RECOVER Adult (PID: 49137)

04/23/2024 8:03am

Instruments

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Enrollment (enrollment)				
	1	[incl_yn]	Does the participant meet all of the RECOVER study inclusion criteria?	text, Required 1, Yes 0, No Custom alignment: LV
	2	[excl_yn]	Does the participant meet any of the RECOVER study exclusion criteria?	radio, Required 1, Yes 0, No Custom alignment: LV
	3	[elig_yn]	Participant eligibility:	calc Calculation: if([incl_yn]="1" AND [excl_yn]="0", 1, if([incl_yn]="0" OR [excl_yn]="1", 0, "")) Field Annotation: @HIDDEN @HIDDEN-PDF
	4	[cons_yn] Show the field ONLY if: [elig_yn]="1"	Has the participant signed the consent form?	radio, Required 1, Yes 0, No Custom alignment: LV
	5	[enrl_yn] Show the field ONLY if: [elig_yn]="1" and [cons_yn]="1"	The participant is being enrolled into the RECOVER study.	radio, Required 1, Yes Custom alignment: LV
	6	[enroll_dt] Show the field ONLY if: [enrl_yn]="1"	Date of enrollment: The enrollment date will be locked once the demographics form is saved. To make a change, submit a help ticket to the DRC in Ivanti.	text (date_mdy, Min: 2021-10-01, Max: today), Required Field Annotation: @IF([baseline_arm_1][demo_colldt]<>"" and ([user-role-label]<>"Admin" and [user-role-label]<>"DRC - CRCs"), @READONLY, "")
	7	[infect_yn] Show the field ONLY if: [enrl_yn]="1"	Has the participant ever had a suspected, probable, or confirmed SARS-CoV-2 infection as per WHO criteria? The infection status will be locked once the demographics form is saved. To make a change, submit a help ticket to the DRC in Ivanti.	radio, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @IF([baseline_arm_1][demo_colldt]<>"" and ([user-role-label]<>"Admin" and [user-role-label]<>"DRC - CRCs"), @READONLY, "")
	8	[covidhx] Show the field ONLY if: [infect_yn] = '1' and [enrl_yn] = '1'	How was the participant diagnosed with COVID?	radio, Required 1, Diagnosed by positive PCR test 2, Diagnosed by positive antigen result (rapid test) 3, Diagnosed by positive antibody result (blood test) 4, Diagnosed by a positive result, but not sure which test 5, Diagnosed by a doctor based on symptoms 6, Self diagnosed Custom alignment: LV Field Annotation: #radxup_symptoms#
	9	[index_dt] Show the field ONLY if: [enrl_yn]="1"	Index date:The index date for an INFECTED participant: (confirmed) date of first positive test(probable/suspected) date of infection based on self-report or chart reviewThe index date for an UNINFECTED participant:date of negative testSee the protocol and manual of procedures for more information.Reminder: if the participant has had more than	text (date_mdy, Min: 2020-01-01, Max: today), Required Field Annotation: @IF([baseline_arm_1][demo_colldt]<>"" and ([user-role-label]<>"Admin" and [user-role-label]<>"DRC - CRCs"), @READONLY, "")

			one COVID infection, enter their first COVID infection date as their index date.The index date will be locked once the demographics form is saved. To make a change, submit a help ticket to the DRC in Ivanti.	
	10	[enrl_indexchangefu] Show the field ONLY if: [enrl_yn]="1"	Was the infection category altered after first follow-up started (due to index date or infection status change)?	checkbox 1 | enrl_indexchangefu___1 | Yes Custom alignment: LV Field Annotation: @IF(([user-role-label]="Admin" or [user-role-label]="DRC - CRCs"), "", @HIDDEN @HIDDEN-PDF)
	11	[enrl_indexplusninety]	Index date plus ninety days; used for minimum date validation on reinfection date.	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @CALCDATE([index_dt], 90, 'd')
	12	[acute_yn]	Is participant acute?	calc Calculation: if ([enroll_dt]="" or [index_dt]="", "", if(datediff([enroll_dt], [index_dt], "d") <= 30, 1, 0)) Field Annotation: @HIDDEN @HIDDEN-PDF
	13	[enrlcat]	Enrollment category:	calc Calculation: if([infect_yn]="" or [acute_yn]="", "", if([infect_yn]="1", if([acute_yn]="1", 1, 2), if([acute_yn]="1", 3, 4))) Field Annotation: @HIDDEN @HIDDEN-PDF
	14	[enrlcat_yn] Show the field ONLY if: [enrlcat]<>""	Do you agree with this category for this participant?	radio, Required 1 | Yes 0 | No Custom alignment: LV
	15	[referral_type] Show the field ONLY if: [enrl_yn]="1" and [enrlcat]<>"" and [enrlcat_yn]="1"	From which population was the participant enrolled?	radio, Required 1 | Community outreach 2 | Public health department list 3 | Community health center 4 | Participant tested/treated in the health system 5 | Existing, prospectively-followed COVID cohort 6 | Existing non-COVID research or clinical cohort 7 | Long COVID clinic 8 | Self-referral from RECOVER website or other unsolicited self-referral Custom alignment: LV
	16	[spop] Show the field ONLY if: [enrl_yn]="1" and [enrlcat]<>"" and [enrlcat_yn]="1"	Is the participant a member of one of the following special populations?	checkbox, Required 1 | spop___1 | Hospitalized during acute phase after index date 5 | spop___5 | Non-hospitalized subjects with acute COVID-19 (< 4 weeks since time of symptoms or positive testing) 2 | spop___2 | Rural participant 3 | spop___3 | Medically underserved area 4 | spop___4 | Non-English speaking participant 99 | spop___99 | No, not a member of a special population Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=99 @HIDECHOICE='1'
	17	[enrl_reinfyn] Show the field ONLY if: [enrl_yn]="1" and [enrlcat]="2" and [enrlcat_yn]="1"	Has the participant been re-infected with COVID since their first infection?	radio, Required 1 | Yes 0 | No Custom alignment: LV

	18	[enrl_reinfdt] Show the field ONLY if: [enrl_reinfyn]="1"	Enter the date of the participant's most recent COVID reinfection at the time of enrollment. Note this must be at least 90 days after the index date; that is, the date must be after [enrl_indexplusninety]. The reinfection date will be locked once the demographics form is saved. To make a change, submit a help ticket to the DRC in Ivanti.	text (date_mdy, Min: 2021-10-01, Max: today) Field Annotation: @IF([baseline_arm_1][demo_colldt] <>"" and ([user-role-label]<>"Admin" and [user-role-label]<>"DRC - CRCs"), @READONLY, "")
	19	[enrl_reinfdtdelta]	Difference between enrollment and reinfection dates	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	20	[enrl_reinfacuteyn]	Is difference between enrollment and reinfection dates less than or equal to 30 days	calc Calculation: if([enrl_reinfdtdelta]<>"", if([enrl_reinfdtdelta]>=0 and [enrl_reinfdtdelta]<= 30, 1, 0), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	21	[enrl_reinf90daydt]	90 days prior to reinfection date	text (date_mdy) Field Annotation: @CALCDATE([enrl_reinfdt], -90, 'd') @HIDDEN @HIDDEN-PDF
	22	[enrl_reinf90dayyn]	Was the next most recent infection (the infection prior to the infection on [enrl_reinfdt]) before [enrl_reinf90daydt]?	radio, Required 1 Yes, this is a separate infection 0 No, this is a persistent positive Custom alignment: LV
	23	[enrl_reinfacute]	Is the participant considered acute re-infected?	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	24	[enroll_livefar] Show the field ONLY if: [enrl_yn]="1"	Does the participant live more than 150 miles from the enrollment site?	radio, Required 1 Yes 0 No Custom alignment: LV
	25	[enrollment_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Tier 12 Consent Tracking (tier_12_consent_tracking)				
	26	[cons12_icfversion]	ICF main version:	dropdown, Required 1 Adult Tier 1-2 2021.10.21 1.5 Adult Tier 1-2 (Main) 2021.12.02 2 Adult Tier 1-2 (Main) v3.0 corrected 2021.12.17 4 Adult Main ICF v4.0 2022.01.21 5 Adult Main ICF v5.0 2022.07.29 6 Adult Main ICF v6.0 2022.12.06 7 Adult Main ICF v6.0 2022.12.15 8 Adult Main ICF v7.0 2023.06.15
	27	[cons12_dt]	Date of consent:	text (date_mdy, Min: 2021-10-01, Max: today), Required
	28	[cons12_texts]	Communicating with the research team:	radio, Required 1 Yes, participant agrees to receive texts from the research team 0 No, participant does not agree to receive texts from the research team Custom alignment: LV
	29	[cons12_biospec] Show the field ONLY if: [cons12_icfversion]="1"	Optional future use of biospecimens:	radio, Required 1 Yes, participant agrees to allow their samples to be used for future research as outlined in the consent 0 No, participant does not agree to allow their samples to be used for future research as outlined in the consent

				Custom alignment: LV
	30	[cons12_biospec_v2] Show the field ONLY if: [cons12_icfversion]>=1.5	Optional future use of biospecimens:	radio, Required 1 Yes, participant agrees to allow their samples to be used for future research including research on their genes 2 Yes, participant agrees to allow their samples to be used for future research, but not research on their genes 0 No, participant does not agree to allow their samples to be used for future research Custom alignment: LV
	31	[cons12_testincidental] Show the field ONLY if: [cons12_icfversion]<=2	Findings of research blood tests and research images from scans:	radio, Required 1 Yes, participant would like to be told about findings from research tests whose importance is unknown 0 No, participant would not like to be told about finding from research tests whose importance is unknown Custom alignment: LV
	32	[cons12_genincidental] Show the field ONLY if: [cons12_icfversion]="1"	Findings from genetic research:	radio, Required 1 Yes, participant would like to be told about any incidental findings from looking at their genes 0 No, participant would not like to be told about any incidental findings from looking at their genes Custom alignment: LV
	33	[cons12_genincidental_v2] Show the field ONLY if: [cons12_icfversion]>=1.5 and [cons12_icfversion]<=2	Findings from genetic research:	radio, Required 1 Yes, participant would like to be told about any incidental findings from looking at their genes 0 No, participant would not like to be told about any incidental findings from looking at their genes -1 Participant did not agree to future research on their genes Custom alignment: LV
	34	[cons12_genincidental_v3] Show the field ONLY if: [cons12_icfversion]>=4	Findings from genetic research:	radio, Required 1 Yes, participant would like to be told about any results from looking at their genes 0 No, participant would not like to be told about any results from looking at their genes -1 Participant did not agree to future research on their genes Custom alignment: LV
	35	[cons12_signed]	Participant or proxy signed the consent:	radio, Required 1 Yes 0 No Custom alignment: LV
	36	[tier_12_consent_tracking_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Withdrawal (withdrawal)				
	37	[withdraw_yn]	Does the participant wish to withdraw from the RECOVER study?(If the PI believes the participant should not be part of the study, but was enrolled anyway, please say "yes" here	radio, Required 1 Yes 0 No

			and put the PI reason for withdrawal in the reason field below. NB: you should submit a protocol deviation as well.)	Custom alignment: LV
	38	[withdraw_dt] Show the field ONLY if: [withdraw_yn]="1"	Date of participant withdrawal from RECOVER:	text (date_mdy), Required
	39	[withdrawal_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: New Covid Infection (new_covid_infection)				
	40	[newinf_yn]	Did the participant get infected with COVID between their previous event and this event?	radio, Required 1, Yes 0, No Custom alignment: LV
	41	[newinf_dt] Show the field ONLY if: [newinf_yn]="1"	Date of COVID diagnosis:	text (date_mdy, Min: [previous-event-name][visit_dt], Max: today), Required
	42	[newinf_covidhx] Show the field ONLY if: [newinf_yn]="1"	How was the participant diagnosed with COVID?	radio, Required 1, Diagnosed by positive PCR test 2, Diagnosed by positive antigen result (rapid test) 3, Diagnosed by positive antibody result (blood test) 4, Diagnosed by a positive result, but not sure which test 5, Diagnosed by a doctor based on symptoms 6, Self diagnosed Custom alignment: LV Field Annotation: #radxup_symptoms#
	43	[new_covid_infection_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: Visit Form (visit_form)				
	44	[visit_crossover]	Is this a crossover infection?	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	45	[visit_indexdt]	Visit index date	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_fversion]="", "", if([visit_crossover]="1", [newinf_dt], if([previous-event-name][visit_indexdt]<>"", [previous-event-name][visit_indexdt], if([visit_fversion]>=2 and [enrollment_arm_1][enrl_reinfacute]="1", [enrollment_arm_1][enrl_reinfdt], [enrollment_arm_1][index_dt])))))
	46	[visit_qinfdt]	Visit infection date for use in stems (v2, support for acutely reinfected participants)	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_fversion]="", "", if([visit_crossover]="1", [newinf_dt], if([previous-event-name][visit_qinfdt]<>"", [previous-event-name][visit_qinfdt], if([visit_fversion]>=2 and [enrollment_arm_1][enrl_reinfacute]="1", [enrollment_arm_1][index_dt], [visit_indexdt])))))
	47	[visit_mrinfdt]	Most recent infection date, or index date for non-infected:	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @CALCTEXT(if([visit_fversion]="", "", if([newinf_yn]="1", [newinf_dt], if([previous-event-name][visit_mrinfdt]<>"", [previous-event-name][visit_mrinfdt], if([event-name]="baseline_arm_1" and [enrollment_arm_1]

				[enrl_reinfdt]<>"" and datediff([visit_indexdt], [enrollment_arm_1][enrl_reinfdt], "d", true)>0, [enrollment_arm_1][enrl_reinfdt], [visit_indexdt]))))
	48	[visit_dtcheck]	If not baseline, was the previous visit date, filled in?	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	49	[visit_dt]	Date of visit:	text (date_mdy, Min: [previous-event-name][visit_dt]), Required
	50	[visit_bonus]	Is this the one-time first on-study re-infection visit?	radio, Required 1, Yes 0, No Custom alignment: LV
	51	[visit_bonusoccured]	Whether the bonus visit has already occurred	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	52	[visit_newinfacute]	Is a new infection acute?	calc Calculation: if([newinf_dt]<>"" and [visit_dt]<>"", if(datediff([newinf_dt], [visit_dt], "d")<=30, 1, 0), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	53	[visit_days_calc]	Days since index date:	calc Calculation: if([visit_dt]<>"", datediff([visit_indexdt], [visit_dt], "d"), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	54	[visit_months_calc]	Aligned months since index date:	calc Calculation: if([visit_days_calc]="", "", if([visit_days_calc]>=0 and [visit_days_calc]<=45, 0, if([visit_days_calc]>=46 and [visit_days_calc]<=135, 3, if([visit_days_calc]>=136 and [visit_days_calc]<=225, 6, if([visit_days_calc]>=226 and [visit_days_calc]<=315, 9, if([visit_days_calc]>=316 and [visit_days_calc]<=405, 12, if([visit_days_calc]>=406 and [visit_days_calc]<=495, 15, if([visit_days_calc]>=496 and [visit_days_calc]<=585, 18, if([visit_days_calc]>=586 and [visit_days_calc]<=675, 21, if([visit_days_calc]>=676 and [visit_days_calc]<=765, 24, if([visit_days_calc]>=766 and [visit_days_calc]<=855, 27, if([visit_days_calc]>=856 and [visit_days_calc]<=945, 30, if([visit_days_calc]>=946 and [visit_days_calc]<=1035, 33, if([visit_days_calc]>=1036 and [visit_days_calc]<=1125, 36, if([visit_days_calc]>=1126 and [visit_days_calc]<=1215, 39, if([visit_days_calc]>=1216 and [visit_days_calc]<=1305, 42, if([visit_days_calc]>=1306 and [visit_days_calc]<=1395, 45, if([visit_days_calc]>=1396 and [visit_days_calc]<=1485, 48, if([visit_days_calc]>=1486 and [visit_days_calc]<=1575, 51, if([visit_days_calc]>=1576 and [visit_days_calc]<=1665, 54, if([visit_days_calc]>=1666 and [visit_days_calc]<=1755, 57, if([visit_days_calc]>=1756 and [visit_days_calc]<=1845, 60, if([visit_days_calc]>=1846 and [visit_days_calc]<=1935, 63, if([visit_days_calc]>=1936 and [visit_days_calc]<=2025, 66, if([visit_days_calc]>=2026 and [visit_days_calc]<=2115, 69, if([visit_days_calc]>=2116 and [visit_days_calc]<=2205, 72, if([visit_days_calc]>=2206 and [visit_days_calc]<=2295, 75, -1))))))

	58	[visit_agree] Show the field ONLY if: [visit_dt]<>""	Is this assignment ([visit_modifiedmonthdisplay] event) correct?	radio, Required 1, Yes 0, No Custom alignment: LV
	59	[visit_override] Show the field ONLY if: [visit_agree]="0"	Please select the event that is correct:	dropdown, Required 1, Baseline/enrollment 3, 3-month event 6, 6-month event 9, 9-month event 12, 12-month (1 year) event 15, 15-month event 18, 18-month event 21, 21-month event 24, 24-month (2 year) event 27, 27-month event 30, 30-month event 33, 33-month event 36, 36-month (3 year) event 39, 39-month event 42, 42-month event 45, 45-month event 48, 48-month (4 year) event 51, 51-month event 54, 54-month event 57, 57-month event 60, 60-month (5 year) event 63, 63-month event 66, 66-month event 69, 69-month event 72, 72-month (6 year) event 75, 75-month event 999, First re-infection visit Custom alignment: LV
	60	[visittype]	Final visit type:	calc Calculation: if([visit_dt]<>"", if([visit_override]<>"", [visit_override], [visit_modifiedmonth]), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	61	[visit_missed]	Did the participant miss this event? *If the participant misses the visit, come back and change this question.*	radio 1, Yes 0, No Custom alignment: LV
	62	[visit_missedreas] Show the field ONLY if: [visit_missed]="1"	Why did the participant miss this visit?	radio, Required 1, Too ill 9, Other Custom alignment: LV
	63	[visit_age]	Age at time of visit	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	64	[cat]	Copied category from previous event, or enrollment, unless new infection	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF

	65	[visit_preg_now_copy]	Currently pregnant previous event copy	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	66	[visit_cc_imm_copy]	Comorbidity Immunocompromised condition previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	67	[visit_cc_autoimm_copy]	Comorbidity Rheumatologic, autoimmune or connective tissue disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	68	[visit_cc_cancer_copy]	Comorbidity Current cancer or ongoing cancer treatment: previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	69	[visit_cc_liver_copy]	Comorbidity Chronic liver disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	70	[visit_cc_obesity_copy]	Comorbidity Obesity previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	71	[visit_cc_diabetes_copy]	Comorbidity Diabetes previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	72	[visit_cc_diabetesspec_copy]	Comorbidity Diabetes type previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	73	[visit_cc_renal_copy]	Comorbidity Kidney disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	74	[visit_cc_htn_copy]	Comorbidity High blood pressure, with or without treatment (hypertension, HTN) previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	75	[visit_cc_cvd_copy]	Comorbidity Cardiovascular disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	76	[visit_cc_stroke_copy]	Comorbidity Stroke, TIA , intracerebral hemorrhage or subarachnoid hemorrhage, or cerebral venous thrombosis previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	77	[visit_cc_asthma_copy]	Comorbidity Asthma previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	78	[visit_cc_copd_copy]	Comorbidity Chronic obstructive pulmonary disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	79	[visit_cc_clung_copy]	Comorbidity Other chronic lung disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	80	[visit_cc_o2home_copy]	Comorbidity Use of oxygen at home previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	81	[visit_cc_sickle_copy]	Comorbidity Sickle cell anemia previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	82	[visit_cc_dementia_copy]	Comorbidity Dementia, memory impairment, cognitive disorder, or developmental delay previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	83	[visit_cc_anxdep_copy]	Comorbidity Depression or anxiety disorder previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	84	[visit_cc_bipolar_copy]	Comorbidity Bipolar disorder or psychosis previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	85	[visit_cc_othermh_copy]	Comorbidity Other mental health disorder previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF

	86	[visit_cc_fibromyalgia_copy]	Comorbidity Chronic pain syndrome or fibromyalgia previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	87	[visit_cc_cfs_copy]	Comorbidity Myalgic encephalomyelitis/chronic fatigue syndrome previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	88	[visit_cc_pots_copy]	Comorbidity POTSor other form of dysautonomia or autonomic dysfunction previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	89	[visit_cc_polyov_copy]	Comorbidity Polycystic ovarian syndrome previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	90	[visit_cc_cns_copy]	Comorbidity Central nervous system (brain) infection, inflammatory disease or demyelinating disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	91	[visit_cc_seiz_copy]	Comorbidity Seizure disorder previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	92	[visit_cc_nmusc_copy]	Comorbidity Neuromuscular disease previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	93	[visit_cc_move_copy]	Comorbidity Movement disorder previous event	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	94	[clab_numdays]	Number of days before visit date allowed	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	95	[clab_datemin]	Use the correct minimum date	text (date_mdy) Field Annotation: @CALCDATE([visit_dt], -1* [clab_numdays], "d") @HIDDEN @HIDDEN-PDF
	96	[visit_test_upsit_visit]	Most recent visit the UPSIT smell test was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	97	[visit_test_compaudio_visit]	Most recent visit the Comprehensive audiometry was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	98	[visit_test_ent_visit]	Most recent visit the Full ENT examination was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	99	[visit_test_sixmin_visit]	Most recent visit the Six-minute walk test was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	100	[visit_test_pft_visit]	Most recent visit the Spirometry / Pulmonary function tests (PFTs) was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	101	[visit_test_chestct_visit]	Most recent visit the Chest CT was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	102	[visit_test_pftcct_visit]	Most recent visit Pulmonary function tests and Chest CT was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	103	[visit_test_cpet_visit]	Most recent visit the Full cardiopulmonary exercise testing was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	104	[visit_test_comprehab_visit]	Most recent visit the Complete rehabilitation PT and OT exam was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	105	[visit_test_rttestrain_visit]	Most recent visit the Echocardiogram with strain imaging was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	106	[visit_test_cmri_visit]	Most recent visit the Cardiac MRI with and without gadolinium contrast was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF

	107	[visit_test_glucose_visit]	Most recent visit the Oral glucose tolerance test was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	108	[visit_test_fibro_visit]	Most recent visit the Fibroscan was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	109	[visit_test_hep_visit]	Most recent visit the Hepatitis tests was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	110	[visit_test_uendo_visit]	Most recent visit the Upper endoscopy was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	111	[visit_test_colon_visit]	Most recent visit the Colonoscopy was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	112	[visit_test_renalultra_visit]	Most recent visit the Renal ultrasound was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	113	[visit_test_mini_visit]	Most recent visit the Mini International Neuropsychiatric Interview was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	114	[visit_test_cstgrp_visit]	Most recent visit the CST group tests was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	115	[visit_test_ges_visit]	Most recent visit the Gastric emptying study was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	116	[visit_test_nihtool_visit]	Most recent visit the NIH Toolbox cognition tests was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	117	[visit_test_neuropsych_visit]	Most recent visit the full neurocognitive testing was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	118	[visit_test_neuropath_visit]	Most recent visit the Neuropathy examination was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	119	[visit_test_b12meth_visit]	Most recent visit the Serum B12 and Methylmalonic acid was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	120	[visit_test_emgnerve_visit]	Most recent visit the Serum B12 and Methylmalonic acid was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	121	[visit_test_emg2_visit]	Most recent visit Electromyography was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	122	[visit_test_ncs_visit]	Most recent visit Nerve conduction study was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	123	[visit_test_skinbx_visit]	Most recent visit the Skin biopsy was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	124	[visit_test_acthcort_visit]	Most recent visit the ACTH and cortisol was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	125	[visit_test_vision_visit]	Most recent visit the Vision testing was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	126	[visit_test_noxisiess_visit]	Most recent visit the home polysomnography and ISI and ESS was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	127	[visit_test_ekg_visit]	Most recent visit the electrocardiogram was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF

	128	[visit_test_broncho_visit]	Most recent visit the bronchoscopy was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	129	[visit_test_rhcath_visit]	Most recent visit the right heart catheterization was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	130	[visit_test_muscbx_visit]	Most recent visit Muscle biopsy was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	131	[visit_test_bmri_visit]	Most recent visit Brain MRI with gadolinium was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	132	[visit_test_facsleep_visit]	Most recent visit Facility sleep study was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	133	[visit_test_endopat_visit]	Most recent visit Endopat testing was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	134	[visit_test_eye_visit]	Most recent visit Full eye examination was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	135	[visit_test_lumbar_visit]	Most recent visit Lumbar puncture was performed:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	136	[visit_biosex]	Biosex:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	137	[visit_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Demographics (demographics)				
	138	[demo_colldt]	Date of Demographic Data Collection *MM/DD/YYYY*	text (date_mdy) Field Annotation: #radxup_sociodemographics# @TODAY @HIDDEN-SURVEY
	139	[demog_coord]	Check this box if the coordinator is entering data:	checkbox 1 demog_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	140	[race]	Which of these categories describe you (select all that apply)? *Select all that apply*	checkbox, Required 1 race___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 race___2 Asian(For example: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.) 3 race___3 Black or African American(For example: African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.) 4 race___4 Hispanic, Latino, or Spanish(For example: Colombian, Cuban, Dominican, Mexican or Mexican American, Puerto Rican, Salvadoran, etc.) 5 race___5 Middle Eastern or North African(For example: Algerian, Egyptian, Iranian, Lebanese, Moroccan, Syrian, etc.) 6 race___6 Native Hawaiian or other Pacific Islander(For example: Chamorro,

				Fijian, Marshallese, Native Hawaiian, Tongan, etc.)
	7	race___7	White(For example: English, European, French, German, Irish, Italian, Polish, etc.)	
	15	race___15	None of these fully describe me	
	-88	race____88	Prefer not to answer	

Custom alignment: LV
Field Annotation: # All Of Us: The Basics; 2020 US Census Draft Version # @NONEOFTHEABOVE=-88

	141	[race_native] Show the field ONLY if: [race(1)] = '1'	Please choose what category of American Indian or Alaskan Native best describes you:	radio 1 American Indian 2 Alaska Native 3 Central or South American Indian 4 None of these fully describe me -88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race#
	142	[race_asian] Show the field ONLY if: [race(2)] = '1'	Please choose what categories of Asian descent best describe you (select all that apply): *Select all that apply*	checkbox 1 race_asian___1 Asian Indian 2 race_asian___2 Cambodian 3 race_asian___3 Chinese 4 race_asian___4 Filipino 5 race_asian___5 Hmong 6 race_asian___6 Japanese 7 race_asian___7 Korean 8 race_asian___8 Pakistani 9 race_asian___9 Vietnamese 15 race_asian___15 Other Asian descent -88 race_asian____88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	143	[race_black] Show the field ONLY if: [race(3)] = '1'	Please choose what categories of Black or African descent best describe you (select all that apply): *Select all that apply*	checkbox 1 race_black___1 African American 2 race_black___2 Barbadian 3 race_black___3 Caribbean 4 race_black___4 Ethiopian 5 race_black___5 Ghanaian 6 race_black___6 Haitian 7 race_black___7 Jamaican 8 race_black___8 Liberian 9 race_black___9 Nigerian 10 race_black___10 Somali 11 race_black___11 South African 15 race_black___15 Other Black or African descent -88 race_black____88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	144	[race_hisp]	Please choose which categories of Hispanic descent best describe you (select all that apply):	checkbox

		Show the field ONLY if: [race(4)] = '1'	*Select all that apply*	1 race_hisp___1 Colombian 2 race_hisp___2 Cuban 3 race_hisp___3 Dominican 4 race_hisp___4 Ecuadorian 5 race_hisp___5 Honduran 6 race_hisp___6 Mexican or Mexican American 7 race_hisp___7 Puerto Rican 8 race_hisp___8 Salvadoran 9 race_hisp___9 Spanish 15 race_hisp___15 Other Hispanic descent -88 race_hisp____88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	145	[race_mideast] Show the field ONLY if: [race(5)] = '1'	Please choose which categories of Middle Eastern or North African descent best describe you (select all that apply): *Select all that apply*	checkbox 1 race_mideast___1 Afghan 2 race_mideast___2 Algerian 3 race_mideast___3 Egyptian 4 race_mideast___4 Iranian 5 race_mideast___5 Iraqi 6 race_mideast___6 Israeli 7 race_mideast___7 Lebanese 8 race_mideast___8 Moroccan 9 race_mideast___9 Syrian 10 race_mideast___10 Tunisian 15 race_mideast___15 Other Middle Eastern or North African descent -88 race_mideast____88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	146	[race_hawaii] Show the field ONLY if: [race(6)] = '1'	Please choose which categories of Native Hawaiian or Pacific Islander descent best describe you (select all that apply): *Select all that apply*	checkbox 1 race_hawaii___1 Chamorro 2 race_hawaii___2 Chuukese 3 race_hawaii___3 Fijian 4 race_hawaii___4 Kosraen 5 race_hawaii___5 Maori 6 race_hawaii___6 Marshallese 7 race_hawaii___7 Native Hawaiian 8 race_hawaii___8 Pacific Islander 9 race_hawaii___9 Palauan 10 race_hawaii___10 Pohnpeian 11 race_hawaii___11 Samoan 12 race_hawaii___12 Tahitian 13 race_hawaii___13 Tongan 14 race_hawaii___14 Yapese 15 race_hawaii___15 Other Pacific Islander descent -88 race_hawaii____88 Prefer not to answer Custom alignment: LV

				Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	147	[race_white] Show the field ONLY if: [race(7)] = '1'	Please choose which categories of White or European descent best describe you (select all that apply): *Select all that apply*	checkbox 1 race_white___1 Dutch 2 race_white___2 English 3 race_white___3 French 4 race_white___4 German 5 race_white___5 Irish 6 race_white___6 Italian 7 race_white___7 Norwegian 8 race_white___8 Polish 9 race_white___9 Russian 10 race_white___10 Scottish 11 race_white___11 Spanish 15 race_white___15 Other White or European descent -88 race_white___88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_race# @NONEOFTHEABOVE=-88
	148	[biosex]	What was your sex assigned at birth?	radio, Required 1 Female 0 Male 2 Intersex Custom alignment: LV Field Annotation: #radxup_sociodemographics# PX011601 https://www.phenxtoolkit.org/protocols/view/11601; HHS/CDC COVID Lab Reporting Specifications; Removed 'Biological' term
	149	[gender]	What terms best express how you describe your gender identity (select all that apply)? *Select all that apply*	checkbox 1 gender___1 Woman 0 gender___0 Man 2 gender___2 Non-binary 3 gender___3 Transgender 96 gender___96 None of these describe me and I'd like to consider additional options -88 gender___88 Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_gender# @NONEOFTHEABOVE='96,-88'
	150	[genderspec] Show the field ONLY if: [gender(96)] = '1'	Are any of these a closer description to your gender identity (select all that apply)? *Select all that apply*	checkbox 1 genderspec___1 Transman/Transgender Man/FTM 2 genderspec___2 Transwoman/Transgender Woman/MTF 3 genderspec___3 Genderqueer 4 genderspec___4 Genderfluid 5 genderspec___5 Gender variant 6 genderspec___6 Questioning or unsure of your gender identity 7 genderspec___7 None of these describe me -88 genderspec___88 Prefer not to answer

				Custom alignment: LV Field Annotation: #allofus_basics_gender# @NONEOFTHEABOVE=-88
	151	[sexorient]	Which of the following best represents how you think of yourself at this time?	radio 1, Gay 2, Lesbian 3, Straight; that is, not gay or lesbian, etc. 4, Bisexual 96, None of these describe me and I'd like to see additional options -88, Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_sex# PX011701 @NONEOFTHEABOVE='96,-88'
	152	[sexorient2] Show the field ONLY if: [sexorient] = '96'	Are any of these a closer description of how you think of yourself?	radio 1, Queer 2, Polysexual, omnisexual, sapiosexual or pansexual 3, Asexual 4, Two-spirit 5, Have not figured out or are in the process of figuring our your sexuality 6, Mostly straight, but sometimes attracted to people of your own sex 7, Do not think of yourself as having sexuality 8, Do not use labels to identify yourself 9, Don't know the answer 10, No, I mean something else -88, Prefer not to answer Custom alignment: LV Field Annotation: #allofus_basics_sex#
	153	[education]	What is the highest level of education you have achieved outside or in the United States?Grades are roughly equivalent to years of school.	radio 0, Have never gone to school 1, 5th grade or less 2, 6th to 8th grade 3, 9th to 12th grade, no diploma 4, High school graduate or GED completed 5, Some college level/ Technical / Vocational degree 6, Bachelor's degree 7, Other advanced degree (Master's, Doctoral degree) -88, Prefer not 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: Pasc Symptoms (pasc_symptoms)				
	155	[ps_origindexdt]	Index date at time of form creation	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @DEFAULT="[visit_qinfdt]"

	156	[ps_colldt]	Date of PASC Symptoms collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	157	[ps_coord]	Check this box if the coordinator is entering data:	checkbox 1 | ps_coord___1 | Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	158	[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_and_29_nyu#
	159	[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_and_29_nyu#
	160	[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_and_29_nyu#
	161	[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: #promis_global_health_combined_10_and_29_nyu#
	162	[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_and_29_nyu#
	163	[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_and_29_nyu#
	164	[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_and_29_nyu#
	165	[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_and_29_nyu#
	166	[promis_global08]	In the past 7 days, how would you rate your fatigue on average?	radio, Required 1 None 2 Mild 3 Moderate 4 Severe 5 Very severe Custom alignment: LV Field Annotation: #promis_global_health_combined_10_and_29_nyu#
	167	[promis_global07]	In the past 7 days, how would you rate your pain on average?	radio, Required 0 0 (No pain) 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 (Worst Imaginable Pain) Custom alignment: LV Field Annotation: #promis_global_health_combined_10_and_29_nyu#
	168	[menses_3mon] Show the field ONLY if: [baseline_arm_1][biosex]="1"	Section Header: Have you had a period in the last 3 months?	radio 1 Yes 0 No Custom alignment: LV
	169	[menses_why] Show the field ONLY if:	Why have you not had a period in the last 3 months?	radio 1 I am in menopause

		[menses_3mon]="0"		2 I had a hysterectomy 3 I am pregnant 4 I am taking a medication or using an IUD that stops my period 5 My periods come infrequently 6 Some other reason Custom alignment: LV
	170	[ps_ptpasc]	Section Header: Do you think you currently have symptoms or health problems resulting from your COVID infection?	radio, Required 1 Yes 0 No -88 I don't know or prefer not to answer Custom alignment: LV
	171	[ps_fatigue_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Fatigue (being very tired)	checkbox, Required 0 ps_fatigue_c13___0 No, I have NOT had this symptom 1 ps_fatigue_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_fatigue_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_fatigue_c13___4 Yes, I have it NOW -88 ps_fatigue_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	172	[ps_malaise_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Post-exertional malaise (Symptoms worse after even minor physical or mental effort)	checkbox, Required 0 ps_malaise_c13___0 No, I have NOT had this symptom 1 ps_malaise_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_malaise_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_malaise_c13___4 Yes, I have it NOW -88 ps_malaise_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	173	[ps_soreness_c13]	Next day soreness or fatigue after non-strenuous, everyday activities	checkbox, Required 0 ps_soreness_c13___0 No, I have NOT had this symptom 1 ps_soreness_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_soreness_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_soreness_c13___4 Yes, I have it NOW -88 ps_soreness_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	174	[ps_weak_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Weakness in arms or legs	checkbox, Required 0 ps_weak_c13___0 No, I have NOT had this symptom 1 ps_weak_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my]

				2 ps_weak_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_weak_c13___4 Yes, I have it NOW -88 ps_weak_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	175	[ps_fever_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Fever, chills, sweats or flushing	checkbox, Required 0 ps_fever_c13___0 No, I have NOT had this symptom 1 ps_fever_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_fever_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_fever_c13___4 Yes, I have it NOW -88 ps_fever_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	176	[ps_temp_c13]	Feeling hot or cold for no reason	checkbox, Required 0 ps_temp_c13___0 No, I have NOT had this symptom 1 ps_temp_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_temp_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_temp_c13___4 Yes, I have it NOW -88 ps_temp_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	177	[ps_cold_c13]	Cold limbs (e.g., arms, legs, hands)	checkbox, Required 0 ps_cold_c13___0 No, I have NOT had this symptom 1 ps_cold_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_cold_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_cold_c13___4 Yes, I have it NOW -88 ps_cold_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	178	[ps_sense_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Loss of or change in smell or taste	checkbox, Required 0 ps_sense_c13___0 No, I have NOT had this symptom 1 ps_sense_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_sense_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_sense_c13___4 Yes, I have it NOW -88 ps_sense_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	179	[ps_smellsick_c13]	Some smells, foods, medications, or chemicals make you feel sick	checkbox, Required 0 ps_smellsick_c13___0 No, I have NOT had this symptom 1 ps_smellsick_c13___1 Yes, I DID have it in the YEAR BEFORE

						[stem_my]
				2	ps_smellsick_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_smellsick_c13___4	Yes, I have it NOW
				-88	ps_smellsick_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	180	[ps_headache_c13]	Headaches	checkbox, Required		
				0	ps_headache_c13___0	No, I have NOT had this symptom
				1	ps_headache_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_headache_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_headache_c13___4	Yes, I have it NOW
				-88	ps_headache_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	181	[ps_pain_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Pain in any part of your body	checkbox, Required		
				0	ps_pain_c13___0	No, I have NOT had this symptom
				1	ps_pain_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_pain_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_pain_c13___4	Yes, I have it NOW
				-88	ps_pain_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	182	[ps_sob_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Shortness of breath	checkbox, Required		
				0	ps_sob_c13___0	No, I have NOT had this symptom
				1	ps_sob_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_sob_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_sob_c13___4	Yes, I have it NOW
				-88	ps_sob_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	183	[ps_cough_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Persistent (chronic) cough	checkbox, Required		
				0	ps_cough_c13___0	No, I have NOT had this symptom
				1	ps_cough_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_cough_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_cough_c13___4	Yes, I have it NOW
				-88	ps_cough_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	184	[ps_heart_c13]	Palpitations, racing heart, arrhythmia, skipped beats	checkbox, Required		

		Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"		0	ps_heart_c13___0	No, I have NOT had this symptom
				1	ps_heart_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_heart_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_heart_c13___4	Yes, I have it NOW
				-88	ps_heart_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	185	[ps_swelllegs_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Swelling of your legs	checkbox, Required		
				0	ps_swelllegs_c13___0	No, I have NOT had this symptom
				1	ps_swelllegs_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_swelllegs_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_swelllegs_c13___4	Yes, I have it NOW
				-88	ps_swelllegs_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	186	[ps_gastro_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Gastrointestinal (belly) symptoms (feeling full or vomiting after eating, diarrhea, constipation)	checkbox, Required		
				0	ps_gastro_c13___0	No, I have NOT had this symptom
				1	ps_gastro_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_gastro_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_gastro_c13___4	Yes, I have it NOW
				-88	ps_gastro_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	187	[ps_bladder_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Bladder problems (incontinence, trouble passing urine or emptying bladder)	checkbox, Required		
				0	ps_bladder_c13___0	No, I have NOT had this symptom
				1	ps_bladder_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_bladder_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_bladder_c13___4	Yes, I have it NOW
				-88	ps_bladder_c13____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	188	[ps_nerve_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Nerve problems (tremor, shaking, abnormal movements, numbness, tingling, burning, can't move part of body, new seizures)	checkbox, Required		
				0	ps_nerve_c13___0	No, I have NOT had this symptom
				1	ps_nerve_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_nerve_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_nerve_c13___4	Yes, I have it NOW
				-88	ps_nerve_c13____88	I don't know or prefer not to answer

				Field Annotation: @NONEOFTHEABOVE="0,-88"
	189	[ps_mood_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Problems with anxiety, depression, stress, or trauma-related symptoms like nightmares or grief	checkbox, Required 0, ps_mood_c13___0, No, I have NOT had this symptom 1, ps_mood_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_mood_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_mood_c13___4, Yes, I have it NOW -88, ps_mood_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	190	[ps_think_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Problems thinking or concentrating ("brain fog")	checkbox, Required 0, ps_think_c13___0, No, I have NOT had this symptom 1, ps_think_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_think_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_think_c13___4, Yes, I have it NOW -88, ps_think_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	191	[ps_sleep_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Stopping breathing during sleep or sleep problems (such as snoring, trouble falling asleep, nighttime awakenings, or trouble staying awake during the day) 3 or more times a week	checkbox, Required 0, ps_sleep_c13___0, No, I have NOT had this symptom 1, ps_sleep_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_sleep_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_sleep_c13___4, Yes, I have it NOW -88, ps_sleep_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	192	[ps_goofy_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Feeling faint, dizzy, "goofy"; difficulty thinking soon after standing up from a sitting or lying position	checkbox, Required 0, ps_goofy_c13___0, No, I have NOT had this symptom 1, ps_goofy_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_goofy_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_goofy_c13___4, Yes, I have it NOW -88, ps_goofy_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	193	[ps_color_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Color changes in your skin, such as red, white or purple	checkbox, Required 0, ps_color_c13___0, No, I have NOT had this symptom 1, ps_color_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_color_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_color_c13___4, Yes, I have it NOW -88, ps_color_c13____88, I don't know or prefer not to answer

				Field Annotation: @NONEOFTHEABOVE="0,-88"
	194	[ps_rash_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Skin rash	checkbox, Required 0, ps_rash_c13___0, No, I have NOT had this symptom 1, ps_rash_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_rash_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_rash_c13___4, Yes, I have it NOW -88, ps_rash_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	195	[ps_itching_c13]	Episodes of itching and/or hives	checkbox, Required 0, ps_itching_c13___0, No, I have NOT had this symptom 1, ps_itching_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_itching_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_itching_c13___4, Yes, I have it NOW -88, ps_itching_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	196	[ps_anaphylaxis_c13]	Episodes of severe allergic reaction (anaphylaxis), with or without any known trigger	checkbox, Required 0, ps_anaphylaxis_c13___0, No, I have NOT had this symptom 1, ps_anaphylaxis_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_anaphylaxis_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_anaphylaxis_c13___4, Yes, I have it NOW -88, ps_anaphylaxis_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	197	[ps_dryeyes_c13]	Excessively dry eyes	checkbox, Required 0, ps_dryeyes_c13___0, No, I have NOT had this symptom 1, ps_dryeyes_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_dryeyes_c13___2, Yes, I DID have it AROUND the time of [stem_my] 4, ps_dryeyes_c13___4, Yes, I have it NOW -88, ps_dryeyes_c13____88, I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	198	[ps_drymouth_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Excessively dry mouth	checkbox, Required 0, ps_drymouth_c13___0, No, I have NOT had this symptom 1, ps_drymouth_c13___1, Yes, I DID have it in the YEAR BEFORE [stem_my] 2, ps_drymouth_c13___2, Yes, I DID have it AROUND the time of

				[stem_my]
			4	ps_drymouth_c13___4	Yes, I have it NOW
			-88	ps_drymouth_c13____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	199	[ps_thirst_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Excessive thirst	checkbox, Required	
				0	ps_thirst_c13___0	No, I have NOT had this symptom
				1	ps_thirst_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_thirst_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_thirst_c13___4	Yes, I have it NOW
				-88	ps_thirst_c13____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	200	[ps_vision_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Vision problems (blurry, light sensitivity, difficulty reading or focusing, floaters, flashing lights, "snow")	checkbox, Required	
				0	ps_vision_c13___0	No, I have NOT had this symptom
				1	ps_vision_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_vision_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_vision_c13___4	Yes, I have it NOW
				-88	ps_vision_c13____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	201	[ps_hearing_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Problems with hearing (hearing loss, ringing in ears)	checkbox, Required	
				0	ps_hearing_c13___0	No, I have NOT had this symptom
				1	ps_hearing_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_hearing_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_hearing_c13___4	Yes, I have it NOW
				-88	ps_hearing_c13____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	202	[ps_bald_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Hair loss	checkbox, Required	
				0	ps_bald_c13___0	No, I have NOT had this symptom
				1	ps_bald_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_bald_c13___2	Yes, I DID have it AROUND the time of [stem_my]
				4	ps_bald_c13___4	Yes, I have it NOW
				-88	ps_bald_c13____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	203	[ps_teeth_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Problems with teeth	checkbox, Required	
				0	ps_teeth_c13___0	No, I have NOT had this symptom
				1	ps_teeth_c13___1	Yes, I DID have it in the YEAR BEFORE [stem_my]

				2 ps_teeth_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_teeth_c13___4 Yes, I have it NOW -88 ps_teeth_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	204	[ps_menstrual_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and ([event-name]="baseline_arm_1") and [baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="5" or [menses_why]="6")	Changes to menstrual cycle	checkbox, Required 0 ps_menstrual_c13___0 No, I have NOT had this symptom 1 ps_menstrual_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_menstrual_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_menstrual_c13___4 Yes, I have it NOW -88 ps_menstrual_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	205	[ps_menopause_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and ([event-name]="baseline_arm_1") and [baseline_arm_1][biosex]="1" and [menses_why]="1"	Changes to menopause symptoms (such as hot flashes)	checkbox, Required 0 ps_menopause_c13___0 No, I have NOT had this symptom 1 ps_menopause_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_menopause_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_menopause_c13___4 Yes, I have it NOW -88 ps_menopause_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	206	[ps_fertility_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1" and ([baseline_arm_1][biosex]="0" or ([baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="3" or [menses_why]="4" or [menses_why]="5" or [menses_why]="6")))	Changes in fertility or difficulty getting pregnant	checkbox, Required 0 ps_fertility_c13___0 No, I have NOT had this symptom 1 ps_fertility_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_fertility_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_fertility_c13___4 Yes, I have it NOW -88 ps_fertility_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	207	[ps_sex_c13] Show the field ONLY if: ([cat]="1" or [cat]="3") and [event-name]="baseline_arm_1"	Changes in desire for, comfort with or capacity for sex	checkbox, Required 0 ps_sex_c13___0 No, I have NOT had this symptom 1 ps_sex_c13___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_sex_c13___2 Yes, I DID have it AROUND the time of [stem_my] 4 ps_sex_c13___4 Yes, I have it NOW -88 ps_sex_c13____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	208	[ps_fatigue_c24]	Fatigue (being very tired)	checkbox, Required

		Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"		0	ps_fatigue_c24___0	No, I have NOT had this symptom
				1	ps_fatigue_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_fatigue_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_fatigue_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_fatigue_c24___4	Yes, I have it NOW
				-88	ps_fatigue_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	209	[ps_malaise_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Post-exertional malaise (Symptoms worse after even minor physical or mental effort)	checkbox, Required		
				0	ps_malaise_c24___0	No, I have NOT had this symptom
				1	ps_malaise_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_malaise_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_malaise_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_malaise_c24___4	Yes, I have it NOW
				-88	ps_malaise_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	210	[ps_soreness_c24]	Next day soreness or fatigue after non-strenuous, everyday activities	checkbox, Required		
				0	ps_soreness_c24___0	No, I have NOT had this symptom
				1	ps_soreness_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_soreness_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_soreness_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_soreness_c24___4	Yes, I have it NOW
				-88	ps_soreness_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	211	[ps_weak_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Weakness in arms or legs	checkbox, Required		
				0	ps_weak_c24___0	No, I have NOT had this symptom
				1	ps_weak_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_weak_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_weak_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_weak_c24___4	Yes, I have it NOW
				-88	ps_weak_c24____88	I don't know or prefer not

				to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	212	[ps_fever_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Fever, chills, sweats or flushing	checkbox, Required

0	ps_fever_c24___0	No, I have NOT had this symptom
1	ps_fever_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
2	ps_fever_c24___2	Yes, I DID have it AROUND the time of [stem_my]
3	ps_fever_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
4	ps_fever_c24___4	Yes, I have it NOW
-88	ps_fever_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	213	[ps_temp_c24]	Feeling hot or cold for no reason	checkbox, Required

0	ps_temp_c24___0	No, I have NOT had this symptom
1	ps_temp_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
2	ps_temp_c24___2	Yes, I DID have it AROUND the time of [stem_my]
3	ps_temp_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
4	ps_temp_c24___4	Yes, I have it NOW
-88	ps_temp_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	214	[ps_cold_c24]	Cold limbs (e.g., arms, legs, hands)	checkbox, Required

0	ps_cold_c24___0	No, I have NOT had this symptom
1	ps_cold_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
2	ps_cold_c24___2	Yes, I DID have it AROUND the time of [stem_my]
3	ps_cold_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
4	ps_cold_c24___4	Yes, I have it NOW
-88	ps_cold_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	215	[ps_sense_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Loss of or change in smell or taste	checkbox, Required

0	ps_sense_c24___0	No, I have NOT had this symptom
1	ps_sense_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
2	ps_sense_c24___2	Yes, I DID have it AROUND the time of [stem_my]
3	ps_sense_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
4	ps_sense_c24___4	Yes, I have it NOW
-88	ps_sense_c24____88	I don't know or prefer not to answer

				Field Annotation: @NONEOFTHEABOVE="0,-88"
	216	[ps_smellsick_c24]	Some smells, foods, medications, or chemicals make you feel sick	checkbox, Required 0 ps_smellsick_c24___0 No, I have NOT had this symptom 1 ps_smellsick_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_smellsick_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_smellsick_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_smellsick_c24___4 Yes, I have it NOW -88 ps_smellsick_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	217	[ps_headache_c24]	Headaches	checkbox, Required 0 ps_headache_c24___0 No, I have NOT had this symptom 1 ps_headache_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_headache_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_headache_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_headache_c24___4 Yes, I have it NOW -88 ps_headache_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	218	[ps_pain_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Pain in any part of your body	checkbox, Required 0 ps_pain_c24___0 No, I have NOT had this symptom 1 ps_pain_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_pain_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_pain_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_pain_c24___4 Yes, I have it NOW -88 ps_pain_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	219	[ps_sob_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Shortness of breath	checkbox, Required 0 ps_sob_c24___0 No, I have NOT had this symptom 1 ps_sob_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_sob_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_sob_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my]

						AND NOW
				4	ps_sob_c24___4	Yes, I have it NOW
				-88	ps_sob_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	220	[ps_cough_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Persistent (chronic) cough	checkbox, Required		
				0	ps_cough_c24___0	No, I have NOT had this symptom
				1	ps_cough_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_cough_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_cough_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_cough_c24___4	Yes, I have it NOW
				-88	ps_cough_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	221	[ps_heart_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Palpitations, racing heart, arrhythmia, skipped beats	checkbox, Required		
				0	ps_heart_c24___0	No, I have NOT had this symptom
				1	ps_heart_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_heart_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_heart_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_heart_c24___4	Yes, I have it NOW
				-88	ps_heart_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	222	[ps_swelllegs_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Swelling of your legs	checkbox, Required		
				0	ps_swelllegs_c24___0	No, I have NOT had this symptom
				1	ps_swelllegs_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_swelllegs_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_swelllegs_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_swelllegs_c24___4	Yes, I have it NOW
				-88	ps_swelllegs_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	223	[ps_gastro_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Gastrointestinal (belly) symptoms (feeling full or vomiting after eating, diarrhea, constipation)	checkbox, Required		
				0	ps_gastro_c24___0	No, I have NOT had this symptom
				1	ps_gastro_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_gastro_c24___2	Yes, I DID have it AROUND the time of [stem_my]

				3 ps_gastro_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_gastro_c24___4 Yes, I have it NOW -88 ps_gastro_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	224	[ps_bladder_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Bladder problems (incontinence, trouble passing urine or emptying bladder)	checkbox, Required 0 ps_bladder_c24___0 No, I have NOT had this symptom 1 ps_bladder_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_bladder_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_bladder_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_bladder_c24___4 Yes, I have it NOW -88 ps_bladder_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	225	[ps_nerve_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Nerve problems (tremor, shaking, abnormal movements, numbness, tingling, burning, can't move part of body, new seizures)	checkbox, Required 0 ps_nerve_c24___0 No, I have NOT had this symptom 1 ps_nerve_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_nerve_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_nerve_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_nerve_c24___4 Yes, I have it NOW -88 ps_nerve_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	226	[ps_mood_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Problems with anxiety, depression, stress, or trauma-related symptoms like nightmares or grief	checkbox, Required 0 ps_mood_c24___0 No, I have NOT had this symptom 1 ps_mood_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_mood_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_mood_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_mood_c24___4 Yes, I have it NOW -88 ps_mood_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	227	[ps_think_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Problems thinking or concentrating ("brain fog")	checkbox, Required 0 ps_think_c24___0 No, I have NOT had this symptom 1 ps_think_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_think_c24___2 Yes, I DID have it AROUND the time of [stem_my]

				3 ps_think_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_think_c24___4 Yes, I have it NOW -88 ps_think_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	228	[ps_sleep_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Stopping breathing during sleep or sleep problems (such as snoring, trouble falling asleep, nighttime awakenings, or trouble staying awake during the day) 3 or more times a week	checkbox, Required 0 ps_sleep_c24___0 No, I have NOT had this symptom 1 ps_sleep_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_sleep_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_sleep_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_sleep_c24___4 Yes, I have it NOW -88 ps_sleep_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	229	[ps_goofy_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Feeling faint, dizzy, "goofy"; difficulty thinking soon after standing up from a sitting or lying position	checkbox, Required 0 ps_goofy_c24___0 No, I have NOT had this symptom 1 ps_goofy_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_goofy_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_goofy_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_goofy_c24___4 Yes, I have it NOW -88 ps_goofy_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	230	[ps_color_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Color changes in your skin, such as red, white or purple	checkbox, Required 0 ps_color_c24___0 No, I have NOT had this symptom 1 ps_color_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_color_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_color_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_color_c24___4 Yes, I have it NOW -88 ps_color_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	231	[ps_rash_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Skin rash	checkbox, Required 0 ps_rash_c24___0 No, I have NOT had this symptom 1 ps_rash_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_rash_c24___2 Yes, I DID have it AROUND the time of [stem_my]

				3	ps_rash_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_rash_c24___4	Yes, I have it NOW
				-88	ps_rash_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	232	[ps_itching_c24]	Episodes of itching and/or hives	checkbox, Required		
				0	ps_itching_c24___0	No, I have NOT had this symptom
				1	ps_itching_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_itching_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_itching_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_itching_c24___4	Yes, I have it NOW
				-88	ps_itching_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	233	[ps_anaphylaxis_c24]	Episodes of severe allergic reaction (anaphylaxis), with or without any known trigger	checkbox, Required		
				0	ps_anaphylaxis_c24___0	No, I have NOT had this symptom
				1	ps_anaphylaxis_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_anaphylaxis_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_anaphylaxis_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_anaphylaxis_c24___4	Yes, I have it NOW
				-88	ps_anaphylaxis_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	234	[ps_dryeyes_c24]	Excessively dry eyes	checkbox, Required		
				0	ps_dryeyes_c24___0	No, I have NOT had this symptom
				1	ps_dryeyes_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_dryeyes_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_dryeyes_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_dryeyes_c24___4	Yes, I have it NOW
				-88	ps_dryeyes_c24____88	I don't know or prefer not to answer
				Field Annotation: @NONEOFTHEABOVE="0,-88"		
	235	[ps_drymouth_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Excessively dry mouth	checkbox, Required		
				0	ps_drymouth_c24___0	No, I have NOT had this symptom
				1	ps_drymouth_c24___1	Yes, I DID have it in the YEAR BEFORE

				[stem_my]
			2	ps_drymouth_c24___2	Yes, I DID have it AROUND the time of [stem_my]
			3	ps_drymouth_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
			4	ps_drymouth_c24___4	Yes, I have it NOW
			-88	ps_drymouth_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	236	[ps_thirst_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Excessive thirst	checkbox, Required 0	ps_thirst_c24___0	No, I have NOT had this symptom
				1	ps_thirst_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_thirst_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_thirst_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_thirst_c24___4	Yes, I have it NOW
				-88	ps_thirst_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	237	[ps_vision_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Vision problems (blurry, light sensitivity, difficulty reading or focusing, floaters, flashing lights, "snow")	checkbox, Required 0	ps_vision_c24___0	No, I have NOT had this symptom
				1	ps_vision_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_vision_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_vision_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_vision_c24___4	Yes, I have it NOW
				-88	ps_vision_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	238	[ps_hearing_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Problems with hearing (hearing loss, ringing in ears)	checkbox, Required 0	ps_hearing_c24___0	No, I have NOT had this symptom
				1	ps_hearing_c24___1	Yes, I DID have it in the YEAR BEFORE [stem_my]
				2	ps_hearing_c24___2	Yes, I DID have it AROUND the time of [stem_my]
				3	ps_hearing_c24___3	Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW
				4	ps_hearing_c24___4	Yes, I have it NOW
				-88	ps_hearing_c24____88	I don't know or prefer not to answer

Field Annotation: @NONEOFTHEABOVE="0,-88"

	239	[ps_bald_c24] Show the field ONLY if:	Hair loss	checkbox, Required

		([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"		0 ps_bald_c24___0 No, I have NOT had this symptom 1 ps_bald_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_bald_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_bald_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_bald_c24___4 Yes, I have it NOW -88 ps_bald_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	240	[ps_teeth_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Problems with teeth	checkbox, Required 0 ps_teeth_c24___0 No, I have NOT had this symptom 1 ps_teeth_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_teeth_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_teeth_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_teeth_c24___4 Yes, I have it NOW -88 ps_teeth_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	241	[ps_menstrual_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and ([event-name]="baseline_arm_1") and [baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="5" or [menses_why]="6")	Changes to menstrual cycle	checkbox, Required 0 ps_menstrual_c24___0 No, I have NOT had this symptom 1 ps_menstrual_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_menstrual_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_menstrual_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_menstrual_c24___4 Yes, I have it NOW -88 ps_menstrual_c24____88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	242	[ps_menopause_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and ([event-name]="baseline_arm_1") and [baseline_arm_1][biosex]="1" and [menses_why]="1"	Changes to menopause symptoms (such as hot flashes)	checkbox, Required 0 ps_menopause_c24___0 No, I have NOT had this symptom 1 ps_menopause_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_menopause_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_menopause_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_menopause_c24___4 Yes, I have it NOW

				-88 ps_menopause_c24___88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	243	[ps_fertility_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1" and ([baseline_arm_1][biosex]="0" or ([baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="3" or [menses_why]="4" or [menses_why]="5" or [menses_why]="6")))	Changes in fertility or difficulty getting pregnant	checkbox, Required 0 ps_fertility_c24___0 No, I have NOT had this symptom 1 ps_fertility_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_fertility_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_fertility_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_fertility_c24___4 Yes, I have it NOW -88 ps_fertility_c24___88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	244	[ps_sex_c24] Show the field ONLY if: ([cat]="2" or [cat]="4") and [event-name]="baseline_arm_1"	Changes in desire for, comfort with or capacity for sex	checkbox, Required 0 ps_sex_c24___0 No, I have NOT had this symptom 1 ps_sex_c24___1 Yes, I DID have it in the YEAR BEFORE [stem_my] 2 ps_sex_c24___2 Yes, I DID have it AROUND the time of [stem_my] 3 ps_sex_c24___3 Yes, I DID have it BETWEEN 30 DAYS AFTER [stem_my] AND NOW 4 ps_sex_c24___4 Yes, I have it NOW -88 ps_sex_c24___88 I don't know or prefer not to answer Field Annotation: @NONEOFTHEABOVE="0,-88"
	245	[ps_fatigue_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Fatigue (being very tired)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	246	[ps_malaise_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Post-exertional malaise (Symptoms worse after even minor physical or mental effort)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	247	[ps_soreness_fu]	Next day soreness or fatigue after non-strenuous, everyday activities	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have

				it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	248	[ps_weak_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Weakness in arms or legs	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	249	[ps_fever_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Fever, chills, sweats or flushing	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	250	[ps_temp_fu]	Feeling hot or cold for no reason	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	251	[ps_cold_fu]	Cold limbs (e.g., arms, legs, hands)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	252	[ps_sense_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Loss of or change in smell or taste	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	253	[ps_smellsick_fu]	Some smells, foods, medications, or chemicals make you feel sick	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	254	[ps_headache_fu]	Headaches	radio (Matrix), Required 0 No

				1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	255	[ps_pain_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Pain in any part of your body	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	256	[ps_sob_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Shortness of breath	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	257	[ps_cough_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Persistent (chronic) cough	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	258	[ps_heart_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Palpitations, racing heart, arrhythmia, skipped beats	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	259	[ps_swelllegs_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Swelling of your legs	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	260	[ps_gastro_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Gastrointestinal (belly) symptoms (feeling full or vomiting after eating, diarrhea, constipation)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer

				Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	261	[ps_bladder_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Bladder problems (incontinence, trouble passing urine or emptying bladder)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	262	[ps_nerve_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Nerve problems (tremor, shaking, abnormal movements, numbness, tingling, burning, can't move part of body, new seizures)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	263	[ps_mood_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Problems with anxiety, depression, stress, or trauma-related symptoms like nightmares or grief	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	264	[ps_think_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Problems thinking or concentrating ("brain fog")	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	265	[ps_sleep_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Stopping breathing during sleep or sleep problems (such as snoring, trouble falling asleep, nighttime awakenings, or trouble staying awake during the day) 3 or more times a week	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	266	[ps_goofy_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Feeling faint, dizzy, "goofy"; difficulty thinking soon after standing up from a sitting or lying position	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	267	[ps_color_fu]	Color changes in your skin, such as red, white or purple	radio (Matrix), Required

		Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"		0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	268	[ps_rash_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Skin rash	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	269	[ps_itching_fu]	Episodes of itching and/or hives	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	270	[ps_anaphylaxis_fu]	Episodes of severe allergic reaction (anaphylaxis), with or without any known trigger	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	271	[ps_dryeyes_fu]	Excessively dry eyes	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	272	[ps_drymouth_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Excessively dry mouth	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	273	[ps_thirst_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Excessive thirst	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer

				Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	274	[ps_vision_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Vision problems (blurry, light sensitivity, difficulty reading or focusing, floaters, flashing lights, "snow")	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	275	[ps_hearing_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Problems with hearing (hearing loss, ringing in ears)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	276	[ps_bald_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Hair loss	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	277	[ps_teeth_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Problems with teeth	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	278	[ps_menstrual_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1" and [baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="5" or [menses_why]="6")	Changes to menstrual cycle	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	279	[ps_menopause_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1" and [baseline_arm_1][biosex]="1" and [menses_why]="1"	Changes to menopause symptoms (such as hot flashes)	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	280	[ps_fertility_fu]	Changes in fertility or difficulty getting pregnant	radio (Matrix), Required

		Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1" and ([baseline_arm_1][biosex]="0" or ([baseline_arm_1][biosex]="1" and ([menses_3mon]="1" or [menses_why]="3" or [menses_why]="4" or [menses_why]="5" or [menses_why]="6")))		0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	281	[ps_sex_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	Changes in desire for, comfort with or capacity for sex	radio (Matrix), Required 0 No 1 Yes, but not in the last 30 days 2 Yes, and I STILL HAVE it (in the last 30 days) -88 I prefer not to answer Field Annotation: v1-5: 1=yes but no longer have it,2=yes and still have it; v6+: 1=yes but not in last 30 days,2=yes and still have it in last 30 days
	282	[ps_other] Show the field ONLY if: [cat]="1" or [cat]="2"	Have you experienced any other symptoms [stem_attribute]?	radio 1 Yes 0 No -88 I prefer not to answer Custom alignment: LV
	283	[ps_fatigue_calc]	Fatigue followup questions calculation:	calc Calculation: if([ps_fatigue_c13(4)]="1" or [ps_fatigue_c24(4)]="1" or [ps_fatigue_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	284	[ps_malaise_calc]	Post-exertional malaise followup questions calculation:	calc Calculation: if([ps_malaise_c13(4)]="1" or [ps_malaise_c24(4)]="1" or [ps_malaise_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	285	[ps_soreness_calc]	Next day soreness or fatigue after non-strenuous, everyday activities calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	286	[ps_weak_calc]	Weakness in arms or legs followup questions calculation:	calc Calculation: if([ps_weak_c13(4)]="1" or [ps_weak_c24(4)]="1" or [ps_weak_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	287	[ps_fever_calc]	Fever, chills, sweats followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	288	[ps_temp_calc]	Feeling hot or cold for no reason calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	289	[ps_cold_calc]	Cold limbs (e.g., arms, legs, hands) calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	290	[ps_sense_calc]	Change in smell or taste followup questions calculation:	calc Calculation: if([ps_sense_c13(4)]="1" or [ps_sense_c24(4)]="1" or [ps_sense_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	291	[ps_smellsick_calc]	Some smells, foods, medications, or chemicals make you feel sick calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	292	[ps_headache_calc]	Headaches followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	293	[ps_pain_calc]	Pain followup questions calculation:	calc Calculation: if([ps_pain_c13(4)]="1" or [ps_pain_c24(4)]="1" or [ps_pain_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF

	294	[ps_sob_calc]	Shortness of breath followup questions calculation:	calc Calculation: if([ps_sob_c13(4)]="1" or [ps_sob_c24(4)]="1" or [ps_sob_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	295	[ps_cough_calc]	Persistent cough followup questions calculation:	calc Calculation: if([ps_cough_c13(4)]="1" or [ps_cough_c24(4)]="1" or [ps_cough_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	296	[ps_heart_calc]	Heart issues followup questions calculation:	calc Calculation: if([ps_heart_c13(4)]="1" or [ps_heart_c24(4)]="1" or [ps_heart_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	297	[ps_swelllegs_calc]	Swelling of legs followup questions calculation:	calc Calculation: if([ps_swelllegs_c13(4)]="1" or [ps_swelllegs_c24(4)]="1" or [ps_swelllegs_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	298	[ps_gastro_calc]	Gastrointestinal followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	299	[ps_bladder_calc]	Bladder followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	300	[ps_nerve_calc]	Nerve problems followup questions calculation:	calc Calculation: if([ps_nerve_c13(4)]="1" or [ps_nerve_c24(4)]="1" or [ps_nerve_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	301	[ps_mood_calc]	Anxiety, depression followup questions calculation:	calc Calculation: if([ps_mood_c13(4)]="1" or [ps_mood_c24(4)]="1" or [ps_mood_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	302	[ps_think_calc]	Thinking followup questions calculation:	calc Calculation: if([ps_think_c13(4)]="1" or [ps_think_c24(4)]="1" or [ps_think_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	303	[ps_sleep_calc]	Sleep followup questions calculation:	calc Calculation: if([ps_sleep_c13(4)]="1" or [ps_sleep_c24(4)]="1" or [ps_sleep_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	304	[ps_goofy_calc]	Faint, dizzy followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	305	[ps_color_calc]	Color changes followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	306	[ps_rash_calc]	Rash followup questions calculation:	calc Calculation: if([ps_rash_c13(4)]="1" or [ps_rash_c24(4)]="1" or [ps_rash_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	307	[ps_itching_calc]	Itching and/or hives followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	308	[ps_anaphylaxis_calc]	Anaphylaxis followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	309	[ps_dryeyes_calc]	Dry eyes followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	310	[ps_drymouth_calc]	Dry mouth followup questions calculation:	calc Calculation: "" Field Annotation: @HIDDEN @HIDDEN-PDF
	311	[ps_thirst_calc]	Thirst followup questions calculation:	calc Calculation: if([ps_thirst_c13(4)]="1" or [ps_thirst_c24(4)]="1" or [ps_thirst_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	312	[ps_vision_calc]	Vision followup questions calculation:	calc Calculation: if([ps_vision_c13(4)]="1" or

				[ps_vision_c24(4)]="1" or [ps_vision_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	313	[ps_hearing_calc]	Hearing followup questions calculation:	calc Calculation: if([ps_hearing_c13(4)]="1" or [ps_hearing_c24(4)]="1" or [ps_hearing_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	314	[ps_bald_calc]	Hair loss followup questions calculation:	calc Calculation: if([ps_bald_c13(4)]="1" or [ps_bald_c24(4)]="1" or [ps_bald_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	315	[ps_teeth_calc]	Teeth followup questions calculation:	calc Calculation: if([ps_teeth_c13(4)]="1" or [ps_teeth_c24(4)]="1" or [ps_teeth_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	316	[ps_menstrual_calc]	Menstrual changes followup questions calculation:	calc Calculation: if([ps_menstrual_c13(4)]="1" or [ps_menstrual_c24(4)]="1" or [ps_menstrual_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	317	[ps_menopause_calc]	Menopause changes followup questions calculation:	calc Calculation: if([ps_menopause_c13(4)]="1" or [ps_menopause_c24(4)]="1" or [ps_menopause_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	318	[ps_fertility_calc]	Fertility changes followup questions calculation:	calc Calculation: if([ps_fertility_c13(4)]="1" or [ps_fertility_c24(4)]="1" or [ps_fertility_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	319	[ps_sex_calc]	Sex desire changes followup questions calculation:	calc Calculation: if([ps_sex_c13(4)]="1" or [ps_sex_c24(4)]="1" or [ps_sex_fu]="2", 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	320	[ps_compass31_calc]	COMPASS-31 calculation:	calc Calculation: if(sum([ps_gastro_calc],[ps_bladder_calc],[ps_goofy_calc],[ps_color_calc],[ps_drymouth_calc])>=3, 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	321	[ps_fatigue_burden]	How much does your fatigue bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	322	[ps_fatigue_freqdepaul]	Throughout the past month, how often have you been fatigued?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	323	[ps_fatigue_sevdepaul]	Throughout the past month, when you were fatigued, how severe was the fatigue?	radio 0 Fatigue not present 1 Mild 2 Moderate

				3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	324	[ps_malaise_burden]	How much does your post-exertional malaise bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	325	[ps_malaise_freqdepaul]	Throughout the past month, how often have you experienced post-exertional malaise?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	326	[ps_malaise_sevdepaul]	Throughout the past month, when you had post-exertional malaise, how severe was it?	radio 0 Post-exertional malaise not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	327	[ps_soreness_burden]	How much does your soreness or fatigue after non-strenuous, everyday activities bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	328	[ps_soreness_freqdepaul]	Throughout the past month, how often have you had next day soreness or fatigue after non-strenuous, everyday activities?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time

				-88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	329	[ps_soreness_sevdepaul]	Throughout the past month, when you had next day soreness or fatigue after everyday activites, how severe was it?	radio 0 Next day soreness or fatigue not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	330	[ps_fever_burden]	How much do your fever, chills, sweats (flu-like symptoms) bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	331	[ps_fever_freqdepaul]	Throughout the past month, how often have you had flu-like symptoms?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	332	[ps_fever_sevdepaul]	Throughout the past month, when you had flu-like symptoms, how severe were they?	radio 0 Flu-like symptoms not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	333	[ps_flushing_burden]	How much does your flushing bother you (a sudden feeling of warmth and reddening of the face)?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

				-88 I don't know or prefer not to answer Custom alignment: LV
	334	[ps_flushing_freq]	Throughout the past month, how often have you had episodes of flushing?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV
	335	[ps_flushing_sev]	Throughout the past month, when you had episodes of flushing, how severe were they?	radio 0 No flushing episodes 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV
	336	[ps_temp_burden]	How much does feeling hot or cold for no reason bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	337	[ps_temp_freqdepaul]	Throughout the past month, how often have you felt hot or cold for no reason?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	338	[ps_temp_sevdepaul]	Throughout the past month, when you felt hot or cold for now reason, how severe was it?	radio 0 Feeling hot or cold for no reason not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	339	[ps_cold_burden]	How much does having cold limbs bother you?	radio 1 Not at all

				2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	340	[ps_cold_freqdepaul]	Throughout the past month, how often have you had cold limbs (e.g. arms, legs, hands)?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	341	[ps_cold_sevdepaul]	Throughout the past month, when you had cold limbs, how severe was it?	radio 0 Cold limbs not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	342	[ps_sense_burden]	How much does your loss of or change in smell or taste bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	343	[ps_smellsick_burden]	How much does having some smells, foods, medications, or chemicals making you feel sick bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	344	[ps_smellsick_freqdepaul]	Throughout the past month, how often have some smells, foods, medications, or chemicals made you feel sick?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time

				-88 | I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	345	[ps_smellsick_sevdepaul]	Throughout the past month, when smells, foods, medications, or chemicals made you feel sick, how severe was it?	radio 0 | These did not make me feel sick 1 | Mild 2 | Moderate 3 | Severe 4 | Very severe -88 | I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	346	[ps_headache_burden]	How much do your headaches bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	347	[ps_headache_freq]	Throughout the past month, how often have you had headaches?	radio 0 | None of the time 1 | A little of the time 2 | About half the time 3 | Most of the time 4 | All of the time -88 | I don't know or prefer not to answer Custom alignment: LV
	348	[ps_headache_sev]	Throughout the past month, when you had headaches, how severe were they?	radio 0 | No headaches 1 | Mild 2 | Moderate 3 | Severe 4 | Very severe -88 | I don't know or prefer not to answer Custom alignment: LV
	349	[hit6_severe] Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	When you have headaches, how often is the pain severe?	radio (Matrix) 1 | Never 2 | Rarely 3 | Sometimes 4 | Very often 5 | Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	350	[hit6_activities]	How often do headaches limit your ability to do usual daily activities including household work, work, school, or social	radio (Matrix)

		Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	activities?	1 Never 2 Rarely 3 Sometimes 4 Very often 5 Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	351	[hit6_liedown] Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	When you have a headache, how often do you wish you could lie down?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Very often 5 Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	352	[hit6_tootired] Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Very often 5 Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	353	[hit6_concentrate] Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Very often 5 Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	354	[hit6_irritated] Show the field ONLY if: [ps_pain_select(1)]="1" or [ps_headache_calc]="1"	In the past 4 weeks, how often have you felt fed up or irritated because of your headaches	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Very often 5 Always Field Annotation: % HIT-6 https://www.qualitymetric.com/health-surveys-old/the-headache-impact-test-hit-6/ %
	355	[ps_pain_select_b] Show the field ONLY if: [ps_pain_c13(1)]="1" or [ps_pain_c24(1)]="1"	In the YEAR BEFORE [stem_your], where were you having pain? Check all that apply.	checkbox 2 ps_pain_select_b___2 Chest pain (including chest tightness, pressure) 3 ps_pain_select_b___3 Abdomen (belly) 4 ps_pain_select_b___4 Pelvis or genitals 5 ps_pain_select_b___5 Joints 6 ps_pain_select_b___6 Muscles 7 ps_pain_select_b___7 Back/spine

8	ps_pain_select_b___8	Skin
9	ps_pain_select_b___9	Feet
10	ps_pain_select_b___10	Mouth
11	ps_pain_select_b___11	Throat
1	ps_pain_select_b___1	Head pain/headache

Custom alignment: LV
Field Annotation: % NYU % @HIDECHOICE="1"
v6:headache promoted to major symptom

356 [ps_pain_select_a]

Show the field ONLY if: [ps_pain_c13(2)]="1" or [ps_pain_c24(2)]="1"

AROUND [stem_your], where were you having pain? Check all that apply.

checkbox

2	ps_pain_select_a___2	Chest pain (including chest tightness, pressure)
3	ps_pain_select_a___3	Abdomen (belly)
4	ps_pain_select_a___4	Pelvis or genitals
5	ps_pain_select_a___5	Joints
6	ps_pain_select_a___6	Muscles
7	ps_pain_select_a___7	Back/spine
8	ps_pain_select_a___8	Skin
9	ps_pain_select_a___9	Feet
10	ps_pain_select_a___10	Mouth
11	ps_pain_select_a___11	Throat
1	ps_pain_select_a___1	Head pain/headache

Custom alignment: LV
Field Annotation: % NYU % @HIDECHOICE="1"
v6:headache promoted to major symptom

357 [ps_pain_select_pa]

Show the field ONLY if: [ps_pain_c24(3)]="1"

BETWEEN 30 DAYS AFTER [stem_your] AND NOW where were you having pain? Check all that apply

checkbox

2	ps_pain_select_pa___2	Chest pain (including chest tightness, pressure)
3	ps_pain_select_pa___3	Abdomen (belly)
4	ps_pain_select_pa___4	Pelvis or genitals
5	ps_pain_select_pa___5	Joints
6	ps_pain_select_pa___6	Muscles
7	ps_pain_select_pa___7	Back/spine
8	ps_pain_select_pa___8	Skin
9	ps_pain_select_pa___9	Feet
10	ps_pain_select_pa___10	Mouth
11	ps_pain_select_pa___11	Throat
1	ps_pain_select_pa___1	Head pain/headache

Custom alignment: LV
Field Annotation: % NYU % @HIDECHOICE="1"
v6:headache promoted to major symptom

358 [ps_pain_select_funl]

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

In [stem_the], where were you having pain that you no longer have? Check all that apply.

checkbox

2	ps_pain_select_funl___2	Chest pain (including chest tightness, pressure)
3	ps_pain_select_funl___3	Abdomen (belly)
4	ps_pain_select_funl___4	Pelvis or genitals
5	ps_pain_select_funl___5	Joints
6	ps_pain_select_funl___6	Muscles
7	ps_pain_select_funl___7	Back/spine
8	ps_pain_select_funl___8	Skin
9	ps_pain_select_funl___9	Feet

				10 | ps_pain_select_funl___10 | Mouth 11 | ps_pain_select_funl___11 | Throat 1 | ps_pain_select_funl___1 | Head pain/headache Custom alignment: LV Field Annotation: % NYU % @HIDECHOICE="1" v6:headache promoted to major symptom
	359	[ps_pain_select] Show the field ONLY if: [ps_pain_calc] = '1' or ([promis_global07]<>"" and [promis_global07]>=1)	Where have you had pain in the last 30 days? Check all that apply.	checkbox 2 | ps_pain_select___2 | Chest pain (including chest tightness, pressure) 3 | ps_pain_select___3 | Abdomen (belly) 4 | ps_pain_select___4 | Pelvis or genitals 5 | ps_pain_select___5 | Joints 6 | ps_pain_select___6 | Muscles 7 | ps_pain_select___7 | Back/spine 8 | ps_pain_select___8 | Skin 9 | ps_pain_select___9 | Feet 10 | ps_pain_select___10 | Mouth 11 | ps_pain_select___11 | Throat 1 | ps_pain_select___1 | Head pain/headache Custom alignment: LV Field Annotation: % NYU % @HIDECHOICE="1" v6:headache promoted to major symptom; text changed from "RIGHT NOW" to "last 30 days"
	360	[ps_chestpain_burden]	How much does your chest pain bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	361	[saq_actwalk] Show the field ONLY if: [ps_pain_select(2)]="1"	Walking indoors on level ground	radio (Matrix) 1 | Extremely limited 2 | Quite a bit limited 3 | Moderately limited 4 | Slightly limited 5 | Not at all limited 6 | Limited for other reasons or did not do the activity Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	362	[saq_actgarden] Show the field ONLY if: [ps_pain_select(2)]="1"	Gardening, vacuuming, or carrying groceries	radio (Matrix) 1 | Extremely limited 2 | Quite a bit limited 3 | Moderately limited 4 | Slightly limited 5 | Not at all limited 6 | Limited for other reasons or did not do the activity Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %

	363	[saq_actlift] Show the field ONLY if: [ps_pain_select(2)]="1"	Lifting or moving heavy objects (e.g. furniture, children)	radio (Matrix) 1 Extremely limited 2 Quite a bit limited 3 Moderately limited 4 Slightly limited 5 Not at all limited 6 Limited for other reasons or did not do the activity Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	364	[saq_chestpain] Show the field ONLY if: [ps_pain_select(2)]="1"	Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness, or angina?	radio 1 4 or more times per day 2 1-3 times per day 3 3 or more times per week but not every day 4 1-2 times per week 5 Less than once a week 6 None over the past 4 weeks Custom alignment: LV Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	365	[saq_nitroglycerin] Show the field ONLY if: [ps_pain_select(2)]="1"	Over the past 4 weeks, on average, how many times have you had to take nitroglycerin (tablets or spray) for your chest pain, chest tightness, or angina?	radio 1 4 or more times per day 2 1-3 times per day 3 3 or more times per week but not every day 4 1-2 times per week 5 Less than once a week 6 None over the past 4 weeks Custom alignment: LV Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	366	[saq_enjoyment] Show the field ONLY if: [ps_pain_select(2)]="1"	Over the past 4 weeks, how much has your chest pain, chest tightness, or angina limited your enjoyment of life?	radio 1 It has extremely limited my enjoyment of life 2 It has limited my enjoyment of life quite a bit 3 It has moderately limited my enjoyment of life 4 It has slightly limited my enjoyment of life 5 It has not limited my enjoyment of life at all Custom alignment: LV Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	367	[saq_restoflife] Show the field ONLY if: [ps_pain_select(2)]="1"	If you had to spend the rest of your life with your chest pain, chest tightness, or angina the way it is right now, how would you feel about this?	radio 1 Not satisfied at all 2 Mostly dissatisfied 3 Somewhat satisfied 4 Mostly satisfied 5 Completely satisfied Custom alignment: LV Field Annotation: % Seattle Angina Questionnaire https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282595/ %
	368	[ps_bellypain_burden]	How much does your abdominal (belly) pain bother you?	radio

				1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	369	[compass31pain_cramp]	In the past year, have you had a cramping or colicky abdominal pain?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	370	[compass31painfu_cramp]	In the past three months, have you had a cramping or colicky abdominal pain?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	371	[compass31pain_crampsev]	How severe are these episodes of cramping or colicky abdominal pain?	radio 0 Not at all 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % COMPASS-31 %
	372	[ps_pelvicpain_burden]	How much does your pelvic or genital pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	373	[ps_jointpain_burden]	How much does your joint pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	374	[ps_jointpain_freq]	Throughout the past month, how often have you had joint pain?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time

				4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV
	375	[ps_jointpain_sev]	Throughout the past month, when you had joint pain, how severe was it?	radio 0 No joint pain 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV
	376	[ps_muscpain_burden]	How much does your muscle pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	377	[ps_muscpain_freqdepaul]	Throughout the past month, how often have you had pain or aching in your muscles?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	378	[ps_muscpain_sevdepaul]	Throughout the past month, when you had pain or aching in your muscles, how severe was it?	radio 0 Pain or aching in the muscles not present 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	379	[ps_backpain_burden]	How much does your back or spinal pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	380	[ps_skinpain_burden]	How much does your skin pain bother you?	radio

				1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	381	[ps_footpain_burden]	How much does your foot pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	382	[ps_mouthpain_burden]	How much does your mouth pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	383	[ps_throatpain_burden]	How much does your throat pain bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	384	[ps_sob_burden]	How much does your shortness of breath bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	385	[mmrc_dyspnea] Show the field ONLY if: [ps_sob_calc]="1"	Which of the following best describes your shortness of breath?	radio 0 I only get breathless with strenuous exercise. 1 I get short of breath when hurrying on the level or walking up a slight hill. 2 I walk slower than people of the same age on the level because of breathlessness, or I have to stop for breath when walking on my own pace on the level. 3 I stop for breath after walking about 100 meters or after a few minutes on level ground.

				4 | I am too breathless to leave the house or I am breathless when dressing or undressing. Custom alignment: LV Field Annotation: % mMRC dyspnea scale https://www.mdcalc.com/mmrc-modified-medical-research-council-dyspnea-scale %
	386	[ps_cough_burden]	How much does your persistent (chronic) cough bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	387	[ps_heart_burden]	How much do your palpitations, racing heart, arrhythmia, or skipped beats bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	388	[ps_swelllegs_burden]	How much does the swelling of your legs bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	389	[nerve_which_b] Show the field ONLY if: [ps_nerve_c13(1)]="1" or [ps_nerve_c24(1)]="1"	In the YEAR BEFORE [stem_your], which nerve problems did you have? Check all that apply.	checkbox 1 | nerve_which_b___1 | Tremor 2 | nerve_which_b___2 | Abnormal movements 3 | nerve_which_b___3 | Numbness, tingling, burning 4 | nerve_which_b___4 | Inability to move part of body 5 | nerve_which_b___5 | Seizures Custom alignment: LV Field Annotation: % NYU %
	390	[nerve_which_a] Show the field ONLY if: [ps_nerve_c13(2)]="1" or [ps_nerve_c24(2)]="1"	AROUND [stem_your], which nerve problems did you have? Check all that apply.	checkbox 1 | nerve_which_a___1 | Tremor 2 | nerve_which_a___2 | Abnormal movements 3 | nerve_which_a___3 | Numbness, tingling, burning 4 | nerve_which_a___4 | Inability to move part of body 5 | nerve_which_a___5 | Seizures Custom alignment: LV Field Annotation: % NYU %
	391	[nerve_which_pa] Show the field ONLY if: [ps_nerve_c24(3)]="1"	BETWEEN 30 DAY AFTER [stem_your] AND NOW, which nerve problems did you have? Check all that apply.	checkbox 1 | nerve_which_pa___1 | Tremor 2 | nerve_which_pa___2 | Abnormal movements 3 | nerve_which_pa___3 | Numbness, tingling, burning

				4 | nerve_which_pa___4 | Inability to move part of body 5 | nerve_which_pa___5 | Seizures Custom alignment: LV Field Annotation: % NYU %
	392	[nerve_which_funl] Show the field ONLY if: [ps_nerve_fu]="1"	In [stem_the], which nerve problems did you have that you no longer have? Check all that apply.	checkbox 1 | nerve_which_funl___1 | Tremor 2 | nerve_which_funl___2 | Abnormal movements 3 | nerve_which_funl___3 | Numbness, tingling, burning 4 | nerve_which_funl___4 | Inability to move part of body 5 | nerve_which_funl___5 | Seizures Custom alignment: LV Field Annotation: % NYU %
	393	[nerve_which] Show the field ONLY if: [ps_nerve_calc]="1"	Which nerve problems have you had in the last 30 days? Check all that apply.	checkbox 1 | nerve_which___1 | Tremor 2 | nerve_which___2 | Abnormal movements 3 | nerve_which___3 | Numbness, tingling, burning 4 | nerve_which___4 | Inability to move part of body 5 | nerve_which___5 | Seizures Custom alignment: LV Field Annotation: % NYU % v6: changed from "RIGHT NOW" to "last 30 days"
	394	[ps_tremors_burden]	How much do your tremors bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	395	[ps_abmove_burden]	How much do your abnormal movements bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	396	[ps_numbness_burden]	How much does your nerve numbness, tingling, or burning bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	397	[mi_neuro_1] Show the field ONLY if:	Are your legs and/or feet numb?	radio (Matrix) 1 | Yes

		[nerve_which(3)]="1"		2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	398	[mi_neuro_2] Show the field ONLY if: [nerve_which(3)]="1"	Do you ever have any burning pain in your legs and/or feet?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	399	[mi_neuro_3] Show the field ONLY if: [nerve_which(3)]="1"	Are your feet too sensitive to touch?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	400	[mi_neuro_4] Show the field ONLY if: [nerve_which(3)]="1"	Do you get muscle cramps in your legs and/or feet?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	401	[mi_neuro_5] Show the field ONLY if: [nerve_which(3)]="1"	Do you ever have any prickling feelings in your legs or feet?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	402	[mi_neuro_6] Show the field ONLY if: [nerve_which(3)]="1"	Does it hurt when the bed covers touch your skin?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	403	[mi_neuro_7] Show the field ONLY if: [nerve_which(3)]="1"	When you get into the tub or shower, are you able to tell the hot water from the cold water?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	404	[mi_neuro_8] Show the field ONLY if: [nerve_which(3)]="1"	Have you ever had an open sore on your foot?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %

	405	[mi_neuro_9] Show the field ONLY if: [nerve_which(3)]="1"	Has your doctor ever told you that you have diabetic neuropathy?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	406	[mi_neuro_10] Show the field ONLY if: [nerve_which(3)]="1"	Do you feel weak all over most of the time?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	407	[mi_neuro_11] Show the field ONLY if: [nerve_which(3)]="1"	Are your symptoms worse at night?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	408	[mi_neuro_12] Show the field ONLY if: [nerve_which(3)]="1"	Do your legs hurt when you walk?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	409	[mi_neuro_13] Show the field ONLY if: [nerve_which(3)]="1"	Are you able to sense your feet when you walk?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	410	[mi_neuro_14] Show the field ONLY if: [nerve_which(3)]="1"	Is the skin on your feet so dry that it cracks open?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	411	[mi_neuro_15] Show the field ONLY if: [nerve_which(3)]="1"	Have you ever had an amputation?	radio (Matrix) 1 Yes 2 No Field Annotation: #michigan_neuropathy_screening_instrument#% https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641573/ %
	412	[ps_weak_burden]	How much does the weakness in your arms or legs bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit

				5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	413	[promis_pfa11] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to do chores such as vacuuming or yard work?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: # promis physical function sf4a #
	414	[promis_pfa21] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to go up and down stairs at a normal pace?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: # promis physical function sf4a #
	415	[promis_pfa23] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to go for a walk of at least 15 minutes?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: # promis physical function sf4a #
	416	[promis_pfa53] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to run errands and shop?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: # promis physical function sf4a #
	417	[neuroqol_pfa40] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to turn a key in a lock?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	418	[neuroqol_pfa50] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to brush your teeth?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In

				REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	419	[neuroqol_nquex44] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to make a phone call using a touch tone key-pad?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	420	[neuroqol_pfb21] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to pick up coins from a table top?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	421	[neuroqol_pfa43] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to write with a pen or pencil?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	422	[neuroqol_pfa35] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to open and close a zipper?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	423	[neuroqol_pfa55] Show the field ONLY if: ([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")	Are you able to wash and dry your body?	radio (Matrix) 5 Without any difficulty 4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	424	[neuroqol_pfb26] Show the field ONLY if:	Are you able to shampoo your hair?	radio (Matrix) 5 Without any difficulty

		([ps_weak_calc]="1") or ([promis_global06]<>"" and [promis_global06]<5) or ([nerve_which(3)]="1") or ([nerve_which(4)]="1")		4 With a little difficulty 3 With some difficulty 2 With much difficulty 1 Unable to do Field Annotation: #neuroqol_sf_v10_uex_fnct_finemotor_adl#% In REDCap: Neuro-QOL SF v1.0 - UEx Fnct (FineMotor, ADL) %
	425	[ps_seizure_burden]	How much do your seizures bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	426	[ps_think_burden]	How much do your problems thinking or concentrating ("brain fog") bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	427	[ps_remember_freqdepaul]	Throughout the past month, how often have you had problems remembering things?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	428	[ps_remember_sevdepaul]	Throughout the past month, when you had problems remembering things, how severe was it?	radio 0 No problems remembering things 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	429	[nqcog_nqcog64r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	I had to read something several times to understand it:	radio (Matrix) 5 Never 4 Rarely (once) 3 Sometimes (2-3 times) 2 Often (once a day)

				1 Very often (several times a day) Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	430	[nqcog_nqcog75r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	My thinking was slow:	radio (Matrix) 5 Never 4 Rarely (once) 3 Sometimes (2-3 times) 2 Often (once a day) 1 Very often (several times a day) Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	431	[nqcog_nqcog77r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	I had to work really hard to pay attention or I would make a mistake:	radio (Matrix) 5 Never 4 Rarely (once) 3 Sometimes (2-3 times) 2 Often (once a day) 1 Very often (several times a day) Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	432	[nqcog_nqcog80r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	I had trouble concentrating:	radio (Matrix) 5 Never 4 Rarely (once) 3 Sometimes (2-3 times) 2 Often (once a day) 1 Very often (several times a day) Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	433	[nqcog_nqcog22r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	reading and following complex interactions (e.g., directions for a new medication)?	radio (Matrix) 5 None 4 A little 3 Somewhat 2 A lot 1 Cannot do Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	434	[nqcog_nqcog24r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	planning for and keeping appointments that are not part of your weekly routine (e.g. a therapy or doctor appointment, or a social gather with friends and family)?	radio (Matrix) 5 None 4 A little 3 Somewhat 2 A lot 1 Cannot do Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	435	[nqcog_nqcog25r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	managing your time to do most of your daily activities?	radio (Matrix) 5 None 4 A little 3 Somewhat 2 A lot 1 Cannot do

				Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	436	[nqcog_nqcog40r1] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	learning new tasks or instructions?	radio (Matrix) 5 None 4 A little 3 Somewhat 2 A lot 1 Cannot do Field Annotation: % Neuro-QoL v2.0 Cognition Short Form %
	437	[nqcog_attention_sev] Show the field ONLY if: ([ps_think_calc]="1") or ([promis_global04]="1" or [promis_global04]="2")	concentrating?	radio (Matrix) 5 None 4 A little 3 Somewhat 2 A lot 1 Cannot do Field Annotation: % Added to provide severity question for DePaul purposes %
	438	[ps_sleep_burden]	How much do your sleep problems bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	439	[snore] Show the field ONLY if: [ps_sleep_calc]="1"	Has anyone ever told you that you have sleep apnea (stopping breathing during sleep) or that you snore 3 or more times a week?	radio 1 Yes 0 No -88 Prefer not to answer Custom alignment: LV
	440	[sleep_machine]	Have you been told by a doctor to use a pressure machine (e.g. PAP, CPAP, BiPAP) or dental device for your sleep problem?	radio 1 Yes 0 No -88 Prefer not to answer Custom alignment: LV
	441	[promis_sleep109] Show the field ONLY if: [ps_sleep_calc]="1"	My sleep quality was	radio (Matrix) 1 Very poor 2 Poor 3 Fair 4 Good 5 Very good Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	442	[promis_sleep116] Show the field ONLY if: [ps_sleep_calc]="1"	My sleep was refreshing	radio (Matrix) 1 Not at all 2 A little bit

				3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	443	[promis_sleep20] Show the field ONLY if: [ps_sleep_calc]="1"	I had a problem with my sleep	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	444	[promis_sleep44] Show the field ONLY if: [ps_sleep_calc]="1"	I had difficulty falling asleep	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	445	[promis_sleep108] Show the field ONLY if: [ps_sleep_calc]="1"	My sleep was restless	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	446	[promis_sleep72] Show the field ONLY if: [ps_sleep_calc]="1"	I tried hard to get to sleep	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	447	[promis_sleep67] Show the field ONLY if: [ps_sleep_calc]="1"	I worried about not being able to fall asleep	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

				Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	448	[promis_sleep115] Show the field ONLY if: [ps_sleep_calc]="1"	I was satisfied with my sleep	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much Field Annotation: % PROMIS Sleep Disturbance 8a https://www.healthmeasures.net/index.php?option=com_instruments&view=measure&id=183&Itemid=%
	449	[ps_sleep_freq]	In the past 7 days, my sleep was refreshing:	radio 0 None of the time 1 A little of the time 2 About half of the time 3 Most of the time 4 All of the time Custom alignment: LV
	450	[ps_vision_burden]	How much do your vision problems bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	451	[compass31_lightyn]	In the past year, without sunglasses or tinted glasses, has bright light bothered your eyes?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	452	[compass31fu_lightyn]	In the past three months, without sunglasses or tinted glasses, has bright light bothered your eyes?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	453	[compass31_lightsev] Show the field ONLY if: ([compass31_lightyn]<>"" and [compass31_lightyn]<>"1") or ([compass31fu_lightyn]<>"" and [compass31fu_lightyn]<>"1")	How severe is this sensitivity to bright light?	radio 1 Mild 2 Moderate 3 Severe Custom alignment: LV Field Annotation: % COMPASS-31 %
	454	[compass31_focusyn]	In the past year, have you had trouble focusing your eyes?	radio

				1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	455	[compass31fu_focusyn]	In the past three months, have you had trouble focusing your eyes?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	456	[compass31_focussev] Show the field ONLY if: ([compass31_focusyn]<>"" and [compass31_focusyn]<>"1") or ([compass31fu_focusyn]<>"" and [compass31fu_focusyn]<>"1")	How severe is this focusing problem?	radio 1 Mild 2 Moderate 3 Severe Custom alignment: LV Field Annotation: % COMPASS-31 %
	457	[compass31_vistraj] Show the field ONLY if: [compass31_lightyn]>1 or [compass31_focusyn]>1 or [compass31fu_lightyn]>1 or [compass31fu_focusyn]>1	Is the most troublesome symptom with your eyes (ie, sensitivity to bright light or trouble focusing) getting:	radio 1 I have not had any of these symptoms 2 Much worse 3 Somewhat worse 4 Staying about the same 5 Somewhat better 6 Much better 7 Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	458	[vfq_2] Show the field ONLY if: [ps_vision_calc] = '1'	At the present time, would you say your eyesight using both eyes (with glasses or contact lenses, if you wear them) is excellent, good, fair, poor, or very poor or are you completely blind?	radio 1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Completely Blind Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	459	[vfq_3] Show the field ONLY if: [ps_vision_calc] = '1'	How much of the time do you worry about your eyesight?	radio 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 Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %

	460	[vfq_4] Show the field ONLY if: [ps_vision_calc] = '1'	How much pain or discomfort have you had in and around your eyes (for example, burning, itching, or aching)? Would you say it is:	radio 1 None 2 Mild 3 Moderate 4 Severe 5 Very severe Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	461	[vfq_5] Show the field ONLY if: [ps_vision_calc] = '1'	How much difficulty do you have reading ordinary print in newspapers? Would you say you have:	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	462	[vfq_6] Show the field ONLY if: [ps_vision_calc] = '1'	How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, sewing, fixing things around the house, or using hand tools? Would you say:	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	463	[vfq_7] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have finding something on a crowded shelf?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	464	[vfq_8] Show the field ONLY if: [ps_vision_calc] = '1'	How much difficulty do you have reading street signs or the names of stores?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty

				5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	465	[vfq_9] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have going down steps, stairs, or curbs in dim light or at night?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	466	[vfq_10] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	467	[vfq_11] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have seeing how people react to things you say?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	468	[vfq_12] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have picking out and matching your own clothes?	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Stopped doing this because of your eyesight 6 Stopped doing this for other reasons or not interested in doing this

				Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	469	[vfq_13] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have visiting with people in their homes, at parties, or in restaurants?	radio 1, No difficulty at all 2, A little difficulty 3, Moderate difficulty 4, Extreme difficulty 5, Stopped doing this because of your eyesight 6, Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	470	[vfq_14] Show the field ONLY if: [ps_vision_calc] = '1'	Because of your eyesight, how much difficulty do you have going out to see movies, plays, or sports events?	radio 1, No difficulty at all 2, A little difficulty 3, Moderate difficulty 4, Extreme difficulty 5, Stopped doing this because of your eyesight 6, Stopped doing this for other reasons or not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	471	[vfq_15] Show the field ONLY if: [ps_vision_calc] = '1'	Are you currently driving, at least once in a while?	radio 1, Yes 2, No Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	472	[vfq_15a] Show the field ONLY if: [vfq_15] = '2'	Have you never driven a car or have you given up driving?	radio 1, Never drove 2, Gave up Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	473	[vfq_15b] Show the field ONLY if: [vfq_15a] = '2'	Was that mainly because of your eyesight, mainly for some other reason, or because of both your eyesight and other reasons?	radio 1, Mainly eyesight 2, Mainly other reasons 3, Both eyesight and other reasons Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %

	474	[vfq_15c] Show the field ONLY if: [vfq_15] = '1'	How much difficulty do you have driving during the daytime in familiar places? Would you say you have:	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	475	[vfq_16] Show the field ONLY if: [vfq_15]="1"	How much difficulty do you have driving at night? Would you say you have:	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Have you stopped doing this because of your eyesight 6 Have you stopped doing this for other reasons or are you not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	476	[vfq_16a] Show the field ONLY if: [vfq_15]="1"	How much difficulty do you have driving in difficult conditions, such as in bad weather, during rush hour, on the freeway, or in city traffic? Would you say you have:	radio 1 No difficulty at all 2 A little difficulty 3 Moderate difficulty 4 Extreme difficulty 5 Have you stopped doing this because of your eyesight 6 Have you stopped doing this for other reasons or are you not interested in doing this Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	477	[vfq_17] Show the field ONLY if: [ps_vision_calc] = '1'	Do you accomplish less than you would like because of your vision?	radio 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	478	[vfq_18] Show the field ONLY if: [ps_vision_calc] = '1'	Are you limited in how long you can work or do other activities because of your vision?	radio 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time

				Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	479	[vfq_19] Show the field ONLY if: [ps_vision_calc] = '1'	How much does pain or discomfort in or around your eyes, for example, burning, itching, or aching, keep you from doing what you'd like to be doing? Would you say:	radio 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	480	[vfq_20] Show the field ONLY if: [ps_vision_calc] = '1'	I stay home most of the time because of my eyesight	radio 1 Definitely true 2 Mostly true 3 Not sure 4 Mostly false 5 Definitely false Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	481	[vfq_21] Show the field ONLY if: [ps_vision_calc] = '1'	I feel frustrated a lot of the time because of my eyesight	radio 1 Definitely true 2 Mostly true 3 Not sure 4 Mostly false 5 Definitely false Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	482	[vfq_22] Show the field ONLY if: [ps_vision_calc] = '1'	I have much less control over what I do, because of my eyesight.	radio 1 Definitely true 2 Mostly true 3 Not sure 4 Mostly false 5 Definitely false Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	483	[vfq_23] Show the field ONLY if: [ps_vision_calc] = '1'	Because of my eyesight, I have to rely too much on what other people tell me	radio 1 Definitely true 2 Mostly true 3 Not sure 4 Mostly false 5 Definitely false

				Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	484	[vfq_24] Show the field ONLY if: [ps_vision_calc] = '1'	I need a lot of help from others because of my eyesight	radio 1, Definitely true 2, Mostly true 3, Not sure 4, Mostly false 5, Definitely false Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	485	[vfq_25] Show the field ONLY if: [ps_vision_calc] = '1'	I worry about doing things that will embarrass myself or others, because of my eyesight	radio 1, Definitely true 2, Mostly true 3, Not sure 4, Mostly false 5, Definitely false Custom alignment: LV Field Annotation: #national_eye_institute_visual_functioning_question#% https://www.nei.nih.gov/sites/default/files/2019-06/vfq_sa.pdf %
	486	[ps_rash_burden]	How much does your skin rash bother you?	radio 1, Not at all 2, A little bit 3, Somewhat 4, Quite a bit 5, Very much -88, I don't know or prefer not to answer Custom alignment: LV
	487	[ps_itching_itchburden]	How much does itching bother you?	radio 1, Not at all 2, A little bit 3, Somewhat 4, Quite a bit 5, Very much -88, I don't know or prefer not to answer Custom alignment: LV
	488	[ps_itching_itchfreq]	Throughout the past month, how often have you had episodes of itching?	radio 0, None of the time 1, A little of the time 2, About half the time 3, Most of the time 4, All of the time -88, I don't know or prefer not to answer Custom alignment: LV

	489	[ps_itching_itchsev]	Throughout the past month, when you had episodes of itching, how severe were they?	radio 0 No itching 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV
	490	[ps_itching_hiveburden]	How much do hives (skin redness or swelling) bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	491	[ps_itching_hivefreq]	Throughout the past month, how often have you had episodes of hives?	radio 0 None of the time 1 A little of the time 2 About half the time 3 Most of the time 4 All of the time -88 I don't know or prefer not to answer Custom alignment: LV
	492	[ps_itching_hivesev]	Throughout the past month, when you had episodes of hives, how severe were they?	radio 0 No hives 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV
	493	[ps_anaphylaxis_burden]	How much do your severe allergic reactions bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	494	[ps_thirst_burden]	How much does your excessive thirst bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV

	495	[ps_hearing_burden]	How much do your problems with hearing (hearing loss or ringing in ears) bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	496	[ps_bald_burden]	How much does your hair loss bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	497	[ps_teeth_burden]	How much do your problems with teeth bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	498	[ps_goofy_burden]	How much does feeling faint, dizzy, or goofy bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	499	[compass31_faintfreq]	When standing up, how frequently do you get these feelings or symptoms?	radio 1 Rarely 2 Occasionally 3 Frequently 4 Almost always Custom alignment: LV Field Annotation: % COMPASS-31 %
	500	[compass31_faintsev]	How would you rate the severity of these feelings or symptoms?	radio 1 Mild 2 Moderate 3 Severe Custom alignment: LV Field Annotation: % COMPASS-31 %
	501	[compass31_fainttraj]	In the past year, have these feelings or symptoms that you have experienced:	radio 1 Gotten much worse 2 Gotten somewhat worse 3 Stayed about the same

				4 | Gotten somewhat better 5 | Gotten much better 6 | Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	502	[compass31fu_fainttraj]	In the past three months, have these feelings or symptoms that you have experienced:	radio 1 | Gotten much worse 2 | Gotten somewhat worse 3 | Stayed about the same 4 | Gotten somewhat better 5 | Gotten much better 6 | Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	503	[ps_color_burden]	How much does the change in your skin color bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	504	[compass31_colorloc]	What parts of your body are affected by these color changes? (check all that apply)	checkbox 1 | compass31_colorloc___1 | Hands 2 | compass31_colorloc___2 | Feet Custom alignment: LV Field Annotation: % COMPASS-31 %
	505	[compass31_colortraj]	Are these changes in your skin color:	radio 1 | Getting much worse 2 | Getting somewhat worse 3 | Staying about the same 4 | Getting somewhat better 5 | Getting much better 6 | Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	506	[compass31_sweatyn]	In the past 5 years, what changes, if any, have occurred in your general body sweating?	radio 1 | I sweat much more than I used to 2 | I sweat somewhat more than I used to 3 | I haven't noticed any changes in my sweating 4 | I sweat somewhat less than I used to 5 | I sweat much less than I used to Custom alignment: LV Field Annotation: % COMPASS-31 %
	507	[compass31fu_sweatyn]	In the past three months, what changes, if any, have occurred in your general body sweating?	radio 1 | I sweat much more than I used to 2 | I sweat somewhat more than I used to 3 | I haven't noticed any changes in my sweating 4 | I sweat somewhat less than I used to

				5 | I sweat much less than I used to Custom alignment: LV Field Annotation: % COMPASS-31 %
	508	[compass31_dryeyesyn]	Do your eyes feel excessively dry?	radio 1 | Yes 0 | No Custom alignment: LV Field Annotation: % COMPASS-31 %
	509	[ps_dryeyes_burden]	How much do your excessively dry eyes bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	510	[ps_drymouth_burden]	How much does your excessively dry mouth bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit 5 | Very much -88 | I don't know or prefer not to answer Custom alignment: LV
	511	[compass31_drymouthtraj]	For the symptom of dry mouth that you had had for the longest period of time, is this symptom:	radio 1 | I have not had any of these symptoms 2 | Getting much worse 3 | Getting somewhat worse 4 | Staying about the same 5 | Getting somewhat better 6 | Getting much better 7 | Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	512	[compass31_drymouthtrajv2]	For the symptom of dry eyes or dry mouth that you had had for the longest period of time, is this symptom:	radio 1 | I have not had any of these symptoms 2 | Getting much worse 3 | Getting somewhat worse 4 | Staying about the same 5 | Getting somewhat better 6 | Getting much better 7 | Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	513	[ps_gastro_burden]	How much do your belly symptoms bother you?	radio 1 | Not at all 2 | A little bit 3 | Somewhat 4 | Quite a bit

				5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	514	[compass31_fullrate]	In the past year, have you noticed any changes in how quickly you get full when eating a meal?	radio 1 I get full a lot more quickly than I used to 2 I get full more quickly than I used to 3 I haven't noticed any change 4 I get full less quickly than I used to 5 I get full a lot less quickly than I used to Custom alignment: LV Field Annotation: % COMPASS-31 %
	515	[compass31fu_fullrate]	In the past three months, have you noticed any changes in how quickly you get full when eating a meal?	radio 1 I get full a lot more quickly than I used to 2 I get full more quickly than I used to 3 I haven't noticed any change 4 I get full less quickly than I used to 5 I get full a lot less quickly than I used to Custom alignment: LV Field Annotation: % COMPASS-31 %
	516	[compass31_bloated]	In the past year, have you felt excessively full or persistently full (bloated feeling) after a meal?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	517	[compass31fu_bloated]	In the past three months, have you felt excessively full or persistently full (bloated feeling) after a meal?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	518	[ps_bloated_sevdepaul]	When you felt bloated, how severe was it?	radio 0 Did not feel bloated 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % DePaul Short Form for ME/CFS https://www.researchgate.net/publication/358281810_DeP_Short_Form_DSQ-SF %
	519	[compass31_vomit]	In the past year, have you ever vomited after a meal?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	520	[compass31fu_vomit]	In the past three months, have you ever vomited after a meal?	radio 1 Never

				2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	521	[compass31_cramp]	In the past year, have you had a cramping or colicky abdominal pain?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	522	[compass31fu_cramp]	In the past three months, have you had a cramping or colicky abdominal pain?	radio 1 Never 2 Sometimes 3 A lot of the time Custom alignment: LV Field Annotation: % COMPASS-31 %
	523	[compass31_crampsev]	How severe are these episodes of crampy abdominal pain?	radio 0 Not at all 1 Mild 2 Moderate 3 Severe 4 Very severe -88 I don't know or prefer not to answer Custom alignment: LV Field Annotation: % COMPASS-31 %
	524	[compass31_diarryn]	In the past year, have you had any bouts of diarrhea?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: % COMPASS-31 %
	525	[compass31fu_diarryn]	In the past three months, have you had any bouts of diarrhea?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: % COMPASS-31 %
	526	[compass31_diarrfreq] Show the field ONLY if: [compass31_diarryn]="1" or [compass31fu_diarryn]="1"	How frequently does this diarrhea occur?	radio 1 Rarely 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	527	[compass31_diarrsev] Show the field ONLY if: [compass31_diarryn]="1" or [compass31fu_diarryn]="1"	How severe are these bouts of diarrhea?	radio 1 Mild 2 Moderate 3 Severe Custom alignment: LV Field Annotation: % COMPASS-31 %
	528	[compass31_diarrtraj] Show the field ONLY if:	Are your bouts of diarrhea getting:	radio 1 Much worse

		[compass31_diarryn]="1" or [compass31fu_diarryn]="1"		2 Somewhat worse 3 Staying the same 4 Somewhat better 5 Much better 6 Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	529	[compass31_constyn]	In the past year, have you been constipated?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: % COMPASS-31 %
	530	[compass31fu_constyn]	In the past three months, have you been constipated?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: % COMPASS-31 %
	531	[compass31_constfreq] Show the field ONLY if: [compass31_constyn]="1" or [compass31fu_constyn]="1"	How frequently are you constipated?	radio 1 Rarely 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	532	[compass31_constsev] Show the field ONLY if: [compass31_constyn]="1" or [compass31fu_constyn]="1"	How severe are these episodes of constipation?	radio 1 Mild 2 Moderate 3 Severe Custom alignment: LV Field Annotation: % COMPASS-31 %
	533	[compass31_consttraj] Show the field ONLY if: [compass31_constyn]="1" or [compass31fu_constyn]="1"	Is your constipation getting:	radio 1 Much worse 2 Somewhat worse 3 Staying the same 4 Somewhat better 5 Much better 6 Completely gone Custom alignment: LV Field Annotation: % COMPASS-31 %
	534	[ps_bladder_burden]	How much do your bladder problems bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	535	[compass31_controlbladder]	In the past year, have you ever lost control of your bladder function?	radio 1 Never

				2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	536	[compass31fu_controlbladder]	In the past three months, have you ever lost control of your bladder function?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	537	[compass31_urinepass]	In the past year, have you had difficulty passing urine?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	538	[compass31fu_urinepass]	In the past three months, have you had difficulty passing urine?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	539	[compass31_emptybladder]	In the past year, have you had trouble completely emptying your bladder?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	540	[compass31fu_emptybladder]	In the past three months, have you had trouble completely emptying your bladder?	radio 1 Never 2 Occasionally 3 Frequently 4 Constantly Custom alignment: LV Field Annotation: % COMPASS-31 %
	541	[ps_menstrual_burden]	How much do the changes to your menstrual cycle bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	542	[menses_freq]	Are your periods:	radio

		Show the field ONLY if: [ps_menstrual_calc]="1"		1 More frequent 2 Less frequent 3 About the same frequency Custom alignment: LV
	543	[menses_bleeding] Show the field ONLY if: [ps_menstrual_calc]="1"	Is the bleeding during your period:	radio 1 Heavier 2 Lighter 3 About the same Custom alignment: LV
	544	[ps_menopause_burden]	How much do the changes to your menopause symptoms bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	545	[meno_hotflash] Show the field ONLY if: [ps_menopause_calc]="1"	Have your hot flashes become more frequent?	radio 1 Yes 0 No Custom alignment: LV
	546	[ps_fertility_burden]	How much do the changes in your fertility or difficulty getting pregnant bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	547	[fertility_procs] Show the field ONLY if: [ps_fertility_calc]="1"	Have you had any treatment for infertility including medications or procedures such as IVF?	radio 1 Yes 0 No Custom alignment: LV
	548	[ps_sex_burden]	How much do your changes in desire for, comfort with, or capacity for sex bother you?	radio 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much -88 I don't know or prefer not to answer Custom alignment: LV
	549	[showq_1] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, how satisfied were you with the frequency of your sexual activity (with or without a partner)?	radio 1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied 4 Somewhat dissatisfied 5 Very dissatisfied

				Field Annotation: % SHOW-Q %
	550	[showq_2] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, how satisfied in general have you been with your ability to have and enjoy sex (with or without a partner)?	radio 1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied 4 Somewhat dissatisfied 5 Very dissatisfied 6 I don't have a partner/I don't have sex without a partner Field Annotation: % SHOW-Q %
	551	[showq_3] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, when you had sexual activity, how much of the time did you experience orgasm?	radio 1 Never 2 Rarely 3 Sometimes 4 Most of the time 5 All of the time 6 I did not have sexual activity Field Annotation: % SHOW-Q %
	552	[showq_4] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, when you had sexual activity, how much of the time did you feel satisfied after sexual activity?	radio 1 Never 2 Rarely 3 Sometimes 4 Most of the time 5 All of the time 6 I did not have sexual activity Field Annotation: % SHOW-Q %
	553	[showq_5] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, when you experienced orgasm, how strong or intense was the orgasm on average?	radio 1 Did not experience any orgasms 2 Mild 3 Moderate 4 Strong Field Annotation: % SHOW-Q %
	554	[showq_6] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, how much of a problem was difficulty in having an orgasm?	radio 1 Not a problem 2 Little of a problem 3 Somewhat of a problem 4 Very much of a problem 5 I did not have sexual activity Field Annotation: % SHOW-Q %
	555	[showq_7] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, how much of a problem was lack of sexual interest?	radio 1 Not a problem 2 Little of a problem 3 Somewhat of a problem 4 Very much of a problem 5 I did not have sexual activity Field Annotation: % SHOW-Q %
	556	[showq_8] Show the field ONLY if:	During the past 4 weeks, how often did you desire sex (with or without a partner?)	radio 1 Never

		[ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")		2 Once or twice 3 3-4 times 4 5-6 times 5 More than 6 times Field Annotation: % SHOW-Q %
	557	[showq_9] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, how much of a problem was inability to relax and enjoy sex?	radio 1 Not a problem 2 Little of a problem 3 Somewhat of a problem 4 Very much of a problem 5 I did not have sexual activity Field Annotation: % SHOW-Q %
	558	[showq_10] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, to what extent has your bleeding interfered with your normal or regular sexual activity (with or without a partner)?	radio 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely Field Annotation: % SHOW-Q %
	559	[showq_11] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, to what extent has your pelvic pain or discomfort interfered with your normal or regular sexual activity (with or without a partner)?	radio 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely Field Annotation: % SHOW-Q %
	560	[showq_12] Show the field ONLY if: [ps_sex_calc]="1" and ([baseline_arm_1][biosex]="1" or [baseline_arm_1][biosex]="2")	During the past 4 weeks, to what extent have your pelvic problems overall interfered with your normal or regular sexual activity (with or without a partner)?	radio 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely Field Annotation: % SHOW-Q %
	561	[uclapros_1] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	Your level of sexual desire?	radio 1 Very poor 2 Poor 3 Fair 4 Good 5 Very good Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	562	[uclapros_2] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	Your ability to have an erection?	radio 1 Very poor 2 Poor 3 Fair 4 Good 5 Very good

				Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	563	[uclapros_3] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	Your ability to reach orgasm (climax)?	radio 1, Very poor 2, Poor 3, Fair 4, Good 5, Very good Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	564	[uclapros_4] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	How would you describe the usual quality of your erections?	radio 0, None at all 1, Not firm enough for any sexual activity 2, Firm enough for masturbation and foreplay only 3, Firm enough for intercourse Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	565	[uclapros_5] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	How would you describe the frequency of your erections?	radio 0, I never had an erection when I wanted one 1, I had an erection less than half the time I wanted one 2, I had an erection about half the time I wanted one 3, I had an erection more than half the time I wanted one 4, I had an erection whenever I wanted one Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	566	[uclapros_6] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	How often have you awakened in the morning or night with an erection?	radio 0, Never 1, Seldom (less than 25% of the time) 2, Not often (less that half the time) 3, Often (more than half the time) 4, Very often (more than 75% of the time) Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	567	[uclapros_7] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	During the last 4 weeks did you have vaginal or anal intercourse?	radio 0, No 1, Yes, once 2, Yes, more than once Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	568	[uclapros_8] Show the field ONLY if: [ps_sex_calc]="1" and [baseline_arm_1][biosex]="0"	Overall, how would you rate your ability to function sexually during the last 4 weeks?	radio 1, Very poor 2, Poor 3, Fair 4, Good

				5 | Very good Custom alignment: LV Field Annotation: UCLA Prostate Cancer Index Sexual Function Scale
	569	[phq_2score]	Section Header: PHQ-2 score:	calc Calculation: sum([phq_1],[phq_2]) Field Annotation: @HIDDEN @HIDDEN-PDF
	570	[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 %
	571	[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 %
	572	[phq_3] Show the field ONLY if: [phq_2score]>=3	Trouble falling or staying asleep, or sleeping too much:	radio (Matrix) 0 | Not at all 1 | Several days 2 | More than half the days 3 | Nearly every day Field Annotation: % PHQ %
	573	[phq_4] Show the field ONLY if: [phq_2score]>=3	Feeling tired or having little energy:	radio (Matrix) 0 | Not at all 1 | Several days 2 | More than half the days 3 | Nearly every day Field Annotation: % PHQ %
	574	[phq_5] Show the field ONLY if: [phq_2score]>=3	Poor appetite or overeating:	radio (Matrix) 0 | Not at all 1 | Several days 2 | More than half the days 3 | Nearly every day Field Annotation: % PHQ %
	575	[phq_6] Show the field ONLY if: [phq_2score]>=3	Feeling bad about yourself, or that you are a failure, or have let yourself or your family down:	radio (Matrix) 0 | Not at all 1 | Several days 2 | More than half the days 3 | Nearly every day Field Annotation: % PHQ %
	576	[phq_7] Show the field ONLY if: [phq_2score]>=3	Trouble concentrating on things, such as reading the newspaper or watching television:	radio (Matrix) 0 | Not at all 1 | Several days 2 | More than half the days 3 | Nearly every day

				Field Annotation: % PHQ %
	577	[phq_8] Show the field ONLY if: [phq_2score]>=3	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 %
	578	[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 %
	579	[cssrs_thoughts]	In the past month, have you actually had any thoughts of killing yourself?	radio 1 Yes 0 No Custom alignment: LV
	580	[cssrs_prepare]	In the past 3 months, have you ever done anything, started to do anything, or prepared to do anything to end your life?	radio 1 Yes 0 No Custom alignment: LV
	581	[phq_8score]	PHQ-8 score:	calc Calculation: if([phq_2score]>2, sum([phq_1],[phq_2],[phq_3],[phq_4],[phq_5],[phq_6],[phq_7],[phq_8]), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	582	[phq_9score]	PHQ-9 score:	calc Calculation: if([phq_2score]>2, sum([phq_1],[phq_2],[phq_3],[phq_4],[phq_5],[phq_6],[phq_7],[phq_8],[phq_9]), "") Field Annotation: @HIDDEN @HIDDEN-PDF
	583	[gad_2score]	Section Header: GAD-2 calculation:	calc Calculation: sum([gad_1],[gad_2]) Field Annotation: % GAD % @HIDDEN @HIDDEN-PDF
	584	[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 %
	585	[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 %
	586	[gad_3] Show the field ONLY if: [gad_2score]>=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 %
	587	[gad_4] Show the field ONLY if: [gad_2score]>=3	Trouble relaxing:	radio (Matrix) 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day Field Annotation: % GAD %
	588	[gad_5] Show the field ONLY if: [gad_2score]>=3	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 %
	589	[gad_6] Show the field ONLY if: [gad_2score]>=3	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 %
	590	[gad_7] Show the field ONLY if: [gad_2score]>=3	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 %
	591	[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
	592	[ptsd_screener] Show the field ONLY if: [event-name]="baseline_arm_1"	Section Header: Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury or sexual violence to you or someone else?	checkbox 0 ptsd_screener___0 No 1 ptsd_screener___1 Yes before [stem_my] 2 ptsd_screener___2 Yes after [stem_my] Custom alignment: LV Field Annotation: % PC-PTSD % @NONEOFTHEABOVE=0
	593	[ptsd_screener_fu] Show the field ONLY if: [visittype]<>"" and [event-name]<>"baseline_arm_1"	In [stem_the], have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury or sexual violence to you or someone else?	radio 1 Yes 0 No -88 I prefer not to answer Custom alignment: LV Field Annotation: % PC-PTSD %
	594	[ptsd_1] Show the field ONLY if: [ptsd_screener(1)]="1" or [ptsd_screener(2)]="1" or [ptsd_screener_fu]="1"	In the past month, have you had nightmares about the event(s) or thought about the event(s) when you did not want to?	radio 1 Yes 0 No Custom alignment: LV Field Annotation: % PC-PTSD %
	595	[ptsd_2] Show the field ONLY if: [ptsd_screener(1)]="1" or [ptsd_screener(2)]="1" or [ptsd_scre	In the past month, have you tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	radio 1 Yes 0 No

		ener_fu]="1"		Custom alignment: LV Field Annotation: % PC-PTSD %
	596	[ptsd_3] Show the field ONLY if: [ptsd_screener(1)]="1" or [ptsd_screener(2)]="1" or [ptsd_screener_fu]="1"	In the past month, have you been constantly on guard, watchful, or easily startled?	radio 1, Yes 0, No Custom alignment: LV Field Annotation: % PC-PTSD %
	597	[ptsd_4] Show the field ONLY if: [ptsd_screener(1)]="1" or [ptsd_screener(2)]="1" or [ptsd_screener_fu]="1"	In the past month, have you felt numb or detached from people, activities, or your surroundings?	radio 1, Yes 0, No Custom alignment: LV Field Annotation: % PC-PTSD %
	598	[ptsd_5] Show the field ONLY if: [ptsd_screener(1)]="1" or [ptsd_screener(2)]="1" or [ptsd_screener_fu]="1"	In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	radio 1, Yes 0, No Custom alignment: LV Field Annotation: % PC-PTSD %
	599	[pg13r_01]	Section Header: Have you lost someone significant to you [stem_sincein]?	radio 1, Yes 0, No Custom alignment: LV Field Annotation: % Prolong Grief Disorder (PG-13-Revised) %
	600	[pg13r_covid] Show the field ONLY if: [pg13r_01]="1"	Was it due to COVID?	radio 1, Yes 0, No Custom alignment: LV
	601	[pg13r_rel] Show the field ONLY if: [pg13r_covid]="1"	What was your relationship to the person who died? If you have lost more than one person, please answer based on the most recent loss.	radio 1, Parent 2, Child 3, Significant other 4, Sibling 5, Friend/colleague or acquaintance 6, Other Custom alignment: LV
	602	[pg13r_02] Show the field ONLY if: [pg13r_covid]="1"	How many months has it been since this death? *Months*	text (number, Min: 0, Max: 100) Field Annotation: % Prolong Grief Disorder (PG-13-Revised) %
	603	[pg13r_persistant] Show the field ONLY if: [pg13r_02]>=6	Have you been experiencing persistent distressing grief with yearning and/or feeling life is empty since this death?	radio 1, Yes 0, No Custom alignment: LV
	604	[pg13r_griefmost] Show the field ONLY if: [pg13r_persistant]="1"	Is grief currently your most distressing problem?	radio 1, Yes 0, No -88, Prefer not to answer Custom alignment: LV
	605	[hosp_visit]	Section Header:	checkbox

			Have you been to the hospital [stem_sincein]? Check all that apply.	1 | hosp_visit___1 | Yes, I visited the emergency department 2 | hosp_visit___2 | Yes, I was admitted to the hospital 0 | hosp_visit___0 | No Custom alignment: LV Field Annotation: @NONEOFTHEABOVE="0"
	606	[pasc_symptoms_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete
Instrument: Social Determinants Of Health (social_determinants_of_health)				
	607	[sdoh_origindexdt]	Index date at time of form creation	text (date_mdy) Field Annotation: @HIDDEN @HIDDEN-PDF @DEFAULT="[visit_qinfdt]"
	608	[sdoh_colldt]	Date of SDOH data collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	609	[sdoh_coord]	Check this box if the coordinator is entering data:	checkbox 1 | sdoh_coord___1 | Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	610	[sdoh_housesize]	How many people live with you?	text (integer, Min: 0, Max: 100) Field Annotation: #radxup_housing_employment_and_insurance#
	611	[sdoh_homeless]	Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?	radio 1 | Yes 0 | No -88 | I prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance# Recommendation from RADx-UP projects
	612	[sdoh_housedesc] Show the field ONLY if: [sdoh_homeless] = '0' OR [sdoh_homeless] = '-88'	Which best describes the place in which you live?	radio 1 | A one-family house detached from any other house 2 | A townhouse, row house, apartment, or condo of 2-4 units 3 | An apartment or condo with 5-19 units 4 | An apartment or condo with 20 or more units 5 | Nursing home 6 | Residential care for people with intellectual and developmental disabilities 7 | Psychiatric treatment facility 8 | Other group home setting 9 | Foster care 90 | Somewhere else -88 | I prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance#
	613	[sdoh_marital]	What is your current marital status?	radio 1 | Married 2 | Divorced 3 | Widowed 4 | Separated

				5 Never Married 6 Living with partner -88 I prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance#
	614	[sdoh_employ]	We would like to know about what you were doing around [stem_your] -- were 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 (Specify) -88 I prefer not to answer 99 I don't know Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance# PX011301 https://www.phenxtoolkit.org/protocols/view/11301; Panel Study of Income Dynamics (PSID), 2007; Added -88, I prefer not to answer
	615	[sdoh_insurance]	Are you currently covered by any of the following types of health insurance or health coverage plans? Select all that apply.	checkbox 1 sdoh_insurance___1 Insurance purchased directly from an insurance company (by you or another family member) 2 sdoh_insurance___2 Insurance through a current or former employer or union (by you or another family member) 6 sdoh_insurance___6 Medicare, for people 65 or older, or people with certain disabilities 7 sdoh_insurance___7 Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or disability 8 sdoh_insurance___8 TRICARE, or other military health care 3 sdoh_insurance___3 Veteran Affairs (VA) (including those who have ever used or enrolled for VA health care) 4 sdoh_insurance___4 Indian Health Service 5 sdoh_insurance___5 I don't have health insurance, self-pay 98 sdoh_insurance___98 I don't know what kind of health insurance I have -88 sdoh_insurance____88 I prefer not to answer

				Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance# @NONEOFTHEABOVE='5,98,-88'
	616	[sdoh_lostinsurance]	Did you lose health insurance coverage because of the COVID pandemic?	radio 1, Yes 0, No 99, Don't know -88, Prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance#
	617	[sdoh_birth]	Where were you born?	radio 1, In the United States or a United States territory 2, Outside the United States and territories -88, I prefer not to answer Custom alignment: LV
	618	[sdoh_birthstate] Show the field ONLY if: [sdoh_birth]="1"	Please specify which state or territory you were born in:	dropdown (autocomplete) AL, Alabama AK, Alaska AZ, Arizona AR, Arkansas CA, California CO, Colorado CT, Connecticut DE, Delaware DC, District of Columbia(DC) FL, Florida GA, Georgia HI, Hawaii ID, Idaho IL, Illinois IN, Indiana IA, Iowa KS, Kansas KY, Kentucky LA, Louisiana ME, Maine MD, Maryland MA, Massachusetts MI, Michigan MN, Minnesota MS, Mississippi MO, Missouri MT, Montana NE, Nebraska NV, Nevada NH, New Hampshire NJ, New Jersey NM, New Mexico

				NY | New York NC | North Carolina ND | North Dakota OH | Ohio OK | Oklahoma OR | Oregon PA | Pennsylvania RI | Rhode Island SC | South Carolina SD | South Dakota TN | Tennessee TX | Texas UT | Utah VT | Vermont VA | Virginia WA | Washington WV | West Virginia WI | Wisconsin WY | Wyoming AMS | American Somoa GUAM | GUAM NMI | Northern Mariana Islands PR | Puerto Rico USVI | US Virgin Islands
	619	[sdoh_english]	Is English your primary language?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV Field Annotation: # RADxUP Housing, Employment, and Insurance ; Adapted for CEAL program from DMACS COVID 19 Survey <https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/> ; Modified by REMorse per LHorwitz 2021-10-18 #
	620	[sdoh_language] Show the field ONLY if: [sdoh_english] = '0'	What language(s)	checkbox 1 | sdoh_language___1 | Spanish 2 | sdoh_language___2 | Vietnamese 3 | sdoh_language___3 | Mandarin 4 | sdoh_language___4 | Cantonese 5 | sdoh_language___5 | Tagalog 6 | sdoh_language___6 | Hawaiian 7 | sdoh_language___7 | Ilocano 8 | sdoh_language___8 | Navajo 9 | sdoh_language___9 | Russian 10 | sdoh_language___10 | Hindi 11 | sdoh_language___11 | Haitian Creole 12 | sdoh_language___12 | Cape Verdean Creole 90 | sdoh_language___90 | Other -88 | sdoh_language___88 | Prefer not to answer Custom alignment: LV

				Field Annotation: #radxup_housing_employment_and_insurance#Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/. @NONEOFTHEABOVE=-88
	621	[sdoh_englishprof] Show the field ONLY if: [sdoh_english]="0"	Would you say you speak English...	radio 1, Very well 2, Well 3, Not well 4, Not at all -88, Prefer not to answer Custom alignment: LV Field Annotation: % https://www.phenxtoolkit.org/protocols/view/270201?origin=search % Modified REM per LHorwitz 2021-10-28
	622	[sdoh_income2019]	In 2019, what was your total household income before taxes?	radio 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, Prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance# PX011102 https://www.phenxtoolkit.org/protocols/view/11102; Annual Family Income (NHIS); Simpified to basic question for minimum dataset and conform to CEAL question 25.
	623	[sdoh_incomechanged]	Has your household income changed significantly since February 2020?(Please EXCLUDE a stimulus payment from the federal government if you have received one)	radio 1, Yes, my household income is more 2, Yes, my household income is less 3, No, my household income is about the same -88, Prefer not to answer Custom alignment: LV Field Annotation: #covid19_related_household_finances_rand# PX980101
	624	[sdoh_moneyshort]	In the past month, how difficult has it been for you to cover your expenses and pay all your bills?	radio 1, Very difficult 2, Somewhat difficult 3, Not at all difficult 4, Don't know -88, Prefer not to answer Custom alignment: LV Field Annotation: #covid19_related_household_finances_rand# PX980101
	625	[sdoh_worryfood]	Within the past 12 months before [stem_my] we worried whether our food would run out before we got money to buy more.	radio 1, Often true 2, Sometimes true 3, Never true -88, Prefer not to answer

				Custom alignment: LV
	626	[sdoh_lackfood]	Within the past 12 months before [stem_my] the food we bought just didn't last and we didn't have money to get more.	radio 1, Often true 2, Sometimes true 3, Never true -88, Prefer not to answer Custom alignment: LV
	627	[sdoh_worryfoodcalc]	Worry food calculation	calc Calculation: if(([sdoh_worryfood] = '1' or [sdoh_worryfood] = '2') and ([sdoh_lackfood] = '1' or [sdoh_lackfood] = '2' or [sdoh_lackfood] = '3' or [sdoh_lackfood] = '-88'), 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	628	[sdoh_worryfoodcalc2]	Worry food calculation 2	calc Calculation: if([sdoh_worryfood] = '3' and ([sdoh_lackfood] = '3' or [sdoh_lackfood] = '-88'), 0, "") Field Annotation: @HIDDEN @HIDDEN-PDF
	629	[sdoh_lackfoodcalc]	Lack food calculation	calc Calculation: if(([sdoh_lackfood] = '1' or [sdoh_lackfood] = '2') and ([sdoh_worryfood] = '1' or [sdoh_worryfood] = '2' or [sdoh_worryfood] = '3' or [sdoh_worryfood] = '-88'), 1, 0) Field Annotation: @HIDDEN @HIDDEN-PDF
	630	[sdoh_lackfoodcalc2]	Lack food calculation 2	calc Calculation: if([sdoh_lackfood] = '3' and ([sdoh_worryfood] = '3' or [sdoh_worryfood] = '-88'), 0, "") Field Annotation: @HIDDEN @HIDDEN-PDF
	631	[sdoh_hungervital]	Hunger vital sign	calc Calculation: if([sdoh_worryfoodcalc] = '1' or [sdoh_lackfoodcalc] = '1', 1, if([sdoh_worryfoodcalc2] = '0' or [sdoh_lackfoodcalc2] = '0', 0 , "")) Field Annotation: @HIDDEN @HIDDEN-PDF
	632	[nhis_lastvisit]	Before [stem_your], about how long had it been since you last saw a doctor or other health care professional about your health?	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 98, I can't remember -88, I prefer not to answer Custom alignment: LV Field Annotation: #national_health_interview_survey_adult_access_to_h#
	633	[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"	Was this a wellness visit, physical, or general purpose check-up?	radio 1, Yes 2, No 98, I don't know -88, I prefer not to answer Custom alignment: LV Field Annotation: #national_health_interview_survey_adult_access_to_h#

	634	[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 98 I can't remember -88 I prefer not to answer Custom alignment: LV Field Annotation: #national_health_interview_survey_adult_access_to_h#
	635	[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 4 Don't know -88 I prefer not to answer Custom alignment: LV
	636	[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 8 Don't know -88 Prefer not to answer Custom alignment: LV
	637	[nhis_ucvisits]	During the 12 months before [stem_your], how many times had 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_access_to_h# % https://www.cdc.gov/nchs/nhis/2019nhis.htm %
	638	[nhis_ervisits]	During the 12 months before [stem_your], how many times had 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_access_to_h#
	639	[nhis_hosp]	During the 12 months before [stem_your], had you been hospitalized overnight?	radio 1 Yes 2 No 98 I don't know -88 I prefer not to answer Custom alignment: LV Field Annotation: #national_health_interview_survey_adult_access_to_h#

	640	[nhis_skipcare]	During the 12 months before [stem_your], was there any time when you needed medical care, but DID NOT GET IT because of the cost?	radio 1 Yes 2 No 98 I don't know -88 I prefer not to answer Custom alignment: LV Field Annotation: #national_health_interview_survey_adult_access_to_h#
	641	[sdohss_bed]	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 -88 Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	642	[sdohss_doctor]	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 -88 Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	643	[sdohss_meals]	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 -88 Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	644	[sdohss_chores]	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 -88 Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	645	[sdohss_goodtime]	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

				-88 | Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	646	[sdohss_suggestions]	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 -88 | Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	647	[sdohss_understand]	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 -88 | Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	648	[sdohss_lovewant]	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 -88 | Prefer not to answer Field Annotation: #rand_social_support_survey_instrument#
	649	[sdohss_tanginstcalc]	Tangible/Instrumental Subscale:	calc Calculation: mean((if([sdohss_bed] <> '-88', [sdohss_bed], "")), (if([sdohss_doctor] <> '-88', [sdohss_doctor], "")), (if([sdohss_meals] <> '-88', [sdohss_meals], "")), (if([sdohss_chores] <> '-88', [sdohss_chores], ""))) Field Annotation: @HIDDEN @HIDDEN-PDF
	650	[sdohss_emocalc]	Emotional Subscale:	calc Calculation: mean((if([sdohss_goodtime] <> '-88', [sdohss_goodtime], "")), (if([sdohss_suggestions] <> '-88', [sdohss_suggestions], "")), (if([sdohss_understand] <> '-88', [sdohss_understand], "")), (if([sdohss_lovewant] <> '-88', [sdohss_lovewant], ""))) Field Annotation: @HIDDEN @HIDDEN-PDF
	651	[sdohss_mmosssraw]	mMOS-SS raw score	calc Calculation: mean((if([sdohss_bed] <> '-88', [sdohss_bed], "")), (if([sdohss_doctor] <> '-88', [sdohss_doctor], "")), (if([sdohss_meals] <> '-88', [sdohss_meals], "")), (if([sdohss_chores] <> '-88', [sdohss_chores], "")), (if([sdohss_goodtime] <> '-88', [sdohss_goodtime], "")), (if([sdohss_suggestions] <> '-88', [sdohss_suggestions], "")), (if([sdohss_understand] <> '-88', [sdohss_understand], "")), (if([sdohss_lovewant] <> '-88', [sdohss_lovewant], ""))) Field Annotation: @HIDDEN @HIDDEN-PDF
	652	[sdohss_mmosssadj]	mMOS-SS adjusted score:	calc Calculation: (([sdohss_mmosssraw] - 1) / 4) * 100 Field Annotation: @HIDDEN @HIDDEN-PDF

	653	[sdohcc_neighborshelp]	People in this neighborhood help each other out.	radio (Matrix) 1 Definitely agree 2 Somewhat agree 3 Somewhat disagree 4 Definitely disagree -88 Prefer not to answer Field Annotation: #phenx_neighborhood_collective_efficacy_community_coh PX0210801
	654	[sdohcc_counton]	There are people I can count on in this neighborhood.	radio (Matrix) 1 Definitely agree 2 Somewhat agree 3 Somewhat disagree 4 Definitely disagree -88 Prefer not to answer Field Annotation: #phenx_neighborhood_collective_efficacy_community_coh PX0210801
	655	[sdohcc_trusted]	People in this neighborhood can be trusted.	radio (Matrix) 1 Definitely agree 2 Somewhat agree 3 Somewhat disagree 4 Definitely disagree -88 Prefer not to answer Field Annotation: #phenx_neighborhood_collective_efficacy_community_coh PX0210801
	656	[discrim_courtesy]	You are treated with less courtesy 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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	657	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	658	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	659	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	660	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	661	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	662	[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 6 Never -88 Prefer not to answer Field Annotation: %

				https://scholar.harvard.edu/davidrwilliams/node/32397 %
	663	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	664	[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 6 Never -88 Prefer not to answer Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 %
	665	[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 6 Never -88 Prefer not to answer
	666	[discrim_courtesyrecode]	Discrimination courtesy recode:	calc Calculation: if([discrim_courtesy] = '1', 6, if([discrim_courtesy] = '2', 5, if([discrim_courtesy] = '3', 4, if([discrim_courtesy] = '4', 3, if([discrim_courtesy] = '5', 2, if([discrim_courtesy] = '6', 1, if([discrim_courtesy] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	667	[discrim_respectrecode]	Discrimination respect recode:	calc Calculation: if([discrim_respect] = '1', 6, if([discrim_respect] = '2', 5, if([discrim_respect] = '3', 4, if([discrim_respect] = '4', 3, if([discrim_respect] = '5', 2, if([discrim_respect] = '6', 1, if([discrim_respect] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	668	[discrim_servicerecode]	Discrimination service recode:	calc Calculation: if([discrim_service] = '1', 6, if([discrim_service] = '2', 5, if([discrim_service] = '3', 4, if([discrim_service] = '4', 3, if([discrim_service] = '5', 2, if([discrim_service] = '6', 1, if([discrim_service] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	669	[discrim_smartrecode]	Discrimination smart recode:	calc Calculation: if([discrim_smart] = '1', 6, if([discrim_smart] = '2', 5, if([discrim_smart] = '3', 4, if([discrim_smart] = '4', 3, if([discrim_smart] = '5', 2, if([discrim_smart] = '6', 1, if([discrim_smart] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF

	670	[discrim_afraidrecode]	Discrimination afraid recode:	calc Calculation: if([discrim_afraid] = '1', 6, if([discrim_afraid] = '2', 5, if([discrim_afraid] = '3', 4, if([discrim_afraid] = '4', 3, if([discrim_afraid] = '5', 2, if([discrim_afraid] = '6', 1, if([discrim_afraid] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	671	[discrim_dishonestrecode]	Discrimination dishonest recode:	calc Calculation: if([discrim_dishonest] = '1', 6, if([discrim_dishonest] = '2', 5, if([discrim_dishonest] = '3', 4, if([discrim_dishonest] = '4', 3, if([discrim_dishonest] = '5', 2, if([discrim_dishonest] = '6', 1, if([discrim_dishonest] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	672	[discrim_betterrecode]	Discrimination better recode:	calc Calculation: if([discrim_better] = '1', 6, if([discrim_better] = '2', 5, if([discrim_better] = '3', 4, if([discrim_better] = '4', 3, if([discrim_better] = '5', 2, if([discrim_better] = '6', 1, if([discrim_better] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	673	[discrim_insultrecode]	Discrimination insult recode:	calc Calculation: if([discrim_insult] = '1', 6, if([discrim_insult] = '2', 5, if([discrim_insult] = '3', 4, if([discrim_insult] = '4', 3, if([discrim_insult] = '5', 2, if([discrim_insult] = '6', 1, if([discrim_insult] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	674	[discrim_threatrecode]	Discrimination threat recode:	calc Calculation: if([discrim_threat] = '1', 6, if([discrim_threat] = '2', 5, if([discrim_threat] = '3', 4, if([discrim_threat] = '4', 3, if([discrim_threat] = '5', 2, if([discrim_threat] = '6', 1, if([discrim_threat] = '-88', "", "")))))) Field Annotation: @HIDDEN @HIDDEN-PDF
	675	[discrim_score]	Discrimination scale score:	calc Calculation: sum([discrim_courtesyrecode], [discrim_respectrecode], [discrim_servicerecode], [discrim_smartrecode], [discrim_afraidrecode], [discrim_dishonestrecode], [discrim_betterrecode], [discrim_insultrecode], [discrim_threatrecode]) Field Annotation: @HIDDEN @HIDDEN-PDF
	676	[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_respect] = '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_m	What do you think is the main reason for these experiences?	checkbox 1, discrim_reason___1, Your Ancestry or National Origins 2, discrim_reason___2, Your Gender 3, discrim_reason___3, Your Race 4, discrim_reason___4, Your Age 5, discrim_reason___5, Your Religion 6, discrim_reason___6, Your Height 7, discrim_reason___7, Your Weight 8, discrim_reason___8, Some other Aspect of Your Physical Appearance 9, discrim_reason___9, Your Sexual Orientation 10, discrim_reason___10, Your Education or Income Level 11, discrim_reason___11, A physical disability 12, discrim_reason___12, Your shade of skin color 13, discrim_reason___13, Your tribe 14, discrim_reason___14, Other -88, discrim_reason___88, Prefer not to answer Custom alignment: LV Field Annotation: % https://scholar.harvard.edu/davidrwilliams/node/32397 % @NONEOFTHEABOVE=-88

		edical] = '2' or [discrim_medical] = '3' or [discrim_medical] = '4'		
	677	[sdoh_pss41]	Section Header: 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 -88, Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	678	[sdoh_pss42]	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 -88, Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	679	[sdoh_pss43]	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 -88, Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	680	[sdoh_pss44]	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 -88, Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	681	[sdoh_pss41recode]	SDOH PSS41 recode:	calc Calculation: if([sdoh_pss41] = '0', 4, if([sdoh_pss41] = '1', 3, if([sdoh_pss41] = '2', 2, if([sdoh_pss41] = '3', 1, if([sdoh_pss41] = '4', 0, "")))) Field Annotation: @HIDDEN @HIDDEN-PDF
	682	[sdoh_pss42recode]	SDOH PSS42 recode:	calc Calculation: if([sdoh_pss42] = '0', 4, if([sdoh_pss42] = '1', 3, if([sdoh_pss42] = '2', 2, if([sdoh_pss42] = '3', 1, if([sdoh_pss42] = '4', 0, "")))) Field Annotation: @HIDDEN @HIDDEN-PDF
	683	[sdoh_pss43recode]	SDOH PSS43 recode:	calc Calculation: if([sdoh_pss43] = '0', 4, if([sdoh_pss43] = '1', 3, if([sdoh_pss43] = '2', 2, if([sdoh_pss43] = '3', 1, if([sdoh_pss43] = '4', 0,"")))) Field Annotation: @HIDDEN @HIDDEN-PDF
	684	[sdoh_pss44recode]	SDOH PSS44 recode:	calc Calculation: if([sdoh_pss44] = '0', 4, if([sdoh_pss44] = '1', 3, if([sdoh_pss44] = '2', 2, if([sdoh_pss44] = '3', 1, if([sdoh_pss44] = '4', 0,"")))) Field Annotation: @HIDDEN @HIDDEN-PDF

	685	[sdoh_pssscore]	Perceived stress score:	calc Calculation: sum([sdoh_pss41], [sdoh_pss42recode], [sdoh_pss43recode], [sdoh_pss44]) Field Annotation: @HIDDEN @HIDDEN-PDF
	686	[social_determinants_of_health_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Social Determinants Of Health Followup (social_determinants_of_health_followup)				
	687	[sdohfu_colldt]	Date of SDOH Followup form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	688	[sdohfu_coord]	Check this box if the coordinator is entering data:	checkbox 1 sdohfu_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	689	[sdohfu_marital]	What is your current marital status?	radio 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never Married 6 Living with partner -88 I prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance#
	690	[sdohfu_homeless]	Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?	radio 1 Yes 0 No -88 I prefer not to answer Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance#
	691	[sdohfu_employ]	We would like to know about what you do now -- are you working now, looking for work, retired, keeping house, a student, or something else?	radio 1 Working now 2 Only temporarily laid off, sick leave or maternity leave 3 Looking for work, unemployed 4 Retired 5 Disabled, permanently or temporarily 6 Keeping house 7 Student 96 Other (Specify) -88 I prefer not to answer 99 I don't know Custom alignment: LV Field Annotation: #radxup_housing_employment_and_insurance# PX011301 https://www.phenxtoolkit.org/protocols/view/11301; Panel Study of Income Dynamics (PSID), 2007; Added -88, I prefer not to answer
	692	[sdohfu_insurance]	Are you currently covered by any of the following types of health insurance or health coverage plans? Select all that apply.	checkbox 1 sdohfu_insurance___1 Insurance purchased directly from an

				insurance company (by you or another family member)
			2	sdohfu_insurance___2	Insurance through a current or former employer or union (by you or another family member)
			6	sdohfu_insurance___6	Medicare, for people 65 or older, or people with certain disabilities
			7	sdohfu_insurance___7	Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or disability
			8	sdohfu_insurance___8	TRICARE, or other military health care
			3	sdohfu_insurance___3	Veteran Affairs (VA) (including those who have ever used or enrolled for VA health care)
			4	sdohfu_insurance___4	Indian Health Service
			5	sdohfu_insurance___5	I don't have health insurance, self-pay
			98	sdohfu_insurance___98	I don't know what kind of health insurance I have
			-88	sdohfu_insurance____88	I prefer not to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE=-88

	693	[sdohfu_incomechanged]	Has your household income changed significantly in [stem_the]?(Please EXCLUDE a stimulus payment from the federal government if you have received one)	radio 1 Yes, my household income is more 2 Yes, my household income is less 3 No, my household income is about the same -88 Prefer not to answer Custom alignment: LV Field Annotation: #covid19_related_household_finances_rand# PX980101
	694	[sdohfu_moneyshort]	In the past month, how difficult has it been for you to cover your expenses and pay all your bills?	radio 1 Very difficult 2 Somewhat difficult 3 Not at all difficult 4 Don't know -88 Prefer not to answer Custom alignment: LV Field Annotation: #covid19_related_household_finances_rand# PX980101
	695	[sdohfu_pss41]	Section Header: 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 -88 Prefer not to answer

				Field Annotation: % Perceived Stress Scale 4 %
	696	[sdohfu_pss42]	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 -88 Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	697	[sdohfu_pss43]	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 -88 Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	698	[sdohfu_pss44]	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 -88 Prefer not to answer Field Annotation: % Perceived Stress Scale 4 %
	699	[social_determinants_of_health_followup_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Disability (disability)				
	700	[disab_colldt]	Date of Disability form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	701	[disab_coord]	Check this box if the coordinator is entering data:	checkbox 1 disab_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	702	[disab_deafpre]	Section Header: *Before [stem_your]:* Were you deaf, or did you have serious difficulty hearing?	radio (Matrix) 1 Yes 2 No -88 Prefer not to answer Field Annotation: % sociodemographics Qualtrics %
	703	[disab_blindpre]	Were you blind, or did you have serious difficulty seeing, even when wearing glasses?	radio (Matrix) 1 Yes 2 No -88 Prefer not to answer Field Annotation: % sociodemographics Qualtrics %
	704	[disab_memorypre]	Because of a physical, mental, or emotional condition, did you have serious difficulty concentrating, remembering, or making decisions?	radio (Matrix) 1 Yes

				2 No -88 Prefer not to answer Field Annotation: % sociodemographics Qualtrics %
	705	[disab_stairpre]	Did you have serious difficulty walking or climbing stairs?	radio (Matrix) 1 Yes 2 No -88 Prefer not to answer Field Annotation: % RADx Global Codebook %
	706	[disab_dresspre]	Did you have difficulty dressing or bathing?	radio (Matrix) 1 Yes 2 No -88 Prefer not to answer Field Annotation: % RADx Global Codebook %
	707	[disab_errandpre]	Because of a physical, mental, or emotional condition, did you have difficulty doing errands alone such as visiting a doctor's office or shopping?	radio (Matrix) 1 Yes 2 No -88 Prefer not to answer Field Annotation: % RADx Global Codebook %
	708	[disability_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Alcohol And Tobacco (alcohol_and_tobacco)				
	709	[alco_colldt]	Date of Alcohol and Tobacco form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	710	[alco_coord]	Check this box if the coordinator is entering data:	checkbox 1 alco_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	711	[alco_tobaccopre]	In the 12 months before [stem_your], did you use any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco)?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	712	[alco_tobaccovapepre] Show the field ONLY if: ([alco_tobaccopre] = '1' or [alco_tobaccopre] = '2' or [alco_tobaccopre] = '3' or [alco_tobaccopre] = '4')	In the 12 months before [stem_your], did you use e-cigarettes or vapes for tobacco?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: %

				https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	713	[alco_alcompre] Show the field ONLY if: ([baseline_arm_1][biosex]="0" or [baseline_arm_1][biosex]="2")	In the 12 months before [stem_your], did you have 5 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	714	[alco_alcofpre] Show the field ONLY if: ([baseline_arm_1][biosex]="1")	In the 12 months before [stem_your], did you have 4 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	715	[alco_mjpre]	In the 12 months before [stem_your], did you use any form of marijuana?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	716	[alco_mjvapepre] Show the field ONLY if: ([alco_mjpre] = '1' or [alco_mjpre] = '2' or [alco_mjpre] = '3' or [alco_mjpre] = '4')	In the 12 months before [stem_your], did you use pens, THC cartridges, or vapes for marijuana?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	717	[alco_drugspre]	In the 12 months before [stem_your], did you use any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer

				Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	718	[alco_rxdrugspre]	In the 12 months before [stem_your], did you use any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone), medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin), or medications for ADHD (for example, Adderall or Ritalin)	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	719	[alco_tobaccopost]	Since [stem_your], have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco)?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	720	[alco_tobaccovapepost] Show the field ONLY if: [alco_tobaccopost] = '1' or [alco_tobaccopost] = '2' or [alco_tobaccopost] = '3' or [alco_tobaccopost] = '4'	Since [stem_your], have you used e-cigarettes or vapes for tobacco?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	721	[alco_alcompost] Show the field ONLY if: [baseline_arm_1][biosex]="0" or [baseline_arm_1][biosex]="2"	Since [stem_your], have you had 5 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	722	[alco_alcofpost] Show the field ONLY if: [baseline_arm_1][biosex]="1"	Since [stem_your], have you had 4 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly

				5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	723	[alco_mjpost]	Since [stem_your], have you used any form of marijuana?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	724	[alco_mjvapepost] Show the field ONLY if: [alco_mjpost] = '1' or [alco_mjpost] = '2' or [alco_mjpost] = '3' or [alco_mjpost] = '4'	Since [stem_your], have you used pens, THC cartridges, or vapes for marijuana?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	725	[alco_drugspost]	Since [stem_your], have you used any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	726	[alco_rxdrugspost]	Since [stem_your], have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone), medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin), or medications for ADHD (for example, Adderall or Ritalin)	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	727	[alcohol_and_tobacco_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified

				2 Complete
Instrument: Alcohol And Tobacco Followup (alcohol_and_tobacco_followup)				
	728	[alcofu_colldt]	Date of Alcohol and Tobacco followup form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	729	[alcofu_coord]	Check this box if the coordinator is entering data:	checkbox 1 alcofu_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	730	[alcofu_tobaccopost]	In [stem_the], have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco)?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	731	[alcofu_tobaccovapepost] Show the field ONLY if: [alcofu_tobaccopost] = '1' or [alcofu_tobaccopost] = '2' or [alcofu_tobaccopost] = '3' or [alcofu_tobaccopost] = '4'	In [stem_the], have you used e-cigarettes or vapes for tobacco?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	732	[alcofu_alcompost] Show the field ONLY if: [baseline_arm_1][biosex]="0" or [baseline_arm_1][biosex]="2"	In [stem_the], have you had 5 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	733	[alcofu_alcofpost] Show the field ONLY if: [baseline_arm_1][biosex]="1"	In [stem_the], have you had 4 or more drinks containing alcohol in one day?One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	734	[alcofu_mjpost]	In [stem_the], have you used any form of marijuana?	radio

				1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	735	[alcofu_mjvapepost] Show the field ONLY if: [alcofu_mjpost] = '1' or [alcofu_mjpost] = '2' or [alcofu_mjpost] = '3' or [alcofu_mjpost] = '4'	In [stem_the], have you used pens, THC cartridges, or vapes for marijuana?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	736	[alcofu_drugspost]	In [stem_the], have you used any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	737	[alcofu_rxdrugspost]	In [stem_the], have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone), medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin), or medications for ADHD (for example, Adderall or Ritalin)	radio 1 Daily or Almost Daily 2 Weekly 3 Monthly 4 Less than Monthly 5 Never -88 Prefer not to answer Custom alignment: LV Field Annotation: % https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f %
	738	[alcohol_and_tobacco_followup_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Pregnancy (pregnancy)				
	739	[preg_colldt]	Date of Pregnancy form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	740	[preg_coord]	Check this box if the coordinator is entering data:	checkbox 1 preg_coord___1 Coordinator data entry

				Field Annotation: @HIDDEN-SURVEY
	741	[preg_yn] Show the field ONLY if: [baseline_arm_1][biosex]="1"	Have you ever been pregnant?	radio 1, Yes 0, No -88, Prefer not to answer Custom alignment: LV
	742	[preg_num] Show the field ONLY if: [preg_yn] = '1'	How many times have you been pregnant (including your current/recent pregnancy, previous pregnancies, live births, miscarriages, stillbirths or abortions)?	text (integer, Min: 1, Max: 100)
	743	[preg_live] Show the field ONLY if: [preg_yn]="1" and ([preg_num] <>"" and [preg_num]>=1)	How many of your pregnancies resulted in the live birth of a baby? (Enter '0' if not applicable)	text (integer, Min: 0, Max: [preg_num])
	744	[preg_miscarriage] Show the field ONLY if: [preg_yn]="1" and ([preg_num] <>"" and [preg_num]>=1)	How many of your pregnancies resulted in a miscarriage? (Enter '0' if not applicable)	text (integer, Min: 0, Max: [preg_num])
	745	[preg_abortion] Show the field ONLY if: [preg_yn]="1" and ([preg_num] <>"" and [preg_num]>=1)	How many of your pregnancies resulted in an abortion? (Enter '0' if not applicable)	text (integer, Min: 0, Max: [preg_num])
	746	[preg_stillbirth] Show the field ONLY if: [preg_yn]="1" and ([preg_num] <>"" and [preg_num]>=1)	How many of your pregnancies resulted in a stillbirth (the death of the fetus at more than 20 weeks (5 months) of pregnancy)? (Enter '0' if not applicable)	text (integer, Min: 0, Max: [preg_num])
	747	[preg_cond] Show the field ONLY if: [preg_yn]="1" and ([preg_num] <>"" and [preg_num]>=1)	During any pregnancy BEFORE [stem_your], did you ever have any of these conditions:	checkbox 1, preg_cond___1, Diabetes (high blood sugars), pregnancy related (sometimes called gestational diabetes) 2, preg_cond___2, High blood pressure, pregnancy related (sometimes called gestational hypertension) 3, preg_cond___3, Preeclampsia (sometimes called "toxemia") 4, preg_cond___4, HELLP syndrome (abnormal liver function and changes in blood platelet counts, often also with high blood pressure) 5, preg_cond___5, Preterm birth (baby born more than 3 weeks before the due date) 98, preg_cond___98, I did not have any of these conditions 99, preg_cond___99, I did not have any pregnancies BEFORE [stem_my] -88, preg_cond____88, I prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='98,99,-88'
	748	[preg_now] Show the field ONLY if: [preg_yn] = '1'	Are you currently pregnant?	radio 1, Yes 0, No -88, I prefer not to answer Custom alignment: LV

	749	[preg_covid]	Were you pregnant on [visit_qinfdt]?	radio 1 Yes 0 No -88 I prefer not to answer Custom alignment: LV
	750	[preg_covidres] Show the field ONLY if: [preg_covid] = '1'	When you were pregnant around [stem_your], how did the pregnancy end?	radio 6 Live birth of a baby or babies 1 Abortion 2 Miscarriage 3 Ectopic pregnancy 4 Molar pregnancy 5 Stillbirth (Death of a fetus >20 weeks (5 months) of pregnancy) 7 Still pregnant -88 I prefer not to answer Custom alignment: LV
	751	[preg_abortionweeks] Show the field ONLY if: [preg_covidres] = '1'	How far along in the pregnancy were you when you had the abortion? *(in weeks from last menstrual period)*	text (number, Min: 0, Max: 50)
	752	[preg_miscarriageweeks] Show the field ONLY if: [preg_covidres] = '2'	How far along in the pregnancy were you when the miscarriage occurred? *(in weeks from last menstrual period)*	text (number, Min: 0, Max: 50)
	753	[preg_stillbirthweeks] Show the field ONLY if: [preg_covidres] = '5'	How far along in the pregnancy were you when the stillbirth (fetal death) occurred? *weeks*	text (number, Min: 0, Max: 50)
	754	[preg_coviddue] Show the field ONLY if: [preg_covidres]="6"	For your pregnancy around [visit_qinfdt], what was the due date for the pregnancy? *Leave blank if you don't remember the due date.*	text (date_mdy, Min: [visit_qinfdt], Max: today) Field Annotation: @HIDEBUTTON
	755	[preg_coviddob] Show the field ONLY if: [preg_covidres] = '6'	For your pregnancy around [visit_qinfdt], what was the actual date of birth of the baby? *Leave blank if you don't remember the actual date of birth.*	text (date_mdy, Min: [visit_qinfdt], Max: today) Field Annotation: @HIDEBUTTON
	756	[preg_covidpregcond] Show the field ONLY if: [preg_covidres] = '6'	For your pregnancy around [visit_qinfdt], did you have any of the following conditions (check all that apply):	checkbox 1 preg_covidpregcond___1 Diabetes, pregnancy related (gestational diabetes) 2 preg_covidpregcond___2 High blood pressure, pregnancy related (gestational hypertension) 3 preg_covidpregcond___3 Preeclampsia (sometimes called "toxemia") 4 preg_covidpregcond___4 HELLP syndrome (abnormal liver function and low blood platelet levels, often also with high blood pressure) 5 preg_covidpregcond___5 Seizures 6 preg_covidpregcond___6 Placenta abruption (when the placenta separates off from the uterus) 7 preg_covidpregcond___7 Preterm premature rupture of membranes (when the bag of water breaks at a time

				when the baby would be born premature, eg. before 37 weeks of pregnancy)
			8	preg_covidpregcond___8	Low amniotic fluid levels (oligohydramnios)
			9	preg_covidpregcond___9	Other (specify)
			99	preg_covidpregcond___99	None
			-88	preg_covidpregcond____88	I prefer not to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE='99,-88'

	757	[preg_covidsteroid] Show the field ONLY if: [preg_covidres] = '6'	For your pregnancy around [visit_qinfdt], did you receive a steroid shot during pregnancy to get your baby ready for an early delivery (medication called betamethasone or dexamethasone)?	radio 1 Yes 0 No -88 Prefer not to answer Custom alignment: LV
	758	[preg_covidearly] Show the field ONLY if: [preg_covidres]='6' and ([cat] ="1" or [cat]="2")	Did your COVID illness result in your doctor or midwife delivering the baby before you had planned to deliver?	radio 1 Yes 0 No -88 Prefer not to answer Custom alignment: LV
	759	[preg_coviddelcond] Show the field ONLY if: [preg_covidres] = '6'	For your pregnancy around [visit_qinfdt], did you have any of the following conditions during or after the birth (check all that apply)	checkbox 1 preg_coviddelcond___1 Hemorrhage or excessive bleeding 2 preg_coviddelcond___2 Blood transfusion 3 preg_coviddelcond___3 Uterine infection (also called chorioamnionitis or endometritis) during or after the birth 4 preg_coviddelcond___4 Blood clot in the legs or lungs requiring treatment with blood thinning medications 5 preg_coviddelcond___5 Other (please explain below): 99 preg_coviddelcond___99 None -88 preg_coviddelcond____88 I prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='-88,99'
	760	[preg_covidnum] Show the field ONLY if: [preg_covidres] = '6'	How many babies were born?	text (integer, Min: 0, Max: 100)
	761	[preg_covidmethod] Show the field ONLY if: [preg_covidres] = '6'	Was your baby born by:	radio 1 Vaginal delivery 2 Cesarean delivery -88 Prefer not to answer Custom alignment: LV
	762	[preg_covidvacuum] Show the field ONLY if: [preg_covidmethod] = '1'	Was a vacuum (suction cup) or forceps used to deliver the baby?	radio 1 Yes 0 No 2 I don't know

				-88 Prefer not to answer Custom alignment: LV
	763	[preg_covidcesreas] Show the field ONLY if: [preg_covidmethod] = '2'	What was the reason you had a cesarean delivery?	checkbox 1 preg_covidcesreas___1 Planned cesarean delivery because I had a prior cesarean delivery 2 preg_covidcesreas___2 Abnormal progress in labor 3 preg_covidcesreas___3 Concern about your baby based on the heart monitor 4 preg_covidcesreas___4 Baby was breech 5 preg_covidcesreas___5 Uterine infection 6 preg_covidcesreas___6 Emergency due to risk to baby or myself 7 preg_covidcesreas___7 I was too sick with COVID to be in labor 8 preg_covidcesreas___8 Other, please explain below -88 preg_covidcesreas___88 I prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	764	[preg_covidsex_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	What is the baby's sex?	radio 1 Male 2 Female 3 Intersex Custom alignment: LV
	765	[preg_covidwtlb_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	Pounds: *(lbs (pounds))*	text (number, Min: 0)
	766	[preg_covidwtoz_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	Ounces: *(oz (ounces))*	text (number, Min: 0)
	767	[preg_coviddefect_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	Did the baby have a birth defect (congenital anomaly)?	radio 1 Yes 0 No -88 Prefer not to answer Custom alignment: LV
	768	[preg_coviddefectspec_1] Show the field ONLY if: [preg_coviddefect_1] = '1'	What type of birth defect did your baby have?	checkbox 1 preg_coviddefectspec_1___1 Cardiac (heart) 2 preg_coviddefectspec_1___2 Lungs (pulmonary) 3 preg_coviddefectspec_1___3 Abdomen (sometimes called gastroschisis or omphalocele) 4 preg_coviddefectspec_1___4 Kidneys (renal) 5 preg_coviddefectspec_1___5 Bladder 6 preg_coviddefectspec_1___6 Limbs (extremities) 7 preg_coviddefectspec_1___7 Brain

				8 | preg_coviddefectspec_1___8 | Face or lip (sometimes called cleft lip or palate) -88 | preg_coviddefectspec_1____88 | Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	769	[preg_covidnicu_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	770	[preg_covidalive_1] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=1	Is this baby that you delivered following your pregnancy around [visit_qinfdt] still living?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	771	[preg_covidhome_1] Show the field ONLY if: [preg_covidalive_1] = '0'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	772	[preg_covidsex_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	What is the baby's sex?	radio 1 | Male 2 | Female 3 | Intersex Custom alignment: LV
	773	[preg_covidwtlb_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	Pounds: *(lbs (pounds))*	text (number, Min: 0)
	774	[preg_covidwtoz_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	Ounces: *(oz (ounces))*	text (number, Min: 0)
	775	[preg_coviddefect_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	Did the baby have a birth defect (congenital anomaly)?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	776	[preg_coviddefectspec_2] Show the field ONLY if: [preg_coviddefect_2] = '1'	What type of birth defect did your baby have?	checkbox 1 | preg_coviddefectspec_2___1 | Cardiac (heart) 2 | preg_coviddefectspec_2___2 | Lungs (pulmonary) 3 | preg_coviddefectspec_2___3 | Abdomen (sometimes called gastroschisis or omphalocele) 4 | preg_coviddefectspec_2___4 | Kidneys (renal) 5 | preg_coviddefectspec_2___5 | Bladder

				6 | preg_coviddefectspec_2___6 | Limbs (extremities) 7 | preg_coviddefectspec_2___7 | Brain 8 | preg_coviddefectspec_2___8 | Face or lip (sometimes called cleft lip or palate) -88 | preg_coviddefectspec_2____88 | Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	777	[preg_covidnicu_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	778	[preg_covidalive_2] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=2	Is this baby that you delivered following your pregnancy around [visit_qinfdt] still living?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	779	[preg_covidhome_2] Show the field ONLY if: [preg_covidalive_2] = '0'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	780	[preg_covidsex_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	What is the baby's sex?	radio 1 | Male 2 | Female 3 | Intersex Custom alignment: LV
	781	[preg_covidwtlb_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	Pounds: *(lbs (pounds))*	text (number, Min: 0)
	782	[preg_covidwtoz_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	Ounces: *(oz (ounces))*	text (number, Min: 0)
	783	[preg_coviddefect_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	Did the baby have a birth defect (congenital anomaly)?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	784	[preg_coviddefectspec_3] Show the field ONLY if: [preg_coviddefect_3] = '1'	What type of birth defect did your baby have?	checkbox 1 | preg_coviddefectspec_3___1 | Cardiac (heart) 2 | preg_coviddefectspec_3___2 | Lungs (pulmonary) 3 | preg_coviddefectspec_3___3 | Abdomen (sometimes called gastroschisis or omphalocele)

				4 | preg_coviddefectspec_3___4 | Kidneys (renal) 5 | preg_coviddefectspec_3___5 | Bladder 6 | preg_coviddefectspec_3___6 | Limbs (extremities) 7 | preg_coviddefectspec_3___7 | Brain 8 | preg_coviddefectspec_3___8 | Face or lip (sometimes called cleft lip or palate) -88 | preg_coviddefectspec_3____88 | Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	785	[preg_covidnicu_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	786	[preg_covidalive_3] Show the field ONLY if: [preg_covidnum]<>"" and [preg_covidnum]>=3	Is this baby that you delivered following your pregnancy around [visit_qinfdt] still living?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	787	[preg_covidhome_3] Show the field ONLY if: [preg_covidalive_3] = '0'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	788	[preg_daysdiff]	Days between date of birth and survey completion	calc Calculation: datediff([preg_coviddob], [preg_colldt], "d") Field Annotation: @HIDDEN @HIDDEN-PDF
	789	[preg_90daysbefore]	90 days before survey completion	text (date_mdy) Field Annotation: @CALCDATE([preg_colldt], -90, 'd') @HIDDEN @HIDDEN-PDF
	790	[preg_birth3mo]	Have you given birth in the last three months (since [preg_90daysbefore]?)	radio 1 | Yes 0 | No Custom alignment: LV
	791	[pregnancy_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete
Instrument: Pregnancy Followup (pregnancy_followup)				
	792	[pregfu_colldt]	Date of Pregnancy followup form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	793	[pregfu_coord]	Check this box if the coordinator is entering data:	checkbox 1 | pregfu_coord___1 | Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	794	[pregfu_yn]	Are you still pregnant?	radio 1 | Yes 0 | No

				Custom alignment: LV
	795	[pregfu_now]	Are you currently pregnant?	radio 1, Yes 0, No -88, Prefer not to answer Custom alignment: LV
	796	[pregfu_res]	How did the pregnancy end?	radio 6, Live birth of a baby 1, Abortion 2, Miscarriage 3, Ectopic pregnancy 4, Molar pregnancy 5, Stillbirth (Death of a fetus > 20 weeks (5 months) of pregnancy) -88, Prefer not to answer Custom alignment: LV
	797	[pregfu_miscarriageweeks] Show the field ONLY if: [pregfu_res] = '2'	How far along in the pregnancy were you when the miscarriage occurred? *(in weeks from last menstrual period)*	text (number, Min: 0, Max: 50)
	798	[pregfu_stillbirthweeks] Show the field ONLY if: [pregfu_res] = '5'	How far along in the pregnancy were you when the stillbirth (fetal death) occurred? *weeks*	text (number, Min: 0, Max: 50)
	799	[pregfu_due] Show the field ONLY if: [pregfu_res]="6"	What was the due date for the pregnancy?	text (date_mdy, Min: [previous-event-name][visit_dt], Max: today)
	800	[pregfu_dob] Show the field ONLY if: [pregfu_res]="6"	What was the actual date of birth of the baby?	text (date_mdy, Min: [previous-event-name][visit_dt], Max: today)
	801	[pregfu_pregcond] Show the field ONLY if: [pregfu_res]="6"	Did you have any of the following conditions during your pregnancy (check all that apply):	checkbox 1, pregfu_pregcond___1, Diabetes, pregnancy related (gestational diabetes) 2, pregfu_pregcond___2, High blood pressure, pregnancy related (gestational hypertension) 3, pregfu_pregcond___3, Preeclampsia (sometimes called "toxemia") 4, pregfu_pregcond___4, HELLP syndrome (abnormal liver function and low blood platelet levels, often also with high blood pressure) 5, pregfu_pregcond___5, Seizures 6, pregfu_pregcond___6, Placenta abruption (when the placenta separates off from the uterus) 7, pregfu_pregcond___7, Preterm premature rupture of membranes (when the bag of water breaks at a time when the baby would be born premature, eg. before 37 weeks of pregnancy)

				8 | pregfu_pregcond___8 | Low amniotic fluid levels (oligohydramnios) 9 | pregfu_pregcond___9 | Other (specify) 10 | pregfu_pregcond___10 | None -88 | pregfu_pregcond____88 | Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	802	[pregfu_steroid] Show the field ONLY if: [pregfu_res]="6"	Did you receive a steroid shot during pregnancy to get your baby ready for an early delivery (medication called betamethasone or dexamethasone)?	radio 1 | Yes 2 | No -88 | Prefer not to answer Custom alignment: LV
	803	[pregfu_early]	Did your COVID illness result in your doctor or midwife delivering the baby before you had planned to deliver?	radio 1 | Yes 0 | No -88 | Prefer not to answer Custom alignment: LV
	804	[pregfu_delcond] Show the field ONLY if: [pregfu_res]="6"	Did you have any of the following conditions during or after the birth (check all that apply)	checkbox 1 | pregfu_delcond___1 | Hemorrhage or excessive bleeding 2 | pregfu_delcond___2 | Blood transfusion 3 | pregfu_delcond___3 | Uterine infection (also called chorioamnionitis or endometritis) during or after the birth 4 | pregfu_delcond___4 | Blood clot in the legs or lungs requiring treatment with blood thinning medications 5 | pregfu_delcond___5 | Other (please explain below): 6 | pregfu_delcond___6 | None -88 | pregfu_delcond____88 | Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	805	[pregfu_num] Show the field ONLY if: [pregfu_res]="6"	How many babies were born?	text (number, Min: 0, Max: 100)
	806	[pregfu_method] Show the field ONLY if: [pregfu_res]="6"	Was your baby born by:	radio 1 | Vaginal delivery 2 | Cesarean delivery -88 | Prefer not to answer Custom alignment: LV
	807	[pregfu_vacuum] Show the field ONLY if: [pregfu_method]="1"	Was a vacuum (suction cup) or forceps used to deliver the baby?	radio 1 | Yes 2 | No 3 | I don't know -88 | Prefer not to answer Custom alignment: LV
	808	[pregfu_cesreas] Show the field ONLY if:	What was the reason you had a cesarean delivery?	checkbox

		[pregfu_method]="2"		1 pregfu_cesreas___1 Planned cesarean delivery because I had a prior cesarean delivery 2 pregfu_cesreas___2 Abnormal progress in labor 3 pregfu_cesreas___3 Concern about your baby based on the heart monitor 4 pregfu_cesreas___4 Baby was breech 5 pregfu_cesreas___5 Uterine infection 6 pregfu_cesreas___6 Emergency due to risk to baby or myself 7 pregfu_cesreas___7 I was too sick with COVID to be in labor 8 pregfu_cesreas___8 Other, please explain below -88 pregfu_cesreas___88 I prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88
	809	[pregfu_sex_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	What is the baby's sex?	radio 1 Male 2 Female 3 Intersex Custom alignment: LV
	810	[pregfu_wtlb_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	Pounds:	text (number, Min: 0)
	811	[pregfu_wtoz_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	Ounces:	text (number, Min: 0, Max: 16)
	812	[pregfu_defect_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	Did the baby have a birth defect (congenital anomaly)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	813	[pregfu_defectspec_1] Show the field ONLY if: [pregfu_defect_1] = '1'	What type of birth defect did your baby have?	checkbox 1 pregfu_defectspec_1___1 Cardiac (heart) 2 pregfu_defectspec_1___2 Lungs (pulmonary) 3 pregfu_defectspec_1___3 Abdomen (sometimes called gastroschisis or omphalocele) 4 pregfu_defectspec_1___4 Kidneys (renal) 5 pregfu_defectspec_1___5 Bladder 6 pregfu_defectspec_1___6 Limbs (extremities) 7 pregfu_defectspec_1___7 Brain 8 pregfu_defectspec_1___8 Face or lip (sometimes called cleft lip or palate) -88 pregfu_defectspec_1___88 Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88

	814	[pregfu_nicu_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	815	[pregfu_alive_1] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=1	Is this baby still living?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	816	[pregfu_home_1] Show the field ONLY if: [pregfu_alive_1] = '2'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	817	[pregfu_sex_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	What is the baby's sex?	radio 1 Male 2 Female 3 Intersex Custom alignment: LV
	818	[pregfu_wtlb_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	Pounds:	text (number, Min: 0)
	819	[pregfu_wtoz_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	Ounces:	text (number, Min: 0, Max: 16)
	820	[pregfu_defect_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	Did the baby have a birth defect (congenital anomaly)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	821	[pregfu_defectspec_2] Show the field ONLY if: [pregfu_defect_2] = '1'	What type of birth defect did your baby have?	checkbox 1 pregfu_defectspec_2___1 Cardiac (heart) 2 pregfu_defectspec_2___2 Lungs (pulmonary) 3 pregfu_defectspec_2___3 Abdomen (sometimes called gastroschisis or omphalocele) 4 pregfu_defectspec_2___4 Kidneys (renal) 5 pregfu_defectspec_2___5 Bladder 6 pregfu_defectspec_2___6 Limbs (extremities) 7 pregfu_defectspec_2___7 Brain 8 pregfu_defectspec_2___8 Face or lip (sometimes called cleft lip or palate) -88 pregfu_defectspec_2____88 Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88

	822	[pregfu_nicu_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	823	[pregfu_alive_2] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=2	Is this baby still living?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	824	[pregfu_home_2] Show the field ONLY if: [pregfu_alive_2] = '2'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	825	[pregfu_sex_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	What is the baby's sex?	radio 1 Male 2 Female 3 Intersex Custom alignment: LV
	826	[pregfu_wtlb_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	Pounds:	text (number, Min: 0)
	827	[pregfu_wtoz_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	Ounces:	text (number, Min: 0, Max: 16)
	828	[pregfu_defect_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	Did the baby have a birth defect (congenital anomaly)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	829	[pregfu_defectspec_3] Show the field ONLY if: [pregfu_defect_3] = '1'	What type of birth defect did your baby have?	checkbox 1 pregfu_defectspec_3___1 Cardiac (heart) 2 pregfu_defectspec_3___2 Lungs (pulmonary) 3 pregfu_defectspec_3___3 Abdomen (sometimes called gastroschisis or omphalocele) 4 pregfu_defectspec_3___4 Kidneys (renal) 5 pregfu_defectspec_3___5 Bladder 6 pregfu_defectspec_3___6 Limbs (extremities) 7 pregfu_defectspec_3___7 Brain 8 pregfu_defectspec_3___8 Face or lip (sometimes called cleft lip or palate) -88 pregfu_defectspec_3____88 Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88

	830	[pregfu_nicu_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	Was your baby admitted to the neonatal intensive care unit (NICU)?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	831	[pregfu_alive_3] Show the field ONLY if: [pregfu_num]<>"" and [pregfu_num]>=3	Is this baby still living?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	832	[pregfu_home_3] Show the field ONLY if: [pregfu_alive_3] = '2'	Did your baby survive until they could be discharged home from the hospital after delivery?	radio 1 Yes 2 No -88 Prefer not to answer Custom alignment: LV
	833	[pregnancy_followup_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Covid Treatment (covid_treatment)				
	834	[rx_colldt]	Date of COVID Treatment form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	835	[rx_coord]	Check this box if the coordinator is entering data:	checkbox 1 rx_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	836	[rx_totalinf]	Some people may have had COVID more than once. How many times do you think you have had COVID, including your first infection on [enrollment_arm_1][index_dt]?	radio 1 1 2 2 3 3 4 4 5 5 or more Custom alignment: LV
	837	[rx_infdt] Show the field ONLY if: [cat]="1" or [cat]="2"	What was the date of your first COVID infection? If you do not remember the exact date, please give your best guess.	text (date_mdy, Min: [enrollment_arm_1][index_dt], Max: today)
	838	[rx_carelevel] Show the field ONLY if: [cat]="1" or [cat]="2"	What kind of medical care did you get the first time you had COVID around [rx_infdt]? Check all that apply.	checkbox 0 rx_carelevel___0 I had no symptoms 1 rx_carelevel___1 I managed my symptoms at home by myself 2 rx_carelevel___2 I managed my symptoms at home and saw a doctor about it (in person or by telehealth) 3 rx_carelevel___3 I visited the emergency department 4 rx_carelevel___4 I was admitted to the hospital 98 rx_carelevel___98 I don't remember -88 rx_carelevel___88 Prefer not to answer Custom alignment: LV

				Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'
	839	[rx_o2] Show the field ONLY if: [cat]="1" or [cat]="2"	Section Header: *Were you treated with any of the following during your first COVID illness around [rx_infdt]?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	840	[rx_steroids] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	841	[rx_chlorq] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with hydroxychloroquine	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	842	[rx_antibody] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with monoclonal antibody	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	843	[rx_remdes] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with remdesivir	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	844	[rx_antiviral] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	845	[rx_plasma] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with convalescent plasma	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	846	[rx_anticoag] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer

				Field Annotation: #radxup_symptoms#
	847	[rx_antibiotic] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	848	[rx_ivermectin] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with ivermectin	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	849	[rx_fluvox] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	850	[rx_icu] Show the field ONLY if: [rx_carelevel(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	851	[rx_vent] Show the field ONLY if: [rx_carelevel(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	852	[rx_ecmo] Show the field ONLY if: [rx_carelevel(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	853	[rx_il6] Show the field ONLY if: [rx_carelevel(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	854	[rx_il1] Show the field ONLY if: [rx_carelevel(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	855	[rx_kinase] Show the field ONLY if: [rx_carelevel(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	856	[rx_coenroll] Show the field ONLY if:	COVID experimental treatment trial	radio (Matrix) 1 Yes

		[cat]="1" or [cat]="2"		2 No 98 I don't know -88 I prefer not to answer
	857	[rx_other] Show the field ONLY if: [rx_carelevel(4)] = '1'	Other treatment	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	858	[rx_coenrolldt] Show the field ONLY if: [rx_coenroll]="1"	Date enrolled in [rx_coenrollname] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	859	[rx_coenrollrand] Show the field ONLY if: [rx_coenroll]="1"	Is (or was) this a randomized trial?	radio 1 Yes 0 No -1 Don't know Custom alignment: LV
	860	[rx_coenrollassignyn] Show the field ONLY if: [rx_coenrollrand]="1"	Do you know what treatment you are getting (or got)?	radio 1 Yes 0 No Custom alignment: LV
	861	[rx_infdt_2]	What was the date of your second COVID infection? If you do not remember the exact date, please give your best guess.	text (date_mdy, Min: [enrollment_arm_1][index_dt], Max: today)
	862	[rx_carelevel_2]	What kind of medical care did you get the second time you had COVID around [rx_infdt_2]? Check all that apply.	checkbox 0 rx_carelevel_2___0 I had no symptoms 1 rx_carelevel_2___1 I managed my symptoms at home by myself 2 rx_carelevel_2___2 I managed my symptoms at home and saw a doctor about it (in person or by telehealth) 3 rx_carelevel_2___3 I visited the emergency department 4 rx_carelevel_2___4 I was admitted to the hospital 98 rx_carelevel_2___98 I don't remember -88 rx_carelevel_2____88 Prefer not to answer Custom alignment: LV Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'
	863	[rx_o2_2]	Section Header: *Were you treated with any of the following during your second COVID illness around [rx_infdt_2]?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	864	[rx_steroids_2]	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#

	865	[rx_chlorq_2]	Treatment with hydroxychloroquine	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	866	[rx_antibody_2]	Treatment with monoclonal antibody	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	867	[rx_remdes_2]	Treatment with remdesivir	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	868	[rx_antiviral_2]	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	869	[rx_plasma_2]	Treatment with convalescent plasma	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	870	[rx_anticoag_2]	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	871	[rx_antibiotic_2]	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	872	[rx_ivermectin_2]	Treatment with ivermectin	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	873	[rx_fluvox_2]	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes

				2 No 98 I don't know -88 I prefer not to answer
	874	[rx_icu_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	875	[rx_vent_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	876	[rx_ecmo_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	877	[rx_il6_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	878	[rx_il1_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	879	[rx_kinase_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	880	[rx_coenroll_2]	COVID experimental treatment trial	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	881	[rx_other_2] Show the field ONLY if: [rx_carelevel_2(4)] = '1'	Other treatment	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	882	[rx_coenrolldt_2] Show the field ONLY if: [rx_coenroll_2]="1"	Date enrolled in [rx_coenrollname_2] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	883	[rx_coenrollrand_2] Show the field ONLY if: [rx_coenroll_2]="1"	Is (or was) this a randomized trial?	radio 1 Yes 0 No -1 Don't know

				Custom alignment: LV
	884	[rx_coenrollassignyn_2] Show the field ONLY if: [rx_coenrollrand_2]="1"	Do you know what treatment you are getting (or got)?	radio 1, Yes 0, No Custom alignment: LV
	885	[rx_infdt_3]	What was the date of your third COVID infection? If you do not remember the exact date, please give your best guess.	text (date_mdy, Min: [enrollment_arm_1][index_dt], Max: today)
	886	[rx_carelevel_3]	What kind of medical care did you get the third time you had COVID around [rx_infdt_3]? Check all that apply.	checkbox 0, rx_carelevel_3___0, I had no symptoms 1, rx_carelevel_3___1, I managed my symptoms at home by myself 2, rx_carelevel_3___2, I managed my symptoms at home and saw a doctor about it (in person or by telehealth) 3, rx_carelevel_3___3, I visited the emergency department 4, rx_carelevel_3___4, I was admitted to the hospital 98, rx_carelevel_3___98, I don't remember -88, rx_carelevel_3____88, Prefer not to answer Custom alignment: LV Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'
	887	[rx_o2_3]	Section Header: *Were you treated with any of the following during your third COVID illness around [rx_infdt_3]?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1, Yes 2, No 98, I don't know -88, I prefer not to answer Field Annotation: #radxup_symptoms#
	888	[rx_steroids_3]	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1, Yes 2, No 98, I don't know -88, I prefer not to answer Field Annotation: #radxup_symptoms#
	889	[rx_chlorq_3]	Treatment with hydroxychloroquine	radio (Matrix) 1, Yes 2, No 98, I don't know -88, I prefer not to answer Field Annotation: #radxup_symptoms#
	890	[rx_antibody_3]	Treatment with monoclonal antibody	radio (Matrix) 1, Yes 2, No 98, I don't know -88, I prefer not to answer Field Annotation: #radxup_symptoms#
	891	[rx_remdes_3]	Treatment with remdesivir	radio (Matrix) 1, Yes

				2 No 98 I don't know -88 I prefer not to answer
	892	[rx_antiviral_3]	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	893	[rx_plasma_3]	Treatment with convalescent plasma	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	894	[rx_anticoag_3]	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	895	[rx_antibiotic_3]	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	896	[rx_ivermectin_3]	Treatment with ivermectin	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	897	[rx_fluvox_3]	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	898	[rx_icu_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	899	[rx_vent_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer

	900	[rx_ecmo_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	901	[rx_il6_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	902	[rx_il1_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	903	[rx_kinase_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	904	[rx_coenroll_3]	COVID experimental treatment trial	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	905	[rx_other_3] Show the field ONLY if: [rx_carelevel_3(4)] = '1'	Other treatment	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	906	[rx_coenrolldt_3] Show the field ONLY if: [rx_coenroll_3]="1"	Date enrolled in [rx_coenrollname_4] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	907	[rx_coenrollrand_3] Show the field ONLY if: [rx_coenroll_3]="1"	Is (or was) this a randomized trial?	radio 1 Yes 0 No -1 Don't know Custom alignment: LV
	908	[rx_coenrollassignyn_3] Show the field ONLY if: [rx_coenrollrand_3]="1"	Do you know what treatment you are getting (or got)?	radio 1 Yes 0 No Custom alignment: LV
	909	[rx_infdt_4]	What was the date of your fourth COVID infection? If you do not remember the exact date, please give your best guess.	text (date_mdy, Min: [enrollment_arm_1][index_dt], Max: today)
	910	[rx_carelevel_4]	What kind of medical care did you get the fourth time you had COVID around [rx_infdt_4]? Check all that apply.	checkbox 0 rx_carelevel_4___0 I had no symptoms 1 rx_carelevel_4___1 I managed my symptoms at home by myself 2 rx_carelevel_4___2 I managed my symptoms at home and saw a doctor

						about it (in person or by telehealth)
				3	rx_carelevel_4___3	I visited the emergency department
				4	rx_carelevel_4___4	I was admitted to the hospital
				98	rx_carelevel_4___98	I don't remember
				-88	rx_carelevel_4____88	Prefer not to answer

Custom alignment: LV
Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'

	911	[rx_o2_4]	Section Header: *Were you treated with any of the following during your fourth COVID illness around [rx_infdt_4]?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	912	[rx_steroids_4]	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	913	[rx_chlorq_4]	Treatment with hydroxychloroquine	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	914	[rx_antibody_4]	Treatment with monoclonal antibody	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	915	[rx_remdes_4]	Treatment with remdesivir	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	916	[rx_antiviral_4]	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	917	[rx_plasma_4]	Treatment with convalescent plasma	radio (Matrix) 1 Yes 2 No

				98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	918	[rx_anticoag_4]	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	919	[rx_antibiotic_4]	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	920	[rx_ivermectin_4]	Treatment with ivermectin	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	921	[rx_fluvox_4]	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	922	[rx_icu_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	923	[rx_vent_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	924	[rx_ecmo_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	925	[rx_il6_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	926	[rx_il1_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know

				-88 | I prefer not to answer
	927	[rx_kinase_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer
	928	[rx_coenroll_4]	COVID experimental treatment trial	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer
	929	[rx_other_4] Show the field ONLY if: [rx_carelevel_4(4)] = '1'	Other treatment	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer
	930	[rx_coenrolldt_4] Show the field ONLY if: [rx_coenroll_4]="1"	Date enrolled in [rx_coenrollname_4] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	931	[rx_coenrollrand_4] Show the field ONLY if: [rx_coenroll_4]="1"	Is (or was) this a randomized trial?	radio 1 | Yes 0 | No -1 | Don't know Custom alignment: LV
	932	[rx_coenrollassignyn_4] Show the field ONLY if: [rx_coenrollrand_4]="1"	Do you know what treatment you are getting (or got)?	radio 1 | Yes 0 | No Custom alignment: LV
	933	[rx_infdt_5]	What was the date of your fifth COVID infection? If you do not remember the exact date, please give your best guess.	text (date_mdy, Min: [enrollment_arm_1][index_dt], Max: today)
	934	[rx_carelevel_5]	What kind of medical care did you get the fifth time you had COVID around [rx_infdt_5]? Check all that apply.	checkbox 0 | rx_carelevel_5___0 | I had no symptoms 1 | rx_carelevel_5___1 | I managed my symptoms at home by myself 2 | rx_carelevel_5___2 | I managed my symptoms at home and saw a doctor about it (in person or by telehealth) 3 | rx_carelevel_5___3 | I visited the emergency department 4 | rx_carelevel_5___4 | I was admitted to the hospital 98 | rx_carelevel_5___98 | I don't remember -88 | rx_carelevel_5___88 | Prefer not to answer Custom alignment: LV Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'
	935	[rx_o2_5]	Section Header: *Were you treated with any of the following during your fifth COVID illness around [rx_infdt_5]?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer

				Field Annotation: #radxup_symptoms#
	936	[rx_steroids_5]	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	937	[rx_chlorq_5]	Treatment with hydroxychloroquine	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	938	[rx_antibody_5]	Treatment with monoclonal antibody	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	939	[rx_remdes_5]	Treatment with remdesivir	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	940	[rx_antiviral_5]	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	941	[rx_plasma_5]	Treatment with convalescent plasma	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	942	[rx_anticoag_5]	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer Field Annotation: #radxup_symptoms#
	943	[rx_antibiotic_5]	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer

				Field Annotation: #radxup_symptoms#
	944	[rx_ivermectin_5]	Treatment with ivermectin	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	945	[rx_fluvox_5]	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	946	[rx_icu_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	947	[rx_vent_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	948	[rx_ecmo_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	949	[rx_il6_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	950	[rx_il1_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	951	[rx_kinase_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	952	[rx_coenroll_5]	COVID experimental treatment trial	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	953	[rx_other_5] Show the field ONLY if: [rx_carelevel_5(4)] = '1'	Other treatment	radio (Matrix) 1 Yes 2 No

				98 | I don't know -88 | I prefer not to answer
	954	[rx_coenrolldt_5] Show the field ONLY if: [rx_coenroll_5]="1"	Date enrolled in [rx_coenrollname_5] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	955	[rx_coenrollrand_5] Show the field ONLY if: [rx_coenroll_5]="1"	Is (or was) this a randomized trial?	radio 1 | Yes 0 | No -1 | Don't know Custom alignment: LV
	956	[rx_coenrollassignyn_5] Show the field ONLY if: [rx_coenrollrand_5]="1"	Do you know what treatment you are getting (or got)?	radio 1 | Yes 0 | No Custom alignment: LV
	957	[covid_treatment_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete
Instrument: Recent Covid Treatment (recent_covid_treatment)				
	958	[rx2_colldt]	Date of COVID Treatment form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	959	[rx2_coord]	Check this box if the coordinator is entering data:	checkbox 1 | rx2_coord___1 | Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	960	[rx2_carelevel] Show the field ONLY if: [cat]="1" or [cat]="2"	What kind of medical care did you get the most recent time you had COVID? Check all that apply.	checkbox 0 | rx2_carelevel___0 | I had no symptoms 1 | rx2_carelevel___1 | I managed my symptoms at home by myself 2 | rx2_carelevel___2 | I managed my symptoms at home and saw a doctor about it (in person or by telehealth) 3 | rx2_carelevel___3 | I visited the emergency department 4 | rx2_carelevel___4 | I was admitted to the hospital 98 | rx2_carelevel___98 | I don't remember -88 | rx2_carelevel____88 | Prefer not to answer Custom alignment: LV Field Annotation: #radxup_symptoms# @NONEOFTHEABOVE='0,-88,98'
	961	[rx2_o2] Show the field ONLY if: [cat]="1" or [cat]="2"	Section Header: *Were you treated with any of the following during your most recent COVID illness?* Nasal cannula (tube in nose) for oxygen	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	962	[rx2_steroids] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	radio (Matrix) 1 | Yes 2 | No 98 | I don't know

				-88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	963	[rx2_chlorq] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with hydroxychloroquine	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	964	[rx2_antibody] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with monoclonal antibody	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	965	[rx2_remdes] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with remdesivir	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer
	966	[rx2_antiviral] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with other antiviral drug (e.g. lopinavir, ritonavir, nirmatrelvir/ritonavir (Paxlovid), molnupiravir, etc.)	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	967	[rx2_plasma] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with convalescent plasma	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	968	[rx2_anticoag] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	969	[rx2_antibiotic] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	radio (Matrix) 1 | Yes 2 | No 98 | I don't know -88 | I prefer not to answer Field Annotation: #radxup_symptoms#
	970	[rx2_ivermectin] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with ivermectin	radio (Matrix) 1 | Yes 2 | No 98 | I don't know

				-88 I prefer not to answer
	971	[rx2_fluvox] Show the field ONLY if: [cat]="1" or [cat]="2"	Treatment with fluvoxamine (Luvox)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	972	[rx2_icu] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Treatment in the intensive care unit	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	973	[rx2_vent] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	974	[rx2_ecmo] Show the field ONLY if: [rx2_carelevel(4)] = '1'	ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	975	[rx2_il6] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	976	[rx2_il1] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	977	[rx2_kinase] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	978	[rx2_coenroll] Show the field ONLY if: [cat]="1" or [cat]="2"	COVID experimental treatment trial	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	979	[rx2_other] Show the field ONLY if: [rx2_carelevel(4)] = '1'	Other treatment	radio (Matrix) 1 Yes 2 No 98 I don't know -88 I prefer not to answer
	980	[rx2_coenrolldt] Show the field ONLY if: [rx2_coenroll]="1"	Date enrolled in [rx2_coenrollname] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	981	[rx2_coenrollrand]	Is (or was) this a randomized trial?	radio

		Show the field ONLY if: [rx2_coenroll]="1"		1 Yes 0 No -1 Don't know Custom alignment: LV
	982	[rx2_coenrollassignyn] Show the field ONLY if: [rx2_coenrollrand]="1"	Do you know what treatment you are getting (or got)?	radio 1 Yes 0 No Custom alignment: LV
	983	[recent_covid_treatment_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Long Covid Treatment Trial** **(long_covid_treatment_trial)**				
	984	[lct_colldt]	Date of Long COVID Treatment Trial form collection:	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
	985	[lct_coord]	Check this box if the coordinator is entering data:	checkbox 1 lct_coord___1 Coordinator data entry Field Annotation: @HIDDEN-SURVEY
	986	[lct_yn]	Have you enrolled in a long COVID treatment trial [stem_sincein]?	radio 1 Yes 0 No Custom alignment: LV
	987	[lct_coenrolldt] Show the field ONLY if: [lct_yn] = '1'	Date enrolled in [lct_coenrollname] trial (best estimate):	text (date_mdy, Min: 2020-03-01, Max: today), Required Field Annotation: @HIDEBUTTON
	988	[lct_coenrolltype] Show the field ONLY if: [lct_yn] = '1'	Type of the treatment(s) being tested (if known):	radio 1 New drug 2 Existing drug 3 Over-the-counter or non-drug treatment Custom alignment: LV
	989	[lct_coenrolllength] Show the field ONLY if: [lct_yn] = '1'	How long is (or was) this this trial?	radio 1 Less than 1 year 2 1 year or less than 2 years 3 2 years or less than 3 years 4 3 years or less than 4 years 5 4 years or more Custom alignment: LV
	990	[lct_coenrollrand] Show the field ONLY if: [lct_yn] = '1'	Is (or was) this a randomized trial?	radio 1 Yes 0 No -1 Don't know Custom alignment: LV
	991	[lct_coenrollassignyn] Show the field ONLY if: [lct_coenrollrand]="1"	Do you know what treatment you are getting (or got)?	radio 1 Yes 0 No Custom alignment: LV

	992	[long_covid_treatment_trial_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: Assessment Scores (assessment_scores)				
	993	[promis_global10recode]	Global 10 Recoded	calc Calculation: if([promis_global10] = '1', 5, if([promis_global10] = '2', 4, if([promis_global10] = '3', 3, if([promis_global10] = '4', 2, if([promis_global10] = '5', 1, "")))))
	994	[promis_global08recode]	Global 08 Recoded	calc Calculation: if([promis_global08] = '1', 5, if([promis_global08] = '2', 4, if([promis_global08] = '3', 3, if([promis_global08] = '2', 4, if([promis_global08] = '1', 5, "")))))
	995	[promis_global07recode]	Global 07 Recoded	calc Calculation: if([promis_global07] = '0', 5, if([promis_global07] = '1' or [promis_global07] = '2' or [promis_global07] = '3', 4, if([promis_global07] = '4' or [promis_global07] = '5' or [promis_global07] = '6', 3, if([promis_global07] = '7' or [promis_global07] = '8' or [promis_global07] = '9', 2, if([promis_global07] = '10', 1, "")))))
	996	[promis_globalphys]	Global Physical Health subscale raw score	calc Calculation: sum([promis_global03], [promis_global06], [promis_global07recode], [promis_global08recode])
	997	[promis_globalmental]	Global Mental Health subscale raw score	calc Calculation: sum([promis_global02], [promis_global04], [promis_global05], [promis_global10recode])
	998	[ps_fatigue_sevdepaulrecode]	Recode of PROMIS GLOBAL08 to match DePaul Scale	calc Calculation: if([promis_global08]="", "", if([promis_global08]>=1 and [promis_global08]<=5, [promis_global08]-1, ""))
	999	[ps_sleep_sevdepaulrecode]	Recode of PROMIS SLEEP116 to match DePaul Scale	calc Calculation: if([promis_sleep116]="", "", if([promis_sleep116]>=1 and [promis_sleep116]<=5, [promis_sleep116]-1, ""))
	1000	[ps_bloated_freqdepaulrecode]	Recode of COMPASS31 bloated to match DePaul Scale	calc Calculation: if([compass31_bloated]="", "", if([compass31_bloated]="1", 0, if([compass31_bloated]="2", 2, if([compass31_bloated]="3", 4, ""))))
	1001	[ps_attention_freqdepaulrecode]	Recode of nqcog_nqcog77r1 to match DePaul Scale	calc Calculation: if([nqcog_nqcog77r1]="", "", if([nqcog_nqcog77r1]>=1 and [nqcog_nqcog77r1]<=5, 5-[nqcog_nqcog77r1], ""))
	1002	[hit6_severerecode]	HIT-6 severe recode:	calc Calculation: if([hit6_severe] = '1', 6, if([hit6_severe] = '2', 8, if([hit6_severe] = '3', 10, if([hit6_severe] = '4', 11, if([hit6_severe] = '5', 13, ""))))
	1003	[hit6_activitiesrecode]	HIT-6 activities recode:	calc Calculation: if([hit6_activities] = '1', 6, if([hit6_activities] = '2', 8, if([hit6_activities] = '3', 10, if([hit6_activities] = '4', 11, if([hit6_activities] = '5', 13, ""))))
	1004	[hit6_liedownrecode]	HIT-6 lie down recode:	calc Calculation: if([hit6_liedown] = '1', 6, if([hit6_liedown] = '2', 8, if([hit6_liedown] = '3', 10, if([hit6_liedown] = '4', 11, if([hit6_liedown] = '5', 13, ""))))
	1005	[hit6_tootiredrecode]	HIT-6 too tired recode:	calc Calculation: if([hit6_tootired] = '1', 6, if([hit6_tootired] = '2', 8, if([hit6_tootired] = '3', 10, if([hit6_tootired] = '4', 11, if([hit6_tootired] = '5', 13, ""))))
	1006	[hit6_concentraterecode]	HIT-6 concentrate recode:	calc Calculation: if([hit6_concentrate] = '1', 6, if([hit6_concentrate] = '2', 8, if([hit6_concentrate] = '3',

				10, if([hit6_concentrate] = '4', 11, if([hit6_concentrate] = '5', 13, "")))))
	1007	[hit6_irritatedrecode]	HIT-6 irritated recode:	calc Calculation: if([hit6_irritated] = '1', 6, if([hit6_irritated] = '2', 8, if([hit6_irritated] = '3', 10, if([hit6_irritated] = '4', 11, if([hit6_irritated] = '5', 13, "")))))
	1008	[hit6_score]	HIT-6 score:	calc Calculation: sum([hit6_severerecode], [hit6_activitiesrecode], [hit6_liedownrecode], [hit6_tootiredrecode], [hit6_concentraterecode], [hit6_irritatedrecode])
	1009	[saq_plscore]	SAQ Physical Limitation subscale:	calc Calculation: (((sum(if([saq_actwalk] = '6', "", [saq_actwalk]), if([saq_actgarden] = '6', "", [saq_actgarden]), if([saq_actlift] = '6', "", [saq_actlift]))) - 3)/15) * 100
	1010	[saq_afscore]	SAQ Angina Frequency subscale:	calc Calculation: ((sum([saq_chestpain], [saq_nitroglycerin]) - 2)/12)*100
	1011	[saq_qlscore]	SAQ Quality of Life subscale:	calc Calculation: ((sum([saq_enjoyment], [saq_restoflife]) - 2)/10)*100
	1012	[saq_sumscore]	SAQ Summary score:	calc Calculation: mean([saq_plscore], [saq_afscore], [saq_qlscore])
	1013	[mi_neuro1recode]	MI Neuro 1 Recode	calc Calculation: if([mi_neuro_1] = '2', 0, [mi_neuro_1])
	1014	[mi_neuro2recode]	MI Neuro 2 Recode	calc Calculation: if([mi_neuro_2] = '2', 0, [mi_neuro_2])
	1015	[mi_neuro3recode]	MI Neuro 3 Recode	calc Calculation: if([mi_neuro_3] = '2', 0, [mi_neuro_3])
	1016	[mi_neuro4recode]	MI Neuro 4 Recode	calc Calculation: if([mi_neuro_4] = '2', 0, [mi_neuro_4])
	1017	[mi_neuro5recode]	MI Neuro 5 Recode	calc Calculation: if([mi_neuro_5] = '2', 0, [mi_neuro_5])
	1018	[mi_neuro6recode]	MI Neuro 6 Recode	calc Calculation: if([mi_neuro_6] = '2', 0, [mi_neuro_6])
	1019	[mi_neuro7recode]	MI Neuro 7 Recode	calc Calculation: if([mi_neuro_7] = '1', 0, if([mi_neuro_7] = '2', 1, ""))
	1020	[mi_neuro8recode]	MI Neuro 8 Recode	calc Calculation: if([mi_neuro_8] = '2', 0, [mi_neuro_8])
	1021	[mi_neuro9recode]	MI Neuro 9 Recode	calc Calculation: if([mi_neuro_9] = '2', 0, [mi_neuro_9])
	1022	[mi_neuro10recode]	MI Neuro 10 Recode	calc Calculation: if([mi_neuro_10] = '2', 0, [mi_neuro_10])
	1023	[mi_neuro11recode]	MI Neuro 11 Recode	calc Calculation: if([mi_neuro_11] = '2', 0, [mi_neuro_11])
	1024	[mi_neuro12recode]	MI Neuro 12 Recode	calc Calculation: if([mi_neuro_12] = '2', 0, [mi_neuro_12])
	1025	[mi_neuro13recode]	MI Neuro 13 Recode	calc Calculation: if([mi_neuro_13] = '1', 0, if([mi_neuro_13] = '2', 1, ""))
	1026	[mi_neuro14recode]	MI Neuro 14 Recode	calc Calculation: if([mi_neuro_14] = '2', 0, [mi_neuro_14])
	1027	[mi_neuro15recode]	MI Neuro 15 Recode	calc Calculation: if([mi_neuro_15] = '2', 0, [mi_neuro_15])
	1028	[mi_neuroscore]	MNSI Questionnaire Subscale	calc Calculation: sum([mi_neuro1recode], [mi_neuro2recode], [mi_neuro3recode], [mi_neuro4recode], [mi_neuro5recode], [mi_neuro6recode], [mi_neuro7recode], [mi_neuro8recode], [mi_neuro9recode], [mi_neuro10recode], [mi_neuro11recode],

				[mi_neuro12recode], [mi_neuro13recode], [mi_neuro14recode], [mi_neuro15recode])
	1029	[neuroqol_uefanswered]	NQOL-UEF answered:	calc Calculation: sum((if([neuroqol_pfa40] <> "", 1, 0)), (if([neuroqol_pfa50] <> "", 1, 0)), (if([neuroqol_nquex44] <> "", 1, 0)), (if([neuroqol_pfb21] <> "", 1, 0)), (if([neuroqol_pfa43] <> "", 1, 0)), (if([neuroqol_pfa35] <> "", 1, 0)), (if([neuroqol_pfa55] <> "", 1, 0)), (if([neuroqol_pfb26] <> "", 1, 0)))
	1030	[neuroqol_uefsum]	NQOL-UEF sum:	calc Calculation: if([neuroqol_uefanswered] >= 4, sum([neuroqol_pfa40], [neuroqol_pfa50], [neuroqol_nquex44], [neuroqol_pfb21], [neuroqol_pfa43], [neuroqol_pfa35], [neuroqol_pfa55], [neuroqol_pfb26]), "")
	1031	[neuroqol_uefraw]	NQOL-UEF raw:	calc Calculation: round(([neuroqol_uefsum] * 8) / [neuroqol_uefanswered])
	1032	[neuroqol_ueftscore]	NQOL-UEF t score:	calc Calculation: if([neuroqol_uefraw] = "8", 12.8, if([neuroqol_uefraw] = "9", 13.7, if([neuroqol_uefraw] = "10", 14.7, if([neuroqol_uefraw] = "11", 15.8, if([neuroqol_uefraw] = "12", 16.9, if([neuroqol_uefraw] = "13", 18, if([neuroqol_uefraw] = "14", 19, if([neuroqol_uefraw] = "15", 19.9, if([neuroqol_uefraw] = "16", 20.8, if([neuroqol_uefraw] = "17", 21.6, if([neuroqol_uefraw] = "18", 22.4, if([neuroqol_uefraw] = "19", 23.1, if([neuroqol_uefraw] = "20", 23.9, if([neuroqol_uefraw] = "21", 24.6, if([neuroqol_uefraw] = "22", 25.3, if([neuroqol_uefraw] = "23", 26, if([neuroqol_uefraw] = "24", 26.7, if([neuroqol_uefraw] = "25", 27.3, if([neuroqol_uefraw] = "26", 28, if([neuroqol_uefraw] = "27", 28.7, if([neuroqol_uefraw] = "28", 29.5, if([neuroqol_uefraw] = "29", 30.2, if([neuroqol_uefraw] = "30", 30.9, if([neuroqol_uefraw] = "31", 31.7, if([neuroqol_uefraw] = "32", 32.6, if([neuroqol_uefraw] = "33", 33.5, if([neuroqol_uefraw] = "34", 34.5, if([neuroqol_uefraw] = "35", 35.6, if([neuroqol_uefraw] = "36", 37.1, if([neuroqol_uefraw] = "37", 39.3, if([neuroqol_uefraw] = "38", 41.2, if([neuroqol_uefraw] = "39", 43.7, if([neuroqol_uefraw] = "40", 53.8, ""))
	1033	[neuroqol_cfanswered]	NQOL-CF answered:	calc Calculation: sum((if([nqcog_nqcog64r1] <> "", 1, 0)), (if([nqcog_nqcog75r1] <> "", 1, 0)), (if([nqcog_nqcog77r1] <> "", 1, 0)), (if([nqcog_nqcog80r1] <> "", 1, 0)), (if([nqcog_nqcog22r1] <> "", 1, 0)), (if([nqcog_nqcog24r1] <> "", 1, 0)), (if([nqcog_nqcog25r1] <> "", 1, 0)), (if([nqcog_nqcog40r1] <> "", 1, 0)))
	1034	[neuroqol_cfsum]	NQOL-CF sum:	calc Calculation: if([neuroqol_cfanswered] >= 4, sum([nqcog_nqcog64r1], [nqcog_nqcog75r1], [nqcog_nqcog77r1], [nqcog_nqcog80r1], [nqcog_nqcog22r1], [nqcog_nqcog24r1], [nqcog_nqcog25r1], [nqcog_nqcog40r1]), "")
	1035	[neuroqol_cfraw]	NQOL-CF raw:	calc Calculation: round(([neuroqol_cfsum] * 8) /[neuroqol_cfanswered])
	1036	[neuroqol_cftscore]	NQOL-CF t score:	calc Calculation: if([neuroqol_cfraw] = "8", 17.3, if([neuroqol_cfraw] = "9", 20.4, if([neuroqol_cfraw] = "10", 22.6, if([neuroqol_cfraw] = "11", 24.4, if([neuroqol_cfraw] = "12", 25.9, if([neuroqol_cfraw] = "13", 27.3, if([neuroqol_cfraw] = "14", 28.6, if([neuroqol_cfraw] = "15", 29.8, if([neuroqol_cfraw] = "16", 30.9, if([neuroqol_cfraw] = "17", 32, if([neuroqol_cfraw] = "18", 33, if([neuroqol_cfraw] = "19", 34, if([neuroqol_cfraw] = "20", 35, if([neuroqol_cfraw] = "21", 36, if([neuroqol_cfraw] = "22", 37, if([neuroqol_cfraw] = "23", 37.9, if([neuroqol_cfraw] = "24", 38.9, if([neuroqol_cfraw] =

				"25", 39.9, if([neuroqol_cfraw] = "26", 40.9, if([neuroqol_cfraw] = "27", 41.9, if([neuroqol_cfraw] = "28", 42.9, if([neuroqol_cfraw] = "29", 43.9, if([neuroqol_cfraw] = "30", 44.9, if([neuroqol_cfraw] = "31", 46, if([neuroqol_cfraw] = "32", 47.1, if([neuroqol_cfraw] = "33", 48.3, if([neuroqol_cfraw] = "34", 49.6, if([neuroqol_cfraw] = "35", 50.9, if([neuroqol_cfraw] = "36", 52.4, if([neuroqol_cfraw] = "37", 54.2, if([neuroqol_cfraw] = "38", 56.3, if([neuroqol_cfraw] = "39", 59, if([neuroqol_cfraw] = "40", 64.2, ""))
	1037	[vfq_1]	VFQ 1 = promis_global01	calc Calculation: if([promis_global01] = '5', 100, if([promis_global01] = '4', 75, if([promis_global01] = '3', 50, if([promis_global01] = '2', 25, if([promis_global01] = '1', 0, ""))))
	1038	[vfq_2recode]	VFQ 2 Recode:	calc Calculation: if([vfq_2] = '1', 100, if([vfq_2] = '2', 80, if([vfq_2] = '3', 60, if([vfq_2] = '4', 40, if([vfq_2] = '5', 20, if([vfq_2] = '6', 0, "")))))
	1039	[vfq_3recode]	VFQ 3 Recode:	calc Calculation: if([vfq_3] = '1', 100, if([vfq_3] = '2', 75, if([vfq_3] = '3', 50, if([vfq_3] = '4', 25, if([vfq_3] = '5', 0, ""))))
	1040	[vfq_4recode]	VFQ 4 Recode:	calc Calculation: if([vfq_4] = '1', 100, if([vfq_4] = '2', 75, if([vfq_4] = '3', 50, if([vfq_4] = '4', 25, if([vfq_4] = '5', 0, ""))))
	1041	[vfq_5recode]	VFQ 5 Recode:	calc Calculation: if([vfq_5] = '1', 100, if([vfq_5] = '2', 75, if([vfq_5] = '3', 50, if([vfq_5] = '4', 25, if([vfq_5] = '5', 0, if([vfq_5] = '6', "", "")))))
	1042	[vfq_6recode]	VFQ 6 Recode:	calc Calculation: if([vfq_6] = '1', 100, if([vfq_6] = '2', 75, if([vfq_6] = '3', 50, if([vfq_6] = '4', 25, if([vfq_6] = '5', 0, if([vfq_6] = '6', "", "")))))
	1043	[vfq_7recode]	VFQ 7 Recode:	calc Calculation: if([vfq_7] = '1', 100, if([vfq_7] = '2', 75, if([vfq_7] = '3', 50, if([vfq_7] = '4', 25, if([vfq_7] = '5', 0, if([vfq_7] = '6', "", "")))))
	1044	[vfq_8recode]	VFQ 8 Recode:	calc Calculation: if([vfq_8] = '1', 100, if([vfq_8] = '2', 75, if([vfq_8] = '3', 50, if([vfq_8] = '4', 25, if([vfq_8] = '5', 0, if([vfq_8] = '6', "", "")))))
	1045	[vfq_9recode]	VFQ 9 Recode:	calc Calculation: if([vfq_9] = '1', 100, if([vfq_9] = '2', 75, if([vfq_9] = '3', 50, if([vfq_9] = '4', 25, if([vfq_9] = '5', 0, if([vfq_9] = '6', "", "")))))
	1046	[vfq_10recode]	VFQ 10 Recode:	calc Calculation: if([vfq_10] = '1', 100, if([vfq_10] = '2', 75, if([vfq_10] = '3', 50, if([vfq_10] = '4', 25, if([vfq_10] = '5', 0, if([vfq_10] = '6', "", "")))))
	1047	[vfq_11recode]	VFQ 11 Recode:	calc Calculation: if([vfq_11] = '1', 100, if([vfq_11] = '2', 75, if([vfq_11] = '3', 50, if([vfq_11] = '4', 25, if([vfq_11] = '5', 0, if([vfq_11] = '6', "", "")))))
	1048	[vfq_12recode]	VFQ 12 Recode:	calc Calculation: if([vfq_12] = '1', 100, if([vfq_12] = '2', 75, if([vfq_12] = '3', 50, if([vfq_12] = '4', 25, if([vfq_12] = '5', 0, if([vfq_12] = '6', "", "")))))
	1049	[vfq_13recode]	VFQ 13 Recode:	calc Calculation: if([vfq_13] = '1', 100, if([vfq_13] = '2', 75, if([vfq_13] = '3', 50, if([vfq_13] = '4', 25, if([vfq_13] = '5', 0, if([vfq_13] = '6', "", "")))))
	1050	[vfq_14recode]	VFQ 14 Recode:	calc Calculation: if([vfq_14] = '1', 100, if([vfq_14] = '2', 75, if([vfq_14] = '3', 50, if([vfq_14] = '4', 25, if([vfq_14] = '5', 0, if([vfq_14] = '6', "", "")))))

	1051	[vfq_15crecode]	VFQ 15c Recode:	calc Calculation: if([vfq_15] = '1' and [vfq_15c] = '1', 100, if([vfq_15] = '1' and [vfq_15c] = '2', 75, if([vfq_15] = '1' and [vfq_15c] = '3', 50, if([vfq_15] = '1' and [vfq_15c] = '4', 25, if([vfq_15] = '2' and [vfq_15a] = '2' and [vfq_15b] = '1', 0, if([vfq_15] = '2' and [vfq_15a] = '2' and ([vfq_15b] = '2' or [vfq_15b] = '3'), "", if([vfq_15] = '2' and [vfq_15a] = '1', "", "")))))
	1052	[vfq_16recode]	VFQ 16 Recode:	calc Calculation: if([vfq_16] = '1', 100, if([vfq_16] = '2', 75, if([vfq_16] = '3', 50, if([vfq_16] = '4', 25, if([vfq_16] = '5', 0, if([vfq_16] = '6' or ([vfq_15] = '2' and [vfq_15a] = '1') or ([vfq_15] = '2' and [vfq_15a] = '2' and ([vfq_15b] = '1' or [vfq_15b] = '2' or [vfq_15b] = '3')), "", ""))))))
	1053	[vfq_16arecode]	VFQ 16a Recode:	calc Calculation: if([vfq_16a] = '1', 100, if([vfq_16a] = '2', 75, if([vfq_16a] = '3', 50, if([vfq_16a] = '4', 25, if([vfq_16a] = '5', 0, if([vfq_16a] = '6' or ([vfq_15] = '2' and [vfq_15a] = '1') or ([vfq_15] = '2' and [vfq_15a] = '2' and ([vfq_15b] = '1' or [vfq_15b] = '2' or [vfq_15b] = '3')), "", ""))))))
	1054	[vfq_17recode]	VFQ 17 Recode:	calc Calculation: if([vfq_17] = '1', 0, if([vfq_17] = '2', 25, if([vfq_17] = '3', 50, if([vfq_17] = '4', 75, if([vfq_17] = '5', 100, ""))))
	1055	[vfq_18recode]	VFQ 18 Recode:	calc Calculation: if([vfq_18] = '1', 0, if([vfq_18] = '2', 25, if([vfq_18] = '3', 50, if([vfq_18] = '4', 75, if([vfq_18] = '5', 100, ""))))
	1056	[vfq_19recode]	VFQ 19 Recode:	calc Calculation: if([vfq_19] = '1', 0, if([vfq_19] = '2', 25, if([vfq_19] = '3', 50, if([vfq_19] = '4', 75, if([vfq_19] = '5', 100, ""))))
	1057	[vfq_20recode]	VFQ 20 Recode:	calc Calculation: if([vfq_20] = '1', 0, if([vfq_20] = '2', 25, if([vfq_20] = '3', 50, if([vfq_20] = '4', 75, if([vfq_20] = '5', 100, ""))))
	1058	[vfq_21recode]	VFQ 21 Recode:	calc Calculation: if([vfq_21] = '1', 0, if([vfq_21] = '2', 25, if([vfq_21] = '3', 50, if([vfq_21] = '4', 75, if([vfq_21] = '5', 100, ""))))
	1059	[vfq_22recode]	VFQ 22 Recode:	calc Calculation: if([vfq_22] = '1', 0, if([vfq_22] = '2', 25, if([vfq_22] = '3', 50, if([vfq_22] = '4', 75, if([vfq_22] = '5', 100, ""))))
	1060	[vfq_23recode]	VFQ 23 Recode:	calc Calculation: if([vfq_23] = '1', 0, if([vfq_23] = '2', 25, if([vfq_23] = '3', 50, if([vfq_23] = '4', 75, if([vfq_23] = '5', 100, ""))))
	1061	[vfq_24recode]	VFQ 24 Recode:	calc Calculation: if([vfq_24] = '1', 0, if([vfq_24] = '2', 25, if([vfq_24] = '3', 50, if([vfq_24] = '4', 75, if([vfq_24] = '5', 100, ""))))
	1062	[vfq_25recode]	VFQ 25 Recode:	calc Calculation: if([vfq_25] = '1', 0, if([vfq_25] = '2', 25, if([vfq_25] = '3', 50, if([vfq_25] = '4', 75, if([vfq_25] = '5', 100, ""))))
	1063	[vfq_genhealth]	General health subscale	calc Calculation: [vfq_1]
	1064	[vfq_genvision]	General vision subscale:	calc Calculation: [vfq_2recode]
	1065	[vfq_ocupain]	Ocular pain subscale:	calc Calculation: mean([vfq_4recode], [vfq_19recode])
	1066	[vfq_nearact]	Near activities subscale:	calc Calculation: mean([vfq_4recode], [vfq_5recode], [vfq_6recode])
	1067	[vfq_distact]	Distance activities subscale:	calc Calculation: mean([vfq_8recode], [vfq_9recode],

				[vfq_14recode])
	1068	[vfq_visionssf]	Vision specific social functioning subscale:	calc Calculation: mean([vfq_11recode], [vfq_12recode], [vfq_13recode])
	1069	[vfq_visionsmh]	Vision specific mental health subscale:	calc Calculation: mean([vfq_3recode], [vfq_21recode], [vfq_22recode], [vfq_25recode])
	1070	[vfq_visionsrd]	Vision specific role difficulties subscale:	calc Calculation: mean([vfq_17recode], [vfq_18recode])
	1071	[vfq_visionsd]	Vision specific dependency subscale:	calc Calculation: mean([vfq_20recode], [vfq_23recode], [vfq_24recode])
	1072	[vfq_driving]	Driving subscale:	calc Calculation: mean([vfq_15crecode], [vfq_16recode], [vfq_16arecode])
	1073	[vfq_colorvision]	Color vision subscale:	calc Calculation: [vfq_12recode]
	1074	[vfq_periphvision]	Peripheral vision subscale:	calc Calculation: [vfq_10recode]
	1075	[vfq_composite]	VFQ-25 Composite score:	calc Calculation: mean([vfq_genhealth], [vfq_genvision], [vfq_ocupain], [vfq_nearact], [vfq_distact], [vfq_visionssf], [vfq_visionsmh], [vfq_visionsrd], [vfq_visionsd], [vfq_driving], [vfq_colorvision], [vfq_periphvision])
	1076	[compass31_faintfreqrecode]	COMPASS-31 fainting frequency recode:	calc Calculation: if([ps_goofy_calc] = '0', "", if([compass31_faintfreq] = '1' and [ps_goofy_calc] = '1', 0, if([compass31_faintfreq] = '2' and [ps_goofy_calc] = '1', 1, if([compass31_faintfreq] = '3' and [ps_goofy_calc] = '1', 2, if([compass31_faintfreq] = '4' and [ps_goofy_calc] = '1', 3, ""))))) Field Annotation: % COMPASS-31 %
	1077	[compass31_fainttrajrecode]	COMPASS-31 fainting trajectory recode:	calc Calculation: if([ps_goofy_calc] = '0', "", if([compass31_fainttraj] = '1' and [ps_goofy_calc] = '1', 3, if([compass31_fainttraj] = '2' and [ps_goofy_calc] = '1', 2, if([compass31_fainttraj] = '3' and [ps_goofy_calc] = '1', 1, if([compass31_fainttraj] = '4' and [ps_goofy_calc] = '1', 0, if([compass31_fainttraj] = '5' and [ps_goofy_calc] = '1', 0, if([compass31_fainttraj] = '6' and [ps_goofy_calc] = '1', 0, "")))))) Field Annotation: % COMPASS-31 %
	1078	[compass31_colorlocation]	COMPASS-31 color location recode:	calc Calculation: sum((if([compass31_colorloc(1)] = '1', 1, "")), (if([compass31_colorloc(2)] = '1', 1, ""))) Field Annotation: % COMPASS-31 %
	1079	[compass31_colortrajrecode]	COMPASS-31 fainting trajectory recode:	calc Calculation: if([ps_color_calc] = '0', "", if([compass31_colortraj] = '1' and [ps_color_calc] = '1', 3, if([compass31_colortraj] = '2' and [ps_color_calc] = '1', 2, if([compass31_colortraj] = '3' and [ps_color_calc] = '1', 1, if([compass31_colortraj] = '4' and [ps_color_calc] = '1', 0, if([compass31_colortraj] = '5' and [ps_color_calc] = '1', 0, if([compass31_colortraj] = '6' and [ps_color_calc] = '1', 0, "")))))) Field Annotation: % COMPASS-31 %
	1080	[compass31_sweatynrecode]	COMPASS-31 sweaty recode:	calc Calculation: if([compass31_sweatyn] = '1', 1, if([compass31_sweatyn] = '2', 0, if([compass31_sweatyn] = '3', 0, if([compass31_sweatyn] = '4', 1, if([compass31_sweatyn] = '5', 2, ""))))) Field Annotation: % COMPASS-31 %
	1081	[compass31_drymouthtrajrecode]	COMPASS-31 dry mouth trajectory recode:	calc Calculation: if([compass31_dryeyesyn] = '0' and [ps_drymouth_calc] = '0', 0, if([compass31_drymouthtraj] = '1' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] =

				'1'), 0, if([compass31_drymouthtraj] = '2' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 3, if([compass31_drymouthtraj] = '3' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 2, if([compass31_drymouthtraj] = '4' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 1, if([compass31_drymouthtraj] = '5' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 0, if([compass31_drymouthtraj] = '6' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 0, if([compass31_drymouthtraj] = '7' and ([compass31_dryeyesyn] = '1' or [ps_drymouth_calc] = '1'), 0, "")))))))) Field Annotation: % COMPASS-31 %
	1082	[compass31_fullraterecode]	COMPASS-31 full rate recode:	calc Calculation: if([compass31_fullrate] = '1', 2, if([compass31_fullrate] = '2', 1, if([compass31_fullrate] = '3', 0, if([compass31_fullrate] = '4', 0, if([compass31_fullrate] = '5', 0, ""))))) Field Annotation: % COMPASS-31 %
	1083	[compass31_bloatedrecode]	COMPASS-31 bloated recode:	calc Calculation: if([compass31_bloated] = '1', 0, if([compass31_bloated] = '2', 1, if([compass31_bloated] = '3', 2, ""))) Field Annotation: % COMPASS-31 %
	1084	[compass31_vomitrecode]	COMPASS-31 vomit recode:	calc Calculation: if([compass31_vomit] = '1', 0, if([compass31_vomit] = '2', 1, if([compass31_vomit] = '3', 2, ""))) Field Annotation: % COMPASS-31 %
	1085	[compass31_cramprecode]	COMPASS-31 cramp recode:	calc Calculation: if([compass31_cramp] = '1', 0, if([compass31_cramp] = '2', 1, if([compass31_cramp] = '3', 2, ""))) Field Annotation: % COMPASS-31 %
	1086	[compass31_diarrfreqrecode]	COMPASS-31 diarrhea frequency recode:	calc Calculation: if([compass31_diarrfreq] = "", 0, if([compass31_diarrfreq] = '1' and [compass31_diarryn] = '1', 0, if([compass31_diarrfreq] = '2' and [compass31_diarryn] = '1', 1, if([compass31_diarrfreq] = '3' and [compass31_diarryn] = '1', 2, if([compass31_diarrfreq] = '4' and [compass31_diarryn] = '1', 3, "")))) Field Annotation: % COMPASS-31 %
	1087	[compass31_diarrsevrecode]	COMPASS-31 diarrhea severity recode:	calc Calculation: if([compass31_diarryn] = '0', "", [compass31_diarrsev]) Field Annotation: % COMPASS-31 %
	1088	[compass31_diarrtrajrecode]	COMPASS-31 diarrhea trajectory recode:	calc Calculation: if([compass31_diarryn] = '0', "", if([compass31_diarrtraj] = '1' and [compass31_diarryn] = '1', 3, if([compass31_diarrtraj] = '2' and [compass31_diarryn] = '1', 2, if([compass31_diarrtraj] = '3' and [compass31_diarryn] = '1', 1, if([compass31_diarrtraj] = '4' and [compass31_diarryn] = '1', 0, if([compass31_diarrtraj] = '5' and [compass31_diarryn] = '1', 0, if([compass31_diarrtraj] = '6' and [compass31_diarryn] = '1', 0, ""))))))) Field Annotation: % COMPASS-31 %
	1089	[compass31_constfreqrecode]	COMPASS-31 constipated frequency recode:	calc Calculation: if([compass31_constyn] = '0', "", if([compass31_constyn] = '1' and [compass31_constfreq] = '1', 0, if([compass31_constyn] = '1' and [compass31_constfreq] = '2', 1, if([compass31_constyn] = '1' and [compass31_constfreq] = '3', 2, if([compass31_constyn] = '1' and [compass31_constfreq] = '4', 3, ""))))) Field Annotation: % COMPASS-31 %
	1090	[compass31_constsevrecode]	COMPASS-31 constipation severity recode:	calc Calculation: if([compass31_constyn] = '0', "",

				[compass31_constsev]) Field Annotation: % COMPASS-31 %

	1091	[compass31_consttrajrecode]	COMPASS-31 constipation trajectory recode:	calc
				Calculation: if([compass31_constyn] = '0', "",
				if([compass31_consttraj] = '1' and [compass31_constyn] = '1', 3, if([compass31_consttraj] = '2' and [compass31_constyn] = '1', 2, if([compass31_consttraj] = '3' and [compass31_constyn] = '1', 1,
				if([compass31_consttraj] = '4' and [compass31_constyn] = '1', 0, if([compass31_consttraj] = '5' and [compass31_constyn] = '1', 0, if([compass31_consttraj] = '6' and [compass31_constyn] = '1', 0, ""))))))
				Field Annotation: % COMPASS-31 %

	1092	[compass31_controlbladderrecode]	COMPASS-31 control bladder recode:	calc
				Calculation: if([compass31_controlbladder] = '1', 0,
				if([compass31_controlbladder] = '2', 1,
				if([compass31_controlbladder] = '3', 2,
				if([compass31_controlbladder] = '4', 3, ""))))
				Field Annotation: % COMPASS-31 %

	1093	[compass31_urinepassrecode]	COMPASS-31 urine passing recode:	calc
				Calculation: if([compass31_urinepass] = '1', 0,
				if([compass31_urinepass] = '2', 1,
				if([compass31_urinepass] = '3', 2,
				if([compass31_urinepass] = '4', 3, ""))))
				Field Annotation: % COMPASS-31 %

	1094	[compass31_emptybladderrecode]	COMPASS-31 empty bladder recode:	calc
				Calculation: if([compass31_emptybladder] = '1', 0,
				if([compass31_emptybladder] = '2', 1,
				if([compass31_emptybladder] = '3', 2,
				if([compass31_emptybladder] = '4', 3, ""))))
				Field Annotation: % COMPASS-31 %

	1095	[compass31_lightynrecode]	COMPASS-31 light recode:	calc Calculation: if([compass31_lightyn] = '1', 0, if([compass31_lightyn] = '2', 1, if([compass31_lightyn] = '3', 2, if([compass31_lightyn] = '4', 3, "")))) Field Annotation: % COMPASS-31 %
	1096	[compass31_lightsevrecode]	COMPASS-31 light severity recode:	calc Calculation: if([compass31_lightyn] = '0', "", [compass31_lightsev]) Field Annotation: % COMPASS-31 %
	1097	[compass31_focusynrecode]	COMPASS-31 focus recode:	calc Calculation: if([compass31_focusyn] = '1', 0, if([compass31_focusyn] = '2', 1, if([compass31_focusyn] = '3', 2, if([compass31_focusyn] = '4', 3, "")))) Field Annotation: % COMPASS-31 %
	1098	[compass31_focussevrecode]	How severe is this focusing problem?	calc Calculation: if([compass31_focusyn] = '0', "", [compass31_focussev]) Field Annotation: % COMPASS-31 %
	1099	[compass31_vistrajrecode]	COMPASS-31 vision trajectory recode:	calc Calculation: if([compass31_lightyn] = '0' and [compass31_focusyn] = '0', 0, if([compass31_vistraj] = '1' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 0, if([compass31_vistraj] = '2' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 3, if([compass31_vistraj] = '3' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 2, if([compass31_vistraj] = '4' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 1, if([compass31_vistraj] = '5' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 0, if([compass31_vistraj] = '6' and ([compass31_lightyn] >= 1 or [compass31_focusyn] >= 1), 0, "")))))) Field Annotation: % COMPASS-31 %
	1100	[compass31_orthintraw]	Compass-31 Orthostatic Intolerance (C31-OI) raw:	calc Calculation: if([ps_goofy_calc] = '1', sum([ps_goofy_calc], [compass31_faintfreqrecode], [compass31_faintsev], [compass31_fainttrajrecode]), "")

	1101	[compass31_orthintweight]	Compass-31 Orthostatic Intolerance (C31-OI) weighted:	calc Calculation: [compass31_orthintraw] * 4
	1102	[compass31_vasomotraw]	Compass-31 Vasomotor (C31-VM) raw:	calc Calculation: if([ps_color_calc] = '1', sum([ps_color_calc], [compass31_colorlocation], [compass31_colortrajrecode]), "")
	1103	[compass31_vasomotweighted]	Compass-31 Vasomotor (C31-VM) weighted:	calc Calculation: [compass31_vasomotraw] * (5/6)
	1104	[compass31_secretmotraw]	Compass-31 Secretomotor (C31-SM) raw:	calc Calculation: sum([compass31_sweatynrecode], [compass31_dryeyesyn], [ps_drymouth_calc], [compass31_drymouthtrajrecode])
	1105	[compass31_secretmotweight]	Compass-31 Secretomotor (C31-SM) weighted:	calc Calculation: [compass31_secretmotraw] * (15/7)
	1106	[compass31_gastroraw]	Compass-31 Gastrointestinal (C31-GI) raw:	calc Calculation: sum([compass31_fullraterecode], [compass31_bloatedrecode], [compass31_vomitrecode], [compass31_cramprecode], [compass31_diarryn], [compass31_diarrfreqrecode], [compass31_diarrsevrecode], [compass31_diarrtrajrecode], [compass31_constyn], [compass31_constfreqrecode], [compass31_constsevrecode], [compass31_consttrajrecode])
	1107	[compass31_gastroweight]	Compass-31 Gastrointestinal (C31-GI) weighted:	calc Calculation: [compass31_gastroraw] * (25/28)
	1108	[compass31_bladderraw]	Compass-31 Bladder (C31-BL) raw:	calc Calculation: sum([compass31_controlbladderrecode], [compass31_urinepassrecode], [compass31_emptybladderrecode])
	1109	[compass31_bladderweight]	Compass-31 Bladder (C31-BL) weighted:	calc Calculation: [compass31_bladderraw] * (10/9)
	1110	[compass31_pupmotraw]	Compass-31 Pupilomotor (C31-PM) raw:	calc Calculation: sum([compass31_lightynrecode], [compass31_lightsevrecode], [compass31_focusynrecode], [compass31_focussevrecode], [compass31_vistrajrecode])
	1111	[compass31_pupmotweight]	Compass-31 Pupilomotor (C31-PM) weighted:	calc Calculation: [compass31_pupmotraw] * (5/15)
	1112	[compass31_summaryscore]	Compass-31 Summary Score:	calc Calculation: sum([compass31_orthintweight], [compass31_vasomotweighted], [compass31_secretmotweight], [compass31_gastroweight], [compass31_bladderweight], [compass31_pupmotweight])
	1113	[compass31v2_1goofy_pts]	COMPASS-31 item 1 (goofy) points:	calc Calculation: [ps_goofy_calc]
	1114	[compass31v2_2faintfreq_pts]	COMPASS-31 item 2 (faintfreq) points:	calc Calculation: if([compass31_faintfreq]="", "", if([compass31_faintfreq]="2", 1, if([compass31_faintfreq]="3", 2, if([compass31_faintfreq]="4", 3, 0))))
	1115	[compass31v2_3faintsev_pts]	COMPASS-31 item 3 (faintsev) points:	calc Calculation: if([compass31_faintsev]="", "", if([compass31_faintsev]="1", 1, if([compass31_faintsev]="2", 2, if([compass31_faintsev]="3", 3, 0))))
	1116	[compass31v2_4fainttraj_pts]	COMPASS-31 item 4 (fainttraj) points:	calc Calculation: if([compass31_fainttraj]="" and [compass31fu_fainttraj]="", "", if([compass31_fainttraj]="1" or [compass31fu_fainttraj]="1", 3, if([compass31_fainttraj]="2" or [compass31fu_fainttraj]="2", 2,

				if([compass31_fainttraj]="3" or [compass31fu_fainttraj]="3", 1, 0))))
	1117	[compass31v2_5coloryn_pts]	COMPASS-31 item 5 (coloryn) points:	calc Calculation: [ps_color_calc]
	1118	[compass31v2_6colorloc_pts]	COMPASS-31 item 6 (colorloc) points:	calc Calculation: if([ps_color_calc]="", "", sum([compass31_colorloc(1)], [compass31_colorloc(2)]))
	1119	[compass31v2_7colortraj_pts]	COMPASS-31 item 7 (colortraj) points:	calc Calculation: if([compass31_colortraj]="", "", if([compass31_colortraj]="1", 3, if([compass31_colortraj]="2", 2, if([compass31_colortraj]="3", 1, 0))))
	1120	[compass31v2_8sweatyn_pts]	COMPASS-31 item 8 (sweatyn) points:	calc Calculation: if([compass31_sweatyn]="" and [compass31fu_sweatyn]="", "", if([compass31_sweatyn]="1" or [compass31fu_sweatyn]="1", 1, if([compass31_sweatyn]="4" or [compass31fu_sweatyn]="4", 1, if([compass31_sweatyn]="5" or [compass31fu_sweatyn]="5", 2, 0))))
	1121	[compass31v2_9dryeyesyn_pts]	COMPASS-31 item 9 (dryeyesyn) points:	calc Calculation: [ps_dryeyes_calc]
	1122	[compass31v2_10drymouthyn_pts]	COMPASS-31 item 10 (drymouthyn) points:	calc Calculation: [ps_drymouth_calc]
	1123	[compass31v2_11drymouthtrajv2_pts]	COMPASS-31 item 11 (drymouthtrajv2) points:	calc Calculation: if([compass31_drymouthtrajv2]="", "", if([compass31_drymouthtrajv2]="2", 3, if([compass31_drymouthtrajv2]="3", 2, if([compass31_drymouthtrajv2]="4", 1, 0))))
	1124	[compass31v2_12fullrate_pts]	COMPASS-31 item 12 (fullrate) points:	calc Calculation: if([compass31_fullrate]="" and [compass31fu_fullrate]="", "", if([compass31_fullrate]="1" or [compass31fu_fullrate]="1", 2, if([compass31_fullrate]="2" or [compass31fu_fullrate]="2", 1, 0)))
	1125	[compass31v2_13bloated_pts]	COMPASS-31 item 13 (bloated) points:	calc Calculation: if([compass31_bloated]="" and [compass31fu_bloated]="", "", if([compass31_bloated]="2" or [compass31fu_bloated]="2", 1, if([compass31_bloated]="3" or [compass31fu_bloated]="3", 2, 0)))
	1126	[compass31v2_14vomit_pts]	COMPASS-31 item 14 (vomit) points:	calc Calculation: if([compass31_vomit]="" and [compass31fu_vomit]="", "", if([compass31_vomit]="2" or [compass31fu_vomit]="2", 1, if([compass31_vomit]="3" or [compass31fu_vomit]="3", 2, 0)))
	1127	[compass31v2_15cramp_pts]	COMPASS-31 item 15 (cramp) points:	calc Calculation: if([compass31_cramp]="" and [compass31fu_cramp]="" and [compass31pain_cramp]="" and [compass31painfu_cramp]="", "", if([compass31_cramp]="2" or [compass31fu_cramp]="2" or [compass31pain_cramp]="2" or [compass31painfu_cramp]="2", 1, if([compass31_cramp]="3" or [compass31fu_cramp]="3" or [compass31pain_cramp]="3" or [compass31painfu_cramp]="3", 2, 0)))
	1128	[compass31v2_16diarryn_pts]	COMPASS-31 item 16 (diarryn) points:	calc Calculation: if([compass31_diarryn]="" and [compass31fu_diarryn]="", "", if([compass31_diarryn]<>"", [compass31_diarryn], if([compass31fu_diarryn]<>"", [compass31fu_diarryn], 0)))
	1129	[compass31v2_17diarrfreq_pts]	COMPASS-31 item 17 (diarrfreq) points:	calc Calculation: if([compass31_diarrfreq]="", "", if([compass31_diarrfreq]="2", 1,

				if([compass31_diarrfreq]="3", 2, if([compass31_diarrfreq]="4", 3, 0)))

	1130	[compass31v2_18diarrsev_pts]	COMPASS-31 item 18 (diarrsev) points:	calc
				Calculation: if([compass31_diarrsev]="", "",
				if([compass31_diarrsev]="1", 1,
				if([compass31_diarrsev]="2", 2,
				if([compass31_diarrsev]="3", 3, 0))))

	1131	[compass31v2_19diarrtraj_pts]	COMPASS-31 item 19 (diarrtraj) points:	calc
				Calculation: if([compass31_diarrtraj]="", "",
				if([compass31_diarrtraj]="1", 3,
				if([compass31_diarrtraj]="2", 2,
				if([compass31_diarrtraj]="3", 1, 0))))

	1132	[compass31v2_20constyn_pts]	COMPASS-31 item 20 (constyn) points:	calc Calculation: if([compass31_constyn]="" and [compass31fu_constyn]="", "", if([compass31_constyn] <>"", [compass31_constyn], if([compass31fu_constyn] <>"", [compass31fu_constyn], 0)))

	1133	[compass31v2_21constfreq_pts]	COMPASS-31 item 21 (constfreq) points:	calc
				Calculation: if([compass31_constfreq]="", "",
				if([compass31_constfreq]="2", 1,
				if([compass31_constfreq]="3", 2,
				if([compass31_constfreq]="4", 3, 0))))

	1134	[compass31v2_22constsev_pts]	COMPASS-31 item 22 (constsev) points:	calc
				Calculation: if([compass31_constsev]="", "",
				if([compass31_constsev]="1", 1,
				if([compass31_constsev]="2", 2,
				if([compass31_constsev]="3", 3, 0))))

	1135	[compass31v2_23consttraj_pts]	COMPASS-31 item 23 (consttraj) points:	calc
				Calculation: if([compass31_consttraj]="", "",
				if([compass31_consttraj]="1", 3,
				if([compass31_consttraj]="2", 2,
				if([compass31_consttraj]="3", 1, 0))))

	1136	[compass31v2_24controlbladder_pts]	COMPASS-31 item 24 (controlbladder) points:	calc
				Calculation: if([compass31_controlbladder]="" and
				[compass31fu_controlbladder]="", "",
				if([compass31_controlbladder]="2" or
				[compass31fu_controlbladder]="2", 1,
				if([compass31_controlbladder]="3" or
				[compass31fu_controlbladder]="3", 2,
				if([compass31_controlbladder]="4" or
				[compass31fu_controlbladder]="4", 3, 0))))

	1137	[compass31v2_25urinepass_pts]	COMPASS-31 item 25 (urinepass) points:	calc
				Calculation: if([compass31_urinepass]="" and
				[compass31fu_urinepass]="", "",
				if([compass31_urinepass]="2" or
				[compass31fu_urinepass]="2", 1,
				if([compass31_urinepass]="3" or
				[compass31fu_urinepass]="3", 2,
				if([compass31_urinepass]="4" or
				[compass31fu_urinepass]="4", 3, 0))))

	1138	[compass31v2_26emptybladder_pts]	COMPASS-31 item 26 (emptybladder) points:	calc
				Calculation: if([compass31_emptybladder]="" and
				[compass31fu_emptybladder]="", "",
				if([compass31_emptybladder]="2" or
				[compass31fu_emptybladder]="2", 1,
				if([compass31_emptybladder]="3" or
				[compass31fu_emptybladder]="3", 2,
				if([compass31_emptybladder]="4" or
				[compass31fu_emptybladder]="4", 3, 0))))

	1139	[compass31v2_27lightyn_pts]	COMPASS-31 item 27 (lightyn) points:	calc
				Calculation: if([compass31_lightyn]="" and
				[compass31fu_lightyn]="", "",
				if([compass31_lightyn]="2" or
				[compass31fu_lightyn]="2", 1,
				if([compass31_lightyn]="3" or
				[compass31fu_lightyn]="3", 2,
				if([compass31_lightyn]="4" or
				[compass31fu_lightyn]="4", 3, 0))))

	1140	[compass31v2_28lightsev_pts]	COMPASS-31 item 28 (lightsev) points:	calc Calculation: if([compass31_lightsev]="", "",

				if([compass31_lightsev]="1", 1, if([compass31_lightsev]="2", 2, if([compass31_lightsev]="3", 3, 0))))
	1141	[compass31v2_29focusyn_pts]	COMPASS-31 item 29 (focusyn) points:	calc Calculation: if([compass31_focusyn]="" and [compass31fu_focusyn]="", "", if([compass31_focusyn]="2" or [compass31fu_focusyn]="2", 1, if([compass31_focusyn]="3" or [compass31fu_focusyn]="3", 2, if([compass31_focusyn]="4" or [compass31fu_focusyn]="4", 3, 0))))
	1142	[compass31v2_30focussev_pts]	COMPASS-31 item 30 (focussev) points:	calc Calculation: if([compass31_focussev]="", "", if([compass31_focussev]="1", 1, if([compass31_focussev]="2", 2, if([compass31_focussev]="3", 3, 0))))
	1143	[compass31v2_31vistraj_pts]	COMPASS-31 item 31 (vistraj) points:	calc Calculation: if([compass31_vistraj]="", "", if([compass31_vistraj]="2", 3, if([compass31_vistraj]="3", 2, if([compass31_vistraj]="4", 1, 0))))
	1144	[compass31v2_orthoraw]	COMPASS-31 orthostatic intolerance raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_1goofy_pts], [compass31v2_2faintfreq_pts], [compass31v2_3faintsev_pts], [compass31v2_4fainttraj_pts]), "")
	1145	[compass31v2_orthoweighted]	COMPASS-31 orthostatic intolerance weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_orthoraw] * 4, "")
	1146	[compass31v2_vasoraw]	COMPASS-31 vasomotor raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_5coloryn_pts], [compass31v2_6colorloc_pts], [compass31v2_7colortraj_pts]), "")
	1147	[compass31v2_vasoweighted]	COMPASS-31 vasomotor weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_vasoraw] * (5/6), "")
	1148	[compass31v2_secretraw]	COMPASS-31 secretomotor raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_8sweatyn_pts], [compass31v2_9dryeyesyn_pts], [compass31v2_10drymouthyn_pts], [compass31v2_11drymouthtrajv2_pts]), "")
	1149	[compass31v2_secretweighted]	COMPASS-31 secretomotor weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_secretraw] * (15/7), "")
	1150	[compass31v2_gastroraw]	COMPASS-31 gastrointestinal raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_12fullrate_pts], [compass31v2_13bloated_pts], [compass31v2_14vomit_pts], [compass31v2_15cramp_pts], [compass31v2_16diarryn_pts], [compass31v2_17diarrfreq_pts], [compass31v2_18diarrsev_pts], [compass31v2_19diarrtraj_pts], [compass31v2_20constyn_pts], [compass31v2_21constfreq_pts], [compass31v2_22constsev_pts], [compass31v2_23consttraj_pts]), "")
	1151	[compass31v2_gastroweighted]	COMPASS-31 gastrointestinal weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_gastroraw] * (25/28), "")
	1152	[compass31v2_bladderraw]	COMPASS-31 bladder raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_24controlbladder_pts], [compass31v2_25urinepass_pts], [compass31v2_26emptybladder_pts]), "")

	1153	[compass31v2_bladderweighted]	COMPASS-31 bladder weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_bladderraw] * (10/9), "")
	1154	[compass31v2_pupilraw]	COMPASS-31 pupillomotor raw score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_27lightyn_pts], [compass31v2_28lightsev_pts], [compass31v2_29focusyn_pts], [compass31v2_30focussev_pts], [compass31v2_31vistraj_pts]), "")
	1155	[compass31v2_pupilweighted]	COMPASS-31 pupillomotor weighted score:	calc Calculation: if([pasc_symptoms_complete]="2", [compass31v2_pupilraw] * (5/15), "")
	1156	[compass31v2_total]	COMPASS-31 total score:	calc Calculation: if([pasc_symptoms_complete]="2", sum([compass31v2_orthoweighted], [compass31v2_vasoweighted], [compass31v2_secretweighted], [compass31v2_gastroweighted], [compass31v2_bladderweighted], [compass31v2_pupilweighted]), "")
	1157	[showq_1recode]	SHOW-Q 1 recode	calc Calculation: if([showq_1] = '1', 100, if([showq_1] = '2', 75, if([showq_1] = '3', 50, if([showq_1] = '4', 25, if([showq_1] = '5', 0, ""))))
	1158	[showq_2recode]	SHOW-Q 2 recode	calc Calculation: if([showq_2] = '1', 100, if([showq_2] = '2', 75, if([showq_2] = '3', 50, if([showq_2] = '4', 25, if([showq_2] = '5', 0, if([showq_2] = '6', "", ""))))
	1159	[showq_3recode]	SHOW-Q 3 recode	calc Calculation: if([showq_3] = '5', 100, if([showq_3] = '4', 75, if([showq_3] = '3', 50, if([showq_3] = '2', 25, if([showq_3] = '1', 0, if([showq_3] = '6', "", ""))))
	1160	[showq_4recode]	SHOW-Q 4 recode	calc Calculation: if([showq_4] = '5', 100, if([showq_4] = '4', 75, if([showq_4] = '3', 50, if([showq_4] = '2', 25, if([showq_4] = '1', 0, if([showq_4] = '6', "", ""))))
	1161	[showq_5recode]	SHOW-Q 5 recode	calc Calculation: if([showq_5] = '4', 100, if([showq_5] = '3', 50, if([showq_5] = '2', 25, if([showq_5] = '1', 0, ""))))
	1162	[showq_6recode]	SHOW-Q 6 recode	calc Calculation: if([showq_6] = '1', 100, if([showq_6] = '2', ((2/3)*100), if([showq_6] = '3', ((1/3)*100), if([showq_6] = '4', 0, if([showq_6] = '5',"", ""))))
	1163	[showq_7recode]	SHOW-Q 7 recode	calc Calculation: if([showq_7] = '1', 100, if([showq_7] = '2', ((2/3)*100), if([showq_7] = '3', ((1/3)*100), if([showq_7] = '4', 0, if([showq_7] = '5',"", ""))))
	1164	[showq_8recode]	SHOW-Q 8 recode	calc Calculation: if([showq_8] = '5', 100, if([showq_8] = '4', 75, if([showq_8] = '3', 50, if([showq_8] = '2', 25, if([showq_8] = '1', 0, ""))))
	1165	[showq_9recode]	SHOW-Q 9 recode	calc Calculation: if([showq_9] = '1', 100, if([showq_9] = '2', ((2/3)*100), if([showq_9] = '3', ((1/3)*100), if([showq_9] = '4', 0, if([showq_9] = '5',"", ""))))
	1166	[showq_10recode]	SHOW-Q 10 recode	calc Calculation: if([showq_10] = '1', 100, if([showq_10] = '2', 75, if([showq_10] = '3', 50, if([showq_10] = '4', 25, if([showq_10] = '5', 0, ""))))
	1167	[showq_11recode]	SHOW-Q 11 recode	calc Calculation: if([showq_11] = '1', 100, if([showq_11] = '2', 75, if([showq_11] = '3', 50, if([showq_11] = '4', 25, if([showq_11] = '5', 0, ""))))
	1168	[showq_12recode]	SHOW-Q 12 recode	calc Calculation: if([showq_12] = '1', 100, if([showq_12] = '2',

				75, if([showq_12] = '3', 50, if([showq_12] = '4', 25, if([showq_12] = '5', 0, ""))))
	1169	[showq_satisfyact]	SHOW-Q Satisfaction subscale (active):	calc Calculation: mean([showq_1recode], [showq_2recode])
	1170	[showq_satisfyinact]	SHOW-Q Satisfaction subscale (inactive):	calc Calculation: [showq_1recode]
	1171	[showq_desire]	SHOW-Q Desire subscale (active)	calc Calculation: mean([showq_7recode], [showq_8recode], [showq_9recode])
	1172	[showq_orgasmact]	SHOW-Q Orgasm subscale (active):	calc Calculation: mean([showq_3recode], [showq_4recode], [showq_5recode], [showq_6recode])
	1173	[showq_desireinact]	SHOW-Q Desire subscale (inactive)	calc Calculation: [showq_8recode]
	1174	[showq_pelvic]	SHOW-Q Pelvic subscale (active and inactive):	calc Calculation: mean([showq_10recode], [showq_11recode], [showq_12recode])
	1175	[showq_totalact]	SHOW-Q Total (active)	calc Calculation: mean([showq_1recode], [showq_2recode], [showq_3recode], [showq_4recode], [showq_5recode], [showq_6recode], [showq_7recode], [showq_8recode], [showq_9recode], [showq_10recode], [showq_11recode], [showq_12recode])
	1176	[showq_totalinact]	SHOW-Q Total (inactive)	calc Calculation: mean([showq_1recode], [showq_8recode], [showq_10recode], [showq_11recode], [showq_12recode])
	1177	[uclapros_1recode]	UCLA Prostate 1 recode:	calc Calculation: if([uclapros_1] = '5', 100, if([uclapros_1] = '4', 75, if([uclapros_1] = '3', 50, if([uclapros_1] = '2', 25, if([uclapros_1] = '1', 0, ""))))
	1178	[uclapros_2recode]	UCLA Prostate 2 recode:	calc Calculation: if([uclapros_2] = '5', 100, if([uclapros_2] = '4', 75, if([uclapros_2] = '3', 50, if([uclapros_2] = '2', 25, if([uclapros_2] = '1', 0, ""))))
	1179	[uclapros_3recode]	UCLA Prostate 3 recode:	calc Calculation: if([uclapros_3] = '5', 100, if([uclapros_3] = '4', 75, if([uclapros_3] = '3', 50, if([uclapros_3] = '2', 25, if([uclapros_3] = '1', 0, ""))))
	1180	[uclapros_4recode]	UCLA Prostate 4 recode:	calc Calculation: if([uclapros_4] = '3', 100, if([uclapros_4] = '2', 67, if([uclapros_4] = '1', 33, if([uclapros_4] = '0', 0, ""))))
	1181	[uclapros_5recode]	UCLA Prostate 5 recode:	calc Calculation: if([uclapros_5] = '4', 100, if([uclapros_5] = '3', 75, if([uclapros_5] = '2', 50, if([uclapros_5] = '1', 25, if([uclapros_5] = '0', 0, ""))))
	1182	[uclapros_6recode]	UCLA Prostate 6 recode:	calc Calculation: if([uclapros_6] = '4', 100, if([uclapros_6] = '3', 75, if([uclapros_6] = '2', 50, if([uclapros_6] = '1', 25, if([uclapros_6] = '0', 0, ""))))
	1183	[uclapros_7recode]	UCLA Prostate 7 recode:	calc Calculation: if([uclapros_7] = '2', 100, if([uclapros_7] = '1', 50, if([uclapros_7] = '0', 0, "")))
	1184	[uclapros_8recode]	UCLA Prostate 8 recode:	calc Calculation: if([uclapros_8] = '5', 100, if([uclapros_8] = '4', 75, if([uclapros_8] = '3', 50, if([uclapros_8] = '2', 25, if([uclapros_8] = '1', 0, ""))))
	1185	[uclapros_answered]	UCLA-PCI answered	calc Calculation: sum((if([uclapros_1] <> "", 1, 0)), (if([uclapros_2] <> "", 1, 0)), (if([uclapros_3] <> "", 1, 0)), (if([uclapros_4] <> "", 1, 0)), (if([uclapros_5] <> "", 1, 0)), (if([uclapros_6] <> "", 1, 0)), (if([uclapros_7] <> "", 1, 0)), (if([uclapros_8] <> "", 1, 0)))
	1186	[uclapros_average]	UCLA-PCI average	calc Calculation: mean([uclapros_1recode], [uclapros_2recode], [uclapros_3recode],

				[uclapros_4recode], [uclapros_5recode], [uclapros_6recode], [uclapros_7recode], [uclapros_8recode])
	1187	[assessment_scores_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Study Termination (study_termination)				
	1188	[term_deathyn]	Did the participant die during the study?	radio 1 Yes, patient died 0 No Custom alignment: LV
	1189	[term_deathdt] Show the field ONLY if: [term_deathyn]="1"	Date of death: *Please provide an estimated date of death if not known*	text (date_mdy, Min: [enrollment_arm_1][enroll_dt], Max: today), Required
	1190	[term_deathsite] Show the field ONLY if: [term_deathyn]="1"	Site of death:	radio, Required 1 Home / community 2 Skilled nursing facility / rehabilitation facility 3 Short term acute care hospital 4 Long term acute care hospital 9 Other Custom alignment: LV
	1191	[study_termination_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: End Of Participation (end_of_participation)				
	1192	[eop_dt]	Date of last visit or contact:	text (date_mdy, Min: [enrollment_arm_1][enroll_dt], Max: today)
	1193	[eop_reason]	Why is the participant no longer a part of the RECOVER study?	radio, Required 1 Completed all study 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 Participant never started the protocol Custom alignment: LV
	1194	[eop_contact3x] Show the field ONLY if: [eop_reason]="2"	Section Header: *Lost to follow-up* Has the site attempted to reach the participant at least 3 times for each of three different scheduled follow-up visits using at least three different methods of outreach?	radio, Required 1 Yes 0 No Custom alignment: LV
	1195	[eop_reimburse] Show the field ONLY if: [eop_reason]="3"	Section Header: *Moved out of range of study* Has the site offered the additional reimbursement payment for distant travel?	radio, Required 1 Yes, declined 2 Yes, no response 0 No Custom alignment: LV

	1196	[eop_transfer] Show the field ONLY if: [eop_reason]="3"	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
	1197	[eop_reduced] Show the field ONLY if: [eop_reason]="4"	Section Header: *Participant declines to participate further* Did the site offer the participant a reduced survey schedule (every 6 months)?	radio, Required 1 Yes, declined 2 Yes, no response 0 No Custom alignment: LV
	1198	[eop_ccprefill] Show the field ONLY if: [eop_reason]="4"	Did the site offer the participant the option to have a coördinator pre-fill the comorbidity survey, or to not complete the comorbidity survey to reduce burden?	radio, Required 1 Yes, declined 2 Yes, no response 0 No Custom alignment: LV
	1199	[eop_homeassess] Show the field ONLY if: [eop_reason]="4"	Did the site offer to increase the availability of home-based tier 2 and tier 3 assessments?	radio, Required 1 Yes, declined 2 Yes, no response 0 No Custom alignment: LV
	1200	[eop_finalvisit] Show the field ONLY if: [eop_reason]="4"	Did the site offer the participant the option to come in only for one final in-person visit at the end of the study?	radio, Required 1 Yes, declined 2 Yes, no response 0 No Custom alignment: LV
	1201	[eop_ptreason] Show the field ONLY if: [eop_reason]="4"	If the participant offered a reason they choose to decline further participation, please match it to the closest category here. Select all that apply, in case of multiple reasons. Reminder: you may not require the participant to offer a reason for declining further participation	checkbox, Required 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 Do not want to give samples / take tests 4 eop_ptreason___4 Do not want to share personal health information / privacy concerns 5 eop_ptreason___5 The study will take too much time / study visits are too long 6 eop_ptreason___6 Surveys are too long / ask too many questions 7 eop_ptreason___7 Don't want to travel to the site where tests need to be done 8 eop_ptreason___8 Reimbursement too low 9 eop_ptreason___9 Inconvenient location of visits / no transportation 10 eop_ptreason___10 Inconvenient study visit times 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 reasons 14 | eop_ptreason___14 | Don't trust study / research 15 | eop_ptreason___15 | Dissatisfaction / discomfort with translation / interpretation 17 | eop_ptreason___17 | Do 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"
	1202	[eop_withdrawconsent] Show the field ONLY if: [eop_reason]="4"	Does the participant want to withdraw consent and have all their data deleted? (Except certain administrative data retained for safety and auditing.)	radio, Required 1 | Yes 0 | No Custom alignment: LV
	1203	[eop_letter] Show the field ONLY if: [eop_withdrawconsent]="1"	Has the participant provided a written letter requesting data be deleted?	radio, Required 1 | Yes 0 | No Custom alignment: LV
	1204	[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][enroll_dt], Max: today), Required
	1205	[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
	1206	[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][enroll_dt], Max: today), Required
	1207	[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 9 | Other Custom alignment: LV
	1208	[eop_incarcerateddt] Show the field ONLY if: [eop_ineligible]="2"	Date of incarceration:	text (date_mdy, Min: [enrollment_arm_1][enroll_dt], Max: today), Required
	1209	[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
	1210	[end_of_participation_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete

				1 Unverified 2 Complete