i2b2 Pediatric Caregiver - i2b2 Dev (PID: 162)

20/09/2024 10:31am

Instruments		Events

Languages

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
			Instrument: Enrollment (enrollment)	
		Active languages: None		
	1	[record_id]	Record ID	text
	2	[enrl_fversion]	Enrollment form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
	3	[enrl_dag]	Data Access Group:	text Field Annotation: @HIDDEN @HIDDEN-PDF @DEFAULT='[record-dag-name]'
	4	[enrl_admincom]	Administrative Comment:	notes Custom alignment: LV Field Annotation: @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
	5	[enrl_type]	What kind of caregiver is this?	radio, Required 1 Primary caregiver consented for child surveys only (not the full caregiver surveys) 2 Primary caregiver consented for both the caregiver and child surveys 3 Additional biological parent providing biospecimens Custom alignment: LV
	6	[enrl_noncon_note] Show the field ONLY if: [enrl_type]="1"	Since this caregiver only consented for child surveys, they will only complete caregiver questions about the household generally. They will fill out the caregiver identity form, the caregiver demographic form, and the household social determinants of health	descriptive

		form. Then they will continue on to the pediatric main cohort project.	
7	[enrl_con_note] Show the field ONLY if: [enrl_type]="2"	Since this caregiver consented for both the caregiver and child surveys, they will complete all of the caregiver forms first, and then continue on to the pediatric main cohort project.	descriptive
8	[enrl_biospec_note] Show the field ONLY if: [enrl_type]="3"	Additional biological parents providing specimens need to have a signed consent form (see the consent tracking form) and a biospecimens form (in the "Additional biological parent" section).	descriptive
9	[enrl_inclyn] Show the field ONLY if: [enrl_type]="2"	Does the caregiver meet all of the RECOVER study inclusion criteria?	radio, Required 1 Yes 0 No Custom alignment: LV
10	[enrl_exclyn] Show the field ONLY if: [enrl_type]="2"	Does the caregiver meet any of the RECOVER study exclusion criteria?	radio, Required 1 Yes 0 No Custom alignment: LV
11	[enrl_eligyn]	Caregiver eligibility:	calc Calculation: if([enrl_inclyn]="1" AND [enrl_exclyn]="0", 1, if([enrl_inclyn]="0" OR [enrl_exclyn]="1", 0, "")) Field Annotation: @HIDDEN @HIDDEN-PDF
12	[enrl_elign_warning] Show the field ONLY if: [enrl_type]="2" and [enrl_eligyn]="0"	Error: the caregiver is not eligible for the study. They should not have data entered into REDCap. Please contact the DRC at mgb-recover-drc@partners.org to have this record deleted.	descriptive
13	[enrl_consyn] Show the field ONLY if: [enrl_eligyn]="1"	Has the caregiver signed the caregiver consent form?	radio, Required 1 Yes 0 No Custom alignment: LV
14	[enrl_cons_reminder] Show the field ONLY if: [enrl_consyn]="1"	Reminder: you need to document the signed consent in a copy of the "Consent tracking" form.	descriptive

15	[enrl_cons_warning] Show the field ONLY if: [enrl_consyn]="0"	Error: the caregiver has not consented to the study. They may not be enrolled into the study.	descriptive
16	[enrl_yn] Show the field ONLY if: [enrl_eligyn]="1" and [enrl_consyn]="1"	The main caregiver is being enrolled into the RECOVER study.	radio, Required | 1	Yes | Custom alignment: LV
17	[enrl_warning] Show the field ONLY if: [enrl_eligyn]="1" and [enrl_consyn]="1" and [enrl_yn]=""	You need to affirm the caregiver is being enrolled to proceed.	descriptive
18	[enrl_cgrel]	What is this caregiver or biological parent's relationship to the child in the RECOVER study?	radio | 1	Mother
2	Father
3	Grandmother
4	Grandfather
5	Sister
6	Brother
7	Aunt
8	Uncle
9	Cousin
10	Stepmother
11	Stepfather
12	Other legal guardian
99	Other, please explain {enrl_cgrelspec:icons}	 Custom alignment: LV Field Annotation: @HIDDEN
19	[enrl_cgrelspec] Show the field ONLY if: [enrl_cgrel]='99'	Please explain your relationship to the RECOVER participant:	text
20	[enrl_dt] Show the field ONLY if: [enrl_yn]="1"	Date of caregiver or biological parent enrollment:	text (date_mdy, Max: today), Required

| 21 | [enrl_infected]

Show the field ONLY if:
[enrl_yn]="1" | Does the caregiver or biological parent have a known date of infection? | radio, Required

| 1 | Yes |
0	No	 Custom alignment: LV
22	[enrl_infdt] Show the field ONLY if: [enrl_infected]="1"	Date of caregiver or biological parent infection:	text (date_mdy, Max: [enrl_dt]), Required
23	[enrl_dob] Show the field ONLY if: ([enrl_type]="1" or [enrl_type]="3") or ([enrl_type]="2" and [enrl_yn]="1")	Caregiver or biological parent date of birth:	text (date_mdy, Max: 2010-04-01), Required Field Annotation: @HIDEBUTTON
24	[calcarms]	Calculate which arms the participant should be in	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([enrl_type]="1", "1,2", if([enrl_type]="2", "1,3", if([enrl_type]="3", "1,4", "1"))))
25	[enrollment_complete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: Consent Tracking (consent_tracking)

Active languages: None

26	[cons_icfversion]	ICF version:	dropdown, Required 	1	Main Caregiver 2021.12.29
3	Main Caregiver 2022.03.01
6	Main Caregiver 2022.11.28
8	Main Caregiver 2023.03.28
2	Other Biological Parent 2021.12.29
4	Other Biological Parent 2022.01.09
5	Other Biological Parent 2022.03.01
7	Other Biological Parent 2022.11.28	

				9	Other Biological Parent 2023.03.28

27	[cons_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
28	[cons_icflocal]	Local ICF version (if applicable):	text
29	[cons_dt]	Date consent form signed:	text (date_mdy, Max: [enrl_dt]), Required
30	[cons_age]	Age at time of consent	calc Calculation: rounddown(datediff([enrl_dob], [cons_dt], 'y')) Field Annotation: @HIDDEN @HIDDEN-PDF

31	[cons_comm] Show the field ONLY if: [cons_icfversion]="1" or [cons_icfversion]="3" or [cons_icfversion]="6" or [cons_icfversion]="8"	Communicating with the research team:	radio, Required
				1	Yes, main caregiver agrees to receive texts from the research team
				0	No, main caregiver does not agree to receive texts from the research team

radio, Required

Custom alignment: LV

32	[cons_genfind] Show the field ONLY if: [cons_icfversion]="1" or [cons_icfversion]="3" or [cons_icfversion]="6" or [cons_icfversion]="8"	New findings from genetic research	radio, Required
			1	Yes, main caregiver would like to be told about gene test results that might affect their health
			0	No, main caregiver would not like to be told about gene test results that might affect their health

Custom alignment: LV

33	[cons_signed] Show the field ONLY if: [cons_icfversion]="1" or [cons_icfversion]="3" or [cons_icfversion]="6" or [cons_icfversion]="8"	Main caregiver signed the consent form:	radio, Required
			1	Yes, caregiver signed consent
			0	No

Custom alignment: LV

34	[cons_comm_obp] Show the field ONLY if: [cons_icfversion]="2" or [cons_icfversio	Communicating with the research team:	radio, Required
			1	Yes, other biological parent agrees to receive texts from the research team

			0 | No, other biological parent does not agree to receive texts from the research team Custom alignment: LV
35	[cons_genfind_obp] Show the field ONLY if: [cons_icfversion]="2" or [cons_icfversion]="4" or [cons_icfversion]="5" or [cons_icfversion]="7" or [cons_icfversion]="9"	New findings from genetic research	radio, Required 1 | Yes, other biological parent would like to be told about gene test results that might affect their health 0 | No, other biological parent would not like to be told about gene test results that might affect their health Custom alignment: LV
36	[cons_signed_obp] Show the field ONLY if: [cons_icfversion]="2" or [cons_icfversion]="4" or [cons_icfversion]="5" or [cons_icfversion]="7" or [cons_icfversion]="9"	Other biological parent signed the consent form:	radio, Required 1 | Yes, other biological parent signed consent 0 | No Custom alignment: LV
37	[cons_unsigned_warning] Show the field ONLY if: [cons_signed]="0" or [cons_signed_obp]="0"	Error: if the caregiver has not signed the consent, then it is not valid. Please make sure the caregiver has signed the consent.	descriptive
38	[consent_tracking_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: Visit form (visit_form)

Active languages: None

39	[visit_fversion]	Visit form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
40	[visit_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

41	[visit_dag]	Data Access Group:	text Field Annotation: @HIDDEN @HIDDEN-PDF @DEFAULT='[record-dag-name]'
42	[visit_surveyqueueurl]	Survey queue url	text Field Annotation: @HIDDEN @HIDDEN-PDF @DEFAULT='[survey-queue-url]'
43	[visit_armtype]	Arm type	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([arm-number]="2", "nonconsented", if([arm-number]="3", "consented", if([arm-number]="4", "addbiopar", ""))))
44	[visit_eventtype]	Type of visit (baseline vs followup)	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([event-name]="baseline_arm_2", "baseline", if([event-name]="6month_followup_arm_2", "followup", if([event-name]="12month_followup_arm_2", "followup", if([event-name]="baseline_arm_3", "baseline", if([event-name]="6month_followup_arm_3", "followup", if([event-name]="12month_followup_arm_3", "followup", if([event-name]="baseline_arm_4", "baseline", "")))))))))
45	[visit_followuptype]	Followup visit type	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([event-name]="6month_followup_arm_2", "6", if([event-name]="12month_followup_arm_2", "12", if([event-name]="6month_followup_arm_3", "6", if([event-name]="12month_followup_arm_3", "12", "")))))

46	[visit_childptf_warning] Show the field ONLY if: [visit_eventtype]="followup" and [visit_followuptype]="6"	Reminder: caregivers should ONLY be sent caregiver follow-up forms if they have one or more children/young adults who have been promoted to Tier 2 post-acute follow-up. The child project is separate from the caregiver project, so you will need to review the child project to determine whether they have been promoted.	descriptive
47	[visit_dt]	Date of visit:	text (date_mdy, Min: [enrl_dt]), Required
48	[visit_agemoreal]	Age at visit in months not rounded	calc Calculation: datediff([enrollment_arm_1] [enrl_dob], [visit_dt], 'M') Field Annotation: @HIDDEN @HIDDEN-PDF
49	[visit_change18warning] Show the field ONLY if: [visit_agemoreal]<>"" and [visit_agemoreal]>=215.9 and [enrollment_arm_1][cons_age][last-instance]<18	Note! The participant may have turned 18 since their last visit, or be about to turn 18. Please check if they need to be reconsented. (If they are about to turn 18, you should delay the visit until after their birthday and re-consent at that time.)	descriptive Field Annotation: NB: this is branched off of a calculated variable further down in the form

50	[visit_admin] Show the field ONLY if: [event-name] <> "baseline_arm_4"	How was this survey administered?	radio

			1	Self-administered remote
			2	Self-administered in person
			3	Staff-administered remote
			4	Staff-administered in person

Custom alignment: LV

51	[visit_samplerefusal] Show the field ONLY if: [visit_armtype]="addbiopar" or ([visit_armtype]="consented" and [visit_eventtype]="baseline")	Sample collection refusals:	checkbox

1	visit_samplerefusal___1	Refused Tasso collection
2	visit_samplerefusal___2	Refused Tasso redraw
6	visit_samplerefusal___6	Refused saliva collection

Custom alignment: LV

			Field Annotation: @IF([arm-number]="4", @HIDECHOICE="1,2", "")
52	[visit_surveyqueuelink] Show the field ONLY if: [event-name] <> "baseline_arm_4"	The survey queue URL for this participant is: [survey-queue-url]. You may right click on [survey-queue-link:this link] to copy and paste it somewhere else.	descriptive
53	[visit_visit_compwarning] Show the field ONLY if: [visit_dt]<>"" and [visit_form_complete]<>"2" and [event-name] <> "baseline_arm_4"	REMINDER: until you save this form (the Visit form) with a completed status, none of the surveys will be available to the caregiver.	descriptive
54	[visit_missed] Show the field ONLY if: [event-name]<>"baseline_arm_4"	Did the caregiver miss this visit (fail to complete the surveys)? *You may leave this field blank, and REDCap will assume they did not miss the visit (ie, that they completed the visit).*	radio | 1	Yes
0	No	 Custom alignment: LV
55	[visit_sitecontactemail]	Site contact email (from Site Info project):	text Field Annotation: @HIDDEN @HIDDEN-PDF
56	[visit_priorvisitdt]	Prior visit date	text (date_mdy) Field Annotation: HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_armtype]="nonconsented" and [visit_followuptype]="12", [baseline_arm_2][visit_dt], if([visit_armtype]="consented" and [visit_followuptype]="12", [baseline_arm_3][visit_dt], if([previous-event-name][visit_missed]="1", [previous-event-name][visit_priorvisitdt], if([previous-event-name][visit_dt]<>"", [previous-event-name][visit_dt], if([previous-event-name][visit_priorvisitdt]<>"", [previous-event-name][visit_priorvisitdt], """))))))
57	[visit_infected]	Best guess for if the participant is infected at time of the visit form (note that ps_infected, later on, can use participant responses…)	calc Calculation: if([previous-event-name][ps_infected]<>"", [previous-event-name][ps_infected], if([previous-event-name][visit_infected]<>"", [previous-event-name][visit_infected],

			if([enrollment_arm_1] [enrl_infected]<>"", [enrollment_arm_1][enrl_infected], ""))) Field Annotation: @HIDDEN @HIDDEN-PDF
58	[visit_sincecalc]	Calculation for "since [visit_priorvisitdt]" for followup forms, blank for baseline	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_eventtype]="followup", concat(" since ", [visit_priorvisitdt]), if([visit_eventtype]="baseline", "", "")))
59	[visit_sincecalc_es]	Calculation for "since [visit_priorvisitdt]" for followup forms, blank for baseline in spanish	text Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_eventtype]="followup", concat(" desde ", [visit_priorvisitdt]), if([visit_eventtype]="baseline", "", "")))
60	[visit_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Identity (identity) 💬 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

61	[id_fversion]	Identity form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
62	[id_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
63	[id_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
64	[id_colldt]	What is the date that this survey is being done? *MM-DD-YYYY*	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
65	[id_coord]	Check this box if the coordinator is entering data:	checkbox 1 id_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY

66	[id_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
67	[id_caregiver]	The person completing this survey should be the main caregiver for the child who is part of this study. The main caregiver is a person, like a family member (biological (blood related) or non-biological (not blood related)) or guardian, who is in charge of taking care of the child who is part of this study. The main caregiver:Is the person who spends the most time with the child.Is the person most responsible for taking care of the child every day.Lives in the same home as the child.Knows the most about the child.Must be older than 18 years of age if the main caregiver is not blood related.Are you the main caregiver for the child who is part of this study?	radio 1 Yes 0 No Custom alignment: LV
68	[id_intro]	Please provide information on how to reach you below. This information will only be used to reach out to you about things related to this study.	descriptive
69	[id_cgfname]	What is your first name?	text, Required, Identifier
70	[id_cglname]	What is your last name?	text, Required, Identifier
71	[addr_header]	What is the address where you and your children currently live?	descriptive
72	[addr_str1]	Street address:	text, Identifier
73	[addr_str2]	Street Address 2	text, Identifier
74	[addr_city]	City	text, Identifier Custom alignment: RH
75	[addr_state]	State or Territory	dropdown (autocomplete), Identifier AL Alabama AK Alaska AZ Arizona AR Arkansas CA California CO Colorado CT Connecticut DE Delaware DC District of Columbia(DC)

					FL	Florida
					GA	Georgia
					HI	Hawaii
					ID	Idaho
					IL	Illinois
					IN	Indiana
					IA	Iowa
					KS	Kansas
					KY	Kentucky
					LA	Louisiana
					ME	Maine
					MD	Maryland
					MA	Massachusetts
					MI	Michigan
					MN	Minnesota
					MS	Mississippi
					MO	Missouri
					MT	Montana
					NE	Nebraska
					NV	Nevada
					NH	New Hampshire
					NJ	New Jersey
					NM	New Mexico
					NY	New York
					NC	North Carolina
					ND	North Dakota
					OH	Ohio
					OK	Oklahoma
					OR	Oregon
					PA	Pennsylvania
					RI	Rhode Island
					SC	South Carolina
					SD	South Dakota
					TN	Tennessee
					TX	Texas
					UT	Utah

				VT	Vermont
				VA	Virginia
				WA	Washington
				WV	West Virginia
				WI	Wisconsin
				WY	Wyoming
				AMS	American Somoa
				GUAM	GUAM
				NMI	Northern Mariana Islands
				PR	Puerto Rico
				USVI	US Virgin Islands

76	[addr_zip]	Zip Code	text (zipcode), Required, Identifier
77	[addr_duration]	How long have you lived at the address you live at right now?	radio 1 — less than 1 year 2 — 1 to 2 years 3 — 3 to 5 years 4 — 6 to 10 years 5 — 10 years or more 98 — I don't know -88 — I do not want to answer Custom alignment: LV
78	[contact_header]	Please give us at least one way to reach you. For your children to be in this study, we will need at least one of these ways to reach you:	descriptive
79	[contact_mobile]	Cell phone *if possible: (XXX)XXX-XXXX*	text (phone), Identifier
80	[contact_phone]	Home phone *if possible: (XXX)XXX-XXXX*	text (phone), Identifier
81	[contact_phoneoth]	Other phone *if possible: (XXX)XXX-XXXX*	text, Identifier
82	[contact_email]	Personal email	text (email), Identifier
83	[contact_emailoth]	Other email	text (email), Identifier
84	[contact_pref]	Which way do you prefer for us to reach out to you? (You can choose one or more of these)	checkbox 1 — contact_pref___1 — Cell phone 2 — contact_pref___2 — Home phone 3 — contact_pref___3 — Other phone

			4	contact_pref___4	Personal email
			5	contact_pref___5	Other email
			Custom alignment: LV

85	[contact_pref_text] Show the field ONLY if: [contact_pref(1)] = "1"	Using your cell phone, which way do you want us to contact you?	checkbox 1 contact_pref_text___1 Call you 2 contact_pref_text___2 Text you Custom alignment: LV
86	[contact_mobile_warning] Show the field ONLY if: [contact_pref(1)]="1" and [contact_mobile]=""	Warning: you specified your preferred method of contact as cell phone, but have not provided a cell phone number. Please provide a cell phone number or change your preferred method of contact.	descriptive
87	[contact_phone_warning] Show the field ONLY if: [contact_pref(2)]="1" and [contact_phone]=""	Warning: you specified your preferred method of contact as home phone, but have not provided a home phone number. Please provide a home phone number or change your preferred method of contact.	descriptive
88	[contact_phoneoth_warning] Show the field ONLY if: [contact_pref(3)]="1" and [contact_phoneoth]=""	Warning: you specified your preferred method of contact as other phone, but have not provided another phone number. Please provide another phone number or change your preferred method of contact.	descriptive
89	[contact_email_warning] Show the field ONLY if: [contact_pref(4)]="1" and [contact_emai]=""	Warning: you specified your preferred method of contact as personal email, but have not provided a personal email address. Please provide a personal email address or change your preferred method of contact.	descriptive
90	[contact_emailoth_warning] Show the field ONLY if: [contact_pref(5)]="1" and [contact_emailoth]=""	Warning: you specified your preferred method of contact as other email, but have not provided another email address. Please provide another email address or change your preferred method of contact.	descriptive

91	[idc_header]	Section Header: The researchers that are part of the RECOVER research studies may reach out to you to tell you about the study or ask questions. In case the researchers cannot reach you, please give us the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give us the names of people who are not living in your home right now.)	descriptive
92	[id2c_header]	What is the name of the first person we should reach out to if you can not be reached?	descriptive
93	[id2c_fname]	First Name	text
94	[id2c_lname]	Last Name	text
95	[id2c_addr_header]	What is the address of the first person we should reach out to if you can not be reached?	descriptive
96	[id2c_str1]	Address 1	text
97	[id2c_str2]	Address 2	text
98	[id2c_city]	City	text
99	[id2c_state]	State	dropdown

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia(DC)
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa

				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				ME	Maine
				MD	Maryland
				MA	Massachusetts
				MI	Michigan
				MN	Minnesota
				MS	Mississippi
				MO	Missouri
				MT	Montana
				NE	Nebraska
				NV	Nevada
				NH	New Hampshire
				NJ	New Jersey
				NM	New Mexico
				NY	New York
				NC	North Carolina
				ND	North Dakota
				OH	Ohio
				OK	Oklahoma
				OR	Oregon
				PA	Pennsylvania
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VT	Vermont
				VA	Virginia
				WA	Washington
				WV	West Virginia
				WI	Wisconsin
				WY	Wyoming
				AMS	American Somoa

			GUAM	GUAM
			NMI	Northern Mariana Islands
			PR	Puerto Rico
			USVI	US Virgin Islands

100	[id2c_zip]	Zip Code	text (zipcode)
101	[id2c_contact_header]	What is the email and phone number of the first person we should reach out to if you can not be reached?	descriptive
102	[id2c_email]	Email Address	text (email)
103	[id2c_phone]	Phone Number *if possible: (XXX)XXX-XXXX*	text (phone)
104	[id2c_rel]	What is this person's relationship to your children?	radio 1 Mother 2 Father 3 Grandmother 4 Grandfather 5 Sister 6 Brother 7 Aunt 8 Uncle 9 Cousin 10 Stepmother 11 Stepfather 12 Other legal guardian 99 Other, please explain {id2c_relspec:icons} Custom alignment: LV
105	[id2c_relspec] Show the field ONLY if: [id2c_rel]="99"	Please explain relationship:	text
106	[id3c_header]	What is the name of the second person we should reach out to if you can not be reached?	descriptive
107	[id3c_fname]	First Name	text
108	[id3c_lname]	Last Name	text
109	[id3c_addr_header]	What is the address of the second person we should reach out to if you	descriptive

				can not be reached?		
110	[id3c_str1]		Address 1	text		
111	[id3c_str2]		Address 2	text		
112	[id3c_city]		City	text		
113	[id3c_state]		State	dropdown		

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia(DC)
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey

				NM	New Mexico
				NY	New York
				NC	North Carolina
				ND	North Dakota
				OH	Ohio
				OK	Oklahoma
				OR	Oregon
				PA	Pennsylvania
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VT	Vermont
				VA	Virginia
				WA	Washington
				WV	West Virginia
				WI	Wisconsin
				WY	Wyoming
				AMS	American Somoa
				GUAM	GUAM
				NMI	Northern Mariana Islands
				PR	Puerto Rico
				USVI	US Virgin Islands
114	[id3c_zip]	Zip Code	text (zipcode)		
115	[id3c_contact_header]	What is the email and phone number of the second person we should reach out to if you can not be reached?	descriptive		
116	[id3c_email]	Email Address	text (email)		
117	[id3c_phone]	Phone Number *if possible: (XXX)XXX-XXXX*	text (phone)		
118	[id3c_rel]	What is this person's relationship to your children?	radio		
			1	Mother	
			2	Father	
			3	Grandmother	
			4	Grandfather	

			5	Sister
			6	Brother
			7	Aunt
			8	Uncle
			9	Cousin
			10	Stepmother
			11	Stepfather
			12	Other legal guardian
			99	Other, please explain {id3c_relspec:icons}

Custom alignment: LV

119	[id3c_relspec] Show the field ONLY if: [id3c_rel]="99"	Please explain relationship:	text
120	[identity_complete]	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: Demographics (demographics)   👥 Enabled as survey

Active languages - Data Entry: en-US, es | Survey: en-US, es

121	[demo_fversion]	Demographics form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
122	[demo_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
123	[demo_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
124	[demo_colldt]	Date of Demographic Data Collection *MM/DD/YYYY*	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
125	[demo_coord]	Check this box if the coordinator is entering data:	checkbox <table><tr><td>1</td><td>demo_coord___1</td><td>Coordinator data entry</td></tr></table>

			Field Annotation: @HIDDEN-SURVEY
126	[demo_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
127	[demo_cgintro]	Section Header: First we are going to ask some questions about you - the caregiver:	descriptive
128	[demo_cgdob]	What is your birthday? *MM-DD-YYYY*	text (date_mdy, Max: 2010-04-01), Required, Identifier Field Annotation: @HIDEBUTTON @DEFAULT='[enrollment_arm_1][enrl_dob]'

129 [demo_cgbiosex] — What was your biological sex assigned at birth?

radio

1	Female
0	Male
2	Intersex
3	None of these describe me
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

130 [demo_cggender] — How do you describe your gender identity?

checkbox

1	demo_cggender___1	Woman
0	demo_cggender___0	Man
2	demo_cggender___2	Non-binary
3	demo_cggender___3	Transgend
96	demo_cggender___96	None of these describe m and I'd like to see othe words
-1	demo_cggender____1	I don't kno
-88	demo_cggender____88	I do not want to answer

Custom alignment: LV
Field Annotation:
#allofus_basics_gender#
@NONEOFTHEABOVE = "96,,-1,-88"

131	[demo_cggenderspec] Show the field ONLY if: [demo_cggender(96)]='1'	Do any of these describe your gender identity? (You can choose one or more of these)	checkbox			
			1	demo_cggenderspec___1	Trans Man/F to-ma (FTM)	
			2	demo_cggenderspec___2	Trans Woma Male-1 femal	
			3	demo_cggenderspec___3	Gende	
			4	demo_cggenderspec___4	Gende	
			5	demo_cggenderspec___5	Gende varian	
			6	demo_cggenderspec___6	Quest or uns your g identi	
			7	demo_cggenderspec___7	None these descri	
			-88	demo_cggenderspec___88	I do n to ans	
			Custom alignment: LV Field Annotation: #allofus_basics_gender# @NONEOFTHEABOVE='7,-88'			
132	[demo_cggenderspec_oth] Show the field ONLY if: [demo_cggenderspec(7)] = '1'	If none of these describes you, please explain:	text Custom alignment: LV			
133	[demo_cgrace]	Which of these groups describe you? Please check all the groups that describe you. *Check all that apply*	checkbox, Required			
			1	demo_cgrace___1	American Indian or Alaska Native(For example: Aztec, Blackfeet Tribe, Mayan, Navajo Nation, Native Village of Barrow (Utqiagvik)	

							Inupiat Traditional Government, Nome Eskimo Community, etc.)
					2	demo_cgrace___2	Asian(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.)
					3	demo_cgrace___3	Black or African American(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)
					4	demo_cgrace___4	Hispanic, Latino, or Spanish(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.)
					5	demo_cgrace___5	Middle Eastern or North African(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.)

				6	demo_cgrace___6	Native Hawaiian or other Pacific Islander(For example: Chamorro, Fijian, Marshallese, Native Hawaiian, Tongan, etc.)
				7	demo_cgrace___7	White(For example: English, European, French, German, Irish, Italian, Polish, etc.)
				15	demo_cgrace___15	None of these fully describe me
				-1	demo_cgrace____1	I don't know
				-88	demo_cgrace____88	I do not want to answer

Custom alignment: LV
Field Annotation:
#allofus_basics_race# U.S. Census Bureau, Census 2020, Questionnaire ;; @NONEOFTHEABOVE='15,-88,-1'

134	[demo_cgnative] Show the field ONLY if: [demo_cgrace(1)]='1'	Which of these American Indian or Alaska Native groups best describe you? (You can choose one or more of these)	checkbox			
				1	demo_cgnative___1	American Indian
				2	demo_cgnative___2	Alaska Native
				3	demo_cgnative___3	Central or South American Indian
				4	demo_cgnative___4	None of these fully describe me
				-1	demo_cgnative____1	I don't know

			-88	demo_cgnative___88	I do not want to answer

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

135	[demo_cgasian] Show the field ONLY if: [demo_cgrace(2)]='1'	Which of these Asian groups best describe you? (You can choose one or more of these) *Check all that apply*	checkbox		
			1	demo_cgasian___1	Asian Indian
			2	demo_cgasian___2	Cambodian
			3	demo_cgasian___3	Chinese
			4	demo_cgasian___4	Filipino
			5	demo_cgasian___5	Hmong
			6	demo_cgasian___6	Japanese
			7	demo_cgasian___7	Korean
			8	demo_cgasian___8	Pakistani
			9	demo_cgasian___9	Vietnamese
			15	demo_cgasian___15	Other Asian {demo_cgasi
			-1	demo_cgasian___1	I don't know
			-88	demo_cgasian___88	I do not wan

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

136	[demo_cgasian_oth] Show the field ONLY if: [demo_cgasian(15)]="1"	If others, please describe:	text		

137	[demo_cgblack] Show the field ONLY if: [demo_cgrace(3)]='1'	Which of these Black or African groups best describe you? (You can choose one or more of these) *You can choose one of more of these*	checkbox		
			1	demo_cgblack___1	African Amer
			2	demo_cgblack___2	Barbadian
			3	demo_cgblack___3	Caribbean
			4	demo_cgblack___4	Ethiopian
			5	demo_cgblack___5	Ghanaian
			6	demo_cgblack___6	Haitian
			7	demo_cgblack___7	Jamaican
			8	demo_cgblack___8	Liberian

				9	demo_cgblack___9	Nigerian
				10	demo_cgblack___10	Somali
				11	demo_cgblack___11	South Africar
				15	demo_cgblack___15	Other Black group {demo_cgbla
				-1	demo_cgblack___1	I don't know
				-88	demo_cgblack___88	I do not wan

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

138	[demo_cgblack_oth] Show the field ONLY if: [demo_cgblack(15)]="1"	If others, please describe:	text

139	[demo_cghisp] Show the field ONLY if: [demo_cgrace(4)]='1'	Which of these Hispanic groups best describe you? (You can choose one or more of these) *You can choose one of more of these*	checkbox

1	demo_cghisp___1	Colombian
2	demo_cghisp___2	Cuban
3	demo_cghisp___3	Dominican
4	demo_cghisp___4	Ecuadorian
5	demo_cghisp___5	Honduran
6	demo_cghisp___6	Mexican or M American
7	demo_cghisp___7	Puerto Rican
8	demo_cghisp___8	Salvadoran
9	demo_cghisp___9	Spanish
15	demo_cghisp___15	Other Hispan {demo_cghisp
-1	demo_cghisp___1	I don't know
-88	demo_cghisp___88	I do not want

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

140	[demo_cghisp_oth] Show the field ONLY if: [demo_cghisp(1	If others, please describe:	text

		5)]="1"					

141	[demo_cgmideast] Show the field ONLY if: [demo_cgrace(5)]='1'	Which of these Middle Eastern or North African groups best describe you? (You can choose one or more of these) *You can choose one of more of these*	checkbox		
			1	demo_cgmideast___1	Afghan
			2	demo_cgmideast___2	Algerian
			3	demo_cgmideast___3	Egyptian
			4	demo_cgmideast___4	Iranian
			5	demo_cgmideast___5	Iraqi
			6	demo_cgmideast___6	Israeli
			7	demo_cgmideast___7	Lebanese
			8	demo_cgmideast___8	Moroccan
			9	demo_cgmideast___9	Syrian
			10	demo_cgmideast___10	Tunisian
			15	demo_cgmideast___15	Other Mid North Afr {demo_cg
			-1	demo_cgmideast___1	I don't kn
			-88	demo_cgmideast___88	I do not w
			Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE="-88,-1"		

142	[demo_cgmideast_oth] Show the field ONLY if: [demo_cgmideast(15)]="1"	If others, please describe:	text

143	[demo_cgpacisl] Show the field ONLY if: [demo_cgrace(6)]='1'	Which of these Native Hawaiian or Pacific Islander groups best describe you? (You can choose one or more of these) *You can choose one of more of these*	checkbox		
			1	demo_cgpacisl___1	Chamorro
			2	demo_cgpacisl___2	Chuukese
			3	demo_cgpacisl___3	Fijian
			4	demo_cgpacisl___4	Kosraen
			5	demo_cgpacisl___5	Maori
			6	demo_cgpacisl___6	Marshallese
			7	demo_cgpacisl___7	Native Hawa
			8	demo_cgpacisl___8	Pacific Island
			9	demo_cgpacisl___9	Palauan
			10	demo_cgpacisl___10	Pohnpeian

				11	demo_cgpacisl___11	Samoan
				12	demo_cgpacisl___12	Tahitian
				13	demo_cgpacisl___13	Tongan
				14	demo_cgpacisl___14	Yapese
				15	demo_cgpacisl___15	Other Pacific group {demo_cgpa
				-1	demo_cgpacisl___1	I don't know
				-88	demo_cgpacisl___88	I do not wan

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

	144	[demo_cgpacisl_oth] Show the field ONLY if: [demo_cgpacisl(15)]="1"	If others, please describe:	text		

	145	[demo_cgwhite] Show the field ONLY if: [demo_cgrace(7)]='1'	Which of these White or European groups best describe you? (You can choose one or more of these) *You can choose one of more of these*	checkbox		
				1	demo_cgwhite___1	Dutch
				2	demo_cgwhite___2	English
				3	demo_cgwhite___3	French
				4	demo_cgwhite___4	German
				5	demo_cgwhite___5	Irish
				6	demo_cgwhite___6	Italian
				7	demo_cgwhite___7	Norwegian
				8	demo_cgwhite___8	Polish
				9	demo_cgwhite___9	Russian
				10	demo_cgwhite___10	Scottish
				11	demo_cgwhite___11	Spanish
				15	demo_cgwhite___15	Other White group {demo_cgwh
				-1	demo_cgwhite___1	I don't know
				-88	demo_cgwhite___88	I do not wan

Custom alignment: LV
Field Annotation:
#allofus_basics_race#
@NONEOFTHEABOVE="-88,-1"

146	[demo_cgwhite_oth] Show the field ONLY if: [demo_cgwhite(15)] = "1"	If other, please describe	text
147	[demo_cgothspec] Show the field ONLY if: [demo_cgrace(15)]='1'	Please specify other categories:	text Field Annotation: #radxup_sociodemographics#PX011901 https://www.phenxtoolkit.org/ protocols/view/11901|U.S. Census Bureau, Census 2020, Questionnaire
148	[demo_cgeng]	Is English the main language you speak?	radio

radio options for 148:

1	Yes
0	No
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#radxup_housing_employment_and_insu
for CEAL Program from DMACS COVID 19 Survey. https:// detroitsurvey.umich.edu/COVID 19-survey-and-resources/. Modified REM per LHorwitz 2021-10-28

149	[demo_cglang]	What language(s) other than English do you speak? (You can choose one or more of these)	checkbox

1	demo_cglang___1	Spanish
2	demo_cglang___2	Vietnamese
3	demo_cglang___3	Mandarin
4	demo_cglang___4	Cantonese
5	demo_cglang___5	Tagalog
6	demo_cglang___6	Hawaiian
7	demo_cglang___7	Ilocano
8	demo_cglang___8	Navajo
9	demo_cglang___9	Russian
10	demo_cglang___10	Hindi
11	demo_cglang___11	Haitian Creole
12	demo_cglang___12	Cape Verdean Creole
13	demo_cglang___13	French
14	demo_cglang___14	Arabic

				15	demo_cglang___15	Native American or Indigenous languages
				90	demo_cglang___90	Other
				0	demo_cglang___0	I only speak English
				-1	demo_cglang___1	I don't know
				-88	demo_cglang___88	I do not want to answer

Custom alignment: LV
Field Annotation:
#radxup_housing_employment_and_insu
for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.
@NONEOFTHEABOVE="-1,0,-88"

150	[demo_cglangspec] Show the field ONLY if: [demo_cglang(90)]="1"	What other language(s) is/are your main language?	text Field Annotation: #radxup_housing_employment_and_insu for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

151	[demo_cgengprof] Show the field ONLY if: [demo_cgeng]="0"	Would you say you speak English…	radio

1	Very well
2	Well
3	Not well
4	Not at all
-88	I do not want to answer

Custom alignment: LV
Field Annotation: % https://www.phenxtoolkit.org/protocols/view/270201?origin=search %
Modified REM per LHorwitz 2021-10-28

152	[demo_cgbirthplace]	Where were you born?	radio

1	In the United States or a United States territory

			2	Outside the United States and territories
			-1	I don't know
			-88	I do not want to answer

Custom alignment: LV

153	[demo_cgeduc]	What is the highest level of education you have gotten? This can be inside or outside of the United States.	radio

1	I have never gone to school
2	Grade 5th grade or less
3	6th grade to 8th grade
4	9th grade to 12th grade, no diploma
5	High school graduate or GED completed
6	Some college / Technical / Vocational degree
7	Bachelor's degree
8	Other advanced degree (Master's, Doctoral degree)
-1	I don't know
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#radxup_sociodemographics#|||
Recommendation from RADx-UP
projects

154	[demographics_complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: PROMIS (promis) 👤 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

155	[promis_fversion]	PROMIS form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
156	[promis_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

157	[promis_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
158	[promis_intro]	Now we are going to ask you some questions about your health.	descriptive
159	[promis_global01]	In general, would you say your health is	radio (Matrix), Required 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor Field Annotation: #promis_global_health_combined_10_an
160	[promis_global02]	In general, would you say your quality of life is	radio (Matrix), Required 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor Field Annotation: #promis_global_health_combined_10_an
161	[promis_global03]	In general, how would you rate your physical health?	radio (Matrix), Required 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor Field Annotation: #promis_global_health_combined_10_an
162	[promis_global04]	In general, how would you rate your mental health, including your mood and your ability to think?	radio (Matrix), Required 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor Field Annotation:

163	[promis_global05]	In general, how would you rate your satisfaction with your social activities and relationships?	radio (Matrix), Required

5	Excellent
4	Very good
3	Good
2	Fair
1	Poor

Field Annotation:
#promis_global_health_combined_10_an

164	[promis_global09r]	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	radio (Matrix), Required

5	Excellent
4	Very good
3	Good
2	Fair
1	Poor

Field Annotation:
#promis_global_health_combined_10_an

165	[promis_global06]	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	radio, Required

5	Completely
4	Mostly
3	Moderately
2	A little
1	Not at all

Custom alignment: LV
Field Annotation:
#promis_global_health_combined_10_an

166	[promis_global10]	In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	radio, Required

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always

Custom alignment: LV
Field Annotation:
#promis_global_health_combined_10_an

167	[promis_global08]	In the past 7 days, how would you rate your fatigue on average?	radio, Required
			<table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very severe</td></tr></table> Custom alignment: LV Field Annotation: #promis_global_health_combined_10_an
168	[promis_global07]	In the past 7 days, how would you rate your pain on average?	radio, Required
			<table><tr><td>0</td><td>0 (No pain)</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 (Worst Imaginable Pain)</td></tr></table> Custom alignment: LV Field Annotation: #promis_global_health_combined_10_an
169	[promis_complete]	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: Current Health Status (current_health_status) 👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

| 170 | [chs_fversion] | Current health status form version: | text
Field Annotation: @DEFAULT='1'
@IF([user-role-label]="Admin", "",
@HIDDEN @HIDDEN-PDF) |
| 171 | [chs_fqueries] | Placeholder to attach form-level queries
This field cannot be edited and should be blank | text
Field Annotation: @HIDDEN-SURVEY
@READONLY |

172	[chs_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
173	[chs_colldt]	Date when this form was completed:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
174	[chs_coord]	Check this box if the coordinator is entering data:	checkbox | 1	chs_coord___1	Coordinator data entry | Field Annotation: @HIDDEN-SURVEY
175	[chs_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
176	[chs_mensyn] Show the field ONLY if: [first-event-name][demo_cgbiosex] = "1"	Do you have periods or menstruate?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
177	[chs_sympintro]	Do you have any of the following?	descriptive
178	[chs_sympattn]	A lot of trouble paying attention, remembering things, or making decisions because of a problem from a physical, mental, or emotional condition	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
179	[chs_sympwalk]	Serious trouble walking or climbing stairs	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
180	[chs_sympdress]	Trouble getting dressed or taking a bath	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	

181	[chs_symperrand]	Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition	radio (Matrix)
			1 — Yes
			0 — No
			-1 — I don't know
			-88 — I do not want to answer

182	[chs_sympdeaf]	Deafness or problems with hearing	radio (Matrix)
			1 — Yes
			0 — No
			-1 — I don't know
			-88 — I do not want to answer

183	[chs_sympblind]	Blindness or problems with seeing, even when wearing glasses	radio (Matrix)
			1 — Yes
			0 — No
			-1 — I don't know
			-88 — I do not want to answer

184	[current_health_status_complete]	Section Header: *Form Status* Complete?	dropdown
			0 — Incomplete
			1 — Unverified
			2 — Complete

Instrument: First COVID infection history (first_covid_infection_history) 👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

185	[fcih_fversion]	First COVID infection history form status:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
186	[fcih_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
187	[fcih_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
188	[fcih_colldt]	Date First COVID Infection History form collected:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
189	[fcih_coord]	Check this box if the coordinator is entering data:	checkbox 1 — fcih_coord___1 — Coordinator data

			entry
			Field Annotation: @HIDDEN-SURVEY
190	[fcih_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
191	[fcih_intro]	Now we're going to ask about your experience with COVID.	descriptive
192	[fcih_covidyn]	Do you feel that you had COVID?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table> Custom alignment: LV
193	[fcih_postacuteintro] Show the field ONLY if: [fcih_covidyn]="1"	Some people may get COVID more than once. Here, we are asking about your first COVID infection.	descriptive
194	[fcih_dty] Show the field ONLY if: [fcih_covidyn]="1"	What year was the first time you had a COVID infection?	text (integer, Min: 2019, Max: 2119)
195	[fcih_dtm] Show the field ONLY if: [fcih_covidyn]="1"	In [fcih_dty], the first time you had COVID, what month was it?	dropdown <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>
196	[fcih_reason] Show the field ONLY if:	Why did you think you had COVID in [fcih_dtm] [fcih_dty] (the first time you had COVID)? Choose one or more of	checkbox <table><tr><td>1</td><td>fcih_reason___1</td><td>A doctor told me I</td></tr></table>

		[fcih_covidyn]="1"	these:				had COVID because I had symptoms
					2	fcih_reason___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID
					3	fcih_reason___3	A test done at a doctor's office or laboratory said that I had COVID
					4	fcih_reason___4	A test done at home said that I had COVID
					-1	fcih_reason___1	I don't know
					-88	fcih_reason___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

| 197 | [fcih_testtype]

Show the field ONLY if:
[fcih_reason(3)]='1' or [fcih_reason(4)]='1' | If you were tested for COVID in [fcih_dtm] [fcih_dty], what type of test(s) did you get? You can choose one or more of these. | checkbox | | |
|---|---|---|---|---|---|
| | | | 1a | fcih_testtype___1a | Antigen test done in a laboratory, doctor's office, or testing center (sometimes called a rapid test) |
| | | | 1b | fcih_testtype___1b | Antigen test done at home (sometimes called a rapid test) |

2	fcih_testtype___2	PCR/ molecular test, throat or nose swab
3	fcih_testtype___3	Blood test for antibodies
-1	fcih_testtype___1	I don't know
0	fcih_testtype___0	I didn't have a test
-88	fcih_testtype___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

198	[fcih_testposyn] Show the field ONLY if: [fcih_testtype(1a)]='1' or [fcih_testtype(1b)]='1' or [fcih_testtype(2)]='1' or [fcih_testtype(3)]='1'	Were any of the results positive for COVID (showed that you had COVID)?	radio | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer | Custom alignment: LV
---	---	---	---

199	[fcih_testpostype] Show the field ONLY if: [fcih_testposyn]='1'	Which test was positive? You can choose one or more of these.	checkbox | 1a	fcih_testpostype___1a	Antigen test done in a laboratory doctor's office, or testing center (sometime called a rapid test)
1b	fcih_testpostype___1b	Antigen test done at home (sometime called a rapid test)
2	fcih_testpostype___2	PCR/ molecular

			3	fcih_testpostype___3	Blood test for antibodies
			-1	fcih_testpostype___1	I don't know
			-88	fcih_testpostype___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

200	[fcih_sympyn] Show the field ONLY if: [fcih_covidyn]="1"	When you first had COVID, did you have any symptoms? Symptoms are signs of being sick, like having a fever or cough.	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

201	[fcih_sympdur] Show the field ONLY if: [fcih_sympyn]="1"	When you first had COVID, how long did your symptoms last?	radio

1	1 week or less
2	2 weeks
3	3 weeks
4	4 weeks
5	More than 4 weeks
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

202	[fcih_sympsev] Show the field ONLY if: [fcih_sympyn]="1"	During your first COVID infection, how bad, or severe, were your symptoms?	radio

1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know

				-88	I do not want to answer	

Custom alignment: LV

203	[fcih_care] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	When you were first infected with COVID, what kind of health care did you get? Choose one or more of these.	checkbox		
			1	fcih_care___1	I was able to take care of myself at home without talking with my doctor's office
			2	fcih_care___2	I took care of myself at home and talked to my doctor by phone
			3	fcih_care___3	I took care of myself at home and talked to my doctor using an online video visit
			4	fcih_care___4	I was seen in person at my regular doctor's office
			5	fcih_care___5	I was seen at an urgent care facility (a place where you can walk in to get care right away without an appointment)
			6	fcih_care___6	I was seen at the emergency department
			-1	fcih_care___1	I don't know
			-88	fcih_care___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

204	[fcih_hospyn] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	During your first COVID infection, did you have to stay in the hospital (get admitted)?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
205	[fcih_hospdur] Show the field ONLY if: [fcih_hospyn]="1"	How many days were you in the hospital? *days*	text (number, Min: 0) Custom alignment: RH
206	[fcih_picuyn] Show the field ONLY if: [fcih_hospyn]="1"	At any time during your first COVID infection, did you have to stay in the intensive care unit or ICU?	radio | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
207	[fcih_picudur] Show the field ONLY if: [fcih_picuyn]="1"	How many days were you in the ICU? *days*	text (integer, Min: 0) Custom alignment: RH
208	[fcih_treatintro] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	When you first got sick with COVID, did you get any of the following treatments?	descriptive
209	[fcih_treato2] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
210	[fcih_treativfluid] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	

211	[fcih_treatster] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
212	[fcih_treathydroxy] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
213	[fcih_treatav] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
214	[fcih_treatmono] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
215	[fcih_treatplasma] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
216	[fcih_treatthinner] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reason(4)]='1'	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
217	[fcih_treatantibio] Show the field ONLY if: [fcih_reason(1)]="1"	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix) | 1	Yes
0	No	

			-1 | I don't know
			-88 | I do not want to answer
218	[`fcih_treatvent`] Show the field ONLY if: ([fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reaso n(4)]='1') and ([fcih_h ospyn]="1")	Breathing tube / breathing machine (ventilator which acts like the lungs when a person can't breathe on their own)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
219	[`fcih_treatdial`] Show the field ONLY if: ([fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reaso n(4)]='1') and ([fcih_h ospyn]="1")	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
220	[`fcih_treatoth`] Show the field ONLY if: [fcih_reason(1)]="1" or [fcih_reason (3)]='1' or [fcih_reaso n(4)]='1'	Other	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
221	[`fcih_treatothspec`] Show the field ONLY if: [fcih_treatoth]='1'	What other treatments for COVID did you get?	notes Custom alignment: LV
222	[`first_covid_infect ion_history_complet e`]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

Instrument: Most recent COVID infection history (most_recent_covid_infection_history)　👥
Enabled as survey

	Active languages - Data Entry: en-US, es | Survey: en-US, es		
223	[`mrcih_fversion`]	Most recent COVID infection history form status:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
224	[`mrcih_fqueries`]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

225	[mrcih_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
226	[mrcih_colldt]	Date Most Recent COVID Infection History form collected:	text (date_mdy, Min: 2020-01-01) Field Annotation: @HIDDEN-SURVEY @TODAY
227	[mrcih_coord]	Check this box if the coordinator is entering data:	checkbox | 1	mrcih_coord___1	Coordinator data entry | Field Annotation: @HIDDEN-SURVEY
228	[mrcih_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
229	[mrcih_covidyn]	Do you think you ever had COVID again after the first time you got it (your first infection)?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
230	[mrcih_covidnum] Show the field ONLY if: [mrcih_covidyn]="1"	How many COVID infections did you have not including the first one?	text (integer, Min: 0)
231	[mrcih_intro] Show the field ONLY if: [mrcih_covidyn]="1"	Now we're going to ask about your experience with your most recent COVID infection.	descriptive
232	[mrcih_dty] Show the field ONLY if: [mrcih_covidyn]="1"	What year was your most recent COVID infection?	text (integer, Min: 2019, Max: 2119)
233	[mrcih_dtm] Show the field ONLY if: [mrcih_covidyn]="1"	What month did this COVID infection start?	dropdown 	1	January
2	February
3	March
4	April
5	May	

				6	June		
				7	July		
				8	August		
				9	September		
				10	October		
				11	November		
				12	December		
234	[mrcih_reason] Show the field ONLY if: [mrcih_covidyn]="1"	Why did you think you had COVID in [mrcih_dtm] [mrcih_dty] (the most recent time you had COVID)? Choose one or more of these:	checkbox				
				1	mrcih_reason___1	A doctor told me I had COVID because I had symptoms	
				2	mrcih_reason___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID	
				3	mrcih_reason___3	A test done at a doctor's office or laboratory said that I had COVID	
				4	mrcih_reason___4	A test done at home said that I had COVID	
				-1	mrcih_reason____1	I don't know	
				-88	mrcih_reason____88	I do not want to answer	

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

235	[mrcih_testtype] Show the field ONLY if: [mrcih_reason(3)]='1' or [mrcih_reason(4)]='1'	If you were tested for COVID in [mrcih_dtm] [mrcih_dty], what type of test(s) did you get? You can choose one or more of these.	checkbox

1a	mrcih_testtype___1a	Antigen test done in a laboratory, doctor's office, or testing center (sometimes called a rapid test)
1b	mrcih_testtype___1b	Antigen test done at home (sometimes called a rapid test)
2	mrcih_testtype___2	PCR/molecular test, throat or nose swab
3	mrcih_testtype___3	Blood test for antibodies
-1	mrcih_testtype____1	I don't know
0	mrcih_testtype___0	I didn't have a test
-88	mrcih_testtype____88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

236	[mrcih_testposyn] Show the field ONLY if: [mrcih_testtype(1a)]='1' or [mrcih_testtype(1b)]='1' or [mrcih_testtype(2)]='1' or [mrcih_testtype(3)]='1'	Were any of the results positive for COVID (showed that you had COVID)?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

237	[mrcih_testpostype]	Which test was positive? You can choose one or more of these.	checkbox		
	Show the field ONLY if: [mrcih_testposyn]='1'		1a	mrcih_testpostype___1a	Antigen test don in a laborato doctor's office, o testing center (sometir called a rapid te
			1b	mrcih_testpostype___1b	Antigen test don at home (sometir called a rapid te
			2	mrcih_testpostype___2	PCR/ molecul test, thr or nose swab
			3	mrcih_testpostype___3	Blood te for antibodi
			-1	mrcih_testpostype___1	I don't know
			-88	mrcih_testpostype___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

238	[mrcih_sympyn]	Did you have any symptoms? Symptoms are signs of being sick, like having a fever or cough.	radio	
	Show the field ONLY if: [mrcih_covidyn]="1"		1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

Custom alignment: LV

239	[mrcih_sympdur]	How long did your symptoms last?	radio	
	Show the field ONLY if: [mrcih_sympyn]="1"		1	1 week or less
			2	2 weeks

			3	3 weeks
			4	4 weeks
			5	More than 4 weeks
			-1	I don't know
			-88	I do not want to answer

Custom alignment: LV

240	[mrcih_sympsev] Show the field ONLY if: [mrcih_sympyn]="1"	During your most recent COVID infection, how bad, or severe, were your symptoms?

radio

1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

241	[mrcih_care] Show the field ONLY if: [mrcih_covidyn]="1"	The most recent time you had COVID, what kind of health care did you get for this COVID infection? Choose one or more of these.

checkbox

1	mrcih_care___1	I was able to take care of myself at home without talking with my doctor's office
2	mrcih_care___2	I took care of myself at home and talked to my doctor by phone
3	mrcih_care___3	I took care of myself at home and talked to my doctor using an online video visit
4	mrcih_care___4	I was seen in person at my regular

			doctor's office
	5	mrcih_care___5	I was seen at an urgent care facility (a place where you can walk in to get care right away without an appointment)
	6	mrcih_care___6	I was seen at the emergency department
	-1	mrcih_care___-1	I don't know
	-88	mrcih_care___-88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

---

242 [`mrcih_hospyn`]

Show the field ONLY if:
[mrcih_covidyn]="1"

During the last time you had COVID, did you have to stay in the hospital (get admitted)?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

---

243 [`mrcih_hospdur`]

Show the field ONLY if:
[mrcih_hospyn]="1"

How many days were you in the hospital for?
days

text
Custom alignment: RH

---

244 [`mrcih_picuyn`]

Show the field ONLY if:
[mrcih_hospyn]="1"

Did you have to stay in the intensive care unit or ICU during this COVID infection?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

---

245 [`mrcih_picudur`]

Show the field ONLY if:
[mrcih_picuyn]="1"

How many days were you in the ICU for?
days

text
Custom alignment: RH

246	[mrcih_treatintro] Show the field ONLY if: [mrcih_covidyn]="1"	The last time you got COVID, did you get any of the following treatments?	descriptive
247	[mrcih_treato2] Show the field ONLY if: [mrcih_covidyn]="1"	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
248	[mrcih_treativfluid] Show the field ONLY if: [mrcih_covidyn]="1"	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
249	[mrcih_treatster] Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
250	[mrcih_treathydroxy] Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
251	[mrcih_treatav] Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
252	[mrcih_treatmono] Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix) 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
253	[mrcih_treatplasma] Show the field ONLY	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have	radio (Matrix) | 1	Yes	

		if: [mrcih_covidyn]="1"	antibodies to the virus that causes COVID)	0 | No -1 | I don't know -88 | I do not want to answer
254	[mrcih_treatthinner]	Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
255	[mrcih_treatantibio]	Show the field ONLY if: [mrcih_covidyn]="1"	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
256	[mrcih_treatvent]	Show the field ONLY if: [mrcih_hospyn]="1"	Breathing tube / breathing machine (ventilator which acts like the lungs when a person can't breathe on their own)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
257	[mrcih_treatdial]	Show the field ONLY if: [mrcih_hospyn]="1"	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
258	[mrcih_treatoth]	Show the field ONLY if: [mrcih_covidyn]="1"	Other	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
259	[mrcih_treatothspec]	Show the field ONLY if: [mrcih_treatoth]='1'	What other treatments for COVID did you get?	notes Custom alignment: LV
260	[most_recent_covid_infection_history_complete]		Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified

				2	Complete	

Instrument: Covid Infection History Followup (covid_infection_history_followup)

Active languages: None

261	[cihfu_fversion]	COVID Infection History (followup) form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
262	[cihfu_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
263	[cihfu_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
264	[cihfu_colldt]	Date COVID Infection History followup form collected:	text (date_mdy, Min: 2020-01-01, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
265	[cihfu_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
266	[cihfu_coord]	Check this box if the coordinator is entering data:	checkbox | 1	cihfu_coord___1	Coordinator data entry | Field Annotation: @HIDDEN-SURVEY
267	[cihfu_covidyn]	Since your last survey on [visit_priorvisitdt], do you think you got a new COVID infection?	radio, Required 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
268	[cihfu_covidnum] Show the field ONLY if: [cihfu_covidyn]="1"	Since your last survey on [visit_priorvisitdt], how many times did you get COVID?	dropdown 	1	1
2	2
3	3
4	4
5	5 or more	

				Custom alignment: LV
269	[cihfu_intro_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Now we're going to ask about your first COVID infection since [visit_priorvisitdt].	descriptive	
270	[cihfu_dty_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	What year was your first COVID infection since [visit_priorvisitdt]?	text (integer, Min: 2019), Required	

271	[cihfu_dtm_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	What month did this COVID infection start?

dropdown, Required

1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

272	[cihfu_reason_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Why did you think you had COVID in [cihfu_dtm_1] [cihfu_dty_1] (the first time you had COVID since [visit_priorvisitdt])? Choose one or more of these:

checkbox

1	cihfu_reason_1___1	A doctor told me I had COVID because I had symptoms
2	cihfu_reason_1___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID

				3	cihfu_reason_1___3	A test done at a doctor's office or laboratory said that I had COVID
				4	cihfu_reason_1___4	A test done at home said that I had COVID
				5	cihfu_reason_1___5	A test done at school said that I had COVID
				-1	cihfu_reason_1___1	I don't know
				-88	cihfu_reason_1___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

	273	[cihfu_testtype_1] Show the field ONLY if: [cihfu_reason_1 (3)]='1' or [cihfu_reas on_1(4)]='1'	If you were tested for COVID in [cihfu_dtm_1] [cihfu_dty_1], what type of test(s) did you get? You can choose one or more of these.	checkbox		
				1a	cihfu_testtype_1___1a	Antigen test done in a laboratory doctor's office, or testing center (sometime called a rapid test)
				1b	cihfu_testtype_1___1b	Antigen test done at home (sometime called a rapid test)
				2	cihfu_testtype_1___2	PCR/ molecular test, throa

				or nose swab	
			3	cihfu_testtype_1___3	Blood test for antibodies
			-1	cihfu_testtype_1___1	I don't know
			0	cihfu_testtype_1___0	I didn't have a test
			-88	cihfu_testtype_1___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

274	[cihfu_testposyn_1] Show the field ONLY if: [cihfu_testtype_1(1a)]='1' or [cihfu_testtype_1(1b)]='1' or [cihfu_testtype_1(2)]='1' or [cihfu_testtype_1(3)]='1'	Were any of the results from the tests in [cihfu_dtm_1] [cihfu_dty_1] positive for COVID (showed that you had COVID)?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

275	[cihfu_testpostype_1] Show the field ONLY if: [cihfu_testposyn_1]='1'	Which test in [cihfu_dtm_1] [cihfu_dty_1] was positive? You can choose one or more of these.	checkbox
			1a	cihfu_testpostype_1___1a	Antigen test done in a laboratory, doctor's office, testing center (sometimes called a rapid test)
			1b	cihfu_testpostype_1___1b	Antigen test done at home (sometimes called a rapid test)
			2	cihfu_testpostype_1___2	PCR/molecular test, throat or nose swab

			3	cihfu_testpostype_1___3	Blood t for antiboc
			-1	cihfu_testpostype_1___1	I don't know
			-88	cihfu_testpostype_1___88	I do no want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

276	[cihfu_sympyn_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn um]>=1	Did you have any symptoms during your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1]? Symptoms are signs of being sick, like having a fever or cough.	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

277	[cihfu_sympdur_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn um]>=1	How long did your symptoms from your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1] last?	radio

1	1 week or less
2	2 weeks
3	3 weeks
4	4 weeks
5	More than 4 weeks
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

278	[cihfu_sympsev_1]	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], how bad, or severe, were your symptoms?	radio

1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know
-88	I do not want to answer

Show the field ONLY if:
[cihfu_sympyn_1]="1"

Custom alignment: LV

279	[cihfu_care_1]	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], what kind of health care did you get? Choose one or more of these.	checkbox

Show the field ONLY if:
[cihfu_covidnum]<>"" and [cihfu_covidnum]>=1

1	cihfu_care_1___1	I was able to take care of myself at home without talking with my doctor's office
2	cihfu_care_1___2	I took care of myself at home and talked to my doctor by phone
3	cihfu_care_1___3	I took care of myself at home and talked to my doctor using an online video visit
4	cihfu_care_1___4	I was seen in person at my regular doctor's office
5	cihfu_care_1___5	I was seen at an urgent care facility (a place where you can walk in to get care right away

						without an appointment)
				6	cihfu_care_1___6	I was seen at the emergency department
				-1	cihfu_care_1___1	I don't know
				-88	cihfu_care_1___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

280	[cihfu_hospyn_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], did you have to stay in the hospital (get admitted)?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

281	[cihfu_hospdur_1] Show the field ONLY if: [cihfu_hospyn_1]="1"	How many days were you in the hospital for? *days*	text (integer) Custom alignment: RH

282	[cihfu_picuyn_1] Show the field ONLY if: [cihfu_hospyn_1]="1"	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], did you have to stay in the intensive care unit, or ICU?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

283	[cihfu_picudur_1] Show the field ONLY if: [cihfu_picuyn_1]="1"	How many days were you in the intensive care unit, or ICU, for? *days*	text (integer) Custom alignment: RH

284	[cihfu_treatintro_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], did you get any of the following treatments?	descriptive

285	[cihfu_treato2_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
286	[cihfu_treativfluid_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
287	[cihfu_treatster_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
288	[cihfu_treathydroxy_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
289	[cihfu_treatav_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
290	[cihfu_treatmono_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
291	[cihfu_treatplasma_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

		um]>=1	
292	[cihfu_treatthinner_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
293	[cihfu_treatantibio_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
294	[cihfu_treatvent_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1 and [cihfu_hospyn_1]="1"	Breathing tube / breathing machine (ventilator which acts like the lungs when a person can't breathe on their own)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
295	[cihfu_treatdial_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1 and [cihfu_hospyn_1]="1"	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
296	[cihfu_treatoth_1] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=1	Other	radio (Matrix) | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	
297	[cihfu_treatothspec_1] Show the field ONLY if: [cihfu_treatoth_1]='1'	During your COVID infection starting in [cihfu_dtm_1] [cihfu_dty_1], what other treatments for COVID did you get?	notes Custom alignment: LV
298	[cihfu_intro_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn	Now we're going to ask about your second COVID infection since [visit_priorvisitdt].	descriptive

		um]>=2		
299	[cihfu_dty_2] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=2	What year was your second COVID infection since [visit_priorvisitdt]?	text (integer, Min: 2019), Required	

300	[cihfu_dtm_2] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=2	What month did this COVID infection start?	dropdown, Required

1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

301	[cihfu_reason_2] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=2	Why did you think your had COVID in [cihfu_dtm_2] [cihfu_dty_2] (the second time you had COVID since [visit_priorvisitdt])? Choose one or more of these:	checkbox

1	cihfu_reason_2___1	A doctor told me I had COVID because I had symptoms
2	cihfu_reason_2___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID
3	cihfu_reason_2___3	A test done at a doctor's office or laboratory said that I had

				COVID
			4	cihfu_reason_2___4	A test done at home said that I had COVID
			5	cihfu_reason_2___5	A test done at school said that I had COVID
			-1	cihfu_reason_2___1	I don't know
			-88	cihfu_reason_2___88	I do not want to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE="-88,-1"

302	[cihfu_testtype_2] Show the field ONLY if: [cihfu_reason_2 (3)]='1' or [cihfu_reas on_2(4)]='1'	If you were tested for COVID in [cihfu_dtm_2] [cihfu_dty_2], what type of test(s) did you get? You can choose one or more of these.	checkbox
			1a	cihfu_testtype_2___1a	Antigen test done in a laboratory doctor's office, or testing center (sometimes called a rapid test)
			1b	cihfu_testtype_2___1b	Antigen test done at home (sometimes called a rapid test)
			2	cihfu_testtype_2___2	PCR/ molecular test, throat or nose swab
			3	cihfu_testtype_2___3	Blood test for antibodies

				-1	cihfu_testtype_2___1	I don't know
				0	cihfu_testtype_2___0	I didn't have a test
				-88	cihfu_testtype_2___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

303	[cihfu_testposyn_2] Show the field ONLY if: [cihfu_testtype_2(1a)]='1' or [cihfu_testtype_2(1b)]='1' or [cihfu_testtype_2(2)]='1' or [cihfu_testtype_2(3)]='1'	Were any of the results from the tests in [cihfu_dtm_2] [cihfu_dty_2] positive for COVID (showed that you had COVID)?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

304	[cihfu_testpostype_2] Show the field ONLY if: [cihfu_testposyn_2]='1'	Which test in [cihfu_dtm_2] [cihfu_dty_2] was positive? You can choose one or more of these.	checkbox

1a	cihfu_testpostype_2___1a	Antigen test done in a laboratory, doctor office, testing center (somet called a rapid te
1b	cihfu_testpostype_2___1b	Antigen test done at home (somet called a rapid te
2	cihfu_testpostype_2___2	PCR/ molecu test, th or nose swab
3	cihfu_testpostype_2___3	Blood for antibo

			-1	cihfu_testpostype_2___1	I don't know
			-88	cihfu_testpostype_2___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

305	[cihfu_sympyn_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Did you have any symptoms during your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2]? Symptoms are signs of being sick, like having a fever or cough.	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
306	[cihfu_sympdur_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	How long did your symptoms from your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2] last?	radio 	1	1 week or less
2	2 weeks
3	3 weeks
4	4 weeks
5	More than 4 weeks
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
307	[cihfu_sympsev_2] Show the field ONLY if: [cihfu_sympyn_2]="1"	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], how bad, or severe, were your symptoms?	radio 	1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
308	[cihfu_care_2] Show the field ONLY	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], what kind of health care did you get? Choose one or	checkbox | 1	cihfu_care_2___1	I was able to

		if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=2	more of these.			take care of myself at home without talking with my doctor's office
				2	cihfu_care_2___2	I took care of myself at home and talked to my doctor by phone
				3	cihfu_care_2___3	I took care of myself at home and talked to my doctor using an online video visit
				4	cihfu_care_2___4	I was seen in person at my regular doctor's office
				5	cihfu_care_2___5	I was seen at an urgent care facility (a place where you can walk in to get care right away without an appointment)
				6	cihfu_care_2___6	I was seen at the emergency department
				-1	cihfu_care_2____1	I don't know
				-88	cihfu_care_2____88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

	309	[cihfu_hospyn_2] Show the field ONLY if:	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], did you have to stay in the hospital (get admitted)?	radio

1	Yes
0	No

	[cihfu_covidnum]<>"" and [cihfu_covidnum]>=2		-1 | I don't know -88 | I do not want to answer Custom alignment: LV
310	[cihfu_hospdur_2] Show the field ONLY if: [cihfu_hospyn_2]="1"	How many days were you in the hospital for? *days*	text (integer) Custom alignment: RH
311	[cihfu_picuyn_2] Show the field ONLY if: [cihfu_hospyn_2]="1"	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], did you have to stay in the intensive care unit, or ICU?	radio 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer Custom alignment: LV
312	[cihfu_picudur_2] Show the field ONLY if: [cihfu_picuyn_2]="1"	How many days were you in the intensive care unit, or ICU, for? *days*	text (integer) Custom alignment: RH
313	[cihfu_treatintro_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], did you get any of the following treatments?	descriptive
314	[cihfu_treato2_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
315	[cihfu_treativfluid_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
316	[cihfu_treatster_2] Show the field ONLY if: [cihfu_covidnum]<	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix) 1 | Yes 0 | No

	>"" and [cihfu_covidnum]>=2		-1	I don't know
			-88	I do not want to answer
317	[cihfu_treathydroxy_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
318	[cihfu_treatav_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
319	[cihfu_treatmono_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
320	[cihfu_treatplasma_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
321	[cihfu_treatthinner_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
322	[cihfu_treatantibio_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
323	[cihfu_treatvent_2] Show the field ONLY	Breathing tube / breathing machine (ventilator which acts like the lungs	radio (Matrix) 1 Yes

		if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2 and [cihfu_hospyn_2]="1"	when a person can't breathe on their own)	0 | No -1 | I don't know -88 | I do not want to answer
324	[cihfu_treatdial_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2 and [cihfu_hospyn_2]="1"	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
325	[cihfu_treatoth_2] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=2	Other	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
326	[cihfu_treatothspec_2] Show the field ONLY if: [cihfu_treatoth_2]='1'	During your COVID infection starting in [cihfu_dtm_2] [cihfu_dty_2], what other treatments for COVID did you get?	notes Custom alignment: LV
327	[cihfu_intro_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Now we're going to ask about your third COVID infection since [visit_priorvisitdt].	descriptive
328	[cihfu_dty_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	What year was your third COVID infection since [visit_priorvisitdt]?	text (integer, Min: 2019), Required
329	[cihfu_dtm_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	What month did this COVID infection start?	dropdown, Required 1 | January 2 | February 3 | March 4 | April 5 | May 6 | June 7 | July

				8	August	
				9	September	
				10	October	
				11	November	
				12	December	
330	[cihfu_reason_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Why did you think you had COVID in [cihfu_dtm_3] [cihfu_dty_3] (the third time you had COVID since [visit_priorvisitdt])? Choose one or more of these:	checkbox			
			1	cihfu_reason_3___1	A doctor told me I had COVID because I had symptoms	
			2	cihfu_reason_3___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID	
			3	cihfu_reason_3___3	A test done at a doctor's office or laboratory said that I had COVID	
			4	cihfu_reason_3___4	A test done at home said that I had COVID	
			5	cihfu_reason_3___5	A test done at school said that I had COVID	
			-1	cihfu_reason_3____1	I don't know	
			-88	cihfu_reason_3____88	I do not want to answer	

331	[cihfu_testtype_3] Show the field ONLY if: [cihfu_reason_3(3)]='1' or [cihfu_reason_3(4)]='1'	If you were tested for COVID in [cihfu_dtm_3] [cihfu_dty_3], what type of test(s) did you get? You can choose one or more of these.	checkbox		
			1a	cihfu_testtype_3___1a	Antigen test done in a laboratory doctor's office, or testing center (sometime called a rapid test)
			1b	cihfu_testtype_3___1b	Antigen test done at home (sometime called a rapid test)
			2	cihfu_testtype_3___2	PCR/ molecular test, throat or nose swab
			3	cihfu_testtype_3___3	Blood test for antibodies
			-1	cihfu_testtype_3____1	I don't know
			0	cihfu_testtype_3___0	I didn't have a test
			-88	cihfu_testtype_3____88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

332	[cihfu_testposyn_3] Show the field ONLY if: [cihfu_testtype_3(1a)]='1' or [cihfu_testtype_3(1b)]='1' or [cihfu_testtype_3(2)]='1' or [cihfu_testtype_3(3)]='1'	Were any of the results from the tests in [cihfu_dtm_3] [cihfu_dty_3] positive for COVID (showed that you had COVID)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table> Custom alignment: LV

333	[cihfu_testpostype_3] Show the field ONLY if: [cihfu_testposyn_3]='1'	Which test in [cihfu_dtm_3] [cihfu_dty_3] was positive? You can choose one or more of these.	checkbox

1a	cihfu_testpostype_3___1a	Antigen test done in a laboratory, doctor's office, testing center (sometimes called a rapid test)
1b	cihfu_testpostype_3___1b	Antigen test done at home (sometimes called a rapid test)
2	cihfu_testpostype_3___2	PCR/molecular test, throat or nose swab
3	cihfu_testpostype_3___3	Blood test for antibodies
-1	cihfu_testpostype_3____1	I don't know
-88	cihfu_testpostype_3____88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

334	[cihfu_sympyn_3] Show the field ONLY if: [cihfu_covidnum]<	Did you have any symptoms during your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3]? Symptoms are signs of being sick, like having a fever or cough.	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>

		>"" and [cihfu_covidn um]>=3		-1	I don't know
				-88	I do not want to answer
				Custom alignment: LV

335	[cihfu_sympdur_3] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=3	How long did your symptoms from your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3] last?	radio

	1	1 week or less
	2	2 weeks
	3	3 weeks
	4	4 weeks
	5	More than 4 weeks
	-1	I don't know
	-88	I do not want to answer

Custom alignment: LV

336	[cihfu_sympsev_3] Show the field ONLY if: [cihfu_sympyn_ 3]="1"	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], how bad, or severe, were your symptoms?	radio

	1	Very mild (slightly bad)
	2	Mild (a little bad)
	3	Moderate (medium bad)
	4	Severe (very bad)
	5	Extreme (extremely bad)
	6	Life-threatening (almost died from COVID)
	-1	I don't know
	-88	I do not want to answer

Custom alignment: LV

337	[cihfu_care_3] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=3	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], what kind of health care did you get? Choose one or more of these.	checkbox

	1	cihfu_care_3___1	I was able to take care of myself at home without talking with my doctor's office
	2	cihfu_care_3___2	I took care of myself at home and talked to my doctor by phone

				3	cihfu_care_3___3	I took care of myself at home and talked to my doctor using an online video visit
				4	cihfu_care_3___4	I was seen in person at my regular doctor's office
				5	cihfu_care_3___5	I was seen at an urgent care facility (a place where you can walk in to get care right away without an appointment)
				6	cihfu_care_3___6	I was seen at the emergency department
				-1	cihfu_care_3____1	I don't know
				-88	cihfu_care_3____88	I do not want to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE="-88,-1"

	338	[cihfu_hospyn_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], did you have to stay in the hospital (get admitted)?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

	339	[cihfu_hospdur_3] Show the field ONLY if: [cihfu_hospyn_3]="1"	How many days were you in the hospital for? *days*	text (integer) Custom alignment: RH
	340	[cihfu_picuyn_3] Show the field ONLY	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], did you have to stay in the intensive care unit, or	radio

1	Yes

		if: [cihfu_hospyn_3] = "1"	ICU?	0	No
				-1	I don't know
				-88	I do not want to answer
				Custom alignment: LV	
341	[cihfu_picudur_3] Show the field ONLY if: [cihfu_picuyn_3]="1"	How many days were you in the intensive care unit, or ICU, for? *days*	text (integer) Custom alignment: RH		
342	[cihfu_treatintro_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], did you get any of the following treatments?	descriptive		
343	[cihfu_treato2_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
344	[cihfu_treativfluid_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
345	[cihfu_treatster_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
346	[cihfu_treathydroxy_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer

347	[cihfu_treatav_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

348	[cihfu_treatmono_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

349	[cihfu_treatplasma_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

350	[cihfu_treatthinner_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

351	[cihfu_treatantibio_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

352	[cihfu_treatvent_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3 and [cihfu_hospyn_3]="1"	Breathing tube / breathing machine (ventilator which acts like the lungs when a person can't breathe on their own)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

353	[cihfu_treatdial_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

				-88	I do not want to answer

354	[cihfu_treatoth_3] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=3	Other	radio (Matrix)		
			1	Yes	
			0	No	
			-1	I don't know	
			-88	I do not want to answer	

355	[cihfu_treatothspec_3] Show the field ONLY if: [cihfu_treatoth_3]='1'	During your COVID infection starting in [cihfu_dtm_3] [cihfu_dty_3], what other treatments for COVID did you get?	notes Custom alignment: LV

356	[cihfu_intro_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Now we're going to ask about your fourth COVID infection since [visit_priorvisitdt].	descriptive

357	[cihfu_dty_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	What year was your fourth COVID infection since [visit_priorvisitdt]?	text (integer, Min: 2019), Required

358	[cihfu_dtm_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	What month did this COVID infection start?	dropdown, Required	
			1	January
			2	February
			3	March
			4	April
			5	May
			6	June
			7	July
			8	August
			9	September
			10	October
			11	November
			12	December

359	[cihfu_reason_4] Show the field ONLY if:	Why did you think your had COVID in [cihfu_dtm_4] [cihfu_dty_4] (the fourth time you had COVID since [visit_priorvisitdt])? Choose one or more	checkbox		
			1	cihfu_reason_4___1	A doctor told me I

		[cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	of these:					had COVID because I had symptoms
					2	cihfu_reason_4___2		I thought I had COVID at this time, but a doctor did not tell me I had COVID
					3	cihfu_reason_4___3		A test done at a doctor's office or laboratory said that I had COVID
					4	cihfu_reason_4___4		A test done at home said that I had COVID
					5	cihfu_reason_4___5		A test done at school said that I had COVID
					-1	cihfu_reason_4____1		I don't know
					-88	cihfu_reason_4____88		I do not want to answer
					Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="-88,-1"			
	360	[cihfu_testtype_4] Show the field ONLY if: [cihfu_reason_4 (3)]='1' or [cihfu_reason_4(4)]='1'	If you were tested for COVID in [cihfu_dtm_4] [cihfu_dty_4], what type of test(s) did you get? You can choose one or more of these.		checkbox			
					1a	cihfu_testtype_4___1a		Antigen test done in a laboratory doctor's office, or

				1b	cihfu_testtype_4___1b	Antigen test done at home (sometime called a rapid test)
				2	cihfu_testtype_4___2	PCR/ molecular test, throat or nose swab
				3	cihfu_testtype_4___3	Blood test for antibodies
				-1	cihfu_testtype_4___1	I don't know
				0	cihfu_testtype_4___0	I didn't have a test
				-88	cihfu_testtype_4___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

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361 [cihfu_testposyn_4]

Show the field ONLY if:
[cihfu_testtype_4(1 a)]='1' or [cihfu_testtype_4(1b)]='1' or [cihfu_testtype_4(2)]='1' or [cihfu_testtype_4(3)]='1'

Were any of the results from the tests in [cihfu_dtm_4] [cihfu_dty_4] positive for COVID (showed that you had COVID)?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

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362 [cihfu_testpostype_4]

Show the field ONLY if:
[cihfu_testposyn_4]='1'

Which test in [cihfu_dtm_4] [cihfu_dty_4] was positive? You can choose one or more of these.

checkbox

| 1a | cihfu_testpostype_4___1a | Antigen test done in a laboratory, doctor's office, testing center |

						(somet... called a rapid t...
				1b	cihfu_testpostype_4___1b	Antiger test do at hom (somet... called a rapid t...
				2	cihfu_testpostype_4___2	PCR/ molecu test, th or nose swab
				3	cihfu_testpostype_4___3	Blood t for antibo...
				-1	cihfu_testpostype_4____1	I don't know
				-88	cihfu_testpostype_4____88	I do no... want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

363	[cihfu_sympyn_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Did you have any symptoms during your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4]? Symptoms are signs of being sick, like having a fever or cough.	radio	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
			Custom alignment: LV	
364	[cihfu_sympdur_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	How long did your symptoms from your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4] last?	radio	
			1	1 week or less
			2	2 weeks
			3	3 weeks
			4	4 weeks
			5	More than 4 weeks
			-1	I don't know
			-88	I do not want to answer
			Custom alignment: LV	

365	[cihfu_sympsev_4] Show the field ONLY if: [cihfu_sympyn_4]="1"	During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], how bad, or severe, were your symptoms?	radio

1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

366	[cihfu_care_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], what kind of health care did you get? Choose one or more of these.	checkbox

1	cihfu_care_4___1	I was able to take care of myself at home without talking with my doctor's office
2	cihfu_care_4___2	I took care of myself at home and talked to my doctor by phone
3	cihfu_care_4___3	I took care of myself at home and talked to my doctor using an online video visit
4	cihfu_care_4___4	I was seen in person at my regular doctor's office
5	cihfu_care_4___5	I was seen at an urgent care facility (a place where you can walk in to get care right away

					without an appointment)
			6	cihfu_care_4___6	I was seen at the emergency department
			-1	cihfu_care_4___1	I don't know
			-88	cihfu_care_4___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

---

367 [cihfu_hospyn_4]

Show the field ONLY if:
[cihfu_covidnum]<>"" and [cihfu_covidnum]>=4

During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], did you have to stay in the hospital (get admitted)?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

---

368 [cihfu_hospdur_4]

Show the field ONLY if:
[cihfu_hospyn_4]="1"

How many days were you in the hospital for?
days

text (integer)
Custom alignment: RH

---

369 [cihfu_picuyn_4]

Show the field ONLY if:
[cihfu_hospyn_4]="1"

During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], did you have to stay in the intensive care unit, or ICU?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

---

370 [cihfu_picudur_4]

Show the field ONLY if:
[cihfu_picuyn_4]="1"

How many days were you in the intensive care unit, or ICU, for?
days

text (integer)
Custom alignment: RH

---

371 [cihfu_treatintro_4]

Show the field ONLY if:
[cihfu_covidnum]<>"" and [cihfu_covidnum]>=4

During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], did you get any of the following treatments?

descriptive

372	[cihfu_treato2_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

373	[cihfu_treativfluid_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

374	[cihfu_treatster_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

375	[cihfu_treathydroxy_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

376	[cihfu_treatav_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

377	[cihfu_treatmono_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

378	[cihfu_treatplasma_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix)	
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer

		um]>=4	
379	[cihfu_treatthinner_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table>
380	[cihfu_treatantibio_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table>
381	[cihfu_treatvent_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4 and [cihfu_hospyn_4]="1"	Breathing tube / breathing machine (ventilator which acts like the lungs when a person can't breathe on their own)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table>
382	[cihfu_treatdial_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4 and [cihfu_hospyn_4]="1"	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table>
383	[cihfu_treatoth_4] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=4	Other	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table>
384	[cihfu_treatothspec_4] Show the field ONLY if: [cihfu_treatoth_4]='1'	During your COVID infection starting in [cihfu_dtm_4] [cihfu_dty_4], what other treatments for COVID did you get?	notes Custom alignment: LV
385	[cihfu_intro_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidn	Now we're going to ask about your fifth COVID infection since [visit_priorvisitdt].	descriptive

			um]>=5			
	386	[cihfu_dty_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	What year was your fifth COVID infection since [visit_priorvisitdt]?	text (integer, Min: 2019), Required		

	387	[cihfu_dtm_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	What month did this COVID infection start?	dropdown, Required

1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December

	388	[cihfu_reason_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	Why did you think you had COVID in [cihfu_dtm_5] [cihfu_dty_5] (the fifth time you had COVID since [visit_priorvisitdt])? Choose one or more of these:	checkbox

1	cihfu_reason_5___1	A doctor told me I had COVID because I had symptoms
2	cihfu_reason_5___2	I thought I had COVID at this time, but a doctor did not tell me I had COVID
3	cihfu_reason_5___3	A test done at a doctor's office or laboratory said that I had

				4	cihfu_reason_5___4	A test done at home said that I had COVID
						COVID
				5	cihfu_reason_5___5	A test done at school said that I had COVID
				-1	cihfu_reason_5___1	I don't know
				-88	cihfu_reason_5___88	I do not want to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE="-88,-1"

	389	[cihfu_testtype_5] Show the field ONLY if: [cihfu_reason_5(3)]='1' or [cihfu_reason_5(4)]='1'	If you were tested for COVID in [cihfu_dtm_5] [cihfu_dty_5], what type of test(s) did you get? You can choose one or more of these.	checkbox		
				1a	cihfu_testtype_5___1a	Antigen test done in a laboratory doctor's office, or testing center (sometimes called a rapid test)
				1b	cihfu_testtype_5___1b	Antigen test done at home (sometimes called a rapid test)
				2	cihfu_testtype_5___2	PCR/molecular test, throat or nose swab
				3	cihfu_testtype_5___3	Blood test for antibodies

				-1	cihfu_testtype_5___1	I don't know	
				0	cihfu_testtype_5___0	I didn't have a test	
				-88	cihfu_testtype_5___88	I do not want to answer	

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,0"

390	[cihfu_testposyn_5] Show the field ONLY if: [cihfu_testtype_5(1a)]='1' or [cihfu_testtype_5(1b)]='1' or [cihfu_testtype_5(2)]='1' or [cihfu_testtype_5(3)]='1'	Were any of the results from the tests in [cihfu_dtm_5] [cihfu_dty_5] positive for COVID (showed that you had COVID)?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

391	[cihfu_testpostype_5] Show the field ONLY if: [cihfu_testposyn_5]='1'	Which test in [cihfu_dtm_5] [cihfu_dty_5] was positive? You can choose one or more of these.	checkbox

1a	cihfu_testpostype_5___1a	Antigen test done in a laboratory, doctor office, testing center (sometimes called a rapid te...
1b	cihfu_testpostype_5___1b	Antigen test done at home (sometimes called a rapid te...
2	cihfu_testpostype_5___2	PCR/ molecular test, throat or nose swab...
3	cihfu_testpostype_5___3	Blood test for antibo...

| | | | | -1 | cihfu_testpostype_5___1 | I don't know |
| | | | | -88 | cihfu_testpostype_5___88 | I do not want to answer |

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-1,-88"

392	[cihfu_sympyn_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	Did you have any symptoms during your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5]? Symptoms are signs of being sick, like having a fever or cough.	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

393	[cihfu_sympdur_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	How long did your symptoms from your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5] last?	radio 	1	1 week or less
2	2 weeks
3	3 weeks
4	4 weeks
5	More than 4 weeks
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

394	[cihfu_sympsev_5] Show the field ONLY if: [cihfu_sympyn_5]="1"	During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], how bad, or severe, were your symptoms?	radio 	1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)
4	Severe (very bad)
5	Extreme (extremely bad)
6	Life-threatening (almost died from COVID)
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV

| 395 | [cihfu_care_5]

Show the field ONLY | During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], what kind of health care did you get? Choose one or | checkbox

| 1 | cihfu_care_5__1 | I was able to |

		if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	more of these.			take care of myself at home without talking with my doctor's office
					2	cihfu_care_5___2	I took care of myself at home and talked to my doctor by phone
					3	cihfu_care_5___3	I took care of myself at home and talked to my doctor using an online video visit
					4	cihfu_care_5___4	I was seen in person at my regular doctor's office
					5	cihfu_care_5___5	I was seen at an urgent care facility (a place where you can walk in to get care right away without an appointment)
					6	cihfu_care_5___6	I was seen at the emergency department
					-1	cihfu_care_5___1	I don't know
					-88	cihfu_care_5___88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1"

396	[cihfu_hospyn_5] Show the field ONLY if:	During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], did you have to stay in the hospital (get admitted)?	radio

1	Yes
0	No

		[cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	-1 | I don't know -88 | I do not want to answer Custom alignment: LV
397	[cihfu_hospdur_5] Show the field ONLY if: [cihfu_hospyn_5]="1"	How many days were you in the hospital for? *days*	text (integer) Custom alignment: RH
398	[cihfu_picuyn_5] Show the field ONLY if: [cihfu_hospyn_5]="1"	During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], did you have to stay in the intensive care unit, or ICU?	radio 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer Custom alignment: LV
399	[cihfu_picudur_5] Show the field ONLY if: [cihfu_picuyn_5]="1"	How many days were you in the intensive care unit, or ICU, for? *days*	text (integer) Custom alignment: RH
400	[cihfu_treatintro_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], did you get any of the following treatments?	descriptive
401	[cihfu_treato2_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	Oxygen therapy (extra oxygen is given when a person's oxygen is low)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
402	[cihfu_treativfluid_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	Intravenous fluids (giving fluids through a needle placed in a blood vessel)	radio (Matrix) 1 | Yes 0 | No -1 | I don't know -88 | I do not want to answer
403	[cihfu_treatster_5] Show the field ONLY if: [cihfu_covidnum]<	Treatment with steroids (medicines that help decrease swelling (inflammation) in the body)	radio (Matrix) 1 | Yes 0 | No

		>"" and [cihfu_covidn um]>=5		-1	I don't know
				-88	I do not want to answer
404	[cihfu_treathydroxy _5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with hydroxychloroquine (medicine mostly used to treat malaria that has been studied for treating and preventing COVID)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
405	[cihfu_treatav_5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with antiviral drug (medicines used to treat infections caused by a virus)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
406	[cihfu_treatmono_5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with monoclonal antibody (proteins made in a lab that act like the body's antibodies, to help the immune system find and kill germs)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
407	[cihfu_treatplasma_ 5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with convalescent plasma (giving a person the plasma part of COVID survivors' blood, which may have antibodies to the virus that causes COVID)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
408	[cihfu_treatthinner _5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with blood thinner (medicines used to treat or prevent blood clots)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
409	[cihfu_treatantibio _5] Show the field ONLY if: [cihfu_covidnum]< >"" and [cihfu_covidn um]>=5	Treatment with antibiotics (medicines used to treat infections caused by bacteria)	radio (Matrix)	
				1	Yes
				0	No
				-1	I don't know
				-88	I do not want to answer
410	[cihfu_treatvent_5] Show the field ONLY	Breathing tube / breathing machine (ventilator which acts like the lungs	radio (Matrix)	
				1	Yes

	if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5 and [cihfu_hospyn_5]="1"	when a person can't breathe on their own)	0 No -1 I don't know -88 I do not want to answer
411	[cihfu_treatdial_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5 and [cihfu_hospyn_5]="1"	Dialysis (treatment that helps clean the blood when the kidneys are hurt, or not working)	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
412	[cihfu_treatoth_5] Show the field ONLY if: [cihfu_covidnum]<>"" and [cihfu_covidnum]>=5	Other	radio (Matrix) 1 Yes 0 No -1 I don't know -88 I do not want to answer
413	[cihfu_treatothspec_5] Show the field ONLY if: [cihfu_treatoth_5]='1'	During your COVID infection starting in [cihfu_dtm_5] [cihfu_dty_5], what other treatments for COVID did you get?	notes Custom alignment: LV
414	[covid_infection_history_followup_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **COVID testing history** (covid_testing_history)	👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

415	[cth_fversion]	COVID testing history form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
416	[cth_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
417	[cth_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive

418	[cth_colldt]	Form collection date:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
419	[cth_coord]	Check this box if the coordinator is entering data:	checkbox | 1	cth_coord___1	Coordinator data entry | Field Annotation: @HIDDEN-SURVEY
420	[cth_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
421	[cth_intro]	Now we are going to ask you questions about your most recent COVID test.	descriptive
422	[cth_yn]	Have you ever been tested for COVID?	radio 	1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV
423	[cth_dty] Show the field ONLY if: [cth_yn]="1"	What year was your most recent COVID test?	text (integer, Min: 2019, Max: 2026)
424	[cth_dtm] Show the field ONLY if: [cth_yn]="1"	In [cth_dty], what month did you have your most recent COVID test?	dropdown 	1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December	
425	[cth_type] Show the field ONLY if:	How were you tested for your most recent test?	checkbox | 1a	cth_type___1a	Antigen test done in a

| | | [cth_yn]="1" | | | 1b | cth_type___1b | Antigen test done at home (sometimes called a rapid test) |

		[cth_yn]="1"					laboratory, doctor's office, or testing center (sometimes called a rapid test)
					1b	cth_type___1b	Antigen test done at home (sometimes called a rapid test)
					2	cth_type___2	PCR/molecular test, throat, or nose swab
					3	cth_type___3	Blood test for antibodies
					-1	cth_type____1	I don't know
					-2	cth_type____2	I didn't have a test
					-88	cth_type____88	I do not want to answer

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="-88,-1,-2"

	426	[covid_testing_history_complete]	Section Header: *Form Status* Complete?	dropdown
				0 Incomplete
				1 Unverified
				2 Complete

Instrument: COVID vaccine history (covid_vaccine_history)   👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

	427	[vacc_fversion]	Vaccine status form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
	428	[vacc_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

429	[vacc_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
430	[vacc_colldt]	What is the date that this survey is being done? *MM-DD-YYYY*	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
431	[vacc_coord]	Check this box if the coordinator is entering data:	checkbox <table><tr><td>1</td><td>vacc_coord___1</td><td>Coordinator data entry</td></tr></table> Field Annotation: @HIDDEN-SURVEY
432	[vacc_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
433	[vacc_desc]	Now we are going to ask you about COVID vaccines.	descriptive
434	[vacc_yn] Show the field ONLY if: [visit_eventtype]="baseline"	Have you gotten a COVID vaccine?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table> Custom alignment: LV
435	[vaccfu_yn] Show the field ONLY if: [visit_eventtype]="followup"	Since your last survey on [visit_priorvisitdt], have you gotten a COVID vaccine?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table> Custom alignment: LV
436	[vacc_num] Show the field ONLY if: [vacc_yn]='1' or [vaccfu_yn]="1"	If yes, how many shots have you had[visit_sincecalc] (including boosters)? *shots*	dropdown <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr></table>

			8	8
			9	9
			10	10 or more

437	[vacc_type_01] Show the field ONLY if: [vacc_yn]='1' or [vacc fu_yn]="1"	For the first shot[visit_sincecalc], which vaccine did you have?	radio		
			2	Pfizer	
			1	Moderna	
			3	Johnson and Johnson	
			4	Astra Zeneca	
			99	Other {vacc_typespec_01:icons}	
			-1	I don't know	
			-88	I do not want to answer	
			Custom alignment: LV		
438	[vacc_typespec_01] Show the field ONLY if: [vacc_type_01]='99'	Please explain which vaccine you had:	text		
439	[vacc_dt_01] Show the field ONLY if: [vacc_yn]='1' or [vacc fu_yn]="1"	Date of first vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: 2020-08-01, Max: today)		
440	[vacc_type_02] Show the field ONLY if: [vacc_num] >=2	For the second shot[visit_sincecalc], which vaccine did you have?	radio		
			2	Pfizer	
			1	Moderna	
			3	Johnson and Johnson	
			4	Astra Zeneca	
			99	Other {vacc_typespec_02:icons}	
			-1	I don't know	
			-88	I do not want to answer	
			Custom alignment: LV		
441	[vacc_typespec_02] Show the field ONLY if: [vacc_type_02]='99'	Please explain which vaccine you had:	text		
442	[vacc_dt_02] Show the field ONLY if:	Date of second vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_01], Max: today)		

		[vacc_num] >= 2		
443	[vacc_type_03] Show the field ONLY if: [vacc_num] >=3	For the third shot[visit_sincecalc], which vaccine did you have?	radio | 2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca
99	Other {vacc_typespec_03:icons}
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV	
444	[vacc_typespec_03] Show the field ONLY if: [vacc_type_03]='99'	Please explain which vaccine you had:	text	
445	[vacc_dt_03] Show the field ONLY if: [vacc_num] >= 3	Date of third vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_02], Max: today)	
446	[vacc_type_04] Show the field ONLY if: [vacc_num] >=4	For the fourth shot[visit_sincecalc], which vaccine did you have?	radio | 2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca
99	Other {vacc_typespec_04:icons}
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV	
447	[vacc_typespec_04] Show the field ONLY if: [vacc_type_04]='99'	Please explain which vaccine you had:	text	
448	[vacc_dt_04] Show the field ONLY if: [vacc_num] >= 4	Date of fourth vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_03], Max: today)	
449	[vacc_type_05] Show the field ONLY if:	For the fifth shot[visit_sincecalc], which vaccine did you have?	radio | 2	Pfizer		

	[vacc_num] >=5		

			1	Moderna
			3	Johnson and Johnson
			4	Astra Zeneca
			99	Other {vacc_typespec_05:icons}
			-1	I don't know
			-88	I do not want to answer

Custom alignment: LV

#	Field	Question	Response
450	[vacc_typespec_05] Show the field ONLY if: [vacc_type_05]='99'	Please explain which vaccine you had:	text
451	[vacc_dt_05] Show the field ONLY if: [vacc_num] >= 5	Date of fifth vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_04], Max: today)
452	[vacc_type_06] Show the field ONLY if: [vacc_num] >=6	For the sixth shot[visit_sincecalc], which vaccine did you have?	radio

2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca
99	Other {vacc_typespec_06:icons}
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

#	Field	Question	Response
453	[vacc_typespec_06] Show the field ONLY if: [vacc_type_06]='99'	Please explain which vaccine you had:	text
454	[vacc_dt_06] Show the field ONLY if: [vacc_num] >= 6	Date of sixth vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_05], Max: today)
455	[vacc_type_07] Show the field ONLY if: [vacc_num] >=7	For the seventh shot[visit_sincecalc], which vaccine did you have?	radio

2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca

			99	Other {vacc_typespec_07:icons}
			-1	I don't know
			-88	I do not want to answer
			Custom alignment: LV	

456	[vacc_typespec_07] Show the field ONLY if: [vacc_type_07]='99'	Please explain which vaccine you had:	text	
457	[vacc_dt_07] Show the field ONLY if: [vacc_num] >= 7	Date of seventh vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_06], Max: today)	
458	[vacc_type_08] Show the field ONLY if: [vacc_num] >=8	For the eighth shot[visit_sincecalc], which vaccine did you have?	radio	

458 (radio options)		
2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca
99	Other {vacc_typespec_08:icons}
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

459	[vacc_typespec_08] Show the field ONLY if: [vacc_type_08]='99'	Please explain which vaccine you had:	text	
460	[vacc_dt_08] Show the field ONLY if: [vacc_num] >= 8	Date of eighth vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_07], Max: today)	
461	[vacc_type_09] Show the field ONLY if: [vacc_num] >=9	For the ninth shot[visit_sincecalc], which vaccine did you have?	radio	

461 (radio options)		
2	Pfizer
1	Moderna
3	Johnson and Johnson
4	Astra Zeneca
99	Other {vacc_typespec_09:icons}
-1	I don't know
-88	I do not want to answer

			Custom alignment: LV
462	[vacc_typespec_09] Show the field ONLY if: [vacc_type_09]='99'	Please explain which vaccine you had:	text
463	[vacc_dt_09] Show the field ONLY if: [vacc_num] >= 9	Date of ninth vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_08], Max: today)
464	[vacc_type_10] Show the field ONLY if: [vacc_num] >=10	For your most recent shot[visit_sincecalc], which vaccine did you have?	radio <table><tr><td>2</td><td>Pfizer</td></tr><tr><td>1</td><td>Moderna</td></tr><tr><td>3</td><td>Johnson and Johnson</td></tr><tr><td>4</td><td>Astra Zeneca</td></tr><tr><td>99</td><td>Other {vacc_typespec_10:icons}</td></tr><tr><td>-1</td><td>I don't know</td></tr><tr><td>-88</td><td>I do not want to answer</td></tr></table> Custom alignment: LV
465	[vacc_typespec_10] Show the field ONLY if: [vacc_type_10]='99'	Please explain which vaccine you had:	text
466	[vacc_dt_10] Show the field ONLY if: [vacc_num] >= 10	Date of most recent vaccine dose[visit_sincecalc]: (If you don't remember the exact date, that is okay. Try your best.)	text (date_mdy, Min: [vacc_dt_09], Max: today)
467	[covid_vaccine_history_complete]	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: COVID symptoms (covid_symptoms)   🔲 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

468	[ps_fversion]	Symptoms form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
469	[ps_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

470	[ps_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
471	[ps_colldt]	Date PASC Symptoms survey collected:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
472	[ps_coord]	Check this box if the coordinator is entering data: <table><tr><td>1</td><td>ps_coord___1</td><td>Coordinator data entry</td></tr></table> Field Annotation: @HIDDEN-SURVEY	checkbox
473	[ps_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
474	[ps_infected]	Is the participant known or believed to be infected (date of infection provided or caregiver believes to be infected)	calc Calculation: if([enrollment_arm_1][enrl_infdt]<>"" or [fcih_covidyn]="1" or [mrcih_covidyn]="1" or [cihfu_covidyn]="1" or [previous-event-name][ps_infected]="1", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
475	[ps_mens]	Is the participant menstruating	calc Calculation: if([chs_mensyn]<>"", [chs_mensyn], if([first-event-name][chs_mensyn]<>"", [first-event-name][chs_mensyn], "")) Field Annotation: @HIDDEN @HIDDEN-PDF
476	[ps_intro]	Now we are going to ask you about any problems or symptoms that you have had.	descriptive
477	[ps_intro_lt] Show the field ONLY if: ([visit_eventtype]="baseline")	Section Header: First, we want to know about the problems or symptoms that kept happening for longer than four weeks since the pandemic started.	descriptive
478	[ps_instr_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Did you have any of these problems or symptoms lasting for more than 4 weeks that started or got worse since the COVID pandemic began in March 2020? These are problems or symptoms that kept happening without stopping or kept happening again and again for	descriptive

		longer than 4 weeks	
479	[ps_introgen_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	General symptoms or problems:	descriptive
480	[ps_fever_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Fever	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Yes and it started before my COVID infection</td></tr><tr><td>5</td><td>Yes and it started during or after my COVID infection</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
481	[ps_sleepy_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling sleepy during the day time	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Yes and it started before my COVID infection</td></tr><tr><td>5</td><td>Yes and it started during or after my COVID infection</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
482	[ps_insomnia_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble sleeping	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Yes and it started before my COVID infection</td></tr><tr><td>5</td><td>Yes and it started during or after my COVID infection</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
483	[ps_lowenergy_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Low energy or not feeling strong enough to do things	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Yes and it started before my COVID infection</td></tr><tr><td>5</td><td>Yes and it started during or after my COVID infection</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
484	[ps_tiredday_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling very tired all day long	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Yes and it started before my COVID infection</td></tr></table>

			5	Yes and it started during or after my COVID infection
			-1	I don't know

485	[ps_tiredwalk_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling very tired after walking	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

486	[ps_sweat_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Sweating more than normal	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

487	[ps_hotcold_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Hot and cold spells (feeling hot or cold for no reason)	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

488	[ps_lowapp_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Not wanting to eat (poor appetite)	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

489	[ps_highapp_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Wanting to eat more than normal (increased appetite)	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

490	[ps_thirsty_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Wanting to drink liquids more than normal (increased thirst)	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

491	[ps_weightloss_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Lost weight	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

492	[ps_weightgain_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Gained weight	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

| 493 | [ps_introeye_ilt]

 Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") | Symptoms or problems in the eyes, ears, nose, and throat: | descriptive |

494	[ps_redeyes_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Eyes look red	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

495	[ps_wateryeyes_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Eyes are watery	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection

			-1	I don't know

496	[ps_dryeyes_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Eyes are dry	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

497	[ps_eyebags_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Dark circles or color under the eyes	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

498	[ps_vision_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble seeing or blurry vision	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

499	[ps_lighthurts_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Light hurts your eyes	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

500	[ps_hearing_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Change in hearing	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

501	[ps_tinnitus_ilt] Show the field ONLY if:	Ringing in the ears	radio (Matrix)	
			0	No

		([visit_eventtype]="baseline") and ([ps_infected]="1")		4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
	502	[ps_runnynose_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Stuffy nose or runny nose	radio (Matrix)
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
	503	[ps_smellchange_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Change in smell	radio (Matrix)
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
	504	[ps_smellloss_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Loss of smell	radio (Matrix)
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
	505	[ps_drymouth_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Very dry mouth	radio (Matrix)
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
	506	[ps_throat_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Throat hurts (sore throat)	radio (Matrix)
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection

			-1	I don't know

507	[ps_lostvoice_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Loss of voice (sounding hoarse)	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

508	[ps_swallowing_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Problems swallowing	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

509	[ps_taste_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Change in how things taste	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

510	[ps_teeth_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Problems with teeth or gums	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

511	[ps_chapped_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Chapped lips	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

512	[ps_introheart_ilt] Show the field ONLY if:	Symptoms or problems involving the heart and lungs:	descriptive

			([visit_eventtype]="baseline") and ([ps_infected]="1")

513	[ps_drycough_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Dry cough	radio (Matrix)
			0 | No
			4 | Yes and it started before my COVID infection
			5 | Yes and it started during or after my COVID infection
			-1 | I don't know

514	[ps_wetcough_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Wet cough (brings up mucus)	radio (Matrix)
			0 | No
			4 | Yes and it started before my COVID infection
			5 | Yes and it started during or after my COVID infection
			-1 | I don't know

515	[ps_barkcough_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Barking cough	radio (Matrix)
			0 | No
			4 | Yes and it started before my COVID infection
			5 | Yes and it started during or after my COVID infection
			-1 | I don't know

516	[ps_breathing_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble breathing (breathing too fast)	radio (Matrix)
			0 | No
			4 | Yes and it started before my COVID infection
			5 | Yes and it started during or after my COVID infection
			-1 | I don't know

517	[ps_painbreath_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Pain when breathing	radio (Matrix)
			0 | No
			4 | Yes and it started before my COVID infection
			5 | Yes and it started during or after my COVID infection
			-1 | I don't know

518	[ps_painchest_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Pain in the chest	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

519	[ps_palprest_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling like your heart is beating really fast, racing, or pounding (called palpitations) when not doing exercise	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

520	[ps_palpexer_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling like your heart is beating really fast when doing exercise	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

521	[ps_faint_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Fainting or feeling like you are going to faint (lightheaded)	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

522	[ps_walking_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble walking	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

523	[ps_stairs_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_inf	Trouble climbing stairs	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection

			5	Yes and it started during or after my COVID infection
			-1	I don't know

524	[ps_sports_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble running	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

525	[ps_introbelly_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Symptoms or problems involving the belly:	descriptive

526	[ps_cramp_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Stomach pains/cramps	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

527	[ps_nausea_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Nausea (feeling like you are going to throw up)	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

528	[ps_vomit_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Throwing up (vomiting)	radio (Matrix)
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

529	[ps_diarrhea_ilt] Show the field ONLY if:	Loose stool (diarrhea)	radio (Matrix)
			0	No

		([visit_eventtype]="baseline") and ([ps_infected]="1")		4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
530	[ps_constipation_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Trouble pooping/stooling (constipation)	radio (Matrix)		
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
531	[ps_painurine_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Pain with peeing (urination)	radio (Matrix)		
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
532	[ps_excesspee_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Peeing more than normal (urination more than normal)	radio (Matrix)		
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
533	[ps_introskin_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Symptoms or problems involving the skin, hair, and nails:	descriptive		
534	[ps_skinrash_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Skin rash	radio (Matrix)		
				0	No
				4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know

535	[ps_skinitch_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Itchiness of the skin	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

536	[ps_nails_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Changes or problems with nails	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

537	[ps_hair_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Changes or problems with hair	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

538	[ps_skincolor_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Color changes in your skin, such as red, white or purple	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

539	[ps_digitcolor_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Color changes on the fingers or toes	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

540	[ps_introbone_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_inf	Symptoms or problems involving the bones and muscles:	descriptive

541	[ps_muscle_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Muscle weakness	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

542	[ps_sore_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Sore muscles or pain in the muscles	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

543	[ps_painache_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Body aches or pains	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

544	[ps_painjoint_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Pains in the joints (like the elbows, knees, ankles)	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

545	[ps_painback_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Pain in the back	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

546	[ps_painneck_ilt] Show the field ONLY if: ([visit_eventtype]="b	Pain in the neck	radio (Matrix)

			0	No

			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
547	[ps_introbrain_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Symptoms or problems involving the brain and nerves:	descriptive	
548	[ps_headache_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Headache	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
549	[ps_dizzy_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling dizzy (feeling like the room is spinning)	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
550	[ps_shaky_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Shakiness or tremors	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
551	[ps_tingly_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling tingling or 'pin-and-needles' in the hands and feet	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

552	[ps_cantmove_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Unable to move part of the body	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

553	[ps_memory_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Problems with remembering things (memory)	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

554	[ps_concentrate_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Problems with focusing on things (concentration), sometimes called "brain fog"	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

555	[ps_talking_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Problems with talking	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

556	[ps_introfeel_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Symptoms or problems involving feelings or behaviour:	descriptive

557	[ps_sad_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling sad or depressed	radio (Matrix)

			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection

			-1	I don't know
558	[ps_anxious_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling anxious or on edge	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
559	[ps_phobia_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling a lot of fear of specific things like spiders or being up high	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
560	[ps_fearpeople_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling a lot of fear about being with other children or adults	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
561	[ps_fearcrowd_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Feeling fear of crowds or being in closed-in spaces	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
562	[ps_panicattack_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Having a sudden intense feeling of fear, like a panic attack	radio (Matrix)	
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
563	[ps_nightmares_ilt] Show the field ONLY if:	Having nightmares	radio (Matrix)	
			0	No

		([visit_eventtype]="baseline") and ([ps_infected]="1")		4	Yes and it started before my COVID infection
				5	Yes and it started during or after my COVID infection
				-1	I don't know
564	[ps_hallucinate_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Seeing, hearing, or feeling that something is there when it is not (hallucinations)	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
565	[ps_repeatmem_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1")	Having repeating memories, dreams, thoughts, or worries after a traumatic event	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
566	[ps_intromens_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Symptoms or problems involving periods:	descriptive		
567	[ps_periodmiss_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Getting periods less often	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know
568	[ps_periodfreq_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Getting periods more often	radio (Matrix)		
			0	No
			4	Yes and it started before my COVID infection
			5	Yes and it started during or after my COVID infection
			-1	I don't know

569	[ps_periodheavy_il t] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Heavier periods	radio (Matrix)
			0 No
			4 Yes and it started before my COVID infection
			5 Yes and it started during or after my COVID infection
			-1 I don't know
570	[ps_periodlight_il t] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Lighter periods	radio (Matrix)
			0 No
			4 Yes and it started before my COVID infection
			5 Yes and it started during or after my COVID infection
			-1 I don't know
571	[ps_preg_ilt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="1") and ([ps_mens]="1")	Trouble getting pregnant	radio (Matrix)
			0 No
			4 Yes and it started before my COVID infection
			5 Yes and it started during or after my COVID infection
			-1 I don't know
572	[ps_instr_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Did you have any of these problems or symptoms lasting for more than 4 weeks that started or got worse since the COVID pandemic began in March 2020? These are problems or symptoms that kept happening without stopping or kept happening again and again for longer than 4 weeks	descriptive
573	[ps_introgen_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	General symptoms or problems:	descriptive
574	[ps_fever_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Fever	radio (Matrix)
			1 Yes
			0 No
			-1 I don't know

| 575 | [ps_sleepy_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Feeling sleepy during the day time | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
576	[ps_insomnia_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Trouble sleeping	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
577	[ps_lowenergy_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Low energy or not feeling strong enough to do things	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
578	[ps_tiredday_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling very tired all day long	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
579	[ps_tiredwalk_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling very tired after walking	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
580	[ps_sweat_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Sweating more than normal	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
581	[ps_hotcold_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Hot and cold spells (feeling hot or cold for no reason)	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
582	[ps_lowapp_nlt] Show the field ONLY if:	Not wanting to eat (poor appetite)	radio (Matrix) | 1	Yes	

		([visit_eventtype]="baseline") and ([ps_infected]="0")		0	No
				-1	I don't know
583	[ps_highapp_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Wanting to eat more than normal (increased appetite)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
584	[ps_thirsty_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Wanting to drink liquids more than normal (increased thirst)	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
585	[ps_weightloss_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Lost weight	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
586	[ps_weightgain_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Gained weight	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
587	[ps_introeye_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems in the eyes, ears, nose, and throat:	descriptive		
588	[ps_redeyes_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Eyes look red	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know
589	[ps_wateryeyes_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Eyes are watery	radio (Matrix)		
				1	Yes
				0	No
				-1	I don't know

| 590 | [ps_dryeyes_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Eyes are dry | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
591	[ps_eyebags_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Dark circles or color under the eyes	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
592	[ps_vision_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Trouble seeing or blurry vision	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
593	[ps_lighthurts_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Light hurts your eyes	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
594	[ps_hearing_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Change in hearing	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
595	[ps_tinnitus_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Ringing in the ears	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
596	[ps_runnynose_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Stuffy nose or runny nose	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
597	[ps_smellchange_nlt] Show the field ONLY	Change in smell	radio (Matrix) | 1	Yes	

		if: ([visit_eventtype]="baseline") and ([ps_infected]="0")		0	No
				-1	I don't know
598	[ps_smellloss_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Loss of smell	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
599	[ps_drymouth_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Very dry mouth	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
600	[ps_throat_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Throat hurts (sore throat)	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
601	[ps_lostvoice_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Loss of voice (sounding hoarse)	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
602	[ps_swallowing_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Problems swallowing	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
603	[ps_taste_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Change in how things taste	radio (Matrix)	1	Yes
				0	No
				-1	I don't know

604	[ps_teeth_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Problems with teeth or gums	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
605	[ps_chapped_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Chapped lips	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
606	[ps_introheart_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving the heart and lungs:	descriptive
607	[ps_drycough_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Dry cough	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
608	[ps_wetcough_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Wet cough (brings up mucus)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
609	[ps_barkcough_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Barking cough	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
610	[ps_breathing_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Trouble breathing (breathing too fast)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
611	[ps_painbreath_nlt] Show the field ONLY if:	Pain when breathing	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr></table>

		([visit_eventtype]="b aseline") and ([ps_inf ected]="0")		0	No
				-1	I don't know
	612	[ps_painchest_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Pain in the chest		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	613	[ps_palprest_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Feeling like your heart is beating really fast, racing, or pounding (called palpitations) when not doing exercise		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	614	[ps_palpexer_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Feeling like your heart is beating really fast when doing exercise		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	615	[ps_faint_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Fainting or feeling like you are going to faint (lightheaded)		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	616	[ps_walking_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Trouble walking		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	617	[ps_stairs_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Trouble climbing stairs		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know
	618	[ps_sports_nlt] Show the field ONLY if: ([visit_eventtype]="b aseline") and ([ps_inf ected]="0")	Trouble running		radio (Matrix)
				1	Yes
				0	No
				-1	I don't know

619	[ps_introbelly_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving the belly:	descriptive
620	[ps_cramp_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Stomach pains/cramps	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
621	[ps_nausea_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Nausea (feeling like you are going to throw up)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
622	[ps_vomit_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Throwing up (vomiting)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
623	[ps_diarrhea_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Loose stool (diarrhea)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
624	[ps_constipation_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Trouble pooping/stooling (constipation)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
625	[ps_painurine_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Pain with peeing (urination)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
626	[ps_excesspee_nlt] Show the field ONLY	Peeing more than normal (urination more than normal)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr></table>

		if: ([visit_eventtype]="baseline") and ([ps_infected]="0")			0	No
					-1	I don't know

627	[ps_introskin_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving the skin, hair, and nails:	descriptive

| 628 | [ps_skinrash_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Skin rash | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	

| 629 | [ps_skinitch_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Itchiness of the skin | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	

| 630 | [ps_nails_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Changes or problems with nails | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	

| 631 | [ps_hair_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Changes or problems with hair | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	

| 632 | [ps_skincolor_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Color changes in your skin, such as red, white or purple | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	

| 633 | [ps_digitcolor_nlt]

Show the field ONLY if:
([visit_eventtype]="baseline") and ([ps_infected]="0") | Color changes on the fingers or toes | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
634	[ps_introbone_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving the bones and muscles:	descriptive
635	[ps_muscle_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Muscle weakness	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
636	[ps_sore_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Sore muscles or pain in the muscles	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
637	[ps_painache_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Body aches or pains	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
638	[ps_painjoint_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Pains in the joints (like the elbows, knees, ankles)	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
639	[ps_painback_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Pain in the back	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
640	[ps_painneck_nlt] Show the field ONLY if:	Pain in the neck	radio (Matrix) | 1	Yes	

		([visit_eventtype]="baseline") and ([ps_infected]="0")			0	No
					-1	I don't know
641	[ps_introbrain_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving the brain and nerves:	descriptive			
642	[ps_headache_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Headache	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	
643	[ps_dizzy_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling dizzy (feeling like the room is spinning)	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	
644	[ps_shaky_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Shakiness or tremors	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	
645	[ps_tingly_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling tingling or 'pin-and-needles' in the hands and feet	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	
646	[ps_cantmove_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Unable to move part of the body	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	
647	[ps_memory_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Problems with remembering things (memory)	radio (Matrix)			
				1	Yes	
				0	No	
				-1	I don't know	

648	[ps_concentrate_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Problems with focusing on things (concentration), sometimes called "brain fog"	radio (Matrix) 1 Yes 0 No -1 I don't know
649	[ps_talking_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Problems with talking	radio (Matrix) 1 Yes 0 No -1 I don't know
650	[ps_introfeel_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Symptoms or problems involving feelings or behaviour:	descriptive
651	[ps_sad_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling sad or depressed	radio (Matrix) 1 Yes 0 No -1 I don't know
652	[ps_anxious_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling anxious or on edge	radio (Matrix) 1 Yes 0 No -1 I don't know
653	[ps_phobia_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling a lot of fear of specific things like spiders or being up high	radio (Matrix) 1 Yes 0 No -1 I don't know
654	[ps_fearpeople_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Feeling a lot of fear about being with other children or adults	radio (Matrix) 1 Yes 0 No -1 I don't know
655	[ps_fearcrowd_nlt] Show the field ONLY	Feeling fear of crowds or being in closed-in spaces	radio (Matrix) 1 Yes

				0	No
				-1	I don't know
656	[ps_panicattack_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Having a sudden intense feeling of fear, like a panic attack	radio (Matrix) 1 Yes 0 No -1 I don't know
657	[ps_nightmares_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Having nightmares	radio (Matrix) 1 Yes 0 No -1 I don't know
658	[ps_hallucinate_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Seeing, hearing, or feeling that something is there when it is not (hallucinations)	radio (Matrix) 1 Yes 0 No -1 I don't know
659	[ps_repeatmem_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0")	Having repeating memories, dreams, thoughts, or worries after a traumatic event	radio (Matrix) 1 Yes 0 No -1 I don't know
660	[ps_intromens_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Symptoms or problems involving periods:	descriptive
661	[ps_periodmiss_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Getting periods less often	radio (Matrix) 1 Yes 0 No -1 I don't know

662	[ps_periodfreq_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Getting periods more often	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
663	[ps_periodheavy_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Heavier periods	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
664	[ps_periodlight_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Lighter periods	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
665	[ps_preg_nlt] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_infected]="0") and ([ps_mens]="1")	Trouble getting pregnant	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>
666	[ps_intro_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Section Header: Now, we are going to ask about any problems or symptoms you have now.	descriptive
667	[ps_instr_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Do you have any of these problems or symptoms now?	descriptive
668	[ps_introgen_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	General symptoms or problems:	descriptive

669	[ps_fever_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Fever	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

670	[ps_sleepy_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling sleepy during the day time	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

671	[ps_insomnia_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Trouble sleeping	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

672	[ps_lowenergy_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Low energy or not feeling strong enough to do things	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

673	[ps_tiredday_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling very tired all day long	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

674	[ps_tiredwalk_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling very tired after walking	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

675	[ps_sweat_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Sweating more than normal	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

676	[ps_hotcold_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Hot and cold spells (feeling hot or cold for no reason)	radio (Matrix)

			1	Yes
			0	No
			-1	I don't know

677	[ps_lowapp_curr] Show the field ONLY if: ([visit_eventtype]="b	Not wanting to eat (poor appetite)	radio (Matrix)

			1	Yes
			0	No

		aseline")		-1	I don't know

| 678 | [ps_highapp_curr]

Show the field ONLY if:
([visit_eventtype]="baseline") | Wanting to eat more than normal (increased appetite) | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
679	[ps_thirsty_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Wanting to drink liquids more than normal (increased thirst)	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
680	[ps_weightloss_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Lost weight	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
681	[ps_weightgain_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Gained weight	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
682	[ps_introeye_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems in the eyes, ears, nose, and throat:	descriptive
683	[ps_redeyes_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Eyes look red	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
684	[ps_wateryeyes_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Eyes are watery	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
685	[ps_dryeyes_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Eyes are dry	radio (Matrix) | 1	Yes
0	No
-1	I don't know	

686	[ps_eyebags_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Dark circles or color under the eyes	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
687	[ps_vision_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Trouble seeing or blurry vision	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
688	[ps_lighthurts_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Light hurts your eyes	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
689	[ps_hearing_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Change in hearing	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
690	[ps_tinnitus_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Ringing in the ears	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
691	[ps_runnynose_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Stuffy nose or runny nose	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
692	[ps_smellchange_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Change in smell	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
693	[ps_smellloss_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Loss of smell	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
694	[ps_drymouth_curr] Show the field ONLY	Very dry mouth	radio (Matrix) | 1	Yes	

		if: ([visit_eventtype]="baseline")		0	No
				-1	I don't know
695	[ps_throat_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Throat hurts (sore throat)	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
696	[ps_lostvoice_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Loss of voice (sounding hoarse)	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
697	[ps_swallowing_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Problems swallowing	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
698	[ps_taste_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Change in how things taste	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
699	[ps_teeth_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Problems with teeth or gums	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
700	[ps_chapped_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Chapped lips	radio (Matrix)	1	Yes
				0	No
				-1	I don't know
701	[ps_introheart_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving the heart and lungs:	descriptive		

702	[ps_drycough_curr]	Dry cough	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
703	[ps_wetcough_curr]	Wet cough (brings up mucus)	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
704	[ps_barkcough_curr]	Barking cough	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
705	[ps_breathing_curr]	Trouble breathing (breathing too fast)	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
706	[ps_painbreath_curr]	Pain when breathing	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
707	[ps_painchest_curr]	Pain in the chest	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
708	[ps_palprest_curr]	Feeling like your heart is beating really fast, racing, or pounding (called palpitations) when not doing exercise	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
709	[ps_palpexer_curr]	Feeling like your heart is beating really fast when doing exercise	radio (Matrix)	
	Show the field ONLY if: ([visit_eventtype]="baseline")		1	Yes
			0	No
			-1	I don't know
710	[ps_faint_curr]	Fainting or feeling like you are going to faint (lightheaded)	radio (Matrix)	
	Show the field ONLY if:		1	Yes

	([visit_eventtype]="baseline")		0	No
			-1	I don't know
711	[ps_walking_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Trouble walking	radio (Matrix) 1 Yes 0 No -1 I don't know
712	[ps_stairs_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Trouble climbing stairs	radio (Matrix) 1 Yes 0 No -1 I don't know
713	[ps_sports_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Trouble running	radio (Matrix) 1 Yes 0 No -1 I don't know
714	[ps_introbelly_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving the belly:	descriptive
715	[ps_cramp_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Stomach pains/cramps	radio (Matrix) 1 Yes 0 No -1 I don't know
716	[ps_nausea_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Nausea (feeling like you are going to throw up)	radio (Matrix) 1 Yes 0 No -1 I don't know
717	[ps_vomit_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Throwing up (vomiting)	radio (Matrix) 1 Yes 0 No -1 I don't know
718	[ps_diarrhea_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Loose stool (diarrhea)	radio (Matrix) 1 Yes 0 No -1 I don't know

| 719 | [ps_constipation_curr]

Show the field ONLY if:
([visit_eventtype]="baseline") | Trouble pooping/stooling (constipation) | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
720	[ps_painurine_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Pain with peeing (urination)	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
721	[ps_excesspee_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Peeing more than normal (urination more than normal)	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
722	[ps_introskin_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving the skin, hair, and nails:	descriptive
723	[ps_skinrash_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Skin rash	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
724	[ps_skinitch_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Itchiness of the skin	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
725	[ps_nails_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Changes or problems with nails	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
726	[ps_hair_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Changes or problems with hair	radio (Matrix) 	1	Yes
0	No
-1	I don't know	
727	[ps_skincolor_curr] Show the field ONLY if:	Color changes in your skin, such as red, white or purple	radio (Matrix) | 1	Yes	

		([visit_eventtype]="baseline")			0	No
					-1	I don't know
728	[ps_digitcolor_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Color changes on the fingers or toes	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
729	[ps_introbone_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving the bones and muscles:	descriptive			
730	[ps_muscle_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Muscle weakness	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
731	[ps_sore_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Sore muscles or pain in the muscles	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
732	[ps_painache_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Body aches or pains	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
733	[ps_painjoint_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Pains in the joints (like the elbows, knees, ankles)	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
734	[ps_painback_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Pain in the back	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know
735	[ps_painneck_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Pain in the neck	radio (Matrix)			
				1	Yes
				0	No
				-1	I don't know

736	[ps_introbrain_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving the brain and nerves:	descriptive	
737	[ps_headache_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Headache	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
738	[ps_dizzy_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling dizzy (feeling like the room is spinning)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
739	[ps_shaky_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Shakiness or tremors	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
740	[ps_tingly_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling tingling or 'pin-and-needles' in the hands and feet	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
741	[ps_cantmove_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Unable to move part of the body	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
742	[ps_memory_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Problems with remembering things (memory)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
743	[ps_concentrate_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Problems with focusing on things (concentration), sometimes called "brain fog"	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>I don't know</td></tr></table>	
744	[ps_talking_curr] Show the field ONLY	Problems with talking	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr></table>	

				0	No
				-1	I don't know
745	[ps_introfeel_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Symptoms or problems involving feelings or behaviour:	descriptive		
746	[ps_sad_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling sad or depressed	radio (Matrix) 1 Yes 0 No -1 I don't know		
747	[ps_anxious_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling anxious or on edge	radio (Matrix) 1 Yes 0 No -1 I don't know		
748	[ps_phobia_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling a lot of fear of specific things like spiders or being up high	radio (Matrix) 1 Yes 0 No -1 I don't know		
749	[ps_fearpeople_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling a lot of fear about being with other children or adults	radio (Matrix) 1 Yes 0 No -1 I don't know		
750	[ps_fearcrowd_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Feeling fear of crowds or being in closed-in spaces	radio (Matrix) 1 Yes 0 No -1 I don't know		
751	[ps_panicattack_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Having a sudden intense feeling of fear, like a panic attack	radio (Matrix) 1 Yes 0 No -1 I don't know		

| 752 | [ps_nightmares_curr]

Show the field ONLY if:
([visit_eventtype]="baseline") | Having nightmares | radio (Matrix)

| 1 | Yes |
| 0 | No |
-1	I don't know	
753	[ps_hallucinate_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Seeing, hearing, or feeling that something is there when it is not (hallucinations)	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
754	[ps_repeatmem_curr] Show the field ONLY if: ([visit_eventtype]="baseline")	Having repeating memories, dreams, thoughts, or worries after a traumatic event	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
755	[ps_intromens_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Symptoms or problems involving periods:	descriptive
756	[ps_periodmiss_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Getting periods less often	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
757	[ps_periodfreq_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Getting periods more often	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
758	[ps_periodheavy_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Heavier periods	radio (Matrix) | 1	Yes
0	No
-1	I don't know	

759	[ps_periodlight_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Lighter periods	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
760	[ps_preg_curr] Show the field ONLY if: ([visit_eventtype]="baseline") and ([ps_mens]="1")	Trouble getting pregnant	radio (Matrix) | 1	Yes
0	No
-1	I don't know	
761	[psfu_intro_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Now, we are going to ask about any problems or symptoms you had. We want to know about the problems or symptoms that kept happening for more than four weeks since your last survey on [visit_priorvisitdt].	descriptive
762	[psfu_instr_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Did you have any of these problems or symptoms lasting for more than 4 weeks that started or got worse since your last survey on [visit_priorvisitdt]? These are problems or symptoms that kept happening without stopping or kept happening again and again for longer than 4 weeks.	descriptive
763	[psfu_introgen_lt] Show the field ONLY if: ([visit_eventtype]="followup")	General symptoms or problems:	descriptive
764	[psfu_fever_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Fever	radio (Matrix) | 0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	
765	[psfu_sleepy_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling sleepy during the day time	radio (Matrix) | 0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

766	[psfu_insomnia_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble sleeping	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
767	[psfu_lowenergy_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Low energy or not feeling strong enough to do things	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
768	[psfu_tiredday_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling very tired all day long	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
769	[psfu_tiredwalk_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling very tired after walking	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
770	[psfu_sweat_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Sweating more than normal	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
771	[psfu_hotcold_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Hot and cold spells (feeling hot or cold for no reason)	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
772	[psfu_lowapp_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Not wanting to eat (poor appetite)	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

773	[psfu_highapp_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Wanting to eat more than normal (increased appetite)	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

774	[psfu_thirsty_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Wanting to drink liquids more than normal (increased thirst)	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

775	[psfu_weightloss_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Lost weight or gained less than expected	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

776	[psfu_weightgain_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Gained weight more than expected	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

777	[psfu_introeye_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems in the eyes, ears, nose, and throat:	descriptive

778	[psfu_redeyes_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Eyes look red	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

779	[psfu_wateryeyes_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Eyes are watery	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

780	[psfu_dryeyes_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Eyes are dry	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

781	[psfu_eyebags_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Dark circles or color under the eyes	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

782	[psfu_vision_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble seeing or blurry vision	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

783	[psfu_lighthurts_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Light hurts your eyes	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

784	[psfu_hearing_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Change in hearing	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

785	[psfu_tinnitus_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Ringing in the ears	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

786	[psfu_runnynose_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Stuffy nose or runny nose	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

787	[psfu_smellchange_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Change in smell	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
788	[psfu_smellloss_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Loss of smell	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
789	[psfu_drymouth_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Very dry mouth	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
790	[psfu_throat_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Throat hurts (sore throat)	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
791	[psfu_lostvoice_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Loss of voice (sounding hoarse)	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
792	[psfu_swallowing_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Problems swallowing	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
793	[psfu_taste_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Change in how things taste	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

794	[psfu_teeth_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Problems with teeth or gums	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

795	[psfu_chapped_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Chapped lips	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

796	[psfu_introheart_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving the heart and lungs:	descriptive

797	[psfu_drycough_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Dry cough	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

798	[psfu_wetcough_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Wet cough (brings up mucus)	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

799	[psfu_barkcough_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Barking cough	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

800	[psfu_breathing_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble breathing (breathing too fast)	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

801	[psfu_painbreath_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pain when breathing	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
802	[psfu_painchest_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pain in the chest	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
803	[psfu_palprest_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling like your heart is beating really fast, racing, or pounding (called palpitations) when not doing exercise	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
804	[psfu_palpexer_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling like your heart is beating really fast when doing exercise	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
805	[psfu_faint_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Fainting or feeling like you are going to faint (lightheaded)	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
806	[psfu_walking_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble walking	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know
807	[psfu_stairs_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble climbing stairs	radio (Matrix)		
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

808	[psfu_sports_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble running	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know
809	[psfu_introbelly_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving the belly:	descriptive
810	[psfu_cramp_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Stomach pains/cramps	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know
811	[psfu_nausea_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Nausea (feeling like you are going to throw up)	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know
812	[psfu_vomit_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Throwing up (vomiting)	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know
813	[psfu_diarrhea_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Loose stool (diarrhea)	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know
814	[psfu_constipation_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Trouble pooping/stooling (constipation)	radio (Matrix)
			0 No 6 Yes, but I NO LONGER have it 7 Yes and I STILL HAVE it -1 I don't know

815	[psfu_painurine_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pain with peeing (urination)	radio (Matrix)

radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

816	[psfu_excesspee_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Peeing more than normal (urination more than normal)	radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

817	[psfu_introskin_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving the skin, hair, and nails:	descriptive

818	[psfu_skinrash_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Skin rash	radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

819	[psfu_skinitch_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Itchiness of the skin	radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

820	[psfu_nails_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Changes or problems with nails	radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

821	[psfu_hair_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Changes or problems with hair	radio (Matrix)

0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know

822	[psfu_skincolor_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Color changes in your skin, such as red, white or purple	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

823	[psfu_digitcolor_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Color changes on the fingers or toes	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

824	[psfu_introbone_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving the bones and muscles:	descriptive

825	[psfu_muscle_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Muscle weakness	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

826	[psfu_sore_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Sore muscles or pain in the muscles	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

827	[psfu_painache_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Body aches or pains	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

828	[psfu_painjoint_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pains in the joints (like the elbows, knees, ankles)	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

829	[psfu_painback_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pain in the back	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know
830	[psfu_painneck_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Pain in the neck	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know
831	[psfu_introbrain_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving the brain and nerves:	descriptive
832	[psfu_headache_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Headache	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know
833	[psfu_dizzy_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling dizzy (feeling like the room is spinning)	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know
834	[psfu_shaky_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Shakiness or tremors	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know
835	[psfu_tingly_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling tingling or 'pin-and-needles' in the hands and feet	radio (Matrix)
			0 No
			6 Yes, but I NO LONGER have it
			7 Yes and I STILL HAVE it
			-1 I don't know

836	[psfu_cantmove_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Unable to move part of the body	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

837	[psfu_memory_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Problems with remembering things (memory)	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

838	[psfu_concentrate_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Problems with focusing on things (concentration), sometimes called "brain fog"	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

839	[psfu_talking_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Problems with talking	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

840	[psfu_introfeel_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Symptoms or problems involving feelings or behavior:	descriptive

841	[psfu_sad_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling sad or depressed	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

842	[psfu_anxious_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling anxious or on edge	radio (Matrix)

			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

843	[psfu_phobia_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling a lot of fear of specific things like spiders or being up high	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

844	[psfu_fearpeople_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling a lot of fear about being with other children or adults	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

845	[psfu_fearcrowd_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Feeling fear of crowds or being in closed-in spaces	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

846	[psfu_panicattack_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Having a sudden intense feeling of fear, like a panic attack	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

847	[psfu_nightmares_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Having nightmares	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

848	[psfu_hallucinate_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Seeing, hearing, or feeling that something is there when it is not (hallucinations)	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

849	[psfu_repeatmem_lt] Show the field ONLY if: ([visit_eventtype]="followup")	Having repeating memories, dreams, thoughts, or worries after a traumatic event	radio (Matrix)	
			0	No
			6	Yes, but I NO LONGER have it
			7	Yes and I STILL HAVE it
			-1	I don't know

850	[psfu_intromens_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Symptoms or problems involving periods:	descriptive

851	[psfu_periodmiss_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Getting periods less often	radio (Matrix) 	0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

852	[psfu_periodfreq_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Getting periods more often	radio (Matrix) 	0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

853	[psfu_periodheavy_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Heavier periods	radio (Matrix) 	0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

854	[psfu_periodlight_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Lighter periods	radio (Matrix) 	0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

855	[ps_preg_lt] Show the field ONLY if: ([visit_eventtype]="followup") and ([ps_mens]="1")	Trouble getting pregnant	radio (Matrix) 	0	No
6	Yes, but I NO LONGER have it
7	Yes and I STILL HAVE it
-1	I don't know	

856	[psfu_severity] Show the field ONLY if: ([visit_eventtype]="followup")	In the past 4 weeks, how bad, or severe, were your symptoms?	radio 	1	Very mild (slightly bad)
2	Mild (a little bad)
3	Moderate (medium bad)	

				4	Severe (very bad)
				5	Extreme (extremely bad)
				6	Life-threatening (almost died from COVID or COVID symptoms)
				-1	I don't know
				-88	I do not want to answer

Custom alignment: LV

857	[psfu_misstime] Show the field ONLY if: ([visit_eventtype]="followup")	In the past four weeks, how many work days (online or in person) in total did you miss because of symptoms of COVID?	radio

0	None
1	1-2 days
3	3-5 days
6	6-10 days
11	11-15 days
16	More than 15 days
-3	I do not go to school
-4	I did not have school in the past four weeks because of a scheduled break (like summer vacation)
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

858	[covid_symptoms_complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: COVID health consequences (covid_health_consequences) 👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

859	[hcq_fversion]	COVID health consequences form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
860	[hcq_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
861	[hcq_visit_compwarning]	ERROR! You must complete the visit form before you can start this form.	descriptive

		Show the field ONLY if: [visit_form_complete]<>"2"		
862	[hcq_colldt]	What is the date that this survey is being done? *MM-DD-YYYY*	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY	
863	[hcq_coord]	Check this box if the coordinator is entering data:	checkbox | 1	hcq_coord___1	Coordinator data entry | Field Annotation: @HIDDEN-SURVEY	
864	[hcq_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN	
865	[hcq_intro] Show the field ONLY if: [visit_eventtype]="baseline"	The next questions will ask about your health overall. Other than getting infected with COVID, many people have been affected by COVID in other ways. We want to know about the different ways COVID has affected your health during the COVID pandemic.A pandemic is an outbreak of an illness across a whole country or the world.The COVID pandemic began in March 2020.	descriptive	
866	[hcqfu_intro] Show the field ONLY if: [visit_eventtype]="followup"	The next questions will ask about your health overall.	descriptive	
867	[hcq_wtintro]	Next, we will ask about your body weight.	descriptive	
868	[hcq_wt]	How do you describe your weight?	radio | 1	Very underweight
2	Slightly underweight
3	About the right weight
4	Slightly overweight
5	Very overweight
-88	I do not want to answer	 Custom alignment: LV	
869	[hcq_wtplan]	Which of the following are you trying to do about your weight?	radio | 1	Lose weight		

				2	Gain weight
				3	Stay the same weight
				4	I am not trying to do anything about my weight
				-88	I do not want to answer

Custom alignment: LV

870	[hcq_wtaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected your weight?	radio	
			1	Made me lose a lot of weight
			2	Made me lose a little weight
			3	Made me gain a little weight
			4	Made me gain a lot of weight
			5	Did not affect my weight
			-88	I do not want to answer

Custom alignment: LV

871	[hcq_foodintro]	Section Header: The next questions ask about the fruits and vegetables you ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned. Please think about all meals, snacks, and food eaten at home and away from home. We will be asking how often you ate or drank each one: for example, once a day, twice a week, or three times a month.	descriptive

872	[hcq_juicedisp]	During the past month, how many times per day, week, or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to. Only include 100% juice. If you had no juice, please enter 0 days. {hcq_juiceu:icons} {hcq_juicenum_u1:icons} {hcq_juicenum_u2:icons} {hcq_juicenum_u3:icons}	descriptive

873	[hcq_juiceu]	Units of times drinking pure fruit juice	radio	
			1	Per day
			2	Per week
			3	Per month

874	[hcq_juicenum_u1] Show the field ONLY if: [hcq_juiceu]="1"	Number of times per day drinking pure fruit juice	text (integer)
875	[hcq_juicenum_u2] Show the field ONLY if: [hcq_juiceu]="2"	Number of times per week drinking pure fruit juice	text (integer)
876	[hcq_juicenum_u3] Show the field ONLY if: [hcq_juiceu]="3"	Number of times per month drinking pure fruit juice	text (integer)
877	[hcq_fruitdisp]	During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit. If you had no fruit, please enter 0 days. {hcq_fruitu:icons} {hcq_fruitnum_u1:icons} {hcq_fruitnum_u2:icons} {hcq_fruitnum_u3:icons}	descriptive
878	[hcq_fruitu]	Units of times eating fruit	radio | 1	Per day
2	Per week
3	Per month	
879	[hcq_fruitnum_u1] Show the field ONLY if: [hcq_fruitu]="1"	Number of times per day eating fruit	text (integer)
880	[hcq_fruitnum_u2] Show the field ONLY if: [hcq_fruitu]="2"	Number of times per week eating fruit	text (integer)
881	[hcq_fruitnum_u3] Show the field ONLY if: [hcq_fruitu]="3"	Number of times per month eating fruit	text (integer)
882	[hcq_beansdisp]	During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils? Do NOT include long green beans (string beans). If you had	descriptive

		no beans, please enter 0 days. {hcq_beansu:icons} {hcq_beansnum_u1:icons} {hcq_beansnum_u2:icons} {hcq_beansnum_u3:icons}	
883	[hcq_beansu]	Units of times eating beans	radio 1 Per day 2 Per week 3 Per month
884	[hcq_beansnum_u1] Show the field ONLY if: [hcq_beansu]="1"	Number of times per day eating beans	text (integer)
885	[hcq_beansnum_u2] Show the field ONLY if: [hcq_beansu]="2"	Number of times per week eating beans	text (integer)
886	[hcq_beansnum_u3] Show the field ONLY if: [hcq_beansu]="3"	Number of times per month eating beans	text (integer)
887	[hcq_greendisp]	During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? If you had no green vegetables, please enter 0 days.{hcq_greenu:icons} {hcq_greennum_u1:icons} {hcq_greennum_u2:icons} {hcq_greennum_u3:icons}	descriptive
888	[hcq_greenu]	Units of times eating dark green vegetables	radio 1 Per day 2 Per week 3 Per month
889	[hcq_greennum_u1] Show the field ONLY if: [hcq_greenu]="1"	Number of times per day eating dark green vegetables	text (integer)
890	[hcq_greennum_u2] Show the field ONLY if: [hcq_greenu]="2"	Number of times per week eating dark green vegetables	text (integer)

891	[hcq_greennum_u3] Show the field ONLY if: [hcq_greenu]="3"	Number of times per month eating dark green vegetables	text (integer)
892	[hcq_orangedisp]	During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? If you had no orange vegetables, please enter 0 days. {hcq_orangeu:icons} {hcq_orangenum_u1:icons} {hcq_orangenum_u2:icons} {hcq_orangenum_u3:icons}	descriptive
893	[hcq_orangeu]	Units of times orange vegetables	radio 1 Per day 2 Per week 3 Per month
894	[hcq_orangenum_u1] Show the field ONLY if: [hcq_orangeu]="1"	Number of times per day eating orange vegetables	text (integer)
895	[hcq_orangenum_u2] Show the field ONLY if: [hcq_orangeu]="2"	Number of times per week eating orange vegetables	text (integer)
896	[hcq_orangenum_u3] Show the field ONLY if: [hcq_orangeu]="3"	Number of times per month eating orange vegetables	text (integer)
897	[hcq_othvegdisp]	Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. If you had no other vegetables, please enter 0 days.{hcq_othvegu:icons} {hcq_othvegnum_u1:icons} {hcq_othvegnum_u2:icons} {hcq_othvegnum_u3:icons}	descriptive

898	[hcq_othvegu]	Units of times eating other vegetables	radio
			1 Per day
			2 Per week
			3 Per month
899	[hcq_othvegnum_u1] Show the field ONLY if: [hcq_othvegu]="1"	Number of times per day eating other vegetables	text (integer)
900	[hcq_othvegnum_u2] Show the field ONLY if: [hcq_othvegu]="2"	Number of times per week eating other vegetables	text (integer)
901	[hcq_othvegnum_u3] Show the field ONLY if: [hcq_othvegu]="3"	Number of times per month eating other vegetables	text (integer)
902	[hcq_fruitvegaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected amount of fruit and vegetables you eat?	radio
			1 Eat fruit and vegetables a lot more
			2 Eat fruit and vegetables more
			3 Eat fruit and vegetables less
			4 Eat fruit and vegetables a lot less
			5 Did not affect my eating of fruit and vegetables
			-88 I do not want to answer
			Custom alignment: LV
903	[hcq_sodadisp]	During the past month, how many times per day, week, or month did you drink a can, bottle, or glass of a sugar-sweetened drink? Examples include soda or pop (such as Coke, Pepsi, or Sprite), or sports drink such as Gatorade or Powerade. Do not count diet soda or diet pop. If you had no sugar-sweetened drinks, please enter 0 days. {hcq_sodau:icons} {hcq_sodanum_u1:icons} {hcq_sodanum_u2:icons} {hcq_sodanum_u3:icons}	descriptive
904	[hcq_sodau]	Units of times drinking soda	radio
			1 Per day

			2	Per week
			3	Per month

905	[hcq_sodanum_u1] Show the field ONLY if: [hcq_sodau]="1"	Number of times per day drinking soda	text (integer)
906	[hcq_sodanum_u2] Show the field ONLY if: [hcq_sodau]="2"	Number of times per week drinking soda	text (integer)
907	[hcq_sodanum_u3] Show the field ONLY if: [hcq_sodau]="3"	Number of times per month drinking soda	text (integer)

908	[hcq_sodaaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected the amount of soda or other sugary drinks you drink?	radio

1	Drink soda or sugary drinks a lot more
2	Drink soda or sugary drinks more
3	Drink soda or sugary drinks less
4	Drink soda or sugary drinks a lot less
5	Did not affect what I drink
-88	I do not want to answer

Custom alignment: LV

909	[hcq_actintro]	Section Header: The next questions ask about physical activity.	descriptive

910	[hcq_actyn]	During the past month, other than your regular job, did you participant in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

911	[hcq_actmain] Show the field ONLY if: [hcq_actyn]="1"	What type of physical activity or exercise did you spend the most time doing during the past month?	dropdown (autocomplete)

1	Active Gaming Devices (Wii Fit, Dance, Dance revolution)
2	Aerobics video or class

					3	Backpacking
					4	Badminton
					5	Basketball
					6	Bicycling machine exercise
					7	Bicycling
					8	Boating (canoeing, rowing, kayaking, sailing for pleasure or camping)
					9	Bowling
					10	Boxing
					11	Calisthenics
					12	Canoeing/rowing in competition
					13	Carpentry
					14	Dancing (ballet, ballroom, Latin, hip hop, etc)
					15	Elliptical/EFX machine exercise
					16	Fishing from river bank or boat
					17	Frisbee
					18	Gardening (spading, weeding, digging, filling)
					19	Golf (with motorized cart)
					20	Golf (without motorized cart)
					21	Handball
					22	Hiking (cross country)
					23	Hockey
					24	Horseback riding
					25	Hunting large game (e.g. deer and elk)
					26	Hunting small game (e.g. quail)
					27	Inline skating
					28	Jogging
					29	Lacrosse
					30	Mountain climbing
					31	Mowing lawn
					32	Paddleball
					33	Painting/papering house

				34	Pilates
				35	Racquetball
				36	Raking lawn
				37	Running
				38	Rock climbing
				39	Rope skipping
				40	Rowing machine exercise
				41	Rugby
				42	Scuba diving
				43	Skateboarding
				44	Skating (ice or roller skating)
				45	Sledding or tobogganing
				46	Snorkeling
				47	Snow blowing
				48	Snow shoveling by hand
				49	Snow skiing
				50	Snowshoeing
				51	Soccer
				52	Softball/baseball
				53	Squash
				54	Stair climbing/chair master
				55	Stream fishing in waders
				56	Surfing
				57	Swimming
				58	Swimming in laps
				59	Table tennis
				60	Tai chi
				61	Tennis
				62	Touch football
				63	Volleyball
				64	Walking
				65	Waterskiing
				66	Weight lifting
				67	Wrestling
				68	Yoga
				69	Childcare

				70	Farm/ranch work (caring for livestock, stacking hay, etc)
				71	Household activities (vacuuming, dusting, home repair, etc)
				72	Karate/marital arts
				73	Upper body cycle (wheelchair sports, ergometer, etc)
				74	Yard work (cutting/gathering wood, trimming hedges, etc)
				-1	I don't know
				-88	I do not want to answer
	912	[hcq_actmainfreqdisp] Show the field ONLY if: [hcq_actmain]<>"" and [hcq_actmain]>0	How many times per week or per month did you take part in this activity during the past month? {hcq_actmainfrequ:icons} {hcq_actmainfreq_u1:icons} {hcq_actmainfreq_u2:icons} {hcq_actmainfreqno:icons}	descriptive	
	913	[hcq_actmainfreqno] Show the field ONLY if: [hcq_actmainfrequ]=""	Main exercise frequency don't want to answer	checkbox 1 | hcq_actmainfreqno___1 | I don't want to answer	
	914	[hcq_actmainfrequ] Show the field ONLY if: [hcq_actmainfreqno(1)]="0"	Main exercise frequency units	radio 1 | Per week 2 | Per month -1 | I don't know	
	915	[hcq_actmainfreq_u1] Show the field ONLY if: [hcq_actmainfreqno(1)]="0" and [hcq_actmainfrequ]="1"	Main exercise frequency number of times per week	text (integer)	
	916	[hcq_actmainfreq_u2] Show the field ONLY if: [hcq_actmainfreqno(1)]="0" and [hcq_actmainfrequ]="2"	Main exercise frequency number of times per month	text (integer)	

917	[hcq_actmaindurdisp] Show the field ONLY if: [hcq_actmain]<>"" and [hcq_actmain]>0	When you took part in this activity, for how many minutes or hours did you usually keep at it? {hcq_actmainduru:icons} {hcq_actmaindur_u1:icons} {hcq_actmaindur_u2:icons} {hcq_actmaindurno:icons}	descriptive		
918	[hcq_actmaindurno] Show the field ONLY if: [hcq_actmaindur u]=""	Main exercise duration don't want to answer	checkbox		
			1	hcq_actmaindurno___1	I don't want to answer
919	[hcq_actmainduru] Show the field ONLY if: [hcq_actmaindurno(1)]="0"	Main exercise duration units	radio		
			1	Minutes	
			2	Hours	
			-1	I don't know	
920	[hcq_actmaindur_u1] Show the field ONLY if: [hcq_actmaindurno(1)]="0" and [hcq_actmainduru]="1"	Main exercise duration minutes	text (integer)		
921	[hcq_actmaindur_u2] Show the field ONLY if: [hcq_actmaindurno(1)]="0" and [hcq_actmainduru]="2"	Main exercise duration hours	text (integer)		
922	[hcq_act2nd] Show the field ONLY if: [hcq_actmain]<>"" and [hcq_actmain]>0	What other type of physical activity gave you the next most exercise during the past month?	dropdown (autocomplete)		
			1	Active Gaming Devices (Wii Fit, Dance, Dance revolution)	
			2	Aerobics video or class	
			3	Backpacking	
			4	Badminton	
			5	Basketball	
			6	Bicycling machine exercise	
			7	Bicycling	
			8	Boating (canoeing, rowing, kayaking, sailing for pleasure or camping)	
			9	Bowling	
			10	Boxing	

					11	Calisthenics
					12	Canoeing/rowing in competition
					13	Carpentry
					14	Dancing (ballet, ballroom, Latin, hip hop, etc)
					15	Elliptical/EFX machine exercise
					16	Fishing from river bank or boat
					17	Frisbee
					18	Gardening (spading, weeding, digging, filling)
					19	Golf (with motorized cart)
					20	Golf (without motorized cart)
					21	Handball
					22	Hiking (cross country)
					23	Hockey
					24	Horseback riding
					25	Hunting large game (e.g. deer and elk)
					26	Hunting small game (e.g. quail)
					27	Inline skating
					28	Jogging
					29	Lacrosse
					30	Mountain climbing
					31	Mowing lawn
					32	Paddleball
					33	Painting/papering house
					34	Pilates
					35	Racquetball
					36	Raking lawn
					37	Running
					38	Rock climbing
					39	Rope skipping
					40	Rowing machine exercise
					41	Rugby
					42	Scuba diving
					43	Skateboarding

					44	Skating (ice or roller skating)	
					45	Sledding or tobogganing	
					46	Snorkeling	
					47	Snow blowing	
					48	Snow shoveling by hand	
					49	Snow skiing	
					50	Snowshoeing	
					51	Soccer	
					52	Softball/baseball	
					53	Squash	
					54	Stair climbing/chair master	
					55	Stream fishing in waders	
					56	Surfing	
					57	Swimming	
					58	Swimming in laps	
					59	Table tennis	
					60	Tai chi	
					61	Tennis	
					62	Touch football	
					63	Volleyball	
					64	Walking	
					65	Waterskiing	
					66	Weight lifting	
					67	Wrestling	
					68	Yoga	
					69	Childcare	
					70	Farm/ranch work (caring for livestock, stacking hay, etc)	
					71	Household activities (vacuuming, dusting, home repair, etc)	
					72	Karate/marital arts	
					73	Upper body cycle (wheelchair sports, ergometer, etc)	
					74	Yard work (cutting/gathering wood, trimming hedges, etc)	
					-1	I don't know	

				-88	I do not want to answer

923	[hcq_act2ndfreqdisp] Show the field ONLY if: [hcq_act2nd]<>"" and [hcq_act2nd]>0	How many times per week or per month did you take part in this activity during the past month? {hcq_act2ndfrequ:icons} {hcq_act2ndfreq_u1:icons} {hcq_act2ndfreq_u2:icons} {hcq_act2ndfreqno:icons}	descriptive		
924	[hcq_act2ndfreqno] Show the field ONLY if: [hcq_act2ndfrequ]=""	2nd exercise frequency don't want to answer	checkbox		
			1	hcq_act2ndfreqno___1	I don't want to answer
925	[hcq_act2ndfrequ] Show the field ONLY if: [hcq_act2ndfreqno(1)]="0"	2nd exercise frequency units	radio		
			1	Per week	
			2	Per month	
			-1	I don't know	
926	[hcq_act2ndfreq_u1] Show the field ONLY if: [hcq_act2ndfreqno(1)]="0" and [hcq_act2ndfrequ]="1"	2nd exercise frequency number of times per week	text (integer)		
927	[hcq_act2ndfreq_u2] Show the field ONLY if: [hcq_act2ndfreqno(1)]="0" and [hcq_act2ndfrequ]="2"	2nd exercise frequency number of times per month	text (integer)		
928	[hcq_act2nddurdisp] Show the field ONLY if: [hcq_act2nd]<>"" and [hcq_act2nd]>0	When you took part in this activity, for how many minutes or hours did you usually keep at it? {hcq_act2ndduru:icons} {hcq_act2nddur_u1:icons} {hcq_act2nddur_u2:icons} {hcq_act2nddurno:icons}	descriptive		
929	[hcq_act2nddurno] Show the field ONLY if: [hcq_act2ndduru]=""	2nd exercise duration don't want to answer	checkbox		
			1	hcq_act2nddurno___1	I don't want to answer
930	[hcq_act2ndduru] Show the field ONLY if: [hcq_act2nddurno	2nd exercise duration units	radio		
			1	Minutes	
			2	Hours	

		(1)]="0"		-1	I don't know

931	[hcq_act2nddur_u1] Show the field ONLY if: [hcq_act2nddurno(1)]="0" and [hcq_act2nddduru]="1"	2nd exercise duration minutes	text (integer)
932	[hcq_act2nddur_u2] Show the field ONLY if: [hcq_act2nddurno(1)]="0" and [hcq_act2nddduru]="2"	2nd exercise duration hours	text (integer)
933	[hcq_calisdisp] Show the field ONLY if: [hcq_actyn]="1"	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? {hcq_calisu:icons}{hcq_calis_u1:icons} {hcq_calis_u2:icons}{hcq_calisno:icons}	descriptive
934	[hcq_calisno] Show the field ONLY if: [hcq_calisu]=""	Calisthenics don't want to answer	checkbox 1 | hcq_calisno___1 | I don't want to answer
935	[hcq_calisu] Show the field ONLY if: [hcq_calisno(1)]="0"	Calisthenics units	radio 1 | Per week 2 | Per month -1 | I don't know
936	[hcq_calis_u1] Show the field ONLY if: [hcq_calisno(1)]="0" and [hcq_calisu]="1"	Calisthenics number of times per week	text (integer)
937	[hcq_calis_u2] Show the field ONLY if: [hcq_calisno(1)]="0" and [hcq_calisu]="2"	Calisthenics number of times per month	text (integer)
938	[hcq_activeaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected your physical activity?	radio 1 | I am a lot more physically active 2 | I am a little more physically active

				3	I am a little less physically active
				4	I am a lot less physically active.
				5	Did not affect my physical activity
				-88	I do not want to answer

Custom alignment: LV

939	[hcq_screenintro]	Section Header: The next questions ask about your screen time. Screen time means watching anything on a TV, smartphone, tablet or computer, or playing video or computer games.	descriptive

940	[hcq_mftvhr]	On a weekday (Monday to Friday), how many hours do you watch screens (watch anything on a TV, smartphone, tablet or computer)?	radio

1	I do not watch screens on an average weekday
2	Less than 1 hour per day
3	1 hour per day
4	2 hours per day
5	3 hours per day
6	4 hours per day
7	5 or more hours per day

Custom alignment: LV

941	[hcq_mfgamehr]	On a weekday (Monday to Friday), how many hours do you play video or computer games or use a computer for something that is not work? (Count time spent playing games, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)	radio

1	I do not play video or computer games or use a computer for something that is not work
2	Less than 1 hour per day
3	1 hour per day
4	2 hours per day
5	3 hours per day
6	4 hours per day
7	5 or more hours per day

Custom alignment: LV

942	[hcq_sstvhr]	On a weekend (Saturday and Sunday), how many hours do you watch screens (watch anything on a TV, smartphone, tablet or computer)?	radio

1	I do not watch TV on an average weekend day
2	Less than 1 hour per day

			3	1 hour per day
			4	2 hours per day
			5	3 hours per day
			6	4 hours per day
			7	5 or more hours per day

Custom alignment: LV

943	[hcq_ssgamehr]	On a weekend (Saturday and Sunday), how many hours do you play video or computer games or use a computer for something that is not work? (Count time spent playing games, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)	radio

1	I do not play video or computer games or use a computer for something that is not work
2	Less than 1 hour per day
3	1 hour per day
4	2 hours per day
5	3 hours per day
6	4 hours per day
7	5 or more hours per day

Custom alignment: LV

944	[hcq_screenaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected your screen time? (Do not include screen time for work).	radio

1	I have a lot more screen time
2	I have a little more screen time
3	I have a little less screen time
4	I have a lot less screen time
5	Did not affect my screen time
-88	I do not want to answer

Custom alignment: LV

945	[hcq_sleepintro]	Section Header: The next questions ask about your sleep.	descriptive
946	[hcq_sleephr]	On average, how many hours of sleep do you get in a 24-hour period?	text (number)
947	[hcq_sleepaffect] Show the field ONLY if: [visit_eventtype]="baseline"	In general, how has the COVID pandemic affected your sleep?	radio

1	I sleep a lot more
2	I sleep a little more
3	I sleep a little less
4	I sleep a lot less
5	Did not affect my sleep

			-88 I do not want to answer
			Custom alignment: LV
948	[covid_health_conse quences_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Household Social Determinants Of Health (household_social_determinants_of_health)   💬 **Enabled as survey**

	Active languages - Data Entry: en-US, es | Survey: en-US, es		
949	[sdohnc_fversion]	SDOH nonconsented form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
950	[sdohnc_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
951	[sdoh_sec1_colllan g]	_form collection language	text Field Annotation: @LANGUAGE- CURRENT-SURVEY @HIDDEN nb this is misnamed it should be sdohnc_colllang
952	[sdoh_houseintro]	Section Header: The next questions ask about your family's housing.	descriptive
953	[sdoh_family]	What best describes your family at home?	radio 1 Family with 2 generations (for example: child, parents) 2 Family with 3 generations (for example: child, parents, grandparents) 3 Family with 4 generations (for example: child, parents, grandparents, great grandparents) 90 None of these -88 I do not want to answer Custom alignment: LV
954	[sdoh_housesizeadul t]	How many adults 18 years or older live in your household? (please include yourself) *adults*	text (integer, Min: 0, Max: 100) Field Annotation: #radxup_housing_employment_and_insu

955	[sdoh_housesizechild]	How many children under 18 years old live in your household? *children*	text (integer, Min: 0, Max: 100) Field Annotation: #radxup_housing_employment_and_insu
956	[sdoh_rooms]	How many rooms are in your house? Please include all rooms such as the kitchen and living room, but not bathrooms or hallways. *number of rooms*	text (integer)

| 957 | [sdoh_homeless] | Are you and your children currently living in transitional housing (housing that is for the time being, not somewhere to stay long term), staying in a shelter, or experiencing homelessness (no place to live)? | radio |

1	Yes
0	No
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#radxup_housing_employment_and_insu
Recommendation from RADx-UP
projects

| 958 | [sdoh_housedesc] Show the field ONLY if: [sdoh_homeless]='0' OR [sdoh_homeless]='-88' | Which best describes the place in which you and your children live? | radio |

1	A one-family house detached (separate) from any other house
2	A townhouse, row house, apartment, or condo of 2 to 4 units
3	An apartment or condo with 5 to 19 units
4	An apartment or condo with 20 or more units
6	Residential care for people with intellectual and developmental disabilities (place where people live because of things like problems with development)
7	Psychiatric treatment facility (place where mental health problems are treated)
8	Other group home setting
9	Foster care
90	Somewhere else
-88	I do not want to answer

Custom alignment: LV
Field Annotation:

959	[sdoh_marital]	Section Header: What is your current marital status?	radio 	1	Married
2	Divorced
3	Widowed
4	Separated
5	Never Married
6	Living with partner
-88	I do not want to answer	 Custom alignment: LV Field Annotation: #radxup_housing_employment_and_ins
960	[sdoh_readintro] Show the field ONLY if: [visit_eventtype]="baseline"	Section Header: The next questions will ask about written information that you may have been given in the hospital or by your doctor.	descriptive
961	[sdoh_read] Show the field ONLY if: [visit_eventtype]="baseline"	How often do you have someone (like a family member, friend, or hospital worker) help you read hospital materials?	radio | 1	Always
2	Often
3	Sometimes
4	Occasionally
5	Never	 Custom alignment: LV
962	[sdoh_writprobs] Show the field ONLY if: [visit_eventtype]="baseline"	How often do you have problems learning about your medical conditions or your children's medical condition because of difficulty understanding written information?	radio | 1	Always
2	Often
3	Sometimes
4	Occasionally
5	Never	 Custom alignment: LV
963	[sdoh_formconf] Show the field ONLY if: [visit_eventtype]="baseline"	How confident are you filling out medical forms by yourself?	radio | 1	Extremely
2	Quite a bit
3	Somewhat
4	A little bit

			5	Not at all
			Custom alignment: LV

964	[sdoh_probintro] Show the field ONLY if: [visit_eventtype]="baseline"	Section Header: The COVID pandemic may cause difficulties or problems for some people, whether they get COVID or not. Since the pandemic began in March 2020 through today, have you and your family experienced any of the following difficulties or problems?	descriptive
965	[sdohfu_probintro] Show the field ONLY if: [visit_eventtype]="followup"	The COVID pandemic may cause difficulties or problems for some people, whether they get COVID or not. Since your last survey on [visit_priorvisitdt], have you and your family experienced any of the following difficulties or problems?	descriptive
966	[sdoh_live]	Having a place to stay or live	radio 1 No, not a problem 2 Yes, a small problem 3 Yes, a big problem Custom alignment: LV
967	[sdoh_live6mo] Show the field ONLY if: ([sdoh_live]='2' or [sdoh_live]='3') and ([visit_eventtype]="baseline")	Has this been a problem in the last 6 months?	radio 1 Yes 0 No Custom alignment: LV
968	[sdoh_food]	Getting enough food to eat	radio 1 No, not a problem 2 Yes, a small problem 3 Yes, a big problem Custom alignment: LV
969	[sdoh_food6mo] Show the field ONLY if: ([sdoh_food]='2' or [sdoh_food]='3') and ([visit_eventtype]="baseline")	Has this been a problem in the last 6 months?	radio 1 Yes 0 No Custom alignment: LV

970	[sdoh_water]	Having clean water to drink	radio
			1 | No, not a problem
			2 | Yes, a small problem
			3 | Yes, a big problem
			Custom alignment: LV
971	[sdoh_water6mo] Show the field ONLY if: ([sdoh_water]='2' or [sdoh_water]='3') and ([visit_eventtype]="baseline")	Has this been a problem in the last 6 months?	radio 1 | Yes 0 | No Custom alignment: LV
972	[sdoh_transport]	Getting to where my children need to go	radio
			1 | No, not a problem
			2 | Yes, a small problem
			3 | Yes, a big problem
			Custom alignment: LV
973	[sdoh_transport6mo] Show the field ONLY if: ([sdoh_transport]='2' or [sdoh_transport]='3') and ([visit_eventtype]="baseline")	Has this been a problem in the last 6 months?	radio 1 | Yes 0 | No Custom alignment: LV
974	[sdoh_childcare]	Finding or keeping child care	radio
			1 | No, not a problem
			2 | Yes, a small problem
			3 | Yes, a big problem
			Custom alignment: LV
975	[sdoh_childcare6mo] Show the field ONLY if: ([sdoh_childcare]='2' or [sdoh_childcare]='3') and ([visit_eventtype]="baseline")	Has this been a problem in the last 6 months?	radio 1 | Yes 0 | No Custom alignment: LV
976	[sdoh_finintro]	Section Header: Now we are going to ask about your household finances, or the amount of money you and the people in your	descriptive

			home have. We are asking about this because we would like to know how COVID has affected this.	
977	[sdoh_income]	What is your total household income before taxes?	radio	

		Value	Label
		1	Less than $15,000
		2	$15,000 - $19,999
		3	$20,000 - $24,999
		4	$25,000 - $34,999
		5	$35,000 - $49,999
		6	$50,000 - $74,999
		7	$75,000 - $99,999
		8	$100,000 and above
		-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#radxup_housing_employment_and_insu
https://www.phenxtoolkit.org/
protocols/view/11102| Annual Family
Income|NHIS| Simpified to basic
question for minimum dataset and
conform to CEAL question 25.

978	[sdoh_incomechanged] Show the field ONLY if: [visit_eventtype]="baseline"	Has your household income changed significantly since March 2020? (please DO NOT INCLUDE money you got from the government (called a stimulus payment) if you have got one)	radio

Value	Label
2	Yes, my household income is less
1	Yes, my household income is more
3	No, my household income is about the same
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#covid19_related_household_finances_ra
PX980101

979	[sdohfu_incomechanged] Show the field ONLY if: [visit_eventtype]="followup"	Has your household income changed significantly since your last survey on [visit_priorvisitdt]? (please DO NOT INCLUDE money you got from the government (called a stimulus payment) if you have got one)	radio

Value	Label
2	Yes, my household income is less
1	Yes, my household income is more
3	No, my household income is about the same
-88	I do not want to answer

			Custom alignment: LV Field Annotation: #covid19_related_household_finances_ra PX980101
980	[sdoh_employloss] Show the field ONLY if: [visit_eventtype]="baseline"	Have you, or has anyone in your household, experienced a loss of employment income (lost a job where they were making money) since the start of the COVID pandemic (March 2020)?	radio | 1	Yes
0	No
-88	I do not want to answer	 Custom alignment: LV
981	[sdohfu_employloss] Show the field ONLY if: [visit_eventtype]="followup"	Have you, or has anyone in your household, experienced a loss of employment income (lost a job where they were making money) since your last survey on [visit_priorvisitdt]?	radio | 1	Yes
0	No
-88	I do not want to answer	 Custom alignment: LV
982	[sdoh_moneyshort]	In the past month, how difficult has it been for you to cover your household expenses and pay all the household bills?	radio | 1	Very difficult
2	Somewhat difficult
3	Not at all difficult
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV Field Annotation: #covid19_related_household_finances_ra PX980101
983	[sdoh_incomeassist_desc]	Are you or your children currently getting help from any of the following programs?	descriptive
984	[sdoh_finassunemployment]	Unemployment Insurance	radio (Matrix) | 1	Yes
2	No, applied and waiting to receive
3	No, tried but was not able to get the help
4	No, did not try to get help	
985	[sdoh_finasssnap]	SNAP (Supplemental Nutrition Assistance Program) or Food Stamps	radio (Matrix) | 1	Yes
2	No, applied and waiting to receive	

			3	No, tried but was not able to get the help
			4	No, did not try to get help
986	[sdoh_finasstanf]	TANF (Temporary Assistance for Needy Families)	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
987	[sdoh_finasswic]	WIC (Women, Infants, And Children Assistance)	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
988	[sdoh_finassss]	Social Security	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
989	[sdoh_finasssuppss]	Supplemental Social Security	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
990	[sdoh_finassgovhi]	Any kind of government health insurance or health coverage plan including Medicaid, Medical Assistance, or Medicare	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help

991	[sdoh_finassppp]	Paycheck Protection Program	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
992	[sdoh_finassgovoth]	Other aid from the government	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
993	[sdoh_finassunion]	Help or assistance from a union or other association	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
994	[sdoh_finasschurch]	Help or assistance from a church or religious organization	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
995	[sdoh_finassorg]	Help or assistance from another community organization	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help
996	[sdoh_finasspantry]	A food pantry	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive

			3	No, tried but was not able to get the help
			4	No, did not try to get help

997	[sdoh_finassoth]	Other help or assistance	radio (Matrix)	
			1	Yes
			2	No, applied and waiting to receive
			3	No, tried but was not able to get the help
			4	No, did not try to get help

998	[sdoh_finassothspec] Show the field ONLY if: [sdoh_finassoth]="1" or [sdoh_finassoth]="2" or [sdoh_finassoth]="3"	Please explain what other financial assistance you tried to apply for:	notes Custom alignment: LV

999	[sdoh_foodintro]	Section Header: The next questions ask about having enough food to eat during the last 12 months.For these statements, please answer whether the statement was often true, sometimes true, or never true for (you or your household) in the last 12 months.	descriptive

1000	[sdoh_worryfood]	"We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your household in the last 12 months?	radio	
			1	Often true
			2	Sometimes true
			3	Never true
			-1	I don't know
			-88	I do not want to answer
			Custom alignment: LV	

1001	[sdoh_lackfood]	"The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?	radio	
			1	Often true
			2	Sometimes true
			3	Never true
			-1	I don't know
			-88	I do not want to answer
			Custom alignment: LV	

1002[sdoh_balancedmeals]	"We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months?	radio		

radio

| 1002[sdoh_balancedmeals] | "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months? |

1	Often true
2	Sometimes true
3	Never true
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1003[sdoh_cutmeals]

In the last 12 months, did anyone in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1004[sdoh_cutmealsfreq]

Show the field ONLY if:
[sdoh_cutmeals]='1'

How often did this happen?

radio

1	Almost every month
2	Some months but not every month
3	Only 1 or 2 months
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1005[sdoh_eatless]

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1006[sdoh_hungry]

In the last 12 months, were others in your household ever hungry but didn't eat because there wasn't enough money for food?

radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1007 [sdoh_loseweight]	In the last 12 months, did others in your household lose weight because there wasn't enough money for food?	radio
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
		Custom alignment: LV

1008 [sdoh_noteat]	In the last 12 months, did others in your household ever not eat for a whole day because there wasn't enough money for food?	radio
			1	Yes
			0	No
			-1	I don't know
			-88	I do not want to answer
		Custom alignment: LV

1009 [sdoh_noteatfreq] Show the field ONLY if: [sdoh_noteat]='1'	How often did this happen?	radio
			1	Almost every month
			2	Some months but not every month
			3	Only 1 or 2 months
			-1	I don't know
			-88	I do not want to answer
		Custom alignment: LV

1010 [sdoh_neighborhoodintro] Show the field ONLY if: [visit_eventtype]="baseline"	Section Header: Next we will ask you questions about your neighborhood.	descriptive

1011 [sdoh_neighbordoodq] Show the field ONLY if: [visit_eventtype]="baseline"	Please tell us if you agree or disagree with the following statements about your neighborhood. For these questions, please think about your street and the surrounding streets.	descriptive

1012 [sdoh_neighgraf] Show the field ONLY if: [visit_eventtype]="baseline"	There is a lot of graffiti.	radio (Matrix)
			5	Strongly agree
			4	Agree
			3	Neither agree nor disagree
			2	Disagree

			1	Strongly disagree

1013 [sdoh_neighnoise] Show the field ONLY if: [visit_eventtype]="baseline"	My neighborhood is noisy.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree
		2	Disagree
		1	Strongly disagree

1014 [sdoh_neighvandal] Show the field ONLY if: [visit_eventtype]="baseline"	Vandalism is common.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree
		2	Disagree
		1	Strongly disagree

1015 [sdoh_neighabandon] Show the field ONLY if: [visit_eventtype]="baseline"	There are a lot of abandoned buildings.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree
		2	Disagree
		1	Strongly disagree

1016 [sdoh_neighclean] Show the field ONLY if: [visit_eventtype]="baseline"	My neighborhood is clean.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree
		2	Disagree
		1	Strongly disagree

1017 [sdoh_neighhouses] Show the field ONLY if: [visit_eventtype]="baseline"	People take good care of their houses.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree
		2	Disagree
		1	Strongly disagree

1018 [sdoh_neighyard] Show the field ONLY if: [visit_eventtype]="baseline"	People take good care of their yards.	radio (Matrix)
		5	Strongly agree
		4	Agree
		3	Neither agree nor disagree

			2 Disagree
			1 Strongly disagree
1019[sdoh_neighcrime] Show the field ONLY if: [visit_eventtype]="baseline"	There is a lot of criminal activity.	radio (Matrix) 5 Strongly agree 4 Agree 3 Neither agree nor disagree 2 Disagree 1 Strongly disagree	
1020[sdohcc_intro] Show the field ONLY if: [visit_eventtype]="baseline"	The next statements are about things that people in your neighborhood may or may not do. For each of these statements, please tell me whether you strongly agree, agree, disagree or strongly disagree.	descriptive Field Annotation: #phenx_neighborhood_collective_efficac PX0210801	
1021[sdohcc_neighborshelp] Show the field ONLY if: [visit_eventtype]="baseline"	People in this neighborhood help each other out.	radio (Matrix) 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree Field Annotation: #phenx_neighborhood_collective_efficac PX0210801	
1022[sdohcc_counton] Show the field ONLY if: [visit_eventtype]="baseline"	There are people I can count on in this neighborhood.	radio (Matrix) 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree Field Annotation: #phenx_neighborhood_collective_efficac PX0210801	
1023[sdohcc_trusted] Show the field ONLY if: [visit_eventtype]="baseline"	People in this neighborhood can be trusted.	radio (Matrix) 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree Field Annotation: #phenx_neighborhood_collective_efficac PX0210801	

1024	[sdohcc_closeknit] Show the field ONLY if: [visit_eventtype]="baseline"	This is a close-knit neighborhood (a neighborhood where people know each other well).	radio (Matrix)

			1	Strongly agree
			2	Agree
			3	Disagree
			4	Strongly disagree

1025	[household_social_determinants_of_health_complete]	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Caregiver Social Determinants Of Health (caregiver_social_determinants_of_health)
👥 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

1026	[sdoh_fversion]	SDOH form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
1027	[sdoh_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
1028	[sdoh_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
1029	[sdoh_colldt]	Date of SDOH data collection:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
1030	[sdoh_coord]	Check this box if the coordinator is entering data:	checkbox

| | | | 1 | sdoh_coord___1 | Coordinator data entry |

Field Annotation: @HIDDEN-SURVEY

1031	[sdoh_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
1032	[sdoh_insintro]	Next you will be asked questions about work and health insurance.	descriptive
1033	[sdoh_employ]	We would like to know about what you are doing now - are you working, looking for work, retired, keeping house, a student, or something else?	radio

| | | | 1 | Working |
| | | | 2 | Only temporarily laid off, sick leave or maternity leave |

				3	Looking for work, unemployed	
				4	Retired	
				5	Disabled, permanently or temporarily	
				6	Keeping house	
				7	Student	
				96	Other {sdoh_employspec:icons}	
				-1	I don't know	
				-88	I do not want to answer	

Custom alignment: LV
Field Annotation: #radxup_housing_employment_and_insu
PX011301 https://www.phenxtoolkit.org/protocols/view/11301; Panel Study of Income Dynamics (PSID), 2007; Added -88, I do not want to answer

1034	[sdoh_employspec] Show the field ONLY if: [sdoh_employ] = '96'	Please specify other employment status:	text Field Annotation: #radxup_housing_employment_and_insu PX011301 https://www.phenxtoolkit.org/protocols/view/11301; Panel Study of Income Dynamics (PSID), 2007

1035	[sdoh_insurance]	Are you currently (right now) covered by any of the following types of health insurance or health coverage plans? Choose one or more of these.	checkbox

				1	sdoh_insurance___1	Insurance directly fro company (I another fa
				2	sdoh_insurance___2	Insurance current or or union (s worked o group that rights of w
				7	sdoh_insurance___7	Medicaid, N Assistance, governmer plan for th incomes o state-provi insurance f
				4	sdoh_insurance___4	Indian Hea Tribal cont

			Health Cen contract), o operated fa	
			8	sdoh_insurance___8	TRICARE or health care
			99	sdoh_insurance___99	Other {sdoh_insu
			5	sdoh_insurance___5	I don't have insurance,
			-1	sdoh_insurance___1	I don't know health insu
			-88	sdoh_insurance___88	I do not wa

Custom alignment: LV
Field Annotation:
#radxup_housing_employment_and_insu
@NONEOFTHEABOVE='5,-1,-88'

1036	[sdoh_insurancespec] Show the field ONLY if: [sdoh_insurance(99)]='1'	Please specify other health insurance or health coverage:	text
1037	[sdoh_lostinsurance] Show the field ONLY if: [visit_eventtype]="baseline"	Did you lose health coverage (health insurance) because of the COVID pandemic?	radio | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insu
1038	[sdohfu_lostinsurance] Show the field ONLY if: [visit_eventtype]="followup"	Did you lose health coverage (health insurance) since your last survey on [visit_priorvisitdt]?	radio | 1	Yes
0	No
-1	I don't know
-88	I do not want to answer	 Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insu

1039 [sdoh_accessintro]	Section Header: The next questions ask about your health care.	descriptive

1040 [nhis_lastvisit] Show the field ONLY if: [visit_eventtype]="baseline"	How long has it been since you last saw a doctor or other health care professional about your health? (Do not count visits because of a COVID infection.)	radio

1	Within the previous year (less than 12 months ago)
2	Within the previous two years (1 year but less than 2 years ago)
3	Within the previous three years (2 years but less than 3 years ago)
4	Within the previous five years (3 years but less than 5 years ago)
5	Within the previous ten years (5 years but less than 10 years ago)
6	Ten years ago or more
-1	I don't know
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#national_health_interview_survey_adult

1041 [nhisfu_lastvisit] Show the field ONLY if: [visit_eventtype]="followup"	Have you seen a doctor or other health care professional since your last survey on [visit_priorvisitdt]?	radio

1	Yes
0	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1042 [nhis_visitttype] Show the field ONLY if: [nhis_lastvisit]="1" or [nhis_lastvisit]="2" or [nhis_lastvisit]="3" or [nhis_lastvisit]="4" or [nhis_lastvisit]="5" or [nhis_lastvisit]="6" or [nhisfu_lastvisit]="1"	Was this a wellness visit, physical, or general purpose check-up?	radio

1	Yes
2	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#national_health_interview_survey_adult

1043[nhis_timesincelast] Show the field ONLY if: [nhis_visitttype] = '2' or [nhis_visitttype] = '98'	About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?	radio

1	Within the previous year (less than 12 months ago)
2	Within the previous two years (1 year but less than 2 years ago)
3	Within the previous three years (2 years but less than 3 years ago)
4	Within the previous five years (3 years but less than 5 years ago)
5	Within the previous ten years (5 years but less than 10 years ago)
6	Ten years ago or more
-1	I don't know
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#national_health_interview_survey_adult

1044[nhis_visityearwarning] Show the field ONLY if: ([nhis_timesincelast]<>"" and [nhis_lastvisit]<>"") and ([nhis_timesincelast]>0 and [nhis_lastvisit]>0) and ([nhis_timesincelast]<10 and [nhis_lastvisit]<10) and ([nhis_timesincelast]<[nhis_lastvisit])	The second question is particularly about the last wellness visit you had, which you indicated was not as recent as the last visit you had. If the answer is correct, ignore this note.	descriptive

1045[nhis_place]	Is there a place that you USUALLY go to if you are sick and need health care?	radio

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1046 [nhis_placetype] Show the field ONLY if: [nhis_place] = '1' or [nhis_place] = '3'	What kind of place is it/do you go to most often?	radio

1	A doctor's office or health center
2	An urgent care center
3	A clinic in a drug store or grocery store
4	A hospital emergency room
5	A VA Medical Center or VA outpatient clinic
6	Some other place
7	Do not go to one place most often
-1	I don't know
-88	I do not want to answer

Custom alignment: LV

1047 [nhis_hcpvisits] Show the field ONLY if: [visit_eventtype]="followup"	During the past 12 months, how many times have you seen a doctor or other health professional about your health?	text (number, Min: 0, Max: 100) Custom alignment: LV Field Annotation: #national_health_interview_survey_adult % https://www.cdc.gov/nchs/nhis/2019nhis.htm %
1048 [nhis_ucvisits]	During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?	text (number, Min: 0, Max: 100) Custom alignment: LV Field Annotation: #national_health_interview_survey_adult % https://www.cdc.gov/nchs/nhis/2019nhis.htm %
1049 [nhis_ervisits]	During the past 12 months, how many times have you gone to a hospital emergency room about your health?	text (number, Min: 0, Max: 100) Custom alignment: LV Field Annotation: #national_health_interview_survey_adult
1050 [nhis_hosp]	During the past 12 months, have you been hospitalized overnight?	radio
1051 [nhis_skipcare]	During the past 12 months, was there any time when you needed medical care, but DID NOT GET IT because of the	radio

For 1050 [nhis_hosp]:

1	Yes
2	No
-1	I don't know
-88	I do not want to answer

Custom alignment: LV
Field Annotation:
#national_health_interview_survey_adult

For 1051 [nhis_skipcare]:

1	Yes

		cost?		2	No
				-1	I don't know
				-88	I do not want to answer

Custom alignment: LV
Field Annotation: #national_health_interview_survey_adult

1052	[sdoh_pceintro] Show the field ONLY if: [visit_eventtype]="baseline"	Section Header: Next, we will ask about your experiences when you were a child (less than 18 years old).	descriptive
1053	[sdoh_pceintroq] Show the field ONLY if: [visit_eventtype]="baseline"	How much or how often during your childhood did you:	descriptive
1054	[sdoh_pcefeel] Show the field ONLY if: [visit_eventtype]="baseline"	feel able to talk to your family about feelings?	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Often 4 Very often Field Annotation: # positive childhood experience #
1055	[sdoh_pcestood] Show the field ONLY if: [visit_eventtype]="baseline"	feel your family stood by you during difficult times?	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Often 4 Very often Field Annotation: # positive childhood experience #
1056	[sdoh_pcetrad] Show the field ONLY if: [visit_eventtype]="baseline"	enjoyed participating in community traditions?	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Often 4 Very often

			Field Annotation: # positive childhood experience #
1057[sdoh_pcebelong] Show the field ONLY if: [visit_eventtype]="baseline"	feel a sense of belonging in high school?	radio (Matrix) | 0	Never
1	Rarely
2	Sometimes
3	Often
4	Very often	 Field Annotation: # positive childhood experience #	
1058[sdoh_pcefriends] Show the field ONLY if: [visit_eventtype]="baseline"	feel supported by friends?	radio (Matrix) | 0	Never
1	Rarely
2	Sometimes
3	Often
4	Very often	 Field Annotation: # positive childhood experience #	
1059[sdoh_pceadults] Show the field ONLY if: [visit_eventtype]="baseline"	have at least 2 non-parent adults who took genuine interest in you?	radio (Matrix) | 0	Never
1	Rarely
2	Sometimes
3	Often
4	Very often	 Field Annotation: # positive childhood experience #	
1060[sdoh_pcesafe] Show the field ONLY if: [visit_eventtype]="baseline"	How much or how often during your childhood did you feel safe and protected by an adult in your home?	radio | 0	Never
1	A little
2	Some of the time
3	Most of the time
4	All of the time	 Custom alignment: LV	
1061[discrim_intro]	Section Header: In your day-to-day life, how often do any	descriptive Field Annotation: % https://scholar.harvard.edu/davidrwilliams/	

			of the following things happen to you?	node/32397 %
	1062	[discrim_courtesy]	You are treated with less courtesy than other people are.	radio (Matrix)

	radio (Matrix)
1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year
0	Never

Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %

	1063	[discrim_respect]	You are treated with less respect than other people are.	radio (Matrix)

1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year
0	Never

Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %

	1064	[discrim_service]	You receive poorer service than other people at restaurants or stores.	radio (Matrix)

1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year
0	Never

Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %

	1065	[discrim_smart]	People act as if they think you are not smart.	radio (Matrix)

1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year

			0 | Never
			Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1066[discrim_afraid]		People act as if they are afraid of you.	radio (Matrix)
			1 | Almost every day
			2 | At least once a week
			3 | A few times a month
			4 | A few times a year
			5 | Less than once a year
			0 | Never
			Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1067[discrim_dishonest]		People act as if they think you are dishonest.	radio (Matrix)
			1 | Almost every day
			2 | At least once a week
			3 | A few times a month
			4 | A few times a year
			5 | Less than once a year
			0 | Never
			Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1068[discrim_better]		People act as if they're better than you are.	radio (Matrix)
			1 | Almost every day
			2 | At least once a week
			3 | A few times a month
			4 | A few times a year
			5 | Less than once a year
			0 | Never
			Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1069[discrim_insult]		You are called names or insulted.	radio (Matrix)
			1 | Almost every day
			2 | At least once a week

			3	A few times a month
			4	A few times a year
			5	Less than once a year
			0	Never

Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %

1070	[discrim_threat]	You are threatened or harassed.	radio (Matrix)

1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year
0	Never

Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %

1071	[discrim_medical]	You are discriminated against, hassled, or made to feel inferior while getting medical care.	radio (Matrix)

1	Almost every day
2	At least once a week
3	A few times a month
4	A few times a year
5	Less than once a year
0	Never

1072	[discrim_reasonall] Show the field ONLY if: [discrim_courtesy] = '1' or [discrim_courtesy] = '2' or [discrim_courtesy] = '3' or [discrim_courtesy] = '4' or [discrim_respect] = '1' or [discrim_respect] = '2' or [discrim_respect] = '3' or [discrim_respect] = '4' or [discrim_service] = '1' or [discrim_service] = '2' or [discrim_service] = '3' or [discrim_se	What do you think are all the reasons for these experiences. Choose one or more of these.	checkbox

1	discrim_reasonall___1	Your ance origins
2	discrim_reasonall___2	Your gen
3	discrim_reasonall___3	Your race
4	discrim_reasonall___4	Your age
5	discrim_reasonall___5	Your relig
6	discrim_reasonall___6	Your heig
7	discrim_reasonall___7	Your weig
8	discrim_reasonall___8	Some oth physical you look)
9	discrim_reasonall___9	Your sexu

		rvice] = '4' or [discrim_smart] = '1' or [discrim_smart] = '2' or [discrim_smart] = '3' or [discrim_smart] = '4' or [discrim_afraid] = '1' or [discrim_afraid] = '2' or [discrim_afraid] = '3' or [discrim_afraid] = '4' or [discrim_dishonest] = '1' or [discrim_dishonest] = '2' or [discrim_dishonest] = '3' or [discrim_dishonest] = '4' or [discrim_better] = '1' or [discrim_better] = '2' or [discrim_better] = '3' or [discrim_better] = '4' or [discrim_insult] = '1' or [discrim_insult] = '2' or [discrim_insult] = '3' or [discrim_insult] = '4' or [discrim_threat] = '1' or [discrim_threat] = '2' or [discrim_threat] = '3' or [discrim_threat] = '4' or [discrim_medical] = '1' or [discrim_medical] = '2' or [discrim_medical] = '3' or [discrim_medical] = '4'		10 discrim_reasonall___10 Your education level 11 discrim_reasonall___11 A physical issue that person m 12 discrim_reasonall___12 Your shad 13 discrim_reasonall___13 Your tribe 99 discrim_reasonall___99 Other {discrim_ -88 discrim_reasonall___88 I do not w Custom alignment: LV Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 % @NONEOFTHEABOVE=-88			
	1073	[discrim_reasonallspec] Show the field ONLY if: [discrim_reasonall(99)] = '1'	Other (please specify)	text Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %			
	1074	[discrim_reason] Show the field ONLY if: [discrim_courtesy] = '1' or [discrim_courtesy] = '2' or [discrim_courtesy] = '3' or [discrim_courtesy] = '4' or [discrim_respect] = '1' or [discrim_respect] = '2' or [discrim_re	What do you think is the main reason for these experiences?	radio 1 Your ancestry or national origins 2 Your gender 3 Your race 4 Your age 5 Your religion 6 Your height			

	spect] = '3' or [discrim_respect] = '4' or [discrim_service] = '1' or [discrim_service] = '2' or [discrim_service] = '3' or [discrim_service] = '4' or [discrim_smart] = '1' or [discrim_smart] = '2' or [discrim_smart] = '3' or [discrim_smart] = '4' or [discrim_afraid] = '1' or [discrim_afraid] = '2' or [discrim_afraid] = '3' or [discrim_afraid] = '4' or [discrim_dishonest] = '1' or [discrim_dishonest] = '2' or [discrim_dishonest] = '3' or [discrim_dishonest] = '4' or [discrim_better] = '1' or [discrim_better] = '2' or [discrim_better] = '3' or [discrim_better] = '4' or [discrim_insult] = '1' or [discrim_insult] = '2' or [discrim_insult] = '3' or [discrim_insult] = '4' or [discrim_threat] = '1' or [discrim_threat] = '2' or [discrim_threat] = '3' or [discrim_threat] = '4' or [discrim_medical] = '1' or [discrim_medical] = '2' or [discrim_medical] = '3' or [discrim_medical] = '4'		7 — Your weight 8 — Some other aspect of your physical appearance (the way you look) 9 — Your sexual orientation 10 — Your education or income level 11 — A physical disability (a health issue that affects how a person moves) 12 — Your shade of skin color 13 — Your tribe 99 — Other {discrim_reasonspec:icons} -88 — I do not want to answer Custom alignment: LV Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1075	[discrim_reasonspec] Show the field ONLY if: [discrim_reason] = '99'	Other (please specify)	text Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
1076	[sdohss_header]	Section Header: People sometimes look to others for company, help, or other kinds of support. How often is each of the following kinds of support available to	descriptive Field Annotation: https://www.rand.org/health-care/surveys_tools/mos/social-support/survey-instrument.html

		you if you need it?	
1077[sdohss_bed]		Someone to help you if you were confined to bed?	radio (Matrix)

<table>
<tr><td></td><td>1077[sdohss_bed]</td><td>Someone to help you if you were confined to bed?</td><td>radio (Matrix)</td></tr>
</table>

1077[sdohss_bed] — Someone to help you if you were confined to bed?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1078[sdohss_doctor] — Someone to take you to the doctor if you need it?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1079[sdohss_meals] — Someone to prepare your meals if you are unable to do it yourself?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1080[sdohss_chores] — Someone to help with daily chores if you were sick?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1081[sdohss_goodtime] — Someone to have a good time with?

radio (Matrix)

1	None of the time
2	A little of the time

			3	Some of the time
			4	Most of the time
			5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1082 [sdohss_suggestions]

Someone to turn to for suggestions about how to deal with a personal problem?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1083 [sdohss_understand]

Someone who understands your problems?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1084 [sdohss_lovewant]

Someone to love and make you feel wanted?

radio (Matrix)

1	None of the time
2	A little of the time
3	Some of the time
4	Most of the time
5	All of the time

Field Annotation:
#rand_social_support_survey_instrument

1085 [sdoh_religion]

How important is your religion or spirituality in helping you cope with life?

radio

4	Very important
3	Important
2	Somewhat important
1	Not at all important
-1	I don't know

			-88	I do not want to answer

Custom alignment: LV

1086	[`caregiver_social_determinants_of_health_complete`]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Caregiver Wellbeing** (caregiver_wellbeing)   👤 **Enabled as survey**

Active languages - Data Entry: en-US, es | Survey: en-US, es

1087	[`psych_fversion`]	Caregivers wellbeing form version	text Field Annotation: @DEFAULT='2' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF) v2 2023-03-21: versioning additional crosscutting questions to be added
1088	[`psych_fqueries`]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
1089	[`psych_colldt`]	Caregiver wellbeing form date of collection:	text (date_mdy, Max: today) Field Annotation: @TODAY @HIDDEN-SURVEY
1090	[`gad_sec1_colllang`]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN NB: this is incorrectly named; it should be psych_colllang
1091	[`cgwb_intro`]	Now we are going to ask you questions about your wellbeing.	descriptive
1092	[`phq_intro`]	Over the past two weeks, how often have you been bothered by the following problems:	descriptive
1093	[`phq_1`]	Little interest or pleasure in doing things:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % PHQ %
1094	[`phq_2`]	Feeling down, depressed, or hopeless:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days

			3 Nearly every day Field Annotation: % PHQ %
1095 [phq_3]		Trouble falling or staying asleep, or sleeping too much:	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table> Field Annotation: % PHQ %
1096 [phq_4]		Feeling tired or having little energy:	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table> Field Annotation: % PHQ %
1097 [phq_5]		Poor appetite or overeating:	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table> Field Annotation: % PHQ %
1098 [phq_6]		Feeling bad about yourself, or that you are a failure, or have let yourself or your family down:	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table> Field Annotation: % PHQ %
1099 [phq_7]		Trouble concentrating on things, such as reading the newspaper or watching television:	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table> Field Annotation: % PHQ %

1100	[phq_8]	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) | 0	Not at all
1	Several days
2	More than half the days
3	Nearly every day	 Field Annotation: % PHQ %
1101	[phq_9]	Thoughts that you would be better off dead, or of hurting yourself:	radio (Matrix) | 0	Not at all
1	Several days
2	More than half the days
3	Nearly every day	 Field Annotation: % PHQ %
1102	[phq9_suicidenote] Show the field ONLY if: [phq_9]<>"" and [phq_9]>0	You indicated that you are experiencing thoughts you are better off dead or thoughts of hurting yourself in some way. If you feel you may act on these thoughts there are crisis services that can help including calling 911, going to your local emergency room, or contacting a dedicated suicide prevention resource such as the services listed below and contact your own mental health provider if you are in care:24/7 Crisis Hotline: National Suicide Prevention Lifeline Network http://www.suicidepreventionlifeline.org or 1-800-273-TALK (8255) (Veterans, press 1)Crisis Text Line http://www.crisistextline.org Text TALK to 741-741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7Veterans Crisis Linehttps://www.veteranscrisisline.net Send a text to 838255Please note a member of the study team may call you to follow up in the coming days but this is not a replacement for clinical care or emergency services.	descriptive
1103	[phq_2score]	PHQ-2 score:	calc Calculation: sum([phq_1],[phq_2]) Field Annotation: @HIDDEN @HIDDEN-PDF
1104	[phq_8score]	PHQ-8 score:	calc Calculation: sum([phq_1],[phq_2], [phq_3],[phq_4],[phq_5],[phq_6],

			[phq_7],[phq_8]) Field Annotation: @HIDDEN @HIDDEN-PDF
1105	[phq_9score]	PHQ-9 score:	calc Calculation: sum([phq_1],[phq_2], [phq_3],[phq_4],[phq_5],[phq_6], [phq_7],[phq_8],[phq_9]) Field Annotation: @HIDDEN @HIDDEN-PDF
1106	[gad_intro]	Section Header: Over the past two weeks, how often have you been bothered by the following problems:	descriptive
1107	[gad_1]	Feeling nervous, anxious, or on edge:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % GAD %
1108	[gad_2]	Not being able to stop or control worrying:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % GAD %
1109	[gad_3]	Worrying too much about different things:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % GAD %
1110	[gad_4]	Trouble relaxing:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % GAD %

1111 [gad_5]	Being so restless that it is hard to sit still:	radio (Matrix) | 0	Not at all
---	---
1	Several days
2	More than half the days
3	Nearly every day	 Field Annotation: % GAD %
1112 [gad_6]	Becoming easily annoyed or irritable:	radio (Matrix) | 0	Not at all
---	---
1	Several days
2	More than half the days
3	Nearly every day	 Field Annotation: % GAD %
1113 [gad_7]	Feeling afraid as if something awful might happen:	radio (Matrix) | 0	Not at all
---	---
1	Several days
2	More than half the days
3	Nearly every day	 Field Annotation: % GAD %
1114 [gad_2score]	GAD-2 calculation:	calc Calculation: sum([gad_1],[gad_2]) Field Annotation: % GAD % @HIDDEN @HIDDEN-PDF
1115 [gad_7score]	GAD-7 score	calc Calculation: sum([gad_1],[gad_2], [gad_3],[gad_4],[gad_5],[gad_6], [gad_7]) Field Annotation: @HIDDEN @HIDDEN-PDF
1116 [pss_introp]	The next questions ask you about your feelings and thoughts during the last month. In each case, you will be asked to tell us how often you felt or thought a certain way.	descriptive
1117 [pss_01]	In the last month, how often have you been upset because of something that happened unexpectedly (in a way you did not expect)?	radio (Matrix) | 0	Never
---	---
1	Almost never
2	Sometimes
3	Fairly often	

			4	Very often

1118[pss_02]	In the last month, how often have you felt that you were unable to control the important things in your life?	radio (Matrix) 0 Never 1 Almost never 2 Sometimes 3 Fairly often 4 Very often Field Annotation: % Perceived Stress Scale 4 %
1119[pss_03]	In the last month, how often have you felt nervous and "stressed"?	radio (Matrix) 0 Never 1 Almost never 2 Sometimes 3 Fairly often 4 Very often
1120[pss_04]	In the last month, how often have you felt confident about your ability to handle your personal problems?	radio (Matrix) 0 Never 1 Almost never 2 Sometimes 3 Fairly often 4 Very often Field Annotation: % Perceived Stress Scale 4 %
1121[pss_05]	In the last month, how often have you felt that things were going your way?	radio (Matrix) 0 Never 1 Almost never 2 Sometimes 3 Fairly often 4 Very often Field Annotation: % Perceived Stress Scale 4 %
1122[pss_06]	In the last month, how often have you found that you could not cope with (handle) all the things that you had to do?	radio (Matrix) 0 Never 1 Almost never 2 Sometimes

				3	Fairly often
				4	Very often

1123[pss_07]	In the last month, how often have you been able to control irritations (or things that bother you) in your life?	radio (Matrix)	
		0	Never
		1	Almost never
		2	Sometimes
		3	Fairly often
		4	Very often

1124[pss_08]	In the last month, how often have you felt that you were on top of things?	radio (Matrix)	
		0	Never
		1	Almost never
		2	Sometimes
		3	Fairly often
		4	Very often

1125[pss_09]	In the last month, how often have you been angered because of things that were outside of your control?	radio (Matrix)	
		0	Never
		1	Almost never
		2	Sometimes
		3	Fairly often
		4	Very often

1126[pss_10]	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	radio (Matrix)	
		0	Never
		1	Almost never
		2	Sometimes
		3	Fairly often
		4	Very often
		Field Annotation: % Perceived Stress Scale 4 %	

1127[dsm5crossad_intro]	Section Header: The questions below ask about things that might have bothered you. For each question, pick the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.	descriptive	

1128[dsm5crossad_1] Show the field ONLY	Little interest or pleasure in doing things?	radio (Matrix)	
		0	None (not at all)

	if: [psych_fversion] >= 2		1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1129 [dsm5crossad_2] Show the field ONLY if: [psych_fversion] >= 2		Feeling down, depressed, or hopeless?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1130 [dsm5crossad_3]		Feeling more irritated, grouchy, or angry than usual?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1131 [dsm5crossad_4]		Sleeping less than usual, but still have a lot of energy?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)

			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1132[dsm5crossad_5]		Starting lots more projects than usual or doing more risky things than usual?	radio (Matrix)
			0 | None (not at all)
			1 | Slight (rare, less than a day or two)
			2 | Mild (several days)
			3 | Moderate (more than half the days)
			4 | Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1133[dsm5crossad_6] Show the field ONLY if: [psych_fversion] >= 2		Feeling nervous, anxious, frightened, worried, or on edge?	radio (Matrix)
			0 | None (not at all)
			1 | Slight (rare, less than a day or two)
			2 | Mild (several days)
			3 | Moderate (more than half the days)
			4 | Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1134[dsm5crossad_7] Show the field ONLY if: [psych_fversion] >= 2		Feeling panic or being frightened?	radio (Matrix)
			0 | None (not at all)
			1 | Slight (rare, less than a day or two)
			2 | Mild (several days)
			3 | Moderate (more than half the days)
			4 | Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1135[dsm5crossad_8] Show the field ONLY if:		Avoiding situations that make you anxious?	radio (Matrix)
			0 | None (not at all)

	[psych_fversion] >= 2		1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1136	[dsm5crossad_11] Show the field ONLY if: [psych_fversion] >= 2	Thoughts of actually hurting yourself?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1137	[dsm5crossad_12]	Hearing things other people couldn't hear, such as voices even when no one was around?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)
			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1138	[dsm5crossad_13]	Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	radio (Matrix)
			0 None (not at all)
			1 Slight (rare, less than a day or two)
			2 Mild (several days)
			3 Moderate (more than half the days)
			4 Severe (nearly every day)

			Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #
1139 [dsm5crossad_16]		Unpleasant thoughts, urges, or images that repeatedly enter your mind?	radio (Matrix)

radio (Matrix)

0	None (not at all)
1	Slight (rare, less than a day or two)
2	Mild (several days)
3	Moderate (more than half the days)
4	Severe (nearly every day)

Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1140 [dsm5crossad_17] — Feeling driven to perform certain behaviors or mental acts over and over again?

radio (Matrix)

0	None (not at all)
1	Slight (rare, less than a day or two)
2	Mild (several days)
3	Moderate (more than half the days)
4	Severe (nearly every day)

Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1141 [dsm5crossad_18] — Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?

radio (Matrix)

0	None (not at all)
1	Slight (rare, less than a day or two)
2	Mild (several days)
3	Moderate (more than half the days)
4	Severe (nearly every day)

Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1142 [dsm5crossad_19] — Not knowing who you really are or what you want out of life?

radio (Matrix)

0	None (not at all)

				1	Slight (rare, less than a day or two)
				2	Mild (several days)
				3	Moderate (more than half the days)
				4	Severe (nearly every day)

Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1143	[dsm5crossad_20]	Not feeling close to other people or enjoying your relationships with them?	radio (Matrix)		
			0	None (not at all)	
			1	Slight (rare, less than a day or two)	
			2	Mild (several days)	
			3	Moderate (more than half the days)	
			4	Severe (nearly every day)	

Field Annotation: # https://nda.nih.gov/data_structure.html?short_name=dsm5crossad01 #

1144	[dsm5crossad_calccconcern]	Are we worried about any of the responses	calc Calculation: if(([dsm5crossad_11]<>"" and [dsm5crossad_11]>=1) or ([dsm5crossad_12]<>"" and [dsm5crossad_12]>=1) or ([dsm5crossad_13]<>"" and [dsm5crossad_13]>=1), 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF

1145	[dsm5crossad_warning] Show the field ONLY if: [dsm5crossad_calccconcern]="1"	You answered that you have thoughts of actually hurting yourself, or you have been hearing voices, seeing visions, or having thoughts coming into your head in the past two weeks. You can get help to talk about these concerns by contacting your health care provider or mental health care provider if you are getting mental health care. If you feel that you may take risky actions due to these experiences, crisis services are available by calling 911. You can also go to your local emergency room for help. Please note a member of the study team may call you to follow up in the coming days but this is not a	descriptive

		replacement for clinical care or emergency services.	
1146	[caregiver_wellbeing_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **End Of Surveys** (end_of_surveys)

Active languages: None

1147	[eos_fversion]	End of survey form version	text Field Annotation: @DEFAULT='1' @HIDDEN @HIDDEN-PDF
1148	[eos_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
1149	[eos_colllang]	_form collection language	text Field Annotation: @LANGUAGE-CURRENT-SURVEY @HIDDEN
1150	[eos_thanks]	Thank you for completing your RECOVER study surveys. Your responses help us learn more about the effects of COVID and Long COVID, and help researchers look for ways to treat Long COVID.If you have questions or concerns about these surveys, the RECOVER project, or COVID, please reach out to your local site.Please click on the "complete surveys" button below, and then you may close your browser tab or window.	descriptive
1151	[end_of_surveys_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Biospecimens** (biospecimens)

Active languages: None

1152	[pc_fversion]	Biospecimens form version:	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
1153	[pc_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY

1154	[pc_floadtime]	Form Load Time	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1155	[normalized_times]	Field for normalizing times	descriptive
1156	[pc_visit_compwarning] Show the field ONLY if: [visit_form_complete]<>"2"	ERROR! You must complete the visit form before you can start this form.	descriptive
1157	[pc_colldt]	Date of Biospecimens form collection:	text (date_mdy, Max: today) Field Annotation: @HIDDEN-SURVEY @TODAY
1158	[pc_phi]	Caregiver or biological parent DOB: [enrollment_arm_1][enrl_dob]	descriptive
1159	[pc_sample_kit_type]	Select Kit type:	dropdown | 1	RECOVER Peds Tier 1 - Tasso Kit
2	RECOVER Peds Tier 1 - Saliva Kit	 Field Annotation: @IF([arm-number]="4", @HIDECHOICE="1", "")
1160	[pc_tassodrawwarning] Show the field ONLY if: [pc_sample_kit_type]="1" and [visit_samplerefusal(1)]="1"	Stop! The visit form indicates that the participant has not agreed to a draw for a Tasso kit. Please verify that this is ok to draw and amend the visit form.	descriptive
1161	[pc_salivadrawwarning] Show the field ONLY if: [pc_sample_kit_type]="2" and [visit_samplerefusal(6)]="1"	Stop! The visit form indicates that the participant has not agreed to saliva collection. Please verify that this sample is ok to collect and amend the visit form.	descriptive
1162	[pc_tassoreplace] Show the field ONLY if: [pc_sample_kit_type]="1" and [current-instance]>1	Is this a replacement Tasso kit?	radio, Required | 1	Yes
0	No	 Custom alignment: LV
1163	[pc_tassodrawwarning2] Show the field ONLY	Stop! The visit form indicates that the participant has not agreed for a redrawn tasso kit. Please verify that this should be done, and amend the visit form.	descriptive

			if: [pc_tassoreplac e]="1" and [visit_sam plerefusal(2)]="1"		
		1164	[pc_kit_level_grou p] Show the field ONLY if: [pc_sample_kit_typ e]<>""	Kit ID Entry 1 {pc_kit_id_1:icons} {pc_tassoformatwarning:icons} {pc_salivaformatwarning:icons} Kit ID Entry 2 {pc_kit_id_2:icons} {pc_kitidmismatchwarning:icons} Collection Date/Time {pc_kit_date_time:icons} Please leave the 'Collection Date/Time' field blank if you do not know what it is. Kit Annotation: {pc_kit_annotation:icons}	descriptive
		1165	[pc_kitidmismatchwa rning] Show the field ONLY if: [pc_kit_id_1]<>"" and [pc_kit_id_2]<>"" and [pc_kit_id_1]<>[pc_kit _id_2]	The kit IDs should match; please check that they are the same.	descriptive
		1166	[pc_tassoformatwarn ing] Show the field ONLY if: [pc_sample_kit_type] = "1" and [pc_kit_id_ 1]<>"" and ((!isnumb er(right([pc_kit_id_1], 11))) or (isnumber(ri ght([pc_kit_id_1], 1 2))))	The Tasso kit ID should be a zero prefixed eleven-digit number; e.g. 00010712232.	descriptive
		1167	[pc_salivaformatwar ning] Show the field ONLY if: [pc_sample_kit_type] = "2" and [pc_kit_id_ 1]<>"" and ((!isnumb er(right([pc_kit_id_1], 14))) or (isnumber(ri ght([pc_kit_id_1], 1 5))))	The Saliva kit ID should be a zero prefixed fourteen-digit number; e.g. 00402310192232.	descriptive
		1168	[pc_kit_id_1]	Kit ID	text, Required
		1169	[pc_kit_id_2]	Please re-enter Kit ID	text, Required
		1170	[pc_kit_annotation]	Kit Annotation	notes Custom alignment: LV

1171	[pc_returnsampleaftertest]	Should this sample be returned to the participant's site after any tests have been performed?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN @HIDDEN-PDF
1172	[pc_kit_date_time]	Date and Time of Collection	text (datetime_mdy), Required Field Annotation: @HIDEBUTTON
1173	[pc_kit_date_time_norm]	Date and Time of Collection Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1174	[pc_tracking_out] Show the field ONLY if: [pc_sample_kit_type]<>"	Outbound Tracking Number *not required*	text
1175	[pc_tracking_in] Show the field ONLY if: [pc_sample_kit_type]<>"	Inbound Tracking Number *not required*	text
1176	[pc_sstcoll] Show the field ONLY if: [pc_sample_kit_type]="3" or [pc_sample_kit_type]="4"	Section Header: *Inventory of Samples Collected* Serum Separating Tubes (SST)	radio (Matrix) 1 Collected 0 Not collected
1177	[pc_cptcoll] Show the field ONLY if: [pc_sample_kit_type]="3" or [pc_sample_kit_type]="4"	Cell Preparation Tubes (CPT)	radio (Matrix) 1 Collected 0 Not collected
1178	[pc_edtacoll] Show the field ONLY if: [pc_sample_kit_type]="3" or [pc_sample_kit_type]="4"	EDTA	radio (Matrix) 1 Collected 0 Not collected
1179	[pc_tasso_ship] Show the field ONLY if: [pc_sample_kit_typ	Section Header: *Inventory of Ordered Kits* Tasso	radio (Matrix) 1 Ordered 0 Not Ordered

| | 1180 | [pc_saliva_ship]

Show the field ONLY if:
[pc_sample_kit_type]="2" | Saliva | radio (Matrix)

| 1 | Ordered |
0	Not Ordered	
	1181	[pc_tasso_ship_date] Show the field ONLY if: [pc_tasso_ship]="1"	Order Date of Tasso Kit	text (date_mdy), Required Field Annotation: @HIDEBUTTON
	1182	[pc_tasso_ship_date_norm]	Order Date of Tasso Kit Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
	1183	[pc_tassoreplacewhy] Show the field ONLY if: [pc_tassoreplace]="1"	Why was the replacement kit sent?	radio, Required 	1	Sample was inadequate / underfilled
2	Sample was overfilled
3	Sample needed to be redrawn
4	First kit was not received
5	First kit malfunctioned
9	Other	 Custom alignment: LV Field Annotation: @HIDDEN @HIDDEN-PDF nb: this approach has been rethought, and these variables have been replaced
	1184	[pc_tassoreplacewhyspec] Show the field ONLY if: [pc_tassoreplacewhy]="9"	Please specify reason:	text, Required Custom alignment: LV Field Annotation: @HIDDEN @HIDDEN-PDF
	1185	[pc_tassostatusyn] Show the field ONLY if: [pc_sample_kit_type]="1"	Check here if there is an issue with this Tasso kit:	checkbox | 1	pc_tassostatusyn___1	An issue with this Tasso kit was reported | Custom alignment: LV
	1186	[pc_tassostatus] Show the field ONLY	What was the status of the Tasso kit?	radio 	1	Sample was inadequate /

	if: [pc_tassostatusyn (1)]="1"			underfilled
			2	Sample was overfilled
			6	Sample was modified or clotted (likely due to plastic film not being removed)
			4	Sample not received at PBC
			5	Kit malfunctioned
			7	Sample not sufficient for processing by PBC (QNS)
			8	PBC data entry error
			10	Missing
			11	Sample failed at Rutgers
			12	Modified sample results are inconclusive at Rutgers
			9	Other
			Custom alignment: LV	
1187	[pc_tassostatusspec] Show the field ONLY if: [pc_tassostatus]="9"	Please specify reason:	text, Required	
1188	[pc_saliva_ship_date] Show the field ONLY if: [pc_saliva_ship]="1"	Order Date of Saliva Kit	text (date_mdy), Required Field Annotation: @HIDEBUTTON	
1189	[pc_saliva_ship_date_norm]	Order Date of Saliva Kit Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF	
1190	[pc_stt_and_cpts] Show the field ONLY if: [pc_sstcoll]="1" and ([pc_sample_kit_type]='3' or [pc_sample_kit_type]='4')	Section Header: *SST Collection and Processing* Please enter the sample id and centrifuge date time for each parent SST tube SST1 Sample ID {pc_sst1_id:icons} SST1 Centrifuge Date/Time {pc_sst1_centrifuge:icons}	descriptive	
1191	[pc_sst_local] Show the field ONLY if: [pc_sstcoll]="1" and ([pc_sample_kit_type]='3' or [pc_sample_	Is the SST processing happening locally (at your study site) or centrally (at the PBC)?	radio 1 Locally 2 Centrally Custom alignment: LV	

		kit_type]='4')		
	1192	[pc_sst_local_display] Show the field ONLY if: [pc_sst_local]="1" and ([pc_sample_kit_type]='3' or [pc_sample_kit_type]='4')	Please enter the volume (in microliter) and freeze date time associated with each aliquot processed from the parent tube SST 1 SST1 Aliquot 1 ID {pc_sst1aliquot1id:icons} SST 1 Aliquot 1 Volume (µl) {pc_sst1aliquot1volume:icons} SST 1 Aliquot 1 Freeze Date/Time {pc_sst1aliquot1freeze:icons} SST 1 Aliquot 2 ID {pc_sst1aliquot2id:icons} SST 1 Aliquot 2 Volume (µl) {pc_sst1aliquot2volume:icons} SST 1 Aliquot 2 Freeze Date/Time {pc_sst1aliquot2freeze:icons} SST 1 Aliquot 3 ID {pc_sst1aliquot3id:icons} SST 1 Aliquot 3 Volume (µl) {pc_sst1aliquot3volume:icons} SST 1 Aliquot 3 Freeze Date/Time {pc_sst1aliquot3freeze:icons} SST 1 Aliquot 4 ID {pc_sst1aliquot4id:icons} SST 1 Aliquot 4 Volume (µl) {pc_sst1aliquot4volume:icons} SST 1 Aliquot 4 Freeze Date/Time {pc_sst1aliquot4freeze:icons} SST 1 Aliquot 5 ID {pc_sst1aliquot5id:icons} SST 1 Aliquot 5 Volume (µl) {pc_sst1aliquot5volume:icons} SST 1 Aliquot 5 Freeze Date/Time {pc_sst1aliquot5freeze:icons} SST 1 Aliquot 6 ID {pc_sst1aliquot6id:icons} SST 1 Aliquot 6 Volume (µl) {pc_sst1aliquot6volume:icons} SST 1 Aliquot 6 Freeze Date/Time {pc_sst1aliquot6freeze:icons} SST 1 Aliquot 7 ID {pc_sst1aliquot7id:icons} SST 1 Aliquot 7 Volume (µl) {pc_sst1aliquot7volume:icons} SST 1 Aliquot 7 Freeze Date/Time {pc_sst1aliquot7freeze:icons} SST 1 Aliquot 8 ID {pc_sst1aliquot8id:icons} SST 1 Aliquot 8 Volume (µl) {pc_sst1aliquot8volume:icons} SST 1 Aliquot 8 Freeze Date/Time {pc_sst1aliquot8freeze:icons} 1. Centrifuge Date/Time: Date/time stamp that biospecimen was placed in centrifuge. 2. Freeze Date/Time: Date/time stamp that biospecimen was put in freezer.	descriptive
	1193	[pc_sst1_id]	SST 1 Sample ID *SST 1 Sample ID*	text, Required

1194[pc_sst1_centrifuge]	SST1 Centrifuge Time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1195[pc_sst1_centrifuge_norm]	SST1 Centrifuge Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1196[pc_sst1aliquot1id]	SST1 Aliquot 1 ID	text
1197[pc_sst1aliquot1volume]	SST 1 Aliquot 1 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1198[pc_sst1aliquot1freeze]	SST 1 Aliquot 1 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1199[pc_sst1aliquot1freeze_norm]	SST 1 Aliquot 1 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1200[pc_sst1aliquot2id]	SST 1 Aliquot 2 ID	text
1201[pc_sst1aliquot2volume]	SST 1 Aliquot 2 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1202[pc_sst1aliquot2freeze]	SST 1 Aliquot 2 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1203[pc_sst1aliquot2freeze_norm]	SST 1 Aliquot 2 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1204[pc_sst1aliquot3id]	SST 1 Aliquot 3 ID	text
1205[pc_sst1aliquot3volume]	SST 1 Aliquot 3 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1206[pc_sst1aliquot3freeze]	SST 1 Aliquot 3 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1207[pc_sst1aliquot3freeze_norm]	SST 1 Aliquot 3 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1208[pc_sst1aliquot4id]	SST 1 Aliquot 4 ID	text
1209[pc_sst1aliquot4volume]	SST 1 Aliquot 4 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1210[pc_sst1aliquot4freeze]	SST 1 Aliquot 4 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1211[pc_sst1aliquot4freeze_norm]	SST 1 Aliquot 4 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1212[pc_sst1aliquot5id]	SST 1 Aliquot 5 ID	text
1213[pc_sst1aliquot5volume]	SST 1 Aliquot 5 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1214[pc_sst1aliquot5freeze]	SST 1 Aliquot 5 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON

1215	[pc_sst1aliquot5freeze_norm]	SST 1 Aliquot 5 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1216	[pc_sst1aliquot6id]	SST 1 Aliquot 6 ID	text
1217	[pc_sst1aliquot6volume]	SST 1 Aliquot 6 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1218	[pc_sst1aliquot6freeze]	SST 1 Aliquot 6 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1219	[pc_sst1aliquot6freeze_norm]	SST 1 Aliquot 6 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1220	[pc_sst1aliquot7id]	SST 1 Aliquot 7 ID	text
1221	[pc_sst1aliquot7volume]	SST 1 Aliquot 7 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1222	[pc_sst1aliquot7freeze]	SST 1 Aliquot 7 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1223	[pc_sst1aliquot7freeze_norm]	SST 1 Aliquot 7 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1224	[pc_sst1aliquot8id]	SST 1 Aliquot 8 ID	text
1225	[pc_sst1aliquot8volume]	SST 1 Aliquot 8 Volume *Aliquot Volume in µl (1 decimal digit required)*	text (integer, Min: 1, Max: 1000)
1226	[pc_sst1aliquot8freeze]	SST 1 Aliquot 8 Freeze Time *Freeze Time in Hours*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1227	[pc_sst1aliquot8freeze_norm]	SST 1 Aliquot 8 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1228	[pc_cpt_embedded_fields] Show the field ONLY if: [pc_cptcoll]="1" and ([pc_sample_kit_type]="3" or [pc_sample_kit_type]="4")	Section Header: *CPT Collection and Processing* CPT Collection CPT 1 Sample ID {pc_cpt1_id:icons} CPT 1 Centrifuge Date/Time {pc_cpt1centrifuge:icons} CPT 2 Sample ID {pc_cpt2_id:icons} CPT 2 Centrifuge Date/Time {pc_cpt2centrifuge:icons} CPT 3 Sample ID {pc_cpt3_id:icons} CPT 3 Centrifuge Date/Time {pc_cpt3centrifuge:icons} 1. Centrifuge Date/Time: Date/time stamp that biospecimen was placed in centrifuge.	descriptive
1229	[pc_cpt1_id]	CPT 1 Sample ID *Scan or enter CPT 1 Sample ID*	text
1230	[pc_cpt1centrifuge]	CPT 1 Centrifuge Time *Please enter the centrifuge time in minutes*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON

1231	[pc_cpt1centrifuge_norm]	CPT 1 Centrifuge Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1232	[pc_cpt2_id]	CPT 2 Sample ID *Scan or enter CPT 1 Sample ID*	text
1233	[pc_cpt2centrifuge]	CPT 2 Centrifuge Time *Please enter the centrifuge time in minutes*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1234	[pc_cpt2centrifuge_norm]	CPT 2 Centrifuge Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1235	[pc_cpt3_id]	CPT 3 Sample ID *Scan or enter CPT 1 Sample ID*	text
1236	[pc_cpt3centrifuge]	CPT 3 Centrifuge Time *Please enter the centrifuge time in minutes*	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1237	[pc_cpt3centrifuge_norm]	CPT 3 Centrifuge Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1238	[pc_cpt_local] Show the field ONLY if: [pc_cptcoll]="1" and ([pc_sample_kit_type]='3')	Is the CPT processing happening locally (at your study site) or centrally (at the PBC)?	radio 1 Locally 2 Centrally Custom alignment: LV
1239	[pc_cpt_local_display] Show the field ONLY if: [pc_cpt_local]="1" and ([pc_sample_kit_type]='3')	Please enter the Aliquot ID, cell count, cell viability, and freeze date/time for each of up to 10 aliquots generated from the collected CPTs. We do not expect that there will be more than 10 CPT Aliquots generated. CPT Aliquot 1 ID {pc_cptaliquot01id:icons} CPT Aliquot 1 Cell Count {pc_cptaliquot01count:icons}　 CPT Aliquot 1 Cell Viability (%) {pc_cptaliquot01viab:icons}　 CPT Aliquot 1 Freeze Date/Time {pc_cptaliquot01freeze:icons} CPT Aliquot 2 ID {pc_cptaliquot02id:icons} CPT Aliquot 2 Cell Count {pc_cptaliquot02count:icons}　 CPT Aliquot 2 Cell Viability (%) {pc_cptaliquot02viab:icons}　 CPT Aliquot 2 Freeze Date/Time {pc_cptaliquot02freeze:icons} CPT Aliquot 3 ID {pc_cptaliquot03id:icons} CPT Aliquot 3 Cell Count {pc_cptaliquot03count:icons}　 CPT Aliquot 3 Cell Viability (%) {pc_cptaliquot03viab:icons}　 CPT Aliquot 3 Freeze Date/Time	descriptive

			{pc_cptaliquot03freeze:icons} CPT Aliquot 4 ID {pc_cptaliquot04id:icons} CPT Aliquot 4 Cell Count {pc_cptaliquot04count:icons} CPT Aliquot 4 Cell Viability (%) {pc_cptaliquot04viab:icons} CPT Aliquot 4 Freeze Date/Time {pc_cptaliquot04freeze:icons} CPT Aliquot 5 ID {pc_cptaliquot05id:icons} CPT Aliquot 5 Cell Count {pc_cptaliquot05count:icons} CPT Aliquot 5 Cell Viability (%) {pc_cptaliquot05viab:icons} CPT Aliquot 5 Freeze Date/Time {pc_cptaliquot05freeze:icons} CPT Aliquot 6 ID {pc_cptaliquot06id:icons} CPT Aliquot 6 Cell Count {pc_cptaliquot06count:icons} CPT Aliquot 6 Cell Viability (%) {pc_cptaliquot06viab:icons} CPT Aliquot 6 Freeze Date/Time {pc_cptaliquot06freeze:icons} CPT Aliquot 7 ID {pc_cptaliquot07id:icons} CPT Aliquot 7 Cell Count {pc_cptaliquot07count:icons} CPT Aliquot 7 Cell Viability (%) {pc_cptaliquot07viab:icons} CPT Aliquot 7 Freeze Date/Time {pc_cptaliquot07freeze:icons} CPT Aliquot 8 ID {pc_cptaliquot08id:icons} CPT Aliquot 8 Cell Count {pc_cptaliquot08count:icons} CPT Aliquot 8 Cell Viability (%) {pc_cptaliquot08viab:icons} CPT Aliquot 8 Freeze Date/Time {pc_cptaliquot08freeze:icons} CPT Aliquot 9 ID {pc_cptaliquot09id:icons} CPT Aliquot 9 Cell Count {pc_cptaliquot09count:icons} CPT Aliquot 9 Cell Viability (%) {pc_cptaliquot09viab:icons} CPT Aliquot 9 Freeze Date/Time {pc_cptaliquot09freeze:icons} CPT Aliquot 10 ID {pc_cptaliquot10id:icons} CPT Aliquot 10 Cell Count {pc_cptaliquot10count:icons} CPT Aliquot 10 Cell Viability (%) {pc_cptaliquot10viab:icons} CPT Aliquot 10 Freeze Date/Time {pc_cptaliquot10freeze:icons}	
	1240	[pc_cptaliquot01id]	CPT 1 Aliquot 1 Sample ID	text

1241	[pc_cptaliquot01count]	CPT 1 Aliquot 1 Cell Count	text (integer)
1242	[pc_cptaliquot01viab]	CPT 1 Aliquot 1 Cell Viability %	text (number)
1243	[pc_cptaliquot01freeze]	CPT 1 Aliquot 1 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1244	[pc_cptaliquot01freeze_norm]	CPT Aliquot 1 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1245	[pc_cptaliquot02id]	CPT 1 Aliquot 2 Sample ID	text
1246	[pc_cptaliquot02count]	CPT 1 Aliquot 2 Cell Count	text (integer)
1247	[pc_cptaliquot02viab]	CPT 1 Aliquot 2 Cell Viability %	text (number)
1248	[pc_cptaliquot02freeze]	CPT 1 Aliquot 2 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1249	[pc_cptaliquot02freeze_norm]	CPT Aliquot 2 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1250	[pc_cptaliquot03id]	CPT 1 Aliquot 3 Sample ID	text
1251	[pc_cptaliquot03count]	CPT 1 Aliquot 3 Cell Count	text (integer)
1252	[pc_cptaliquot03viab]	CPT 1 Aliquot 3 Cell Viability %	text (number)
1253	[pc_cptaliquot03freeze]	CPT 1 Aliquot 3 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1254	[pc_cptaliquot03freeze_norm]	CPT Aliquot 3 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1255	[pc_cptaliquot04id]	CPT 1 Aliquot 4 Sample ID	text
1256	[pc_cptaliquot04count]	CPT 1 Aliquot 4 Cell Count	text (integer)
1257	[pc_cptaliquot04viab]	CPT 1 Aliquot 4 Cell Viability %	text (number)
1258	[pc_cptaliquot04freeze]	CPT 1 Aliquot 4 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1259	[pc_cptaliquot04freeze_norm]	CPT Aliquot 4 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1260	[pc_cptaliquot05id]	CPT 1 Aliquot 5 Sample ID	text
1261	[pc_cptaliquot05count]	CPT 1 Aliquot 5 Cell Count	text (integer)

1262	[pc_cptaliquot05viab]	CPT 1 Aliquot 5 Cell Viability %	text (number)
1263	[pc_cptaliquot05freeze]	CPT 1 Aliquot 5 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1264	[pc_cptaliquot05freeze_norm]	CPT Aliquot 5 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1265	[pc_cptaliquot06id]	CPT 1 Aliquot 6 Sample ID	text
1266	[pc_cptaliquot06count]	CPT 1 Aliquot 6 Cell Count	text (integer)
1267	[pc_cptaliquot06viab]	CPT 1 Aliquot 6 Cell Viability %	text (number)
1268	[pc_cptaliquot06freeze]	CPT 1 Aliquot 6 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1269	[pc_cptaliquot06freeze_norm]	CPT Aliquot 6 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1270	[pc_cptaliquot07id]	CPT 1 Aliquot 7 Sample ID	text
1271	[pc_cptaliquot07count]	CPT 1 Aliquot 7 Cell Count	text (integer)
1272	[pc_cptaliquot07viab]	CPT 1 Aliquot 7 Cell Viability %	text (number)
1273	[pc_cptaliquot07freeze]	CPT 1 Aliquot 7 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1274	[pc_cptaliquot07freeze_norm]	CPT Aliquot 7 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1275	[pc_cptaliquot08id]	CPT 1 Aliquot 8 Sample ID	text
1276	[pc_cptaliquot08count]	CPT 1 Aliquot 8 Cell Count	text (integer)
1277	[pc_cptaliquot08viab]	CPT 1 Aliquot 8 Cell Viability %	text (number)
1278	[pc_cptaliquot08freeze]	CPT 1 Aliquot 8 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1279	[pc_cptaliquot08freeze_norm]	CPT Aliquot 8 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1280	[pc_cptaliquot09id]	CPT 1 Aliquot 9 Sample ID	text
1281	[pc_cptaliquot09count]	CPT 1 Aliquot 9 Cell Count	text (integer)
1282	[pc_cptaliquot09viab]	CPT 1 Aliquot 9 Cell Viability %	text (number)

1283	[pc_cptaliquot09freeze]	CPT 1 Aliquot 9 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1284	[pc_cptaliquot09freeze_norm]	CPT Aliquot 9 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1285	[pc_cptaliquot10id]	CPT 1 Aliquot 10 Sample ID	text
1286	[pc_cptaliquot10count]	CPT 1 Aliquot 10 Cell Count	text (integer)
1287	[pc_cptaliquot10viab]	CPT 1 Aliquot 10 Cell Viability %	text (number)
1288	[pc_cptaliquot10freeze]	CPT 1 Aliquot 10 Freeze date/time	text (datetime_seconds_mdy) Field Annotation: @HIDEBUTTON
1289	[pc_cptaliquot10freeze_norm]	CPT Aliquot 10 Freeze Time Normalized	text Field Annotation: @HIDDEN @HIDDEN-PDF
1290	[pc_tassotrackdisplay] Show the field ONLY if: [pc_tasso_ship]="1"	Section Header: *Tasso Tracking* PBC Information:Receive date[pc_tsrpbcrecdt]Disposal status[pc_tsrdispstat]Aliquots remaining at PBC[pc_tsrpbcaliquotnum]Child sponge information:Child sponge 1ID[pc_tsrcs1id]Status[pc_tsrcs1stat]Attribute[pc_tsrcs1attr]Sent to Rutgers[pc_tsrcs1rutgersyn]Antibody result[pc_tsrcs1res]Received at Rutgers[pc_tsrcs1rutgersrecdttm]Child sponge 2ID[pc_tsrcs2id]Status[pc_tsrcs2stat]Attribute[pc_tsrcs2attr]Sent to Rutgers[pc_tsrcs2rutgersyn]Antibody result[pc_tsrcs2res]Received at Rutgers[pc_tsrcs2rutgersrecdttm]Child sponge 3ID[pc_tsrcs3id]Status[pc_tsrcs3stat]Attribute[pc_tsrcs3attr]Sent to Rutgers[pc_tsrcs3rutgersyn]Antibody result[pc_tsrcs3res]Received at Rutgers[pc_tsrcs3rutgersrecdttm]Child sponge 4ID[pc_tsrcs4id]Status[pc_tsrcs4stat]Attribute[pc_tsrcs4attr]Sent to Rutgers[pc_tsrcs4rutgersyn]Antibody result[pc_tsrcs4res]Received at Rutgers[pc_tsrcs4rutgersrecdttm]	descriptive
1291	[pc_tsrpbcrecdt]	PBC Tasso Kit receive date	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1292	[pc_tsrdispstat]	Disposal status	text Field Annotation: @HIDDEN @HIDDEN-PDF

1293[pc_tsrpbcaliquotnum]	Aliquots remaining at PBC	text (integer, Min: 0, Max: 3) Field Annotation: @HIDDEN @HIDDEN-PDF
1294[pc_tsrcs1id]	Child sponge 1 sample id	text (biospec_11d) Field Annotation: @HIDDEN @HIDDEN-PDF
1295[pc_tsrcs1stat]	Child sponge 1 status	radio <table><tr><td>0</td><td>Not rejected</td></tr><tr><td>1</td><td>Failed at Mayo</td></tr><tr><td>2</td><td>Failed at Rutgers</td></tr><tr><td>3</td><td>Tested</td></tr><tr><td>4</td><td>Tested, results inconclusive</td></tr></table> Field Annotation: @HIDDEN @HIDDEN-PDF
1296[pc_tsrcs1attr]	Child sponge 1 attribute	text Field Annotation: @HIDDEN @HIDDEN-PDF
1297[pc_tsrcs1rutgersyn]	Child sponge 1 sent to Rutgers	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: @HIDDEN @HIDDEN-PDF
1298[pc_tsrcs1rutgersrecdttm]	Child sponge 1 received at Rutgers date/time	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1299[pc_tsrcs1res]	Child sponge 1 antibody result status	radio <table><tr><td>0</td><td>Fail</td></tr><tr><td>1</td><td>Pass</td></tr></table> Field Annotation: @HIDDEN @HIDDEN-PDF
1300[pc_tsrcs2id]	Child sponge 2 sample id	text (biospec_11d) Field Annotation: @HIDDEN @HIDDEN-PDF
1301[pc_tsrcs2stat]	Child sponge 2 status	radio <table><tr><td>0</td><td>Not rejected</td></tr><tr><td>1</td><td>Failed at Mayo</td></tr><tr><td>2</td><td>Failed at Rutgers</td></tr><tr><td>3</td><td>Tested</td></tr><tr><td>4</td><td>Tested, results inconclusive</td></tr></table>

			Field Annotation: @HIDDEN @HIDDEN-PDF
1302	[pc_tsrcs2attr]	Child sponge 2 attribute	text Field Annotation: @HIDDEN @HIDDEN-PDF
1303	[pc_tsrcs2rutgersyn]	Child sponge 2 sent to Rutgers	radio | 1	Yes
0	No	 Field Annotation: @HIDDEN @HIDDEN-PDF
1304	[pc_tsrcs2rutgersrecdttm]	Child sponge 2 received at Rutgers date/ time	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1305	[pc_tsrcs2res]	Child sponge 2 antibody result status	radio | 0	Fail
1	Pass	 Field Annotation: @HIDDEN @HIDDEN-PDF
1306	[pc_tsrcs3id]	Child sponge 3 sample id	text (biospec_11d) Field Annotation: @HIDDEN @HIDDEN-PDF
1307	[pc_tsrcs3stat]	Child sponge 3 status	radio | 0	Not rejected
1	Failed at Mayo
2	Failed at Rutgers
3	Tested
4	Tested, results inconclusive	 Field Annotation: @HIDDEN @HIDDEN-PDF
1308	[pc_tsrcs3attr]	Child sponge 3 attribute	text Field Annotation: @HIDDEN @HIDDEN-PDF
1309	[pc_tsrcs3rutgersyn]	Child sponge 3 sent to Rutgers	radio | 1	Yes
0	No	 Field Annotation: @HIDDEN @HIDDEN-PDF

1310	[`pc_tsrcs3rutgersrecdttm`]	Child sponge 3 received at Rutgers date/time	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1311	[`pc_tsrcs3res`]	Child sponge 3 antibody result status	radio 0 Fail 1 Pass Field Annotation: @HIDDEN @HIDDEN-PDF
1312	[`pc_tsrcs4id`]	Child sponge 4 sample id	text (biospec_11d) Field Annotation: @HIDDEN @HIDDEN-PDF
1313	[`pc_tsrcs4stat`]	Child sponge 4 status	radio 0 Not rejected 1 Failed at Mayo 2 Failed at Rutgers 3 Tested 4 Tested, results inconclusive Field Annotation: @HIDDEN @HIDDEN-PDF
1314	[`pc_tsrcs4attr`]	Child sponge 4 attribute	text Field Annotation: @HIDDEN @HIDDEN-PDF
1315	[`pc_tsrcs4rutgersyn`]	Child sponge 4 sent to Rutgers	radio 1 Yes 0 No Field Annotation: @HIDDEN @HIDDEN-PDF
1316	[`pc_tsrcs4rutgersrecdttm`]	Child sponge 4 received at Rutgers date/time	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1317	[`pc_tsrcs4res`]	Child sponge 4 antibody result status	radio 0 Fail 1 Pass Field Annotation: @HIDDEN @HIDDEN-PDF
1318	[`pc_tsrmaxyn`]	Maximum number of redraws has been met:	radio 1 Yes 0 No

			Field Annotation: @HIDDEN @HIDDEN-PDF
1319	[pc_tstriggerdt]	Redraw Trigger Date	text (datetime_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1320	[pc_salivatrackdisplay] Show the field ONLY if: [pc_salstatus]<>""	Section Header: *Saliva Tracking* PBC receive date[pc_salpbcrecdt]Saliva sample status[pc_salstatus]	descriptive
1321	[pc_salpbcrecdt]	Date PBC received saliva sample:	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF
1322	[pc_salstatus]	Status of saliva sample:	radio 0 Not received 1 Received 2 Received, failed QC 3 Lost in transit Field Annotation: @HIDDEN @HIDDEN-PDF
1323	[biospecimens_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Antibody Test Results (antibody_test_results)

Active languages: None

1324	[atr_kitid]	Kit ID:	text Field Annotation: @READONLY
1325	[atr_updatedt]	Date last updated:	text (date_mdy) Field Annotation: @READONLY @HIDEBUTTON
1326	[atr_sampleid]	Sample alias ID:	text Field Annotation: @HIDDEN
1327	[atr_spotsent]	Blood spots sent to Rutgers:	text (integer, Min: 1, Max: 4), Required Field Annotation: @HIDDEN
1328	[atr_colldt]	Collection date:	text (date_mdy, Max: today), Required Field Annotation: @HIDDEN @HIDEBUTTON
1329	[atr_extractdt]	Extraction date:	text (date_mdy, Max: today), Required Field Annotation: @HIDDEN

			@HIDEBUTTON
1330	[atr_elizasdt]	ELIZA date start:	text (date_mdy, Max: today), Required Field Annotation: @HIDDEN @HIDEBUTTON
1331	[atr_elizaedt]	ELIZA date end:	text (date_mdy, Max: today), Required Field Annotation: @HIDDEN @HIDEBUTTON
1332	[atr_qcmetric]	QC metric:	radio, Required 1 Pass 0 Fail Field Annotation: @HIDDEN
1333	[atr_rbdval]	Antigen test IgG RBD value: *absorbance at OD405*	text (number, Min: 0, Max: 4), Required Field Annotation: @HIDDEN
1334	[atr_rbdres]	Antigen test IgG RBD result ("S-type" antibody):	radio, Required 1 Positive 0 Negative Field Annotation: @READONLY
1335	[atr_nval]	Antigen test IgG N p9655 value *absorbance at OD405*	text (number, Min: 0, Max: 4), Required Field Annotation: @HIDDEN
1336	[atr_nres]	Antigen test IgG N p9655 result ("N-type" antibody):	radio, Required 1 Positive 0 Negative Field Annotation: @READONLY
1337	[atr_rbdpos]	Antigen IgG RBD positive: *absorbance at OD405*	text (number), Required Field Annotation: @HIDDEN
1338	[atr_rbdneg]	Antigen IgG RBD negative: *absorbance at OD405*	text (number), Required Field Annotation: @HIDDEN
1339	[atr_npos]	Antigen IgG N p9655 positive: *absorbance at OD405*	text (number), Required Field Annotation: @HIDDEN
1340	[atr_nneg]	Antigen IgG N p9655 negative: *absorbance at OD405*	text (number), Required Field Annotation: @HIDDEN
1341	[atr_succeeded]	Sample run succeeded:	radio, Required 1 Yes 0 No Field Annotation: @READONLY

1342	[atr_src]	Source - Blood spot is Tasso, others are non-Tasso	radio <table><tr><td>1</td><td>Serum</td></tr><tr><td>2</td><td>Plasma</td></tr><tr><td>3</td><td>Blood Spot</td></tr></table>
1343	[antibody_test_resu lts_complete]	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: **AE/PD Report** (aepd_report)

Active languages: None

1344	[aepd_fversion]	AE/PD form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
1345	[aepd_fqueries]	Placeholder to attach form-level queries *This field cannot be edited and should be blank*	text Field Annotation: @HIDDEN-SURVEY @READONLY
1346	[aepd_dt]	Date of event onset:	text (date_mdy, Max: today), Required
1347	[aepd_tm]	Time of event onset (if known):	text (time)
1348	[aepd_awaredt]	Date site became aware of event:	text (date_mdy, Max: today), Required
1349	[aepd_awaretm]	Time site became aware of event (if known):	text (time)
1350	[aepd_type]	What type of event is being reported? (Select all that apply)An Adverse Event (AE) is any symptom, sign, illness, or experience that develops or worsens in severity during the course of the study, excluding endpoints determined to be due to SARS-CoV-2 infection. Inter-current injuries should be regarded as AEs. Abnormal results of research procedures are considered to be AEs if the abnormality results in study withdrawalis associated with a serious adverse eventis associated with clinical signs or symptomsleads to additional treatment or to further diagnostic tests and is considered by the investigator to be of clinical significance.A Serious Adverse Event (SAE) is any AE that is fatalis life-threateningrequires or prolongs hospital stayresults in persistent or significant disability or incapacityresults in a congenital anomaly or birth defectis an important	checkbox, Required <table><tr><td>1</td><td>aepd_type___1</td><td>Adverse Event (AE)</td></tr><tr><td>2</td><td>aepd_type___2</td><td>Serious Adverse Event (SAE)</td></tr><tr><td>3</td><td>aepd_type___3</td><td>Protocol Deviation (PD)</td></tr><tr><td>4</td><td>aepd_type___4</td><td>Reportable New Information or Incident (RNI)</td></tr></table> Custom alignment: LV

			medical event Please refer to the MOP for more information.A Protocol Deviation (PD) is any change, divergence, or departure from the approved study design or procedures of a research protocol that is under the PI's control and has not been approved by the IRB.Reportable new information (RNI) is defined as events that are unanticipated, related to the research, and may cause risk of harm to the participant or others. RNI should be submitted within 5 days of the knowledge of the incident.	
	1351	[aepd_desc]	Description of event: Please provide a detailed description of the observed incident. As a reminder, please do not include any personally identifiable information (PII).	notes, Required Custom alignment: LV
	1352	[aepd_aesumm] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Section Header: *Adverse Event* Please briefly summarize the AE: *1-5 words*	text, Required
	1353	[aepd_aesev] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Severity of AE:Mild: events that require minimal or no treatment and do not interfere with the participant's daily activities.Moderate: events that result in a low-level of inconvenience or concern with the therapeutic measures. Moderate events may cause some interference with functioning.Severe: events that interrupt a participant's usual daily activity and may require systemic drug therapy or other treatment.	radio, Required | 1	Mild
2	Moderate
3	Severe	 Custom alignment: LV
	1354	[aepd_aesevspec] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Explain severity determination:	text, Required
	1355	[aepd_aerel] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	AE relationship to study:	radio, Required | 0	Not related
1	Unlikely
2	Possible
3	Probable
4	Definitely related	

			-1	Unknown

Custom alignment: LV

1356	[`aepd_aerelspec`] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Explain relatedness determination:	text, Required
1357	[`aepd_aeunexpected`] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Was the AE unexpected?	radio, Required 1 — Yes, unexpected 0 — No -1 — Unsure Custom alignment: LV
1358	[`aepd_aeunexpectedspec`] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	Explain unexpectedness determination:	text, Required
1359	[`aepd_aeoutcome`] Show the field ONLY if: [aepd_type(1)]="1" or [aepd_type(2)]="1"	AE outcome:	radio, Required 1 — Resolved with no consequences 2 — Recovered with sequalae 3 — Ongoing 4 — Worsening 5 — Death -1 — Unknown Custom alignment: LV
1360	[`aepd_aerecdt`] Show the field ONLY if: ([aepd_type(1)]="1" or [aepd_type(2)]="1") and ([aepd_aeoutcome]="1" or [aepd_aeoutcome]="2")	Date AE resolved:	text (date_mdy, Max: today), Required
1361	[`aepd_aedeathdt`] Show the field ONLY if: ([aepd_type(1)]="1" or [aepd_type(2)]="1") and ([aepd_aeoutco	Date of death:	text (date_mdy, Max: today), Required

		me]="5")		
	1362	[aepd_aeoutcomespec] Show the field ONLY if: ([aepd_type(1)]="1" or [aepd_type(2)]="1") and ([aepd_aeoutcome]="2" or [aepd_aeoutcome]="3" or [aepd_aeoutcome]="4" or [aepd_aeoutcome]="5")	If AE is recovered with sequalae, ongoing, worsening, or death, please provide details:	notes, Required Custom alignment: LV
	1363	[aepd_aedeath_reminder] Show the field ONLY if: ([aepd_type(1)]="1" or [aepd_type(2)]="1") and ([aepd_aeoutcome]="5")	Reminder: please fill out the study termination form to record information about the participant death.	descriptive
	1364	[aepd_aesaecat] Show the field ONLY if: [aepd_type(2)]="1"	Please specify the SAE category:	checkbox, Required

checkbox, Required

1	aepd_aesaecat___1	Results in death
2	aepd_aesaecat___2	Life threatening
3	aepd_aesaecat___3	Requires hospitalization or prolongation of existing hospitalization
4	aepd_aesaecat___4	Results in persistent or significant disability/ incapacity
5	aepd_aesaecat___5	Is a congenital anomaly or birth defect
9	aepd_aesaecat___9	Other reportable event

Custom alignment: LV

1365	[aepd_aesaecatspec] Show the field ONLY if: [aepd_aesaecat (9)]="1"	Please specify reportable event:	text, Required
1366	[aepd_aegenres] Show the field ONLY if: ([aepd_type(1)]="1" or [aepd_type(2)]="1")	Does the incident relate in any way to the return of genetic results?	radio, Required | 1	Yes
0	No	 Custom alignment: LV
1367	[aepd_pdcat] Show the field ONLY if: [aepd_type(3)]="1"	Section Header: *Protocol Deviation* What category does the protocol deviation fall into?	radio, Required | 1	Informed consent deviation
2	Enrollment deviation
3	Study procedure deviation
4	Loss of confidentiality
5	Out-of-window visit
9	Other	 Custom alignment: LV
1368	[aepd_pdcatspec] Show the field ONLY if: [aepd_type(3)]="1" and [aepd_pdcat]="9"	Please specify deviation category:	text
1369	[aepd_pdinteg] Show the field ONLY if: [aepd_type(3)]="1"	Does the deviation have the potential to affect data integrity?	radio, Required | 1	Yes
0	No	 Custom alignment: LV
1370	[aepd_pdcont] Show the field ONLY if: [aepd_type(3)]="1"	Is the participant willing to continue in the study?	radio, Required | 1	Yes
0	No	 Custom alignment: LV
1371	[aepd_pdhazard] Show the field ONLY if: [aepd_type(3)]="1"	Was the protocol deviation undertaken in order to eliminate an apparent immediate hazard to study participants or others?	radio, Required | 1	Yes
0	No	 Custom alignment: LV

1372 [aepd_pdharm] Show the field ONLY if: [aepd_type(3)]="1"	Does the deviation or non-compliance suggest an increase in harm?	radio, Required
			1	Yes
0	No
-1	Unsure	 Custom alignment: LV
1373 [aepd_pdharmspec] Show the field ONLY if: [aepd_type(3)]="1" and [aepd_pdhar m]="1"	Please explain increase in harm:	notes, Required Custom alignment: LV
1374 [aepd_pdsafety] Show the field ONLY if: [aepd_type(3)]="1"	Does the deviation or non-compliance suggest an impact to the participant's rights, welfare, or safety?	radio, Required 1 Yes 0 No -1 Unsure Custom alignment: LV
1375 [aepd_pdsafetyspec] Show the field ONLY if: [aepd_type(3)]="1" and [aepd_pdsafet y]="1"	Please explain any impact to rights, welfare, or safety:	notes, Required Custom alignment: LV
1376 [aepd_pdsecurity] Show the field ONLY if: [aepd_type(3)]="1"	A privacy or security incident is the attempted or successful loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other-than-authorized purpose have access or potential access to PII, PHI, or SI, whether physical or electronic.Was this incident a participant data privacy or security incident?	radio, Required 1 Yes 0 No Custom alignment: LV
1377 [aepd_pdsecurityspe c] Show the field ONLY if: [aepd_type(3)]="1"	Corrective or preventative action: Please outline what, if any, steps have been taken remedy the situation and to avoid future occurrences of this problem. As a reminder, please do not include any personally identifiable information (PII).	notes, Required Custom alignment: LV
1378 [aepd_rni_reminder] Show the field ONLY if:	Section Header: *IRB Reporting* Reminder: sites that are not using the NYULH sIRB should follow their IRB's	descriptive

	([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type (4)]="1")	reporting policies.	
1379	[aepd_irbyn] Show the field ONLY if: ([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type (4)]="1")	Does this SAE, protocol deviation, or incident (unanticipated event) qualify for immediate reporting (RNI) to your reviewing IRB (e.g. NYU sIRB or different IRB)?	radio, Required 1 — Yes, this event qualifies for immediate reporting to my reviewing IRB 0 — No Custom alignment: LV
1380	[aepd_nyuirb] Show the field ONLY if: ([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type (4)]="1")	Does your site use the NYULH sIRB?	radio, Required 1 — Yes 0 — No Custom alignment: LV
1381	[aepd_rnitype] Show the field ONLY if: ([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type (4)]="1") and [aepd_nyuirb]="1"	Does the incident (AE, SAE, or PD) meet any of the following (select all applicable criteria)?	checkbox, Required 1 — aepd_rnitype___1 — Related to study procedure 2 — aepd_rnitype___2 — Unanticipated 3 — aepd_rnitype___3 — Harmful or potentially harmful 0 — aepd_rnitype___0 — No, does not meet any of these requirements Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0
1382	[aepd_rnitypereport] Show the field ONLY if: [aepd_rnitype(1)] = '1' and [aepd_rnitype (2)] = '1' and [aepd_rnitype(3)] = '1'	This event met immediate reportable criteria (related to study procedure, unanticipated, harmful or potentially harmful) and must be reported to the IRB of record following RECOVER protocol reporting timeline.	descriptive
1383	[aepd_pdreport_note] Show the field ONLY if:	Reminder: Please send a copy of any correspondence between your site and your IRB concerning this incident to CRRMT_RECOVER@nyulangone.org. This	descriptive

		([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type(4)]="1") and [aepd_irbyn]="1" and [aepd_nyuirb]="0"	includes a copy of the submission and any IRB acknowledgement received.	
1384	[aepd_pdirbsubdt]	Date submitted to IRB:	text (date_mdy, Max: today), Required
	Show the field ONLY if: ([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type(4)]="1") and [aepd_irbyn]="1"		
1385	[aepd_pdcscsubdt]	Date submitted to CSC:	text (date_mdy, Max: today), Required
	Show the field ONLY if: ([aepd_type(2)]="1" or [aepd_type(3)]="1" or [aepd_type(4)]="1") and [aepd_irbyn]="1" and [aepd_nyuirb]="0"		
1386	[aepd_piname]	Section Header: *PI Review* Name of PI who reviewed this event:	text, Required
1387	[aepd_pisig]	Signature of PI:	file (signature), Required
1388	[aepd_pidt]	Date of PI review:	text (date_mdy, Max: today), Required
1389	[aepd_report_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **End Of Participation** (end_of_participation)

Active languages: None

1390	[eop_fversion]	End of Participation form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)
1391	[eop_fqueries]	Form queries	text
1392	[eop_intro]	This form should be completed when a participant stops participating in the study.	descriptive
1393	[eop_dt]	Date of last visit or contact:	text (date_mdy, Min: [enrollment_arm_1][enrl_dt], Max: today)

	1394	[eop_reason]	Why is the participant no longer a part of the RECOVER study?	radio, Required

1	Completed all study visitsNote that a participant may have missed visits.
2	Lost to follow-up
3	Moved out of range of study
4	Participant declines to participate further (with or without data retention)
5	Investigator withdrew participant
6	No longer eligible (e.g. incarcerated, cognitively impaired, etc.)
7	Deceased
8	Inactive (completed no study measures after consent)
10	Declined promotion
11	Study has been stopped
99	Other

Custom alignment: LV

	1395	[eop_reasonspec] Show the field ONLY if: [eop_reason]="99"	Please specify:	text, Required

	1396	[eop_contact10x] Show the field ONLY if: [eop_reason]="2"	Section Header: *Lost to follow-up* Has the site attempted to reach the participant at least 5 times over a two month period for each of the three consecutively scheduled follow-up visits (e.g., 6, 12, and 24 months), using at least three different methods of outreach (e.g., phone, letter, email, or text), and trying at different times (e.g., mornings vs. evenings; weekdays vs. weekends)?	radio, Required

1	Yes
0	No

Custom alignment: LV

	1397	[eop_contact10xwarning] Show the field ONLY if: [eop_contact10x]="0"	Stop! You must try contacting the participant at least 5 times for each of three consecutively scheduled follow-up visits (e.g. 6, 12, and 24 months) using different methods of outreach and trying at different times in order to consider them lost to follow-up. Please continue trying to contact the	descriptive

		participant.	
1398 [`eop_transfer`] Show the field ONLY if: [eop_reason]="3"	Section Header: *Moved out of range of study* Has the site offered to transfer the participant to another RECOVER site near to the new location?	radio, Required | 1	Yes, declined
2	Yes, no response
3	Yes, but there is no such site
0	No	 Custom alignment: LV	
1399 [`eop_movedwarning`] Show the field ONLY if: [eop_transfer]="0"	Stop! You must offer the above accommodation to the participant before they can be considered to have stopped their participation in the study.	descriptive	
1400 [`eop_ptreason`] Show the field ONLY if: [eop_reason]="4"	Section Header: *Participant declines to participate further* If the participant offered a reason they choose to decline further participation, please match it to the closest category here. Please do not read this list to the participant. Select all that apply, in case of multiple reasons. Reminder: you should not require the participant to offer a reason for declining further participation	checkbox, Required	

Checkbox options:

1	eop_ptreason___1	Not interested in participating in research (general)
2	eop_ptreason___2	Not interested in participating in COVID research (specifically)
3	eop_ptreason___3	Does not want to give sample or take tests
4	eop_ptreason___4	Does not want to share personal health information / privacy concerns
5	eop_ptreason___5	The study takes too much time / study visits are too long
6	eop_ptreason___6	Surveys are too long / surveys ask too many questions
7	eop_ptreason___7	Does not want to travel to the site where tests need to be done

				8	eop_ptreason___8	Reimburseme... too low
				9	eop_ptreason___9	Inconvenient location of visi... / no transportation
				10	eop_ptreason___10	Inconvenient study visit tim...
				11	eop_ptreason___11	Too ill
				12	eop_ptreason___12	Competing demands (caring for others, long work hours, travel) / too busy / no time
				13	eop_ptreason___13	Religious / ethical reason...
				14	eop_ptreason___14	Does not trust the study / research
				15	eop_ptreason___15	Dissatisfaction discomfort wi... Spanish translation / interpretation
				17	eop_ptreason___17	Does not feel like their participation makes a difference
				18	eop_ptreason___18	Did not like their experience in the study
				88	eop_ptreason___88	Other (please specify below)
				99	eop_ptreason___99	Refused to answer / no reason provided

Custom alignment: LV
Field Annotation:
@NONEOFTHEABOVE="99"

	1401	[eop_ptreasonspec] Show the field ONLY if: [eop_ptreason(88)]="1"	Please specify other reason(s):	text, Required
	1402	[eop_withdrawconsent] Show the field ONLY if: [eop_reason]="4"	Does the participant want to withdraw consent and have all their data excluded from future analyses? (Except certain administrative data retained for safety and auditing.)	radio, Required 1 Yes 0 No Custom alignment: LV
	1403	[eop_withdrawsamples] Show the field ONLY if: [eop_reason]="4"	Does the participant want to withdraw consent and have all biospecimens/ samples destroyed?	radio, Required 1 Yes 0 No Custom alignment: LV
	1404	[eop_withdrawconsentwarning] Show the field ONLY if: [eop_withdrawconsent]="1" or [eop_withdrawsamples]="1"	Warning: This type of end of participation should only be selected if the participant asks to withdraw their consent for participation in the study and wishes all existing to be excluded from future analyses or biospecimens to be destroyed. This request requires written documentation (either via letter or email) to the site investigator.If the participant only wishes to cease future visits, return to the previous question and choose "no".By marking this form as complete, the DRC will flag the data to forbid its use in all future research (except data retained for safety purposes or data that has already been released to investigators) from the central database. The site will need to retain records of their consent, but should also delete local contact and enrollment data as detailed in the Manual of Operations. Once a participant has terminated their consent from the study, they may not re-enroll.This form will not notify the DRC about the study withdrawal until it is marked complete.	descriptive

1405	[eop_letter] Show the field ONLY if: [eop_withdrawconsent]="1" or [eop_withdrawsamples]="1"	Has the participant provided a written letter requesting data be deleted?	radio, Required 1 | Yes 0 | No Custom alignment: LV
1406	[eop_letterwarning] Show the field ONLY if: [eop_letter]="0"	Stop! The participant must provide a written letter revoking their consent and requesting that their data be deleted.	descriptive
1407	[eop_letterdt] Show the field ONLY if: [eop_letter]="1"	Date site received written notice of withdrawal of consent from the participant:	text (date_mdy, Min: [enrollment_arm_1][enrl_dt], Max: today), Required
1408	[eop_removedata] Show the field ONLY if: [eop_letterdt]<>""	Confirm that all data (excluding certain safety and regulatory data) will be deleted for this participant. This cannot be undone; only select "yes" if you are certain that this should proceed.	radio, Required 1 | Yes 0 | No Custom alignment: LV
1409	[eop_removedatanote] Show the field ONLY if: [eop_removedata]="1"	Note: in order to notify the CSC and DRC to start the data deletion process, you must now mark this form as "Complete" and save it.	descriptive
1410	[eop_investigatordt] Show the field ONLY if: [eop_reason]="5"	Section Header: *Investigator withdrew participant* Date investigator withdrew participant:	text (date_mdy, Min: [enrollment_arm_1][enrl_dt], Max: today), Required
1411	[eop_investigatorspec] Show the field ONLY if: [eop_reason]="5"	Provide the reason the investigator withdrew the participant. Reminder: if the investigator believes the participant should not have been part of the study from the onset, but was enrolled anyway, you must also submit a protocol deviation.	notes, Required Custom alignment: LV
1412	[eop_ineligible] Show the field ONLY if: [eop_reason]="6"	Section Header: *No longer eligible for participation* Reason participant is no longer eligible:	radio, Required 1 | Too cognitively impaired to participate 2 | Incarcerated 3 | Terminally ill, in hospice, or otherwise too ill to participate

			4	Removed from the care of the caregiver (e.g. placed in foster care)

			9	Other

Custom alignment: LV

1413	[eop_incarcceratedddt] Show the field ONLY if: [eop_ineligible]="2"	Date of incarceration:	text (date_mdy, Min: [enrollment_arm_1][enrl_dt], Max: today), Required
1414	[eop_ineligiblespec] Show the field ONLY if: [eop_ineligible]="9"	Please specify other reason participant is no longer eligible:	text, Required
1415	[eop_deceasednote] Show the field ONLY if: [eop_reason]="7"	Section Header: *Participant died* Reminder: you must complete an AE/PD Report for this participant.	descriptive
1416	[eop_deadaepdyn] Show the field ONLY if: [eop_reason]="7"	Have you completed an AE/PD Report form for this participant's death?	radio, Required 1 Yes 0 No Custom alignment: LV
1417	[eop_aepdwarning] Show the field ONLY if: [eop_deadaepdyn]="0"	Stop! You must complete an AE/PD Report form (in the Enrollment arm) for this participant before you mark this form complete.	descriptive
1418	[eop_inactive] Show the field ONLY if: [eop_reason]="8"	Section Header: *Participant inactive* Has the participant completed any study measures beyond the consent form?	radio 1 Yes 0 No Custom alignment: LV
1419	[eop_inactivewarning] Show the field ONLY if: [eop_inactive]="1"	Stop! In order to consider the participant inactive, no study measures can be completed. Please select a different end of participation reason.	descriptive
1420	[end_of_participation_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete

					1	Unverified
					2	Complete

Instrument: **Mhp Data** (mhp_data)

Active languages: None

1421	[mhp_fversion]	MHP Data form version	text Field Annotation: @DEFAULT='1' @IF([user-role-label]="Admin", "", @HIDDEN @HIDDEN-PDF)		
1422	[mhp_invitedt]	Date participant was invited to MHP: *UTC*	text (datetime_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1423	[mhp_enrolldt]	Date participant completed enrollment ("activated") in MHP:	text (datetime_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1424	[mhp_appdldt]	When did the participant first log in to a native iOS or Android app (as opposed to accessing via the web portal)?	text (date_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1425	[mhp_devconndt]	When did the participant first connect a "device" to MHP / the RECOVER app?	text (date_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1426	[mhp_repdt]	When did the participant first report a new COVID infection via MHP / the RECOVER app?	text (date_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1427	[mhp_repinf]	How many times has the participant reported a new COVID infection via the app?	text (integer) Field Annotation: @READONLY		
1428	[mhp_devorderdt]	Date the participant ordered a device through MHP/RECOVER:	text (datetime_mdy) Field Annotation: @READONLY @HIDEBUTTON		
1429	[mhp_data_complete]	Section Header: *Form Status* Complete?	dropdown		
			0	Incomplete	
			1	Unverified	
			2	Complete	