_call] = '1' and [how_many_meds] >= 13)	h) [med_name13] Continued use:	radio, Required 1 Yes 2 No
582	med_st_time13 Show the field ONLY if: [med_cntd_use13] = '2'	i) [med_name13] Stopping time:	text (date_mdy), Required
583	med_reson_stop13	j) Reason for stopping [med_name13] (choose all that apply):	checkbox 1 med_reson_stop13___1 Side effects

		2	med_reson_stop13___2	Cost too much
		3	med_reson_stop13___3	Condition improved
		4	med_reson_stop13___4	No noticeable improvement
		5	med_reson_stop13___5	Changed to another treatment
		6	med_reson_stop13___6	Other

#	Field	Question	Type
584	med_o_specify13 Show the field ONLY if: [med_reson_stop13(6)] = '1'	If Other, Please specify:	text, Required
585	med_name14 Show the field ONLY if: [record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14)	a) Name	text, Required
586	med_strenghth14 Show the field ONLY if: [record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14)	b) [med_name14] Strength:	text, Required
587	med_dose14 Show the field ONLY if: [record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14)	c) [med_name14] Dose:	text, Required

| 588 | med_doseunit14

Show the field ONLY if:
[record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14) | [med_name14] Dose unit: | radio, Required |

1	Tablets/capsules
2	Teaspoons
3	Tablespoons
4	Puffs/inhalations
5	Other

| 589 | med_o_spec14

Show the field ONLY if:
[med_doseunit14] = '5' | If Other, Please specify: | text |

| 590 | med_schedule14

Show the field ONLY if:
[record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14) | d) [med_name14] Schedule: | radio, Required |

1	Once a day
2	Twice a day
3	Three times/day
4	Four times/day
5	PRN (As needed)
6	Other

| 591 | med_condition14

Show the field ONLY if:
[record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14) | e) [med_name14] Condition: | text, Required |

| 592 | med_duration14

Show the field ONLY if:
[record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14) | f) [med_name14] Duration: | radio, Required |

1	< 3 months
2	3 -6 months
3	6-12 months

			4	>12 months

593	med_do_change14 Show the field ONLY if: [record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14)	g) [med_name14] Dosage change:	radio, Required 1 | Yes, increased 2 | Yes, decreased 3 | No
594	med_cntd_use14 Show the field ONLY if: [record_hw_many] >= 14 or ([phone_call] = '1' and [how_many_meds] >= 14)	h) [med_name14] Continued use:	radio, Required 1 | Yes 2 | No
595	med_st_time14 Show the field ONLY if: [med_cntd_use14] = '2'	i) [med_name14] Stopping time:	text (date_mdy), Required
596	med_reson_stop14 Show the field ONLY if: [med_cntd_use14] = '2'	j) Reason for stopping [med_name14] (choose all that apply):	checkbox 1 | med_reson_stop14___1 | Side effects 2 | med_reson_stop14___2 | Cost too much 3 | med_reson_stop14___3 | Condition improved 4 | med_reson_stop14___4 | No noticeable improvement 5 | med_reson_stop14___5 | Changed to another treatment 6 | med_reson_stop14___6 | Other
597	med_o_specify14 Show the field ONLY if: [med_reson_stop14(6)] = '1'	If Other, Please specify:	text, Required
598	med_name15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	a) Name	text, Required
599	med_strenghth15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	b) [med_name15] Strength:	text, Required
600	med_dose15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	c) [med_name15] Dose:	text, Required
601	med_doseunit15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	[med_name15] Dose unit:	radio, Required 1 | Tablets/capsules 2 | Teaspoons 3 | Tablespoons 4 | Puffs/inhalations 5 | Other
602	med_o_spec15 Show the field ONLY if: [med_doseunit15] = '5'	If Other, Please specify:	text
603	med_schedule15 Show the field ONLY if:	d) [med_name15] Schedule:	radio, Required 1 | Once a day

			2	Twice a day
			3	Three times/day
			4	Four times/day
			5	PRN (As needed)
			6	Other

604	med_condition15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	e) [med_name15] Condition:	text, Required

605	med_duration15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	f) [med_name15] Duration:	radio, Required 1 | < 3 months 2 | 3 -6 months 3 | 6-12 months 4 | >12 months

606	med_do_change15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	g) [med_name15] Dosage change:	radio, Required 1 | Yes, increased 2 | Yes, decreased 3 | No

607	med_cntd_use15 Show the field ONLY if: [record_hw_many] >= 15 or ([phone_call] = '1' and [how_many_meds] >= 15)	h) [med_name15] Continued use:	radio, Required 1 | Yes 2 | No

608	med_st_time15 Show the field ONLY if: [med_cntd_use15] = '2'	i) [med_name15] Stopping time:	text (date_mdy), Required

609	med_reson_stop15 Show the field ONLY if: [med_cntd_use15] = '2'	j) Reason for stopping [med_name15] (choose all that apply):	checkbox

1	med_reson_stop15___1	Side effects
2	med_reson_stop15___2	Cost too much
3	med_reson_stop15___3	Condition improved
4	med_reson_stop15___4	No noticeable improvement
5	med_reson_stop15___5	Changed to another treatment
6	med_reson_stop15___6	Other

610	med_o_specify15 Show the field ONLY if: [med_reson_stop15(6)] = '1'	If Other, Please specify:	text, Required

611	pamf Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	PAMF Wellness Programs and Services PAMF provided weight management, mental health, or other wellness programs/services.	radio, Required 1 | Yes 2 | No 3 | Don't know

612	dollar1 Show the field ONLY if: [pamf] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text, Required
613	non_pamf	Non-PAMF Wellness Programs and Services	descriptive

	Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'		
614	ac Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Exercise or aerobics classes:	radio, Required 1 Yes 2 No 3 Don't know
615	doolar2 Show the field ONLY if: [ac] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text
616	gym Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Health club or gym membership	radio, Required 1 Yes 2 No 3 Don't know
617	dollar3 Show the field ONLY if: [gym] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text, Required
618	othr Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Other exercise related services:	radio, Required 1 Yes 2 No 3 Don't know
619	doollar4 Show the field ONLY if: [othr] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text
620	commercial_weight Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Commercial weight loss program (e.g., Weight Watchers, Jenny Craig, Optifast, or NutraSystems)	radio, Required 1 Yes 2 No 3 Don't know
621	dollar5 Show the field ONLY if: [commercial_weight] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text
622	services Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Other commercial wellness programs and services for physical and/or mental well-being.	radio 1 Yes 2 No 3 Don't know
623	dollar7 Show the field ONLY if: [services] = '1'	What was the total cost paid in this 6 month period for the service? *(round to nearest $)*	text

624	anonymous Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	FREE physical and mental well-being program (e.g. Overeater Anonymous)	radio 1 Yes 2 No 3 Don't know
625	yes_any_of_above Show the field ONLY if: [pamf] = '1' or [ac] = '1' or [g ym] = '1' or [othr] = '1' or [co mmercial_weight] = '1' or [services] = '1' or [anonym ous] = '1'	If YES to any of the above, how often were you accompanied by your spouse, a family member, or a friend?	radio, Required 1 Always 2 Almost always 3 Usually 4 Half the time 5 Rarely 6 Almost never 7 Never
626	over_6_months Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	Over the last 6 MONTHS on these regular health care related visits, in general how often did your spouse, family, and friends go with you?	radio 1 Always 2 Almost always 3 Usually 4 Half the time 5 Rarely 6 Almost never 7 Never 8 I had no regular health care related visits over the last 6 months
627	past_12_months Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'	[BASELINE VISIT]: In the past 12 MONTHS, have you received health care of any type from any provider outside PAMF? Please think about any routine office visit, urgent care visit, outpatient surgery or procedure, emergency room visit, hospitalization, or mental health care visit you might have had during the past 12 months that was with a licensed healthcare provider outside the PAMF network. [FUP VISIT]: In the past 6 MONTHS, have you received health care of any type from any provider outside PAMF? Please think about any routine office visit, urgent care visit, outpatient surgery or procedure, emergency room visit, hospitalization, or mental health care visit you might have had during the past 12 months that was with a licensed healthcare provider outside the PAMF network.	radio, Required 1 Yes 2 No
628	weekly Show the field ONLY if: [past_12_months] = '1'	Were there regular/frequent/repetitive treatments (e.g., mental health counseling occurring weekly, biweekly or at some other regular frequency)?	radio, Required 1 Yes 2 No
629	outside_visits Show the field ONLY if: [weekly] = '1'	[BASELINE VISIT]: How many types of regular/frequent/repetitive treatments did you receive outside PAMF in the past 12 MONTHS [FUP VISIT]: How many types of regular/frequent/repetitive treatments did you receive outside PAMF in the past 6 MONTHS *(If Decline to State enter "99")*	text, Required
630	regular_treatmenta_1 Show the field ONLY if: [outside_visits] >= 1 and [o utside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly

			4 Other
631	regular_trt_spca_1 Show the field ONLY if: [regular_treatmenta_2] = '4'	If other, Please specify	text
632	name_of_the_facilityb_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
633	pamf_providerc_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] < 99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
634	cliniciane_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] < 99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
635	clinician_e_spec_1 Show the field ONLY if: [cliniciane_1] = '6'	If other, please specify:	text
636	primary_resonf_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] < 99	What was the primary reason for the visit?	radio 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition 3 Flare-up or worsening of a ongoing problem or condition 4 Pre- or post- surgery care 5 Preventive care/general wellness (e.g. yearly visit for general health exam)
637	choose_pay_vistg_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] < 99	How did you pay for the visit? (Choose all that apply)	checkbox 1 choose_pay_vistg_1___1 Private insurance 2 choose_pay_vistg_1___2 Medicare 3 choose_pay_vistg_1___3 Medicaid or CHIP 4 choose_pay_vistg_1___4 Worker's compensation 5 choose_pay_vistg_1___5 Self-pay 6 choose_pay_vistg_1___6 No charge/Charity 7 choose_pay_vistg_1___7 Other 8 choose_pay_vistg_1___8 Don't know
638	pay_g_other_1 Show the field ONLY if: [choose_pay_vistg_1(7)] = '1'	If other please specify:	text
639	orderede_1 Show the field ONLY if: [outside_visits] >= 1 and [outside_visits] < 99	Were any of the following ordered or provided at the visit?	checkbox, Required 1 orderede_1___1 Medication prescriptions (new or refill) (If checked, be

			sure to complete Question 6)
	2	orderede_1___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
	3	orderede_1___3	Counseling/therapy on mental health, mood, or emotional well-being
	4	orderede_1___4	Blood/urine test(s)
	5	orderede_1___5	Imaging study (e.g. x-ray, CT, mammography)
	6	orderede_1___6	Scope (e.g. colonoscopy)
	7	orderede_1___7	Referral
	8	orderede_1___8	Other
	9	orderede_1___9	None of the above

640	referreal_e_1 Show the field ONLY if: [orderede_1(7)] = '1'	If Referral, Please specify:	text
641	order_other_e_1 Show the field ONLY if: [orderede_1(8)] = '1'	If other, Please specify:	text
642	regular_treatmenta_2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] < 99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other
643	regular_trt_spca_2 Show the field ONLY if: [regular_treatmenta_2] = '4'	If other, Please specify	text
644	name_of_the_facility2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] < 99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
645	pamf_providerc_2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] < 99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
646	cliniciane_2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] < 99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
647	clinician_e_spec_2 Show the field ONLY if: [cliniciane_2] = '6'	If other, please specify:	text
648	primary_resonf_2 Show the field ONLY if:	What was the primary reason for the visit?	radio 1 New problem (began within 3 months of

[outside_visits] >= 2 and [outside_visits] < 99			this visit)		
		2	Routine follow-up on a ongoing problem or condition		
		3	Flare-up or worsening of a ongoing problem or condition		
		4	Pre- or post- surgery care		
		5	Preventive care/general wellness (e.g. yearly visit for general health exam)		

649	choose_pay_vistg_2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] < 99	How did you pay for the visit? (Choose all that apply)	checkbox		
			1	choose_pay_vistg_2___1	Private insurance
			2	choose_pay_vistg_2___2	Medicare
			3	choose_pay_vistg_2___3	Medicaid or CHIP
			4	choose_pay_vistg_2___4	Worker's compensation
			5	choose_pay_vistg_2___5	Self-pay
			6	choose_pay_vistg_2___6	No charge/Charity
			7	choose_pay_vistg_2___7	Other
			8	choose_pay_vistg_2___8	Don't know

650	pay_g_other_2 Show the field ONLY if: [choose_pay_vistg_2(7)] = '1'	If other, please specify:	text

651	orderede_2 Show the field ONLY if: [outside_visits] >= 2 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		
			1	orderede_2___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_2___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_2___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_2___4	Blood/urine test(s)
			5	orderede_2___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_2___6	Scope (e.g. colonoscopy)
			7	orderede_2___7	Referral
			8	orderede_2___8	Other
			9	orderede_2___9	None of the above

652	referreal_e_2 Show the field ONLY if: [orderede_2(7)] = '1'	If Referral, Please specify:	text

653	order_other_e_2 Show the field ONLY if: [orderede_2(8)] = '1'	If other, Please specify:	text

654	regular_treatmenta_3 Show the field ONLY if:	How often did you go to this regular treatment?	radio, Required	
			1	Weekly

			2	Every other week
			3	Monthly
			4	Other

| 655 | regular_trt_spca_3

Show the field ONLY if:
[regular_treatmenta_3] =
'4' | If other, Please specify | text |

| 656 | name_of_the_facility3

Show the field ONLY if:
[outside_visits] >= 3 and [o
utside_visits] <99 | What was the name of the care facility (e.g., Stanford Clinic or Hospital)? | text |

657	pamf_providerc_3 Show the field ONLY if: [outside_visits] >= 3 and [o utside_visits] <99	Were you referred by a PAMF provider?	radio, Required
			1	Yes
			2	No

658	cliniciane_3 Show the field ONLY if: [outside_visits] >= 3 and [o utside_visits] <99	What kind of clinician did you see?	radio, Required
			1	Family physician
			2	Internist
			3	Psychiatrist
			4	Psychologist
			5	Licensed family and marriage counselor
			6	Other

| 659 | clinician_e_spec_3

Show the field ONLY if:
[cliniciane_3] = '6' | If other, please specify: | text |

660	primary_resonf_3 Show the field ONLY if: [outside_visits] >= 3 and [o utside_visits] <99	What was the primary reason for the visit?	radio
			1	New problem (began within 3 months of this visit)
			2	Routine follow-up on a ongoing problem or condition
			3	Flare-up or worsening of a ongoing problem or condition
			4	Pre- or post- surgery care
			5	Preventive care/general wellness (e.g. yearly visit for general health exam)

661	choose_pay_vistg_3 Show the field ONLY if: [outside_visits] >= 3 and [o utside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox
			1	choose_pay_vistg_3___1	Private insurance
			2	choose_pay_vistg_3___2	Medicare
			3	choose_pay_vistg_3___3	Medicaid or CHIP
			4	choose_pay_vistg_3___4	Worker's compensation
			5	choose_pay_vistg_3___5	Self-pay
			6	choose_pay_vistg_3___6	No charge/Charity
			7	choose_pay_vistg_3___7	Other
			8	choose_pay_vistg_3___8	Don't know

| 662 | pay_g_other_3

Show the field ONLY if:
[choose_pay_vistg_3(7)] =
'1' | If other, please specify: | text |

| 663 | orderede_3 | Were any of the following ordered or provided at the visit? | checkbox, Required |

Show the field ONLY if: [outside_visits] >= 3 and [outside_visits] <99			1	orderede_3___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_3___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_3___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_3___4	Blood/urine test(s)
			5	orderede_3___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_3___6	Scope (e.g. colonoscopy)
			7	orderede_3___7	Referral
			8	orderede_3___8	Other
			9	orderede_3___9	None of the above

664	referreal_e_3 Show the field ONLY if: [orderede_3(7)] = '1'	If Referral, Please specify:	text
665	order_other_e_3 Show the field ONLY if: [orderede_3(8)] = '1'	If other, Please specify:	text
666	regular_treatmenta_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other
667	regular_trt_spca_4 Show the field ONLY if: [regular_treatmenta_4] = '4'	If other, Please specify	text
668	name_of_the_facility4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
669	pamf_providerc_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
670	cliniciane_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
671	clinician_e_spec_4 Show the field ONLY if:	If other, please specify:	text

	[cliniciane_4] = '6'			
672	primary_resonf_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	What was the primary reason for the visit?	radio		
			1	New problem (began within 3 months of this visit)	
			2	Routine follow-up on a ongoing problem or condition	
			3	Flare-up or worsening of a ongoing problem or condition	
			4	Pre- or post- surgery care	
			5	Preventive care/general wellness (e.g. yearly visit for general health exam)	
673	choose_pay_vistg_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox		
			1	choose_pay_vistg_4___1	Private insurance
			2	choose_pay_vistg_4___2	Medicare
			3	choose_pay_vistg_4___3	Medicaid or CHIP
			4	choose_pay_vistg_4___4	Worker's compensation
			5	choose_pay_vistg_4___5	Self-pay
			6	choose_pay_vistg_4___6	No charge/Charity
			7	choose_pay_vistg_4___7	Other
			8	choose_pay_vistg_4___8	Don't know
674	pay_g_other_4 Show the field ONLY if: [choose_pay_vistg_4(7)] = '1'	If other please specify:	text		
675	orderede_4 Show the field ONLY if: [outside_visits] >= 4 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		
			1	orderede_4___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_4___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_4___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_4___4	Blood/urine test(s)
			5	orderede_4___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_4___6	Scope (e.g. colonoscopy)
			7	orderede_4___7	Referral
			8	orderede_4___8	Other
			9	orderede_4___9	None of the above
676	referreal_e_4 Show the field ONLY if: [orderede_4(7)] = '1'	If Referral, Please specify:	text		
677	order_other_e_4 Show the field ONLY if:	If other, Please specify:	text		

	[orderede_4(8)] = '1'		
678	regular_treatmenta_5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other
679	regular_trt_spca_5 Show the field ONLY if: [regular_treatmenta_5] = '4'	If other, Please specify	text
680	name_of_the_facility5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
681	pamf_providerc_5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
682	cliniciane_5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
683	clinician_e_spec_5 Show the field ONLY if: [cliniciane_5] = '6'	If other, please specify:	text
684	primary_resonf_5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	What was the primary reason for the visit?	radio 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition 3 Flare-up or worsening of a ongoing problem or condition 4 Pre- or post- surgery care 5 Preventive care/general wellness (e.g. yearly visit for general health exam)
685	choose_pay_vistg_5 Show the field ONLY if: [outside_visits] >= 5 and [o utside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox 1 choose_pay_vistg_5___1 Private insurance 2 choose_pay_vistg_5___2 Medicare 3 choose_pay_vistg_5___3 Medicaid or CHIP 4 choose_pay_vistg_5___4 Worker's compensation 5 choose_pay_vistg_5___5 Self-pay 6 choose_pay_vistg_5___6 No charge/Charity 7 choose_pay_vistg_5___7 Other 8 choose_pay_vistg_5___8 Don't know
686	pay_g_other_5	If other, please specify:	text

	Show the field ONLY if: [choose_pay_vistg_5(7)] = '1'					
687	orderede_5 Show the field ONLY if: [outside_visits] >= 5 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required			
			1	orderede_5___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)	
			2	orderede_5___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)	
			3	orderede_5___3	Counseling/therapy on mental health, mood, or emotional well-being	
			4	orderede_5___4	Blood/urine test(s)	
			5	orderede_5___5	Imaging study (e.g. x-ray, CT, mammography)	
			6	orderede_5___6	Scope (e.g. colonoscopy)	
			7	orderede_5___7	Referral	
			8	orderede_5___8	Other	
			9	orderede_5___9	None of the above	
688	referreal_e_5 Show the field ONLY if: [orderede_5(7)] = '1'	If Referral, Please specify:	text			
689	order_other_e_5 Show the field ONLY if: [orderede_5(8)] = '1'	If other, Please specify:	text			
690	regular_treatmenta_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other			
691	regular_trt_spca_6 Show the field ONLY if: [regular_treatmenta_6] = '4'	If other, Please specify	text			
692	name_of_the_facility6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text			
693	pamf_providerc_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No			
694	cliniciane_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other			

695	clinician_e_spec_6 Show the field ONLY if: [cliniciane_6] = '6'	If other please specify:	text		
696	primary_resonf_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	What was the primary reason for the visit?	radio		
			1	New problem (began within 3 months of this visit)	
			2	Routine follow-up on a ongoing problem or condition	
			3	Flare-up or worsening of a ongoing problem or condition	
			4	Pre- or post- surgery care	
			5	Preventive care/general wellness (e.g. yearly visit for general health exam)	
697	choose_pay_vistg_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox		
			1	choose_pay_vistg_6___1	Private insurance
			2	choose_pay_vistg_6___2	Medicare
			3	choose_pay_vistg_6___3	Medicaid or CHIP
			4	choose_pay_vistg_6___4	Worker's compensation
			5	choose_pay_vistg_6___5	Self-pay
			6	choose_pay_vistg_6___6	No charge/Charity
			7	choose_pay_vistg_6___7	Other
			8	choose_pay_vistg_6___8	Don't know
698	pay_g_other_6 Show the field ONLY if: [choose_pay_vistg_6(7)] = '1'	If other, please specify:	text		
699	orderede_6 Show the field ONLY if: [outside_visits] >= 6 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		
			1	orderede_6___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_6___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_6___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_6___4	Blood/urine test(s)
			5	orderede_6___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_6___6	Scope (e.g. colonoscopy)
			7	orderede_6___7	Referral
			8	orderede_6___8	Other
			9	orderede_6___9	None of the above
700	referreal_e_6 Show the field ONLY if:	If Referral, Please specify:	text		

	[orderede_6(7)] = '1'		
701	order_other_e_6 Show the field ONLY if: [orderede_6(8)] = '1'	If other, Please specify:	text
702	regular_treatmenta_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other
703	regular_trt_spca_7 Show the field ONLY if: [regular_treatmenta_7] = '4'	If other, Please specify	text
704	name_of_the_facility7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
705	pamf_providerc_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
706	cliniciane_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
707	clinician_e_spec_7 Show the field ONLY if: [cliniciane_7] = '6'	If other, please specify:	text
708	primary_resonf_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	What was the primary reason for the visit?	radio, Required 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition 3 Flare-up or worsening of a ongoing problem or condition 4 Pre- or post- surgery care 5 Preventive care/general wellness (e.g. yearly visit for general health exam)
709	choose_pay_vistg_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox, Required 1 choose_pay_vistg_7___1 Private insurance 2 choose_pay_vistg_7___2 Medicare 3 choose_pay_vistg_7___3 Medicaid or CHIP 4 choose_pay_vistg_7___4 Worker's compensation 5 choose_pay_vistg_7___5 Self-pay 6 choose_pay_vistg_7___6 No charge/Charity 7 choose_pay_vistg_7___7 Other

				8	choose_pay_vistg_7___8	Don't know

710	pay_g_other_7 Show the field ONLY if: [choose_pay_vistg_7(7)] = '1'	If other, please specify:	text			

711	orderede_7 Show the field ONLY if: [outside_visits] >= 7 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		

			1	orderede_7___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_7___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_7___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_7___4	Blood/urine test(s)
			5	orderede_7___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_7___6	Scope (e.g. colonoscopy)
			7	orderede_7___7	Referral
			8	orderede_7___8	Other
			9	orderede_7___9	None of the above

712	referreal_e_7 Show the field ONLY if: [orderede_7(7)] = '1'	If Referral, Please specify:	text
713	order_other_e_7 Show the field ONLY if: [orderede_7(8)] = '1'	If other, Please specify:	text

714	regular_treatmenta_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	How often did you go to this regular treatment?	radio, Required	

			1	Weekly
			2	Every other week
			3	Monthly
			4	Other

715	regular_trt_spca_8 Show the field ONLY if: [regular_treatmenta_8] = '4'	If other, Please specify	text, Required
716	name_of_the_facility8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text

717	pamf_providerc_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	Were you referred by a PAMF provider?	radio, Required	

			1	Yes
			2	No

718	cliniciane_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	What kind of clinician did you see?	radio, Required	

			1	Family physician
			2	Internist
			3	Psychiatrist

			4	Psychologist
			5	Licensed family and marriage counselor
			6	Other

719	clinician_e_spec_8 Show the field ONLY if: [cliniciane_8] = '6'	If other, please specify:	text	

720	primary_resonf_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	What was the primary reason for the visit?	radio, Required	
			1	New problem (began within 3 months of this visit)
			2	Routine follow-up on a ongoing problem or condition
			3	Flare-up or worsening of a ongoing problem or condition
			4	Pre- or post- surgery care
			5	Preventive care/general wellness (e.g. yearly visit for general health exam)

721	choose_pay_vistg_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox		
			1	choose_pay_vistg_8___1	Private insurance
			2	choose_pay_vistg_8___2	Medicare
			3	choose_pay_vistg_8___3	Medicaid or CHIP
			4	choose_pay_vistg_8___4	Worker's compensation
			5	choose_pay_vistg_8___5	Self-pay
			6	choose_pay_vistg_8___6	No charge/Charity
			7	choose_pay_vistg_8___7	Other
			8	choose_pay_vistg_8___8	Don't know

722	pay_g_other_8 Show the field ONLY if: [choose_pay_vistg_8(7)] = '1'	If other, please specify:	text		

723	orderede_8 Show the field ONLY if: [outside_visits] >= 8 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		
			1	orderede_8___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_8___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_8___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_8___4	Blood/urine test(s)
			5	orderede_8___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_8___6	Scope (e.g. colonoscopy)
			7	orderede_8___7	Referral
			8	orderede_8___8	Other
			9	orderede_8___9	None of the above

724	referreal_e_8 Show the field ONLY if: [orderede_8(7)] = '1'	If Referral, Please specify:	text
725	order_other_e_8 Show the field ONLY if: [orderede_8(8)] = '1'	If other, Please specify:	text
726	regular_treatmenta_9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	How often did you go to this regular treatment?	radio, Required 1 Weekly 2 Every other week 3 Monthly 4 Other
727	regular_trt_spca_9 Show the field ONLY if: [regular_treatmenta_9] = '4'	If other, Please specify	text, Required
728	name_of_the_facility9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text
729	pamf_providerc_9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	Were you referred by a PAMF provider?	radio, Required 1 Yes 2 No
730	cliniciane_9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	What kind of clinician did you see?	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other
731	clinician_e_spec_9 Show the field ONLY if: [cliniciane_9] = '6'	If other, please specify:	text
732	primary_resonf_9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	What was the primary reason for the visit?	radio, Required 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition 3 Flare-up or worsening of a ongoing problem or condition 4 Pre- or post- surgery care 5 Preventive care/general wellness (e.g. yearly visit for general health exam)
733	choose_pay_vistg_9 Show the field ONLY if: [outside_visits] >= 9 and [o utside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox 1 choose_pay_vistg_9___1 Private insurance 2 choose_pay_vistg_9___2 Medicare 3 choose_pay_vistg_9___3 Medicaid or CHIP 4 choose_pay_vistg_9___4 Worker's compensation 5 choose_pay_vistg_9___5 Self-pay

				6	choose_pay_vistg_9___6	No charge/Charity
				7	choose_pay_vistg_9___7	Other
				8	choose_pay_vistg_9___8	Don't know

734	pay_g_other_9 Show the field ONLY if: [choose_pay_vistg_9(7)] = '1'	If other, please specify:	text		

735	orderede_9 Show the field ONLY if: [outside_visits] >= 9 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required		

			1	orderede_9___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	orderede_9___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	orderede_9___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	orderede_9___4	Blood/urine test(s)
			5	orderede_9___5	Imaging study (e.g. x-ray, CT, mammography)
			6	orderede_9___6	Scope (e.g. colonoscopy)
			7	orderede_9___7	Referral
			8	orderede_9___8	Other
			9	orderede_9___9	None of the above

736	referreal_e_9 Show the field ONLY if: [orderede_9(7)] = '1'	If Referral, Please specify:	text
737	order_other_e_9 Show the field ONLY if: [orderede_9(8)] = '1'	If other, Please specify:	text

738	regular_treatmenta_10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	How often did you go to this regular treatment?	radio, Required	

			1	Weekly
			2	Every other week
			3	Monthly
			4	Other

739	regular_trt_spca_10 Show the field ONLY if: [regular_treatmenta_10] = '4'	If other, Please specify	text, Required	
740	name_of_the_facility10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	What was the name of the care facility (e.g., Stanford Clinic or Hospital)?	text, Required	

741	pamf_providerc_10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	Were you referred by a PAMF provider?	radio, Required	

			1	Yes
			2	No

742	cliniciane_10	What kind of clinician did you see?	radio, Required	
			1	Family physician

	Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99			2	Internist
				3	Psychiatrist
				4	Psychologist
				5	Licensed family and marriage counselor
				6	Other

743	clinician_e_spec_10 Show the field ONLY if: [cliniciane_10] = '6'	If other, please specify:	text

744	primary_resonf_10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	What was the primary reason for the visit?	radio, Required

		1	New problem (began within 3 months of this visit)
		2	Routine follow-up on a ongoing problem or condition
		3	Flare-up or worsening of a ongoing problem or condition
		4	Pre- or post- surgery care
		5	Preventive care/general wellness (e.g. yearly visit for general health exam)

745	choose_pay_vistg_10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	How did you pay for the visit? (Choose all that apply)	checkbox, Required

1	choose_pay_vistg_10___1	Private insurance
2	choose_pay_vistg_10___2	Medicare
3	choose_pay_vistg_10___3	Medicaid or CHIP
4	choose_pay_vistg_10___4	Worker's compensation
5	choose_pay_vistg_10___5	Self-pay
6	choose_pay_vistg_10___6	No charge/Charity
7	choose_pay_vistg_10___7	Other
8	choose_pay_vistg_10___8	Don't know

746	pay_g_other_10 Show the field ONLY if: [choose_pay_vistg_10(7)] = '1'	If other please specify:	text

747	orderede_10 Show the field ONLY if: [outside_visits] >= 10 and [outside_visits] <99	Were any of the following ordered or provided at the visit?	checkbox, Required

1	orderede_10___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
2	orderede_10___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
3	orderede_10___3	Counseling/therapy on mental health, mood, or emotional well-being
4	orderede_10___4	Blood/urine test(s)
5	orderede_10___5	Imaging study (e.g. x-ray, CT, mammography)

			6	orderede_10___6	Scope (e.g. colonoscopy)
			7	orderede_10___7	Referral
			8	orderede_10___8	Other
			9	orderede_10___9	None of the above

748	referreal_e_10 Show the field ONLY if: [orderede_10(7)] = '1'	If Referral, Please specify:	text
749	order_other_e_10 Show the field ONLY if: [orderede_10(8)] = '1'	If other, Please specify:	text
750	times Show the field ONLY if: [weekly] = '2' and ([bv_time point]='2' or [bv_timepoint] ='3' or [bv_timepoint]='4' or [bv_timepoint]='5') or ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2')	[Baseline visit]: How many times did you have acute/one-time type health care outside PAMF in the PAST 12 MONTHS [FUP visit]: How many times did you have acute/one-time type health care outside PAMF in the PAST 6 MONTHS	dropdown 0 0 1 1 2 2 3 3 4 4
751	most_recent Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	When did the visit occur? (MOST RECENT visit) *Approximate date, if not certain*	text (date_dmy), Required
752	nmae_of_fac Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What was the name of the care facility (e.g., Stanford Clinic or Hospital)? (MOST RECENT visit)	text, Required
753	pamf_prov Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	Were you referred by a PAMF provider? (MOST RECENT visit)	radio, Required 1 Yes 2 No
754	type_of_visit Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What was the type of Visit? (MOST Recent visit)	radio, Required 1 Hospitalization (skip to f) 2 ER visit (skip to f) 3 Outpatient surgery/procedure (skip to f) 4 Urgent Care 5 Routine Care
755	clinician1 Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What kind of clinician did you see? (MOST RECENT Visit)	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other 7 Don't know
756	specify9 Show the field ONLY if: [clinician1] = '6'	If other Please specify:	text
757	primary_reason Show the field ONLY if:	What was the primary reason for the visit? (MOST RECENT VISIT)	radio 1 New problem (began within 3 months of this visit)

			2	Routine follow-up on a ongoing problem or condition
			3	Flare-up or worsening of a ongoing problem or condition
			4	Pre- or post- surgery care
			5	Preventive care/general wellness (e.g. yearly visit for general health exam)

758	pay2 Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	How did you pay for the visit? (Choose all that apply) (MOST RECENT VISIT)	checkbox

1	pay2___1	Private insurance
2	pay2___2	Medicare
3	pay2___3	Medicaid or CHIP
4	pay2___4	Worker's compensation
5	pay2___5	Self-pay
6	pay2___6	No charge/Charity
7	pay2___7	Other

759	please_spec0 Show the field ONLY if: [pay2(7)] = '1'	If other, please specify:	text
760	order2 Show the field ONLY if: [times] = '1' or [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	Were any of the following ordered or provided at the visit? (MOST RECENT VISIT)	checkbox, Required

1	order2___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
2	order2___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
3	order2___3	Counseling/therapy on mental health, mood, or emotional well-being
4	order2___4	Blood/urine test(s)
5	order2___5	Imaging study (e.g. x-ray, CT, mammography)
6	order2___6	Scope (e.g. colonoscopy)
7	order2___7	Referral
8	order2___8	Other
9	order2___9	None of the above

761	referreal2_a9e Show the field ONLY if: [order2(7)] = '1'	If Referral, Please specify:	text
762	specify62_9aa Show the field ONLY if: [order2(8)] = '1'	If other, please specify:	text
763	most_recent2_823 Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	When did the visit occur? (NEXT MOST RECENT visit) *Approximate date, if not certain*	text (date_mdy), Required
764	nmae_of_fac2_7fc Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What was the name of the care facility (e.g., Stanford Clinic or Hospital)? (NEXT MOST RECENT visit)	text, Required
765	pamf_prov2_b87 Show the field ONLY if:	Were you referred by a PAMF provider? (NEXT MOST RECENT visit)	radio, Required 1 Yes

	[times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'		2	No

766	type_of_visit2_36a Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What was the type of Visit? (NEXT MOST Recent visit)	radio, Required

1	Hospitalization (skip to f)
2	ER visit (skip to f)
3	Outpatient surgery/procedure (skip to f)
4	Urgent Care
5	Routine Care

767	clinician12_6bb Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What kind of clinician did you see? (NEXT MOST RECENT Visit)	radio, Required

1	Family physician
2	Internist
3	Psychiatrist
4	Psychologist
5	Licensed family and marriage counselor
6	Other
7	Don't know

768	specify92_20a Show the field ONLY if: [clinician12_6bb] = '6'	If other, Please specify:	text

769	primary_reason2_398 Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	What was the primary reason for the visit? (NEXT MOST RECENT VISIT)	radio

1	New problem (began within 3 months of this visit)
2	Routine follow-up on a ongoing problem or condition
3	Flare-up or worsening of a ongoing problem or condition
4	Pre- or post- surgery care
5	Preventive care/general wellness (e.g. yearly visit for general health exam)

770	pay22_9e3 Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	How did you pay for the visit? (Choose all that apply) (NEXT MOST RECENT VISIT)	checkbox

1	pay22_9e3___1	Private insurance
2	pay22_9e3___2	Medicare
3	pay22_9e3___3	Medicaid or CHIP
4	pay22_9e3___4	Worker's compensation
5	pay22_9e3___5	Self-pay
6	pay22_9e3___6	No charge/Charity
7	pay22_9e3___7	Other

771	please_spec02_06b Show the field ONLY if: [pay22_9e3(7)] = '1'	If other, please specify:	text

772	order22_065 Show the field ONLY if: [times] = '2' or [times] = '3' or [times] = '4' or [times] = '5'	Were any of the following ordered or provided at the visit? (NEXT MOST RECENT VISIT)	checkbox, Required

1	order22_065___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
2	order22_065___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
3	order22_065___3	Counseling/therapy

			on mental health, mood, or emotional well-being
	4	order22_065___4	Blood/urine test(s)
	5	order22_065___5	Imaging study (e.g. x-ray, CT, mammography)
	6	order22_065___6	Scope (e.g. colonoscopy)
	7	order22_065___7	Referral
	8	order22_065___8	Other
	9	order22_065___9	None of the above

773	referreal2_a9e2_6e8 Show the field ONLY if: [order22_065(7)] = '1'	If Referral, Please specify:	text
774	please_spec02_06b2_c39 Show the field ONLY if: [order22_065(8)] = '1'	If other, please specify:	text
775	most_recent2_8232_abb Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	When did the visit occur? (NEXT MOST RECENT visit) *Approximate date, if not certain*	text (date_mdy), Required
776	nmae_of_fac2_7fc2_c8c Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	What was the name of the care facility (e.g., Stanford Clinic or Hospital)? (NEXT MOST RECENT visit)	text, Required
777	pamf_prov2_b872_e19 Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	Were you referred by a PAMF provider? (NEXT MOST RECENT visit)	radio, Required 1 Yes 2 No
778	type_of_visit2_36a2_ad1 Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	What was the type of Visit? (NEXT MOST Recent visit)	radio, Required 1 Hospitalization (skip to f) 2 ER visit (skip to f) 3 Outpatient surgery/procedure (skip to f) 4 Urgent Care 5 Routine Care
779	clinician12_6bb2_ff7 Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	What kind of clinician did you see? (NEXT MOST RECENT Visit)	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other 7 Don't know
780	specify92_20a2_54e Show the field ONLY if: [clinician12_6bb2_ff7] = '6'	If other, Please specify:	text
781	primary_reason2_3982_e8f Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	What was the primary reason for the visit? (NEXT MOST RECENT VISIT)	radio 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition

				3	Flare-up or worsening of a ongoing problem or condition
				4	Pre- or post- surgery care
				5	Preventive care/general wellness (e.g. yearly visit for general health exam)

782	pay22_9e32_d76 Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	How did you pay for the visit? (Choose all that apply) (NEXT MOST RECENT VISIT)	checkbox		
			1	pay22_9e32_d76___1	Private insurance
			2	pay22_9e32_d76___2	Medicare
			3	pay22_9e32_d76___3	Medicaid or CHIP
			4	pay22_9e32_d76___4	Worker's compensation
			5	pay22_9e32_d76___5	Self-pay
			6	pay22_9e32_d76___6	No charge/Charity
			7	pay22_9e32_d76___7	Other
783	please_spec02_06b2_d26 Show the field ONLY if: [pay22_9e32_d76(7)] = '1'	If other, please specify:	text		
784	order22_0652_c91 Show the field ONLY if: [times] = '3' or [times] = '4' or [times] = '5'	Were any of the following ordered or provided at the visit? (NEXT MOST RECENT VISIT)	checkbox, Required		
			1	order22_0652_c91___1	Medication prescriptions (new or refill) (If checked, be sure to complete Question 6)
			2	order22_0652_c91___2	Health education/counseling on general wellness (e.g., diet, exercise, weight reduction, stress management)
			3	order22_0652_c91___3	Counseling/therapy on mental health, mood, or emotional well-being
			4	order22_0652_c91___4	Blood/urine test(s)
			5	order22_0652_c91___5	Imaging study (e.g. x-ray, CT, mammography)
			6	order22_0652_c91___6	Scope (e.g. colonoscopy)
			7	order22_0652_c91___7	Referral
			8	order22_0652_c91___8	Other
			9	order22_0652_c91___9	None of the above
785	referreal2_a9e2_6e82_dd8 Show the field ONLY if: [order22_0652_c91(7)] = '1'	If Referral, Please specify:	text		
786	please_spec02_06b2_d22_8de Show the field ONLY if: [order22_0652_c91(8)] = '1'	If other, please specify:	text		
787	most_recent2_8232_abb2_3f7 Show the field ONLY if: [times] = '4' or [times] = '5'	When did the visit occur? (NEXT MOST RECENT visit) *Approximate date, if not certain*	text (date_mdy), Required		

788	nmae_of_fac2_7fc2_c8c2_561 Show the field ONLY if: [times] = '4' or [times] = '5'	What was the name of the care facility (e.g., Stanford Clinic or Hospital)? (NEXT MOST RECENT visit)	text, Required
789	pamf_prov2_b872_e192_475 Show the field ONLY if: [times] = '4' or [times] = '5'	Were you referred by a PAMF provider? (NEXT MOST RECENT visit)	radio, Required 1 Yes 2 No
790	type_of_visit2_36a2_a2_a31 Show the field ONLY if: [times] = '4' or [times] = '5'	What was the type of Visit? (NEXT MOST Recent visit)	radio, Required 1 Hospitalization (skip to f) 2 ER visit (skip to f) 3 Outpatient surgery/procedure (skip to f) 4 Urgent Care 5 Routine Care
791	clinician12_6bb2_ff72_d3d Show the field ONLY if: [times] = '4' or [times] = '5'	What kind of clinician did you see? (NEXT MOST RECENT Visit)	radio, Required 1 Family physician 2 Internist 3 Psychiatrist 4 Psychologist 5 Licensed family and marriage counselor 6 Other 7 Don't know
792	specify92_20a2_54e2_985 Show the field ONLY if: [clinician12_6bb2_ff72_d3d] = '6'	If other, Please specify:	text
793	primary_reason2_3982_2_975 Show the field ONLY if: [times] = '4' or [times] = '5'	What was the primary reason for the visit? (NEXT MOST RECENT VISIT)	radio 1 New problem (began within 3 months of this visit) 2 Routine follow-up on a ongoing problem or condition 3 Flare-up or worsening of a ongoing problem or condition 4 Pre- or post- surgery care 5 Preventive care/general wellness (e.g. yearly visit for general health exam)
794	pay22_9e32_d762_07c Show the field ONLY if: [times] = '4' or [times] = '5'	How did you pay for the visit? (Choose all that apply) (NEXT MOST RECENT VISIT)	checkbox 1 pay22_9e32_d762_07c___1 Private insurance 2 pay22_9e32_d762_07c___2 Medicare 3 pay22_9e32_d762_07c___3 Medicaid or CHIP 4 pay22_9e32_d762_07c___4 Worker's compensation 5 pay22_9e32_d762_07c___5 Self-pay 6 pay22_9e32_d762_07c___6 No charge/Charity 7 pay22_9e32_d762_07c___7 Other
795	please_spec02_06b2_d22_b55 Show the field ONLY if:	If other, please specify:	text

			checkbox, Required		
796	order22_0652_c912_ac4 Show the field ONLY if: [times] = '4' or [times] = '5'	Were any of the following ordered or provided at the visit? (NEXT MOST RECENT VISIT)	1	order22_0652_c912_ac4___1	Medication prescriptions (refill) (If check sure to comple Question 6)
			2	order22_0652_c912_ac4___2	Health education/cou on general we (e.g., diet, exe weight reducti stress manage
			3	order22_0652_c912_ac4___3	Counseling/th on mental hea mood, or emo well-being
			4	order22_0652_c912_ac4___4	Blood/urine te
			5	order22_0652_c912_ac4___5	Imaging study ray, CT, mammograph
			6	order22_0652_c912_ac4___6	Scope (e.g. colonoscopy)
			7	order22_0652_c912_ac4___7	Referral
			8	order22_0652_c912_ac4___8	Other
			9	order22_0652_c912_ac4___9	None of the a
797	referreal2_a9e2_6e82_2_ce7 Show the field ONLY if: [order22_0652_c912_ac4 (7)] = '1'	If Referral, Please specify:	text		
798	please_spec02_06b2_d22_0a1 Show the field ONLY if: [order22_0652_c912_ac4 (8)] = '1'	If other, please specify:	text		
799	bv_7_1starm Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Which arm did you test first?	radio, Required 1 Right 2 Left 3 Other		
800	bv_7_1st_bp_arm_txt Show the field ONLY if: [bv_7_1starm] = '3'	If Other, please specify	notes		
801	bv_first_bpmeasure Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	1st Blood Pressure	descriptive		
802	bv_8_1stsbp Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv	Systolic: *mmHg*	text (number), Required		

[pay22_9e32_d762_07c (7)] = '1'

			_cog12] = '1' or [bv_cog12] = '2'
803	bv_8_1stdbp Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Diastolic: *mmHg*	text (number), Required	
804	bv_9_2ndarm Show the field ONLY if: [bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2')	Which arm did you test second?	radio, Required	

1	Right
2	Left
3	Not tested due to contraindications
4	Other

805	bv_9_2nd_bp_arm_txt Show the field ONLY if: [bv_9_2ndarm] = '4'	If Other, please specify	notes	
806	bv_second_bpmeasure Show the field ONLY if: [bv_9_2ndarm] <> '3' and ([bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'))	2nd Blood Pressure	descriptive	
807	bv_10_2ndsbp Show the field ONLY if: [bv_9_2ndarm] <> '3' and ([bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'))	Systolic: *mmHg*	text (number), Required	
808	bv_10_2nddbp Show the field ONLY if: [bv_9_2ndarm] <> '3' and ([bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'))	Diastolic: *mmHg*	text (number), Required	
809	bv_repeat_bp Show the field ONLY if: [bv_9_2ndarm] <> '3' and ([bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'))	Repeat two more measurements using the arm with the higher systolic reading.	descriptive	
810	bv_11_repeatarm Show the field ONLY if: [bv_9_2ndarm] <> '3' and ([bv_timepoint]= '1' and ([bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'))	Which arm did you use for the repeat measurements?	radio, Required	

1	Right
2	Left
3	Other

811	bv_11_repeat_bp_arm_txt Show the field ONLY if: [bv_11_repeatarm] = '3'	If Other, please specify	notes	
812	bv_12_1strepeatsdp Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Systolic: *mmHg*	text (number), Required	
813	bv_12_1strepeatdbp	Diastolic:	text (number), Required	

	Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	*mmHg*	
814	bv_13_2ndrepeatsdp Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Systolic: *mmHg*	text (number), Required
815	bv_13_2ndrepeatdbp Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Diastolic: *mmHg*	text (number), Required
816	bv_outlier_systolic_flag Show the field ONLY if: [bv_8_1stsbp] > 200 or [bv_10_2ndsbp] > 200 or [bv_12_1strepeatsdp] > 200 or [bv_13_2ndrepeatsdp] > 200 or ([bv_8_1stsbp] < 60 and [bv_8_1stsbp] > 0) or ([bv_10_2ndsbp] < 60 and [bv_10_2ndsbp] > 0) or ([bv_12_1strepeatsdp] < 60 and [bv_12_1strepeatsdp] > 0) or ([bv_13_2ndrepeatsdp] < 60 and [bv_13_2ndrepeatsdp] > 0)	Outlier Check: The Systolic BP measurement is >200 mmHg OR < 60 mmHg. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive
817	bv_outlier_diastolic_flag Show the field ONLY if: [bv_8_1stdbp] > 150 or [bv_10_2nddbp] > 150 or [bv_12_1strepeatdbp] > 150 or [bv_13_2ndrepeatdbp] > 150 or ([bv_8_1stdbp] < 40 and [bv_8_1stdbp] > 0) or ([bv_10_2nddbp] < 40 and [bv_10_2nddbp] > 0) or ([bv_12_1strepeatdbp] < 40 and [bv_12_1strepeatdbp] > 0) or ([bv_13_2ndrepeatdbp] < 40 and [bv_13_2ndrepeatdbp] > 0)	Outlier Check: The diastolic BP measurement is >150 mmHg OR is < 40 mmHg. Confirm measurements taken. Correct any errors noted. If none, add a comment that data entry is accurate.	descriptive
818	bv_sbp_calc_avg Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Average Systolic	calc Calculation: mean([bv_8_1stsbp], [bv_10_2ndsbp], [bv_12_1strepeatsdp], [bv_13_2ndrepeatsdp])
819	bv_dbp_calc_avg Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv	Average Diastolic	calc Calculation: mean([bv_8_1stdbp], [bv_10_2nddbp], [bv_12_1strepeatdbp], [bv_13_2ndrepeatdbp])

	_cog12] = '1' or [bv_cog12] = '2'		

820	bp_urgency Show the field ONLY if: [bv_sbp_calc_avg] >= 180 or [bv_dbp_calc_avg] >= 120	Are you experiencing any of the following symptoms? *Check all that apply*	checkbox

			1	bp_urgency___1	Headache
			2	bp_urgency___2	Vision changes
			3	bp_urgency___3	Chest pain
			4	bp_urgency___4	Shortness of breath
			5	bp_urgency___5	Severe, new back pain
			6	bp_urgency___6	Nausea or vomiting
			9	bp_urgency___9	None of the above

821	bpurgentcare Show the field ONLY if: ([bp_urgency(1)] = '1' or [bp_urgency(2)] = '1' or [bp_urgency(3)] = '1' or [bp_urgency(4)] = '1' or [bp_urgency(5)] = '1' or [bp_urgency(6)] = '1')	Because of your blood pressure screening results today, it is important that you be evaluated by a clinician as soon as possible. And because you are also experiencing additional symptoms, we would like to take you to be seen in the Urgent Care Department right now.	radio

			1	Patient went to Urgent Care, please reschedule for study visit completion
			2	Patient declined Urgent Care during study visit, signed Medical Advisory Acknowledgement. Please reschedule visit after patient is seen by his/her PCP.

822	bp_advisory Show the field ONLY if: [bp_urgency(9)] = '1'	Because of your blood pressure screening results today, it is important that you be evaluated by a clinician as soon as possible, by scheduling a same-day or next-day appointment with your Primary Care Physician (PCP), or going to the Urgent Care Department.	checkbox

			1	bp_advisory___1	Patient signed Medical Advisory Acknowledgement.

823	bv_pregnant Show the field ONLY if: [bv_ra] = '1' or [bv_ra] = '2'	[Ask if female < 50], Are you currently pregnant?	radio, Required

			1	Yes
			2	No/NA

824	bv_duedate Show the field ONLY if: [bv_pregnant] = '1'	[If pregnant], What is your due date?	text (date_mdy), Required

825	bv_acknowledgement Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Was Medical Advisory Acknowledgement completed?	checkbox

			1	bv_acknowledgement___1	Yes, for BP
			2	bv_acknowledgement___2	Yes, for Angina
			3	bv_acknowledgement___3	Yes, for PVD
			4	bv_acknowledgement___4	Yes, for other reason
			5	bv_acknowledgement___5	No, for other reason
			6	bv_acknowledgement___6	Not applicable

826	bv_acknowledgement_reason Show the field ONLY if: [bv_acknowledgement(4)] = '1' or [bv_acknowledgement(5)] = '1'	Other reason (specify):	notes, Required

827	bv_md_clearance Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Was MD Clearance Form completed?	radio

			1	Yes
			2	No
			3	Not applicable

828	bv_ae_deceased Show the field ONLY if:	Is patient reported to be DECEASED?	radio, Required

			1	Yes
			2	No

	[bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'		

829 bv_ae_serious

Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'

Have you experienced any of the following?

checkbox, Required

1	bv_ae_serious___1	Life threatening event/illness
2	bv_ae_serious___2	Worsening or new disability/incapacity of significance
3	bv_ae_serious___3	Women: Pregnancy resulting in congenital abnormality or birth defect
4	bv_ae_serious___4	None of the above

830 bv_ae_urgent_er_hosp

Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'

Have you experienced any other medical event that required the following?

checkbox, Required

1	bv_ae_urgent_er_hosp___1	Urgent, unscheduled outpatient visit
2	bv_ae_urgent_er_hosp___2	Emergency room visit
3	bv_ae_urgent_er_hosp___3	Hospitalization (had to spend at least one night in the hospital)
4	bv_ae_urgent_er_hosp___4	None of the above

831 bv_any_ae_dx

Show the field ONLY if: [bv_timepoint]= '2' or [bv_ti mepoint] = '3' or [bv_timep oint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv _cog12] = '1' or [bv_cog12] = '2'

Have you been told by a health care professional that you have had any of the following?

checkbox, Required

1	bv_any_ae_dx___1	Heart Attack
2	bv_any_ae_dx___2	Stroke
3	bv_any_ae_dx___3	Mini-stroke (TIA or Transient Ischemic Attack)
4	bv_any_ae_dx___4	Heart failure
5	bv_any_ae_dx___5	Coronary angioplasty or bypass surgery
6	bv_any_ae_dx___6	Chest pain (angina pectoris)
7	bv_any_ae_dx___7	Peripheral vascular disease
8	bv_any_ae_dx___8	Diabetes
9	bv_any_ae_dx___9	Broken bone
10	bv_any_ae_dx___10	Torn ligament
11	bv_any_ae_dx___11	Other serious injury to the bone or muscle
12	bv_any_ae_dx___12	Liver failure
13	bv_any_ae_dx___13	Kidney failure
14	bv_any_ae_dx___14	Cancer (except for non-melanoma skin cancer)
15	bv_any_ae_dx___15	Adverse reaction to medication

				16	bv_any_ae_dx___16	Any other significant injury or medical event
				17	bv_any_ae_dx___17	None of the above

832	bv_specify_ae_type Show the field ONLY if: [bv_any_ae_dx(16)] = '1' or [bv_any_ae_dx(11)] = '1'	Please specify the significant injury or medical event:	text, Required			

833	bv_ae_number_of_events Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Number of events reported:	text (number), Required

834	bv_ae_query_link Show the field ONLY if: [bv_ae_number_of_events] >0	Complete One Positive Adverse Event Patient Query Form for every event reported. Click RAINBOW Positive AE Form.	descriptive

835	bv_ae Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Was a Positive Adverse Event Form completed?	radio

radio:
0	No event was reported
1	Event reported Positive AE Form NOT completed
2	Yes - Positive AE Form completed

836	bv_56_online_paper_bqq Show the field ONLY if: [bv_timepoint]= '2' or [bv_timepoint] = '3' or [bv_timepoint]= '4' or [bv_timepoint]= '5' or [bv_cog12] = '3' or [bv_cog12] = '1' or [bv_cog12] = '2'	Did the patient complete online or paper Questionnaire?	radio, Required

1	Yes. Please review for completeness.
2	No. Please have the patient complete the questionnaire before leaving the visit.

837	bv_not_feasible Show the field ONLY if: [bv_56_online_paper_bqq] = '2'	If not feasible to complete the questionnaire before leaving the visit, a plan should be put into place for their completion, and specify the method and date by which the patient will turn in the missing information	notes, Required

838	labs_done_yet Show the field ONLY if: [bv_timepoint] = '2' or [bv_timepoint] = '3' or [bv_timepoint] = '4' or [bv_timepoint] = '5' and [bv_date] < 1/1/2015	Has patient completed Labs for this time-point?	radio

1	Completed, per EPIC
2	Completed, per patient report
3	Not yet completed, but a plan was put into place for completion
4	No, patient refused

839	bv_50_visit_outcome Show the field ONLY if: [bv_timepoint] = '1' and [bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5'	RA enter the outcome of the visit(check all that apply)	checkbox

1	bv_50_visit_outcome___1	Eligible
2	bv_50_visit_outcome___2	Ineligible - BMI
3	bv_50_visit_outcome___3	Pending Review - Rose PVD
4	bv_50_visit_outcome___4	Pending Review - Rose Angina
5	bv_50_visit_outcome___5	Pending Review - RA discretion
6	bv_50_visit_outcome___6	Pending

					Review - Other
			7	bv_50_visit_outcome___7	Ineligible - SCL Suicidal Ideation
			8	bv_50_visit_outcome___8	Recommended Exclusion by RA

840	bv_50_review_other_txt Show the field ONLY if: [bv_50_visit_outcome(6)] = '1'	If Pending Review or Recommended Exclusion, specify	notes, Required
841	offered_engage Show the field ONLY if: [bv_timepoint] = '1' and [bv_4_informedconsent] = '1' or [bv_4_informedconsent] = '5'	Was the patient offered Engage?	radio, Required 1 Yes 2 No, Part 1 only
842	reason_not_offered Show the field ONLY if: [offered_engage] = '2'	Reason Engage not offered:	notes
843	bv_scl_alert Show the field ONLY if: [bv_scl2] = '3' or [bv_scl2] = '4'	SCL-20 Alert: The Patient answered 3 or 4 to thoughts of death or dying, Contact the Study Psychiatrist.	descriptive
844	bv_ineligible Show the field ONLY if: [bv_4_informedconsent] = '2' or [bv_50_visit_outcome(2)] = '1'	"Thank you very much for making the time to come in for the visit. The information you have provided today indicates that you will not be eligible to participate in the study. We understand that this may be a disappointment to you, but we want to be sure you know that your willingness to be screened is greatly appreciated."	descriptive
845	bv_eligible Show the field ONLY if: [bv_50_visit_outcome(1)] = '1' or [bv_50_visit_outcome(3)] = '1' or [bv_50_visit_outcome(4)] = '1' or [bv_50_visit_outcome(5)] = '1' or [bv_50_visit_outcome(6)] = '1'	"Thank you very much for making the time to come in for the visit. The final step in the screening process is a review by our study physician and your fasting blood draw. You will be hearing from a study staff member by telephone to inform you of the outcome of the review and if you are fully eligible to be enrolled, your study group assignment."	descriptive
846	bv_end_visit_schedule_icf	End visit	descriptive
847	rainbow_study_visit_form_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

	Instrument: **RAINBOW SCL-20**		
848	scl20_studyid	Study ID	text, Required
849	bv_scl1	Feeling low in energy or slowed down	radio (Matrix), Required 0 Not at all 1 A little bit 2 Moderately 3 Quite a bit 4 Extremely
850	bv_scl2	Thoughts of ending your life	radio (Matrix), Required 0 Not at all 1 A little bit 2 Moderately

				3	Quite a bit
				4	Extremely
851	bv_scl3	Poor appetite	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
852	bv_scl4	Crying easily	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
853	bv_scl5	Feeling of being caught or trapped	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
854	bv_scl6	Blaming yourself for things	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
855	bv_scl7	Feeling lonely	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
856	bv_scl8	Feeling blue	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
857	bv_scl9	Worrying too much about things	radio (Matrix), Required		
				0	Not at all
				1	A little bit
				2	Moderately
				3	Quite a bit
				4	Extremely
858	bv_scl10	Feeling no interest in things	radio (Matrix), Required		
				0	Not at all

			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
859	bv_scl11	Loss of sexual interest or pleasure	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
860	bv_scl12	Trouble falling asleep	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
861	bv_scl13	Feeling hopeless about the future	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
862	bv_scl14	Thoughts of death or dying	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
863	bv_scl15	Overeating	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
864	bv_scl16	Awakening early in the morning	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
865	bv_scl17	Sleep that is restless or disturbed	radio (Matrix), Required	
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely

866	bv_scl18	Feeling everything is an effort	radio (Matrix), Required
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
867	bv_scl19	Feelings of worthlessness	radio (Matrix), Required
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
868	bv_scl20	Feelings of guilt	radio (Matrix), Required
			0	Not at all
			1	A little bit
			2	Moderately
			3	Quite a bit
			4	Extremely
869	rainbow_scl20_complete	Complete?	dropdown
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Rainbow Rescreen form

870	re_es1_by	Online Form completed by:	radio, Required
			1	Potential participant completing form him/herself
			2	RAINBOW study Research Associate
871	re_es2_ra Show the field ONLY if: [re_es1_by] = '2'	If you are a patient, please return to the previous page and check the correct box.	radio
			1	Elizabeth Jameiro
			2	Nancy Wittels
			3	Shweta Karve
872	re_enter	Please enter the following to help us ensure the accuracy of your data record:	descriptive
873	re_first_name_and_middle_init	First name and middle initial:	text
874	re_es3_studyid	Please enter the Confidential Study ID, if you have it. Study ID:	text
875	re_screening_paper_consent Show the field ONLY if: [re_es1_by] = '2'	Did the patient complete the screening consent on paper?	radio, Required
			1	Yes. Patient completed and returned paper consent.
			2	No. Patient did not complete paper consent.
876	re_es5_consent	By selecting "I AGREE" below you are indicating that you agree to update your screening information for the study.	radio, Required
			1	I AGREE to participate and I acknowledge that my selection of this option is intended to be the equivalent of my handwritten signature.
			2	I DECLINE to participate
			3	I would like someone to call me

877	re_paperscreenconsentdate Show the field ONLY if: [re_screening_paper_consent] = '1'	RA: Please indicate the Signature Date on participant's paper Screening Consent returned by mail:	text (date_mdy), Required
878	re_sex Show the field ONLY if: [re_es5_consent] = '1'	What is your sex?	radio | 1	Female
2	Male
3	Other
4	Decline to state	
879	re_gender_other Show the field ONLY if: [re_sex] = '3'	If Other, please specify: *(If Decline to State enter "99")*	text
880	re_es11_pregnant Show the field ONLY if: [re_sex] = '1' or [re_sex] = '3' or [re_sex] = '99'	Are you currently pregnant, breast-feeding or planning to get pregnant in the next 24 MONTHS?	radio, Required | 1	Yes
2	No
99	Decline to state*	
881	re_es12_phq9_1 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Little interest or pleasure in doing things	radio (Matrix), Required | 0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*	
882	re_es12_phq9_2 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Feeling down, depressed or hopeless	radio (Matrix), Required | 0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*	
883	re_es12_phq9_3 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Trouble falling or staying asleep, or sleeping too much	radio (Matrix), Required | 0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*	
884	re_es12_phq9_4 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Feeling tired or having little energy	radio (Matrix), Required | 0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*	
885	re_es12_phq9_5 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Poor appetite or overeating	radio (Matrix), Required | 0	Not at All
1	Several Days
2	More than Half the Days
3	Nearly Every Day
99	Decline to state*	
886	re_es12_phq9_6	Feeling bad about yourself - or that you are a failure or	radio (Matrix), Required

	Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	have let yourself or your family down	0 Not at All 1 Several Days 2 More than Half the Days 3 Nearly Every Day 99 Decline to state*
887	re_es12_phq9_7 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Trouble concentrating on things, such as reading the newspaper or watching television	radio (Matrix), Required 0 Not at All 1 Several Days 2 More than Half the Days 3 Nearly Every Day 99 Decline to state*
888	re_es12_phq9_8 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	radio (Matrix), Required 0 Not at All 1 Several Days 2 More than Half the Days 3 Nearly Every Day 99 Decline to state*
889	re_es12_phq9_9 Show the field ONLY if: [re_es11_pregnant] = '2' or [re_sex] = '2'	Thoughts that you would be better off dead, or of hurting yourself	radio (Matrix), Required 0 Not at All 1 Several Days 2 More than Half the Days 3 Nearly Every Day 99 Decline to state*
890	re_es12_phq9_10 Show the field ONLY if: [re_es12_phq9_1] = '1' or [re_es12_phq9_1] = '2' or [re_es12_phq9_1] = '3' or [re_es12_phq9_2] = '1' or [re_es12_phq9_2] = '2' or [re_es12_phq9_2] = '3' or [re_es12_phq9_3] = '1' or [re_es12_phq9_3] = '2' or [re_es12_phq9_3] = '3' or [re_es12_phq9_4] = '1' or [re_es12_phq9_4] = '2' or [re_es12_phq9_4] = '3' or [re_es12_phq9_5] = '1' or [re_es12_phq9_5] = '2' or [re_es12_phq9_5] = '3' or [re_es12_phq9_6] = '1' or [re_es12_phq9_6] = '2' or [re_es12_phq9_6] = '3' or [re_es12_phq9_7] = '1' or [re_es12_phq9_7] = '2' or [re_es12_phq9_7] = '3' or [re_es12_phq9_8] = '1' or [re_es12_phq9_8] = '2' or [re_es12_phq9_8] = '3' or [re_es12_phq9_9] = '1' or [re_es12_phq9_9] = '2' or [re_es12_phq9_9] = '3'	If you checked off any problems, how difficult have thre_ese problems made it for you to do your work, take care of things at home, or get along with other people?	radio, Required 1 Not difficult at at all 2 Somewhat difficult 3 Very difficult 4 Extremely difficult 99 Decline to state
891	re_phq9_score Show the field ONLY if: [re_es1_by] = '2' and ([re_es11_pregnant] = '2' or [re_sex] = '2') and [re_es12_phq9_1] <> '99' and [re_es12_phq9_2] <> '99' and [re_es12_phq9_3] <> '99' an	PHQ9 score	calc Calculation: [re_es12_phq9_1]+ [re_es12_phq9_2]+[re_es12_phq9_3]+ [re_es12_phq9_4]+[re_es12_phq9_5]+ [re_es12_phq9_6]+[re_es12_phq9_7]+ [re_es12_phq9_8]+[re_es12_phq9_9]

		d [re_es12_phq9_4] <> '99' and [re_es12_phq9_5] <> '99' and [re_es12_phq9_6] <> '99' and [re_es12_phq9_7] <> '99' and [re_es12_phq9_8] <> '99' and [re_es12_phq9_9] <> '99'	

892	re_phq9_suicide_plan Show the field ONLY if: ([re_es12_phq9_9] = '2' or [re_es12_phq9_9] = '3') and [re_es1_by] = '2'	Do you have a plan for how you would commit suicide?	radio, Required 1 — Yes 2 — No 99 — Decline to state
893	re_rascreen_selfharm Show the field ONLY if: [re_es1_by] = '2' and ([re_es12_phq9_9] = '2' or [re_es12_phq9_9] = '3') and ([re_phq9_suicide_plan] ='1' or [re_phq9_suicide_plan] ='2' or [re_phq9_suicide_plan] ='99')	If Yes, participant has active plan for self harm: 1. Get participant's location 2. Explain to participant: I am concerned for your safety and therefore need to call for help right now. 3. Call 911 now. 4. Contact study psychiatrist If NO active plan, explain to participant: I am not a clinician; however, our study has clinicians who speak with any participant who tells us they've been feeling this way recently. I will have a study doctor call you within the next day or so. I would also like to give you three local emergency contact numbers that you may find helpful. All numbers are available 24 hours/7 days per week. ALAMEDA COUNTY: 1-(800)-309-2131 SAN MATEO COUNTY: 1-(650)-579-0350 SANTA CLARA COUNTY: 1-(855)-278-4204 Further numbers that may be useful: National Hopeline Network: 1-(800)-SUICIDE or 1-(800)-784-2433 National Suicide Prevention Lifeline: 1-(800) 273-TALK or 1-(800)-273-8255	descriptive
894	re_phq9_9_score_ge_2 Show the field ONLY if: ([re_es12_phq9_9] = '2' or [re_es12_phq9_9] = '3') and [re_es1_by] = '1'	Please note: we do not monitor this screener in real time, if this is an emergency call 911. For more immediate attention, because you have been bothered by thoughts that you would be better off dead or of hurting yourself in some way in the last 2 weeks, you should call your physician or other healthcare professional right away, or go to the emergency room. You may also call the National Suicide Hotline at 800-SUICIDE / 800-784-2433 or the National Suicide Prevention Lifeline at 800-273-TALK / 800-273-8255. The helplines are available 24 hours every day. We will have a study clinician contact you within 1-2 days. In the meantime, do not delay seeking medical attention.	descriptive
895	re_dysthymia Show the field ONLY if: ((([re_phq9_score] >= 10 and [re_phq9_score] < 99) and ([re_es12_phq9_9] = '0' or [re_es12_phq9_9] = '1')) or ([re_es1_by] = '1' and ([re_es12_phq9_9] = '0' or [re_es12_phq9_9] = '1') and [re_es12_phq9_1]< >'99' and [re_es12_phq9_	Over the last 2 YEARS, have you often felt down or depressed, or had little interest or pleasure in doing things?	radio, Required 1 — Yes 2 — No 99 — Decline to state

		2]<>'99' and [re_es12_phq 9_3]<>'99' and [re_es12_p hq9_4]<>'99' and [re_es12 _phq9_5]<>'99' and [re_es 12_phq9_6]<>'99' and [re _es12_phq9_7]<>'99' and [re_es12_phq9_8]<>'99' a nd [re_es12_phq9_9]<>'9 9')	

896	re_dysthymia2 Show the field ONLY if: [re_dysthymia] = '1'	Was that on more than half the days over the last 2 YEARS?	radio, Required 1 Yes 2 No 99 Decline to state
897	re_dysthymia3 Show the field ONLY if: [re_dysthymia] = '1'	Have these feelings often made it hard for you to do your work, take care of things at home, or get along with other people?	radio, Required 1 Yes 2 No 99 Decline to state
898	re_es13_transfercare Show the field ONLY if: [re_dysthymia] = '1' or [re_dysthymia] = '2' or [re_dyst hymia] = '99'	Do you plan to drop or transfer your care outside of PAMF in the next 24 MONTHS?	radio, Required 1 Yes 2 No 99 Decline to state*
899	re_es14_move Show the field ONLY if: [re_es13_transfercare] = '2'	Are you planning to move out of the Bay Area in the next 24 MONTHS?	radio, Required 1 Yes 2 No 99 Decline to state*
900	re_es15_computer Show the field ONLY if: [re_es14_move] = '2'	Do you have a reliable telephone service, regular access to a computer and/or mobile device with internet and e-mail capabilities (e.g., at home, at work, in a library), a device to play DVD?	radio, Required 1 Yes 2 No 99 Decline to state*
901	re_es16_bariatric Show the field ONLY if: [re_es15_computer] = '1'	Have you had bariatric (weight loss) surgery within the past 12 MONTHS or do you plan to undergo bariatric surgery during the study period?	radio, Required 1 Yes 2 No 99 Decline to state*
902	re_es17_phq_6_eat1 Show the field ONLY if: [re_es16_bariatric] = '2'	Do you often feel that you can't control what or how much you eat?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*
903	re_es17_phq_6_eat2 Show the field ONLY if: [re_es16_bariatric] = '2'	Do you often eat, within any 2-HOUR period, what most people would regard as an unusually large amount of food?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*
904	re_es17_phq_6_eat3 Show the field ONLY if: [re_es17_phq_6_eat1] = '1' and [re_es17_phq_6_e at2] = '1'	Has this been as often, on average, as twice a week for the last 3 MONTHS?	radio, Required 1 Yes 2 No 99 Decline to state*
905	re_es18_phq_7_eat1 Show the field ONLY if: [re_es16_bariatric] = '2' an d [re_es17_phq_6_eat1] < > '99' and [re_es17_phq_6 _eat2] <> '99' and ([re_es1	Made yourself vomit?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*

906	re_es18_phq_7_eat2 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and ([re_es17_phq_6_eat3] = '1' or [re_es17_phq_6_eat3] = '2')	Took more than twice the recommended dose of laxatives?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*
907	re_es18_phq_7_eat3 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and ([re_es17_phq_6_eat3] = '1' or [re_es17_phq_6_eat3] = '2')	Fasted - not eaten anything at all for at least 24 hours?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*
908	re_es18_phq_7_eat4 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and ([re_es17_phq_6_eat3] = '1' or [re_es17_phq_6_eat3] = '2')	Exercised for more than an hour specifically to avoid gaining weight after binge eating?	radio (Matrix), Required 1 Yes 2 No 99 Decline to state*
909	re_es19_phq_8_eat1 Show the field ONLY if: ([re_es18_phq_7_eat1] = '1' or [re_es18_phq_7_eat2] = '1' or [re_es18_phq_7_eat3] = '1' or [re_es18_phq_7_eat4] = '1') and [re_es18_phq_7_eat1] <> '99' and [re_es18_phq_7_eat2] <> '99' and [re_es18_phq_7_eat3] <> '99' and [re_es18_phq_7_eat4] <> '99'	If you checked "Yes" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	radio, Required 1 Yes 2 No 99 Decline to state*
910	re_es20_cage1 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and [re_es17_phq_6_eat3] <> '99' and [re_es18_phq_7_eat1] <> '99' and [re_es18_phq_7_eat2] <> '99' and [re_es18_phq_7_eat3] <> '99' and [re_es18_phq_7_eat4] <> '99' and [re_es19_phq_8_eat1] <> '99' and ([re_es17_phq_6_eat1] = '2' or [re_es17_phq_6_eat2] = '2' or [re_es17_phq_6_eat3] = '2' or [re_es19_phq_8_eat1] = '2') or ([re_es18_phq_7_eat1] ='2' and [re_es18_phq_7_eat2] = '2' and [re_es18_phq_7_eat3] = '2' and [re_es18_phq_7_eat4] ='2') or ([re_es17_phq_6_eat1] = '2' and [re_es17_phq_6_eat2] = '2')	In the past 12 months, have you ever felt you ought to cut down on your drinking or drug use?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*
911	re_es20_cage2 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <	In the past 12 months, have people annoyed you by criticizing your drinking or drug use?	radio (Matrix), Required 1 Yes 0 No

	> '99' and [re_es17_phq_6_eat2] <> '99' and [re_es17_phq_6_eat3] <> '99' and [re_es18_phq_7_eat1] <> '99' and [re_es18_phq_7_eat2] <> '99' and [re_es18_phq_7_eat3] <> '99' and [re_es18_phq_7_eat4] <> '99' and [re_es19_phq_8_eat1] <> '99' and ([re_es17_phq_6_eat1] = '2' or [re_es17_phq_6_eat2] = '2' or [re_es17_phq_6_eat3] = '2' or [re_es19_phq_8_eat1] = '2') or ([re_es18_phq_7_eat1] ='2' and [re_es18_phq_7_eat2] = '2' and [re_es18_phq_7_eat3] = '2' and [re_es18_phq_7_eat4] ='2') or ([re_es17_phq_6_eat1] = '2' and [re_es17_phq_6_eat2] = '2')		99	Decline to state*
912	re_es20_cage3 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and [re_es17_phq_6_eat3] <> '99' and [re_es18_phq_7_eat1] <> '99' and [re_es18_phq_7_eat2] <> '99' and [re_es18_phq_7_eat3] <> '99' and [re_es18_phq_7_eat4] <> '99' and [re_es19_phq_8_eat1] <> '99' and ([re_es17_phq_6_eat1] = '2' or [re_es17_phq_6_eat2] = '2' or [re_es17_phq_6_eat3] = '2' or [re_es19_phq_8_eat1] = '2') or ([re_es18_phq_7_eat1] ='2' and [re_es18_phq_7_eat2] = '2' and [re_es18_phq_7_eat3] = '2' and [re_es18_phq_7_eat4] ='2') or ([re_es17_phq_6_eat1] = '2' and [re_es17_phq_6_eat2] = '2')	In the past 12 months, have you felt bad or guilty about drinking or drug use?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*	
913	re_es20_cage4 Show the field ONLY if: [re_es16_bariatric] = '2' and [re_es17_phq_6_eat1] <> '99' and [re_es17_phq_6_eat2] <> '99' and [re_es17_phq_6_eat3] <> '99' and [re_es18_phq_7_eat1] <> '99' and [re_es18_phq_7_eat2] <> '99' and [re_es18_phq_7_eat3] <> '99' and [re_es18_phq_7_eat4] <> '99' and [re_es19_phq_8_eat1] <> '99' and ([re_es17_phq_6_eat1] = '2' or [re_es17_phq_6_eat2] = '2' or [re_es17_phq_6_eat3] = '2' or [re_es19_phq_8_eat1] = '2') or ([re_es18_phq_7_eat1] ='2' and [re_es18_phq_7_eat2] = '2' and [re_es18_phq_7_eat3] = '2' and [re_es18_phq_7_eat4] ='2') or ([re_es17_phq_6_eat1] = '2' and [re_es17_phq_6_eat2] = '2')	In the past 12 months, have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?	radio (Matrix), Required 1 Yes 0 No 99 Decline to state*	

914	re_cage_score Show the field ONLY if: [re_es1_by] = '2' and ([re_es20_cage1] = '1' or [re_es20_cage1] = '0') and ([re_es20_cage2] = '1' or [re_es20_cage2] = '0') and ([re_es20_cage3] = '1' or [re_es20_cage3] = '0') and ([re_es20_cage4] = '1' or [re_es20_cage4] = '0')	CAGE score	calc, Required Calculation: [re_es20_cage1]+[re_es20_cage2]+[re_es20_cage3]+[re_es20_cage4]
915	re_es21_dm Show the field ONLY if: ([re_es1_by] = '1' and [re_es16_bariatric] = '2' and ([re_es20_cage1] = '0' or [re_es20_cage1] = '1') and ([re_es20_cage2] = '0' or [re_es20_cage2] = '1') and ([re_es20_cage3] = '0' or [re_es20_cage3] = '1') and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1')) or ([re_es1_by] = '2' and [cage_score] < 2 and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1'))	Diabetes (except during pregnancy)	radio (Matrix), Required | 1	Yes
2	No
3	Not sure
99	Decline to state	
916	re_es21_stroke Show the field ONLY if: ([re_es1_by] = '1' and [re_es16_bariatric] = '2' and ([re_es20_cage1] = '0' or [re_es20_cage1] = '1') and ([re_es20_cage2] = '0' or [re_es20_cage2] = '1') and ([re_es20_cage3] = '0' or [re_es20_cage3] = '1') and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1')) or ([re_es1_by] = '2' and [cage_score] < 2 and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1'))	Stroke	radio (Matrix), Required | 1	Yes
2	No
3	Not sure
99	Decline to state	
917	re_es21_mi Show the field ONLY if: ([re_es1_by] = '1' and [re_es16_bariatric] = '2' and ([re_es20_cage1] = '0' or [re_es20_cage1] = '1') and ([re_es20_cage2] = '0' or [re_es20_cage2] = '1') and ([re_es20_cage3] = '0' or [re_es20_cage3] = '1') and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1')) or ([re_es1_by] = '2' and [cage_score] < 2 and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1'))	Heart attack	radio (Matrix), Required | 1	Yes
2	No
3	Not sure
99	Decline to state	
918	re_es21_hf Show the field ONLY if: ([re_es1_by] = '1' and [re_es16_bariatric] = '2' and ([re_es20_cage1] = '0' or [re_es20_cage1] = '1') and ([re_es20_cage2] = '0' or [re_es20_cage2] = '1') and ([re_es20_cage3] = '0' or [re_es20_cage3] = '1') and ([re_es20_cage4] = '0' or [re	Heart failure	radio (Matrix), Required | 1	Yes
2	No
3	Not sure
99	Decline to state	

	_es20_cage4] = '1')) or ([re _es1_by] = '2' and [cage_s core] < 2 and ([re_es20_c age4] = '0' or [re_es20_ca ge4] = '1'))		

919	re_es21_cabg Show the field ONLY if: ([re_es1_by] = '1' and [re_ es16_bariatric] = '2' and ([r e_es20_cage1] = '0' or [re _es20_cage1] = '1') and ([r e_es20_cage2] = '0' or [re _es20_cage2] = '1') and ([r e_es20_cage3] = '0' or [re _es20_cage3] = '1') and ([r e_es20_cage4] = '0' or [re _es20_cage4] = '1')) or ([re _es1_by] = '2' and [cage_s core] < 2 and ([re_es20_c age4] = '0' or [re_es20_ca ge4] = '1'))	Coronary bypass surgery or angioplasty	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
920	re_es21_vre_esselsurg Show the field ONLY if: ([re_es1_by] = '1' and [re_ es16_bariatric] = '2' and ([r e_es20_cage1] = '0' or [re _es20_cage1] = '1') and ([r e_es20_cage2] = '0' or [re _es20_cage2] = '1') and ([r e_es20_cage3] = '0' or [re _es20_cage3] = '1') and ([r e_es20_cage4] = '0' or [re _es20_cage4] = '1')) or ([re _es1_by] = '2' and [cage_s core] < 2 and ([re_es20_c age4] = '0' or [re_es20_ca ge4] = '1'))	Blood vessel surgery to open arteries in your neck or legs	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
921	re_es21_psych Show the field ONLY if: ([re_es1_by] = '1' and [re_ es16_bariatric] = '2' and ([r e_es20_cage1] = '0' or [re _es20_cage1] = '1') and ([r e_es20_cage2] = '0' or [re _es20_cage2] = '1') and ([r e_es20_cage3] = '0' or [re _es20_cage3] = '1') and ([r e_es20_cage4] = '0' or [re _es20_cage4] = '1')) or ([re _es1_by] = '2' and [cage_s core] < 2 and ([re_es20_c age4] = '0' or [re_es20_ca ge4] = '1'))	Bipolar or Psychotic disorder	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
922	re_es21_organfail Show the field ONLY if: ([re_es1_by] = '1' and [re_ es16_bariatric] = '2' and ([r e_es20_cage1] = '0' or [re _es20_cage1] = '1') and ([r e_es20_cage2] = '0' or [re _es20_cage2] = '1') and ([r e_es20_cage3] = '0' or [re _es20_cage3] = '1') and ([r e_es20_cage4] = '0' or [re _es20_cage4] = '1')) or ([re _es1_by] = '2' and [cage_s core] < 2 and ([re_es20_c age4] = '0' or [re_es20_ca ge4] = '1'))	Failure of the liver or kidney	radio (Matrix), Required 1 Yes 2 No 3 Not sure 99 Decline to state
923	re_es21_cancer	Cancer (other than non-melanoma skin cancer)	radio (Matrix), Required

	Show the field ONLY if: ([re_es1_by] = '1' and [re_es16_bariatric] = '2' and ([re_es20_cage1] = '0' or [re_es20_cage1] = '1') and ([re_es20_cage2] = '0' or [re_es20_cage2] = '1') and ([re_es20_cage3] = '0' or [re_es20_cage3] = '1') and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1')) or ([re_es1_by] = '2' and [cage_score] < 2 and ([re_es20_cage4] = '0' or [re_es20_cage4] = '1'))		1	Yes
			2	No
			3	Not sure
			99	Decline to state

924	re_es21_cancerative Show the field ONLY if: [re_es21_cancer] = '1'	Was the cancer active within the past two years or treated with radiation or chemotherapy in the past 12 MONTHS?	radio, Required	
			1	Yes
			2	No
			3	Unsure
			99	Decline to state

925	re_es22_pyschcare_outpamf Show the field ONLY if: [re_es16_bariatric]='2' and ([re_es21_dm] = '2' or [re_es21_dm] = '3' or [re_es21_dm] = '99') and ([re_es21_stroke] = '2' or [re_es21_stroke] = '3' or [re_es21_stroke] = '99') and ([re_es21_mi] = '2' or [re_es21_mi] = '3' or [re_es21_mi] = '99') and ([re_es21_hf] = '2' or [re_es21_hf] = '3' or [re_es21_hf] = '99') and ([re_es21_cabg] = '2' or [re_es21_cabg] = '3' or [re_es21_cabg] = '99') and ([re_es21_vre_esselsurg] = '2' or [re_es21_vre_esselsurg] = '3' or [re_es21_vre_esselsurg] = '99') and ([re_es21_psych] = '2' or [re_es21_psych] = '3' or [re_es21_psych] = '99') and ([re_es21_organfail] = '2' or [re_es21_organfail] = '3' or [re_es21_organfail] = '99') and [re_es21_cancerative] <> '1'	Are you currently receiving psychiatric care with a provider outside of Sutter Health network?	radio, Required	
			1	Yes
			2	No
			99	Decline to state*

926	re_es23_hospice Show the field ONLY if: [re_es22_pyschcare_outpamf] = '2'	Do you live in a long-term care facility and/or hospice care?	radio, Required	
			1	Yes
			2	No
			99	Decline to state*

927	re_es24_housemember Show the field ONLY if: [re_es23_hospice] = '2'	Do you live in the same household with a person enrolled in this study or is a staff member?	radio, Required	
			1	Yes
			2	No
			99	Decline to state*

| 928 | re_based_answer_ineligible

Show the field ONLY if: [re_es24_housemember] <> '2' and [screening_paper_consent] = '1' or [re_es11_pregnant] = '1' or [re_e | Thank you for your time in completing this eligibility screener. Your responses indicate that you are not eligible to participate in the study. We understand that this may be a disappointment to you, but want to be sure you know that your willingness to be screened is greatly appreciated. | descriptive | |

	s13_transfercare] = '1' or [re_es14_move] = '1' or [re_es15_computer] = '2' or [re_es16_bariatric] = '1' or [re_es21_cancerative] = '1' or [re_es22_pyschcare_outpamf] = '1' or [re_es23_hospice] = '1' or [re_es24_housemember] = '1' or [re_es21_dm] = '1' or [re_es21_dm] = '3' or [re_es21_stroke] = '1' or [re_es21_stroke] = '3' or [re_es21_mi] = '1' or [re_es21_mi] = '99' or [re_es21_hf] = '1' or [re_es21_hf] = '99' or [re_es21_cabg] = '1' or [re_es21_cabg] = '3' or [re_es21_vre_esselsurg] = '1' or [re_es21_vre_esselsurg] = '3' or [re_es21_psych] = '1' or [re_es21_psych] = '3' or [re_es21_organfail] = '1' or [re_es21_organfail] = '3'		
929	re_based_answer_eligible Show the field ONLY if: [re_es24_housemember] = '2' and [re_es1_by] = '2' and ([re_es5_consent] = '1' or [re_screening_paper_consent] = '1')	Based on your answers we have determined that you are eligible to continue to the next step in the screening process, which is to attend an in-person study visit, if you have not done so already.	descriptive
930	re_based_answer_maybe eligible Show the field ONLY if: [re_es24_housemember] = '2' and [re_es1_by] = '1' and [re_es5_consent] = '1'	Based on your answers we have determined that you may be eligible to continue to the next step in the screening process, which is to attend an in-person study visit. If you are determined eligible to continue, a Research Assistant will call to schedule the visit, if you have not already completed it.	descriptive
931	re_es26_agree_after_screen Show the field ONLY if: [re_es24_housemember] = '2'	Do you agree to be scheduled for the in-person study visit? (If you have self-screened, our study staff will review your answers and will contact you to schedule an appointment, or you may call 650-853-5648)	radio, Required 1 Yes (or I have already attended the visit) 2 No 3 Undecided. Please call me.
932	re_no_decline Show the field ONLY if: [re_es5_consent] = '2'	We respect your decision not to participate in the study.	descriptive
933	re_contact_you Show the field ONLY if: [re_es26_agree_after_screen] = '3' or [re_es5_consent] = '3'	Someone from our research staff will contact you to provide more information about this study. Please provide your current contact information below. Use of E-mail address is for Study communication purposes only, and will not be shared with any third parties	descriptive
934	re_preferred_telephone Show the field ONLY if: [re_es26_agree_after_screen] = '1' or [re_es26_agree_after_screen] = '3' or [re_es5_consent] = '3'	Preferred telephone number: (10 digits) *10 digits*	text (phone), Required
935	re_preferred_phone_type Show the field ONLY if: [re_es26_agree_after_screen] = '1' or [re_es26_agree_after_screen] = '3' or [re_es5_consent] = '3'	Preferred phone type:	radio, Required 1 Cell phone 2 Day phone 3 Evening phone
936	re_alternate_telephone Show the field ONLY if:	Alternate telephone number: (10 digits) *10 digits*	text (phone), Required

	[re_es26_agree_after_scr een] = '1' or [re_es26_agre e_after_screen] = '3' or [re _es5_consent] = '3'		
937	re_phone_type Show the field ONLY if: [re_es26_agree_after_scr een] = '1' or [re_es26_agre e_after_screen] = '3' or [re _es5_consent] = '3'	Alternate phone type:	radio, Required 1 Cell Phone 2 Day phone 3 Evening phone
938	re_best_time Show the field ONLY if: [re_es26_agree_after_scr een] = '1' or [re_es26_agre e_after_screen] = '3' or [re _es5_consent] = '3'	Best time to reach you:	text, Required
939	re_email_address Show the field ONLY if: [re_es26_agree_after_scr een] = '1' or [re_es26_agre e_after_screen] = '3' or [re _es5_consent] = '3'	Email Address: *(If no email, enter "99@noemail.com")*	text (email), Required
940	re_renter_email Show the field ONLY if: [re_es26_agree_after_scr een] = '1' or [re_es26_agre e_after_screen] = '3' or [re _es5_consent] = '3'	Re-enter Email Address	text (email), Required
941	re_es_manual_date Show the field ONLY if: [re_es1_by] = '2'	Please enter the date when Rescreen form was completed	text (date_mdy), Required
942	re__study_initial_eligibility _screening_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Self-Reported Outcomes Questionnaire**			
943	sr_heading	Self-Reported Outcomes Questionnaire:	descriptive
944	sr_study_id	Study ID:	text, Required
945	sr_completd_by	Form completed by:	radio, Required 1 Patient 2 RAINBOW study Research Associate
946	sr_ra Show the field ONLY if: [sr_completd_by] = '2'	Research Associate:	radio, Required 1 Elizabeth Jameiro 2 Nancy Wittels 3 Veronica Luna 4 Lisa Rosas
947	sr_date	Today's Date:	text (date_mdy), Required
948	sr_timepoint	Time point:	radio, Required 1 6-monthfollow-up 2 12-month follow-up 3 18-month follow-up 4 24-month follow-up
949	sr_probs_1	Feeling low in energy or slowed down	radio (Matrix), Required 1 Not at all

			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
950	sr_probs2	Thoughts of ending your life	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
951	sr_probs_3	Poor appetite	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
952	sr_probs_4	Crying easily	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
953	sr_probs_5	Feeling of being caught or trapped	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
954	sr_probs_6	Blaming yourself for things	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
955	sr_probs_7	Feeling lonely	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
956	sr_probs_8	Feeling blue	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely

957	sr_probs_9	Worrying too much about things	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
958	sr_probs_10	Feeling no interest in things	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
959	sr_probs_11	Loss of sexual interest or pleasure	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
960	sr_probs_12	Trouble falling asleep	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
961	sr_probs_13	Feeling hopeless about the future	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
962	sr_probs_14	Thoughts of death or dying	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
963	sr_probs_15	Overeating	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit
			5 Extremely
964	sr_probs_16	Awakening early in the morning	radio (Matrix), Required
			1 Not at all
			2 A little bit
			3 Moderately
			4 Quite a bit

			5 Extremely
965	sr_probs_17	Sleep that is restless or disturbed	radio (Matrix), Required 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely
966	sr_probs_18	Feeling everything is an effort	radio (Matrix), Required 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely
967	sr_probs_19	Feelings of worthlessness	radio (Matrix), Required 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely
968	sr_probs_20	Feelings of guilt	radio (Matrix), Required 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely
969	sr_weight	Do you know your current weight?	radio, Required 1 Yes 2 No
970	sr_clothes Show the field ONLY if: [sr_weight] = '1'	When was the last time you weighed yourself without shoes and in light clothes or without clothes?	text (date_mdy), Required
971	sr_pounds Show the field ONLY if: [sr_weight] = '1'	How much did you weigh in pounds? *(lbs)*	text, Required
972	sr_by_ra Show the field ONLY if: [sr_completd_by] = '2' and [sr_probs2] = '4' and [sr_pr obs2] = '5'	[If completed by RA and patient answered quite a bit or extremely for thoughts of ending your life]	descriptive
973	sr_suicide Show the field ONLY if: [sr_probs2] = '4' or [sr_pro bs2] = '5'	Do you have a plan for how you would commit suicide?	radio, Required 1 Yes 2 No
974	sr_if_yes Show the field ONLY if: [sr_completd_by] = '2' and [sr_schedue] = '1'	If YES, participant has active plan for self harm: 1. Get participant's location 2. Explain to participant: I am concerned for your safety and therefore need to call for help right now. 3. Call 911 now.	descriptive

		4. Contact study psychiatrist	
975	sr_by_patient Show the field ONLY if: [sr_completd_by] = '1' and [sr_probs2] = '4' or [sr_probs2] = '5'	Please note: we do not monitor this screener in real time, if this is an emergency call 911. For more immediate attention, because you have been bothered by thoughts of ending your life in the last 2 weeks, you should call your physician or other healthcare professional right away, or go to the emergency room. You may also call the National Suicide Hotline at 800-SUICIDE / 800-784-2433 or the National Suicide Prevention Lifeline at 800-273-TALK / 800-273-8255. The helplines are available 24 hours every day. We will have a study clinician contact you within 1-2 days. In the meantime, do not delay seeking medical attention.	descriptive
976	sr_if_no Show the field ONLY if: [sr_completd_by] = '2' and [sr_suicide] = '2'	If NO active plan, explain to participant: I am not a clinician; however, our study has clinicians who speak with any participant who tells us they've been feeling this way recently. I will have a study doctor call you within the next day or so. I would also like to give you three local emergency contact numbers that you may find helpful. All numbers are available 24 hours/7 days per week. ALAMEDA COUNTY: 1-(800)-309-2131 SAN MATEO COUNTY: 1-(650)-579-0350 SANTA CLARA COUNTY: 1-(855)-278-4204 Further numbers that may be useful: National Hopeline Network: 1-(800)-SUICIDE or 1-(800)-784-2433 National Suicide Prevention Lifeline: 1-(800) 273-TALK or 1-(800)-273-8255	descriptive

977	sr_schedue Show the field ONLY if: [sr_completd_by] = '2'	Did the patient schedule an in person visit?	radio, Required

			1	Yes
			2	No, Please complete a Modified Clinic Visit Form by phone [link to the Clinic Visit Form]

978	self_reported_primary_outcomes_complete	Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: **Engage Visits**

979	studyidengage	Study ID *e.g. MP99999*	text, Required
980	data_collector	Data Collector:	radio, Required

			1	Adam Pines
			2	Celeste Navarro
			3	Nowreen Chowdhry
			4	Other RA

981	ra_other Show the field ONLY if: [data_collector] = '4'	Enter staff name:	text
982	visit_date	Visit Date	text (date_mdy), Required
983	timepoint	Timepoint	radio

			1	Baseline
			2	2-month
			3	6-month

			4	12-month
			5	24-month

984	pregnancy_test	Pregnancy test	dropdown (autocomplete), Required	
			1	N/A Male
			2	N/A Not childbearing age
			3	Negative result
			4	Positive result
			5	Refused

985	qq_mri_screen	MRI Screening Rsult	dropdown (autocomplete), Required	
			1	MRI eligible
			2	MRI contraindicated
			3	Not completed - explain

986	explain_mri_screening_not Show the field ONLY if: [qq_mri_screen] = '3'	Explain if MRI screening NOT completed:	notes, Required		

987	mri_noncon_faces	Noncon faces	checkbox, Required		
			1	mri_noncon_faces___1	Complete
			2	mri_noncon_faces___2	Partial
			0	mri_noncon_faces___0	None
			3	mri_noncon_faces___3	Out of time
			4	mri_noncon_faces___4	Technical Issue
			5	mri_noncon_faces___5	Other
			6	mri_noncon_faces___6	Discomf.
			7	mri_noncon_faces___7	Claustro.

988	mri_con_faces	Con Faces	checkbox, Required		
			1	mri_con_faces___1	Complete
			2	mri_con_faces___2	Partial
			0	mri_con_faces___0	None
			3	mri_con_faces___3	Out of time
			4	mri_con_faces___4	Technical Issue
			5	mri_con_faces___5	Other
			6	mri_con_faces___6	Discomf.
			7	mri_con_faces___7	Claustro.

989	mri_emoreg	Emo Reg	checkbox, Required		
			1	mri_emoreg___1	Complete
			2	mri_emoreg___2	Partial
			0	mri_emoreg___0	None
			3	mri_emoreg___3	Out of time
			4	mri_emoreg___4	Technical Issue
			5	mri_emoreg___5	Other
			6	mri_emoreg___6	Discomf.
			7	mri_emoreg___7	Claustro.

990	mri_gonogo	Go No Go	checkbox, Required		
			1	mri_gonogo___1	Complete
			2	mri_gonogo___2	Partial
			0	mri_gonogo___0	None

		3	mri_gonogo___3	Out of time
		4	mri_gonogo___4	Technical Issue
		5	mri_gonogo___5	Other
		6	mri_gonogo___6	Discomf.
		7	mri_gonogo___7	Claustro.

991	mri_structural	Structural	checkbox, Required

		1	mri_structural___1	Complete
		2	mri_structural___2	Partial
		0	mri_structural___0	None
		3	mri_structural___3	Out of time
		4	mri_structural___4	Technical Issue
		5	mri_structural___5	Other
		6	mri_structural___6	Discomf.
		7	mri_structural___7	Claustro.

992	mri_dti	DTI	checkbox, Required

		1	mri_dti___1	Complete
		2	mri_dti___2	Partial
		0	mri_dti___0	None
		3	mri_dti___3	Out of time
		4	mri_dti___4	Technical Issue
		5	mri_dti___5	Other
		6	mri_dti___6	Discomf.
		7	mri_dti___7	Claustro.

993	mri_notes_as_needed	MRI Notes - as needed:	notes

994	vr_blm1	BLM 1	checkbox, Required

		1	vr_blm1___1	Complete
		2	vr_blm1___2	Partial
		0	vr_blm1___0	None
		3	vr_blm1___3	Out of time
		4	vr_blm1___4	Technical issue
		5	vr_blm1___5	Other
		6	vr_blm1___6	Opt out
		7	vr_blm1___7	VR Sick

995	vr_negative_mood	Negative	checkbox, Required

		1	vr_negative_mood___1	Complete
		2	vr_negative_mood___2	Partial
		0	vr_negative_mood___0	None
		3	vr_negative_mood___3	Out of time
		4	vr_negative_mood___4	Technical issue
		5	vr_negative_mood___5	Other
		6	vr_negative_mood___6	Opt out
		7	vr_negative_mood___7	VR Sick

996	vr_blm2	BLM 2	checkbox, Required

		1	vr_blm2___1	Complete
		2	vr_blm2___2	Partial
		0	vr_blm2___0	None

	3	vr_blm2___3	Out of time
	4	vr_blm2___4	Technical issue
	5	vr_blm2___5	Other
	6	vr_blm2___6	Opt out
	7	vr_blm2___7	VR Sick

997	vr_positive_mood	Positive	checkbox, Required		
			1	vr_positive_mood___1	Complete
			2	vr_positive_mood___2	Partial
			0	vr_positive_mood___0	None
			3	vr_positive_mood___3	Out of time
			4	vr_positive_mood___4	Technical issue
			5	vr_positive_mood___5	Other
			6	vr_positive_mood___6	Opt out
			7	vr_positive_mood___7	VR Sick

998	vr_blm3	BLM3	checkbox, Required		
			1	vr_blm3___1	Complete
			2	vr_blm3___2	Partial
			0	vr_blm3___0	None
			3	vr_blm3___3	Out of time
			4	vr_blm3___4	Technical issue
			5	vr_blm3___5	Other
			6	vr_blm3___6	Opt out
			7	vr_blm3___7	VR Sick

999	vr_cog_control	Cog Control	checkbox, Required		
			1	vr_cog_control___1	Complete
			2	vr_cog_control___2	Partial
			0	vr_cog_control___0	None
			3	vr_cog_control___3	Out of time
			4	vr_cog_control___4	Technical issue
			5	vr_cog_control___5	Other
			6	vr_cog_control___6	Opt out
			7	vr_cog_control___7	VR Sick

1000	virtual_reality_notes	Virtual Reality Notes - as needed:	notes		

1001	qq_cope	Cope	checkbox, Required		
			1	qq_cope___1	Complete
			2	qq_cope___2	Partial
			0	qq_cope___0	None
			3	qq_cope___3	Out of time
			4	qq_cope___4	Technical issue
			5	qq_cope___5	Other

1002	qq_erq	ERQ	checkbox, Required		
			1	qq_erq___1	Complete
			2	qq_erq___2	Partial
			0	qq_erq___0	None
			3	qq_erq___3	Out of time
			4	qq_erq___4	Technical issue

			checkbox, Required		
			5	qq_erq___5	Other

1003	qq_clutter	Clutter	checkbox, Required		
			1	qq_clutter___1	Complete
			2	qq_clutter___2	Partial
			0	qq_clutter___0	None
			3	qq_clutter___3	Out of time
			4	qq_clutter___4	Technical issue
			5	qq_clutter___5	Other

1004	qq_brisc	BRISC	checkbox, Required		
			1	qq_brisc___1	Complete
			2	qq_brisc___2	Partial
			0	qq_brisc___0	None
			3	qq_brisc___3	Out of time
			4	qq_brisc___4	Technical issue
			5	qq_brisc___5	Other

1005	qq_elsq	ELSQ	checkbox, Required		
			1	qq_elsq___1	Complete
			2	qq_elsq___2	Partial
			0	qq_elsq___0	None
			3	qq_elsq___3	Out of time
			4	qq_elsq___4	Technical issue
			5	qq_elsq___5	Other

1006	qq_webneuro	WebNeuro	checkbox, Required		
			1	qq_webneuro___1	Complete
			2	qq_webneuro___2	Partial
			0	qq_webneuro___0	None
			3	qq_webneuro___3	Out of time
			4	qq_webneuro___4	Technical issue
			5	qq_webneuro___5	Other

1007	computer_tasks_notes_as_ne	Computer Tasks Notes - as needed	notes		

1008	mindstrong_demo	Demographics	checkbox, Required		
			1	mindstrong_demo___1	Complete
			2	mindstrong_demo___2	Partial
			0	mindstrong_demo___0	None
			3	mindstrong_demo___3	Unsupported Platform
			4	mindstrong_demo___4	Opt out
			5	mindstrong_demo___5	Tech issue
			6	mindstrong_demo___6	Other

1009	mindstrong_handed	Handedness	checkbox, Required		
			1	mindstrong_handed___1	Complete
			2	mindstrong_handed___2	Partial
			0	mindstrong_handed___0	None
			3	mindstrong_handed___3	Unsupported Platform
			4	mindstrong_handed___4	Opt out
			5	mindstrong_handed___5	Tech issue

				6	mindstrong_handed___6	Other
1010	mindstrong_service_active	Activated Service	checkbox			
			1	mindstrong_service_active___1	Complete
			2	mindstrong_service_active___2	Partial
			0	mindstrong_service_active___0	None
			3	mindstrong_service_active___3	Unsupported Platform
			4	mindstrong_service_active___4	Opt out
			5	mindstrong_service_active___5	Tech issue
			6	mindstrong_service_active___6	Other
1011	mindstrong_notes_as_needed	Mindstrong Notes - as needed	notes		
1012	engage_visits_complete	Complete?	dropdown		
			0	Incomplete
			1	Unverified
			2	Complete