Duke Office of Clinical Research
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RADx-UP Dev PID 10717

📖 Codebook ▾

📖 **Data Dictionary Codebook** 12/30/2020 11:36am

⌃ Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Consent** (consent)			⌃ Collapse
1	record_id	Record ID	text
2	consent_given	Section Header: *Consent* Is consent required for this study?	radio 1 Yes, consent is required for this study 0 No, Consent is not required/is waived for this study Field Annotation: |||New Question
3	consentdt_mdy Show the field ONLY if: [consent_given] = '1'	Date of Consent *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
4	consent_ident Show the field ONLY if: [consent_given] = '1'	I agree to let The Duke Clinical Research Institute to collect all identifiable information. *This is to enable linkage of deidentified data.*	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: |||New Question - for consent forms that includeall identifiers
5	consent_ssn Show the field ONLY if: [consent_given] = '1'	I agree to let The Duke Clinical Research Institute to collect my Social Security number.	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: |||New Question - for consent forms that include social security number collection
6	consent_zip Show the field ONLY if: [consent_given] = '1'	I agree to let The Duke Clinical Research Institute to collect only my zip code and no other identifiable information.	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: |||New Question - for consent forms that include zip code only andno other identifiers
7	consent_recontact Show the field ONLY if: [consent_given] = '1'	I agree to be contacted for future research.	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: |||New Question - for consent forms that include recontact for future research
8	consent_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Location** (location)			⌃ Collapse

9	current_county	County	text Field Annotation: To match with Census data
10	zip_code	Zip Code	text (zipcode) Field Annotation: PX010801
11	location_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Sociodemographics (sociodemographics) ⌃ Collapse

12	sociodem_date_mdy	Date of Sociodemographic Data Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
13	race_ethn_race	Section Header: *Demographics* What is your race? Mark one or more boxes AND print origins. *Check all that apply*	checkbox 1 race_ethn_race___1 American Indian or Alaska Native 2 race_ethn_race___2 Black or African American 3 race_ethn_race___3 Asian 4 race_ethn_race___4 Native Hawaiian or Other Pacific Islander 5 race_ethn_race___5 White 15 race_ethn_race___15 Some other race 99 race_ethn_race___99 Prefer not to answer Field Annotation: @NONEOFTHEABOVE = '99' PX011901| https://www.phenxtoolkit.org/protocols/view/11901 | U.S. Census Bureau, Census 2020, Questionnaire | Reduced to OMB + specifiy, added 99, Prefer not to answer
14	race_ethn_asian_detail Show the field ONLY if: [race_ethn_race(3)] = '1'	*Check all that apply*	checkbox 1 race_ethn_asian_detail___1 Japanese 2 race_ethn_asian_detail___2 Filipino 3 race_ethn_asian_detail___3 Chinese 4 race_ethn_asian_detail___4 Korean 5 race_ethn_asian_detail___5 Other Asian Field Annotation: | detail from RADx-UP projects
15	race_ethn_islander_detail Show the field ONLY if: [race_ethn_race(4)] = '1'	*Check all that apply*	checkbox 1 race_ethn_islander_detail___1 Native Hawaiian 2 race_ethn_islander_detail___2 Pacific Islander 3 race_ethn_islander_detail___3 Samoan 4 race_ethn_islander_detail___4 Tongan 5 race_ethn_islander_detail___5 Maori 6 race_ethn_islander_detail___6 Fijian 7 race_ethn_islander_detail___7 Chamorro 8 race_ethn_islander_detail___8 Chuukese 9 race_ethn_islander_detail___9 Kosraen 10 race_ethn_islander_detail___10 Marshallese 11 race_ethn_islander_detail___11 Palauan 12 race_ethn_islander_detail___12 Pohnpeian 13 race_ethn_islander_detail___13 Yapese 14 race_ethn_islander_detail___14 Other Pacific Islander Field Annotation: | detail from RADx-UP projects
16	race_ethn_orig_other Show the field ONLY if: [race_ethn_race(15)] = '1'	Specify other origin. Print race of origin.	text Field Annotation: PX011901| https://www.phenxtoolkit.org/protocols/view/11901 | U.S. Census Bureau, Census 2020, Questionnaire

17	race_ethn_hispanic	Are you of Hispanic, Latino, or Spanish origin?	radio

17 — race_ethn_hispanic — Are you of Hispanic, Latino, or Spanish origin?

radio

0	No, not of Hispanic, Latino, or Spanish origin
1	Yes, of Hispanic, Latino, or Spanish origin
99	Prefer not to answer

Field Annotation: PX011901|
https://www.phenxtoolkit.org/protocols/view/11901 | U.S. Census Bureau, Census 2020, Questionnaire | Reduced to OMB, Added 99, Prefer not to answer

18 — race_ethn_hispanic_detail

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

Please specify your origin

radio

1	Mexican, Mexican Am., Chicano
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino, or Spanish origin

Field Annotation: PX011901

19 — race_ethn_hispanic_other

Show the field ONLY if: [race_ethn_hispanic_detail]='4'

Please specify other Hispanic, Latino, or Spanish origin. For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.

text
Field Annotation: PX011901

20 — age_yrs

Section Header:

Age

For babies less than 1 year old, do not write the age in months. Write 0 as the age.
Years

text (integer, Min: 0, Max: 110)
Field Annotation: Census |
https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf | Census ACS

21 — bio_sex_birth — What was your sex assigned at birth?

radio

1	Female
0	Male
2	Non-binary
96	None of these describe me
99	Prefer not to answer

Field Annotation: PX011601
|https://www.phenxtoolkit.org/protocols/view/11601 | HHS/CDC COVID Lab Reporting Specifications | Removed 'Biological' term

22 — gender_identity_term — What terms best express how you describe your gender identity?

radio

1	Woman
0	Man
2	Non-binary
3	Transgender man/Female-to-male (FTM)
4	Transgender woman/Male-to-female (MTF)
5	Gender non-binary/Genderqueer/Gender nonconforming
6	Agender
7	Bigender
96	None of these describe me
99	Prefer not to answer

Field Annotation: PX011801 @NONEOFTHEABOVE='96,99' | Modified based on RADx-UP project feedback to conform to MTPC

23 — pregnancy_status

Show the field ONLY if: [bio_sex_birth] = '1' and [gender_identity_term] = '1' and [age_yrs] >= 18

Are you currently pregnant?

radio

1	Pregnant
0	Not Pregnant
98	Don't know
99	Prefer not to answer

Field Annotation:
PX240602|https://www.phenxtoolkit.org/protocols/view/240602

24	sex_orient_id	Which of the following best represents how you think of yourself at this time?	radio

radio

1	Gay
2	Lesbian
3	Straight; that is, not gay or lesbian, etc.
4	Bisexual
96	None of these describe me
99	Prefer not to answer

Field Annotation: PX011701

25	edu_years_of_school	What is the highest level of education you have achieved outside or in the United States? Grades roughly equivalent to years of school.	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)
98	Prefer not to answer
99	Don't know

Field Annotation: |||Recommendation from RADx-UP projects

26	sociodemographics_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: Housing Employment And Insurance (housing_employment_and_insurance) ⌃ Collapse

27	housing_date_mdy	Section Header: *Housing* Date of Housing, Employment and Insurance Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question

28	household_famgen	What best describes your family at home:	radio

1	Just me
2	Living with spouse, no kids
3	Family including kids
4	Family with 3 generations (parents, children, grandchildren)
5	Family with 4 generations
90	None of these

Field Annotation: @NONEOFTHEABOVE = '90'|||Recommendation from RADx-UP projects

29	household_homeless Show the field ONLY if: [household_famgen] = '90'	Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?	radio

1	Yes
0	No
98	Prefer not to answer
99	Don't know

Field Annotation: |||Recommendation from RADx-UP projects

30	household_congregate Show the field ONLY if: [household_homeless] = '1'	Do you live in any of these?	radio

radio

1	A group care setting
2	Nursing home
3	Residential care facility for people with intellectual and developmental disabilities
4	A psychiatric treatment facility
5	A group home
6	A board and care home
7	Prison or jail
8	A halfway house
9	Foster care
90	Somewhere else

Field Annotation: https://loinc.org/sars-cov-2-and-covid-19/ HHS/CDC COVID Lab Reporting Specification request

31	household_other Show the field ONLY if: [household_congregate] = '90'	Where do you stay/live?	text

32	jobloss_covid19	Section Header: *Employment* Have you, or has anyone in your household, experienced a loss of employment income since the start of the COVID-19 pandemic (March 2020)?	yesno

yesno

1	Yes
0	No

Custom alignment: RV
Field Annotation: CENSUS

33	current_employment_status	We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else?	radio

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)
98	Prefer not to answer
99	Don't know

Field Annotation: PX011301|https://www.phenxtoolkit.org/protocols/view/11301| Study of Income Dynamics (PSID), 2007||Added 99, Prefer not to answer

34	cur_employ_stat_specify Show the field ONLY if: [current_employment_status] = '96'	Current employment status, Other - specify	text Field Annotation: PX011301|https://www.phenxtoolkit.org/protocols/view/11301| Study of Income Dynamics (PSID), 2007

35	employed_ew Show the field ONLY if: [current_employment_status] = '1'	Are you considered an essential worker? An essential worker is someone who was required to go to work even when stay at home orders were in place	radio

radio

1	Yes
0	No
99	Prefer not to answer
98	Unknown

Field Annotation: LOINC95418-0|https://loinc.org/sars-cov-2-and-covid-19/|No source: Novel item as per CDC testing reporting| Novel Question-- Modified based on feedback from RADx-Up projects

36	employed_healthcare Show the field ONLY if: [current_employment_status] = '1'	Would any of these describe where you work?	radio

radio
1	Nursing care facilities
2	Visiting nurse or home health aide service
3	Building cleaning services
4	Public transportation
5	Corrections facility
6	EMT or paramedic services
7	Meat packing farm facility
8	Agriculture and food production facility
9	Grocery store
10	Construction
0	No

Field Annotation: || https://loinc.org/sars-cov-2-and-covid-19/ |||Recommendation from RADx-UP projects

37	hi_coverage_type	What is the primary kind of health insurance or health care plan that you have now? *Exclude plans that pay for only one type of Service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.*	radio

radio
0	I do NOT have health insurance
1	Private (purchased directly or through Employment)
2	Public (Medicare, Medicaid, Tricare)
98	Don't know
99	Prefer not to answer

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/. Further simplified.

38	hi_loss_covid	Did you lose health coverage because of the COVID-19 pandemic?	radio

radio
1	Yes
0	No
98	Prefer not to answer
99	Don't know

39	covid_pandemic_challenges	The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past 6 months have you or your family experienced any of the below challenges?	descriptive Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.| https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/. Modified Timeframe.

40	covid_pandemic_challenges_healthcare	Getting the health care I need (including for mental health)	radio

radio
0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.\| https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

41	covid_pandemic_challenges_abode	Having a place to stay/live	radio

radio
0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.\| https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

42	covid_pandemic_challenges_food	Getting enough food to eat	radio

radio
0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey.\| https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

43	covid_pandemic_challenges_water	Having clean water to drink	radio

radio

0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. | https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

44	covid_pandemic_challenges_medications	Getting the medicine I need	radio

0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. | https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

45	covid_pandemic_challenges_transportation	Getting to where I need to go	radio

0	No, not a challenge
1	Yes, a minor challenge
2	Yes, this is a major challenge

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. | https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

46	language_english	Section Header: *Spoken Language* Do you speak a language other than English at home?	radio

1	Yes
0	No
98	Prefer not to answer

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

47	language_spoken Show the field ONLY if: [language_english] = '1'	What language(s) *For projects/sites needing additional languages, please reach out to your EIT lead to have additional languages added to the base instrument for coding consistency. Thank you.*	checkbox

1	language_spoken___1	Spanish
2	language_spoken___2	Vietnamese
3	language_spoken___3	Mandarin
4	language_spoken___4	Cantonese
5	language_spoken___5	Tagalog
6	language_spoken___6	Hawaiian
7	language_spoken___7	Ilokano
8	language_spoken___8	Navajo
90	language_spoken___90	Other

Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

48	language_spoken_other Show the field ONLY if: [language_spoken(90)] = 1	Specify other language(s)	text Field Annotation: Adapted for CEAL Program from DMACS COVID 19 Survey. https://detroitsurvey.umich.edu/COVID 19-survey-and-resources/.

49	family_income	Section Header: *Family Income* 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
			99	Prefer not to answer

Field Annotation:
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.

50	housing_employment_and_insurance_complete	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: **Work Ppe And Distancing** (work_ppe_and_distancing)   [^Collapse]

51	work_ppe_date_mdy	Date of Work PPE and Distancing Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question

52	work_wash	In your workplace, do you have access to necessary facilities to wash?	radio
			1 Yes, all of the time
			2 Yes, most of the time
			3 Some of the time
			4 Rarely
			5 Not at all

Field Annotation: \|\|\|New Question

53	work_closecont	Does your work require you to be in close contact (i.e. within 6 ft) with others?	radio
			1 Yes, all of the time
			2 Yes, most of the time
			3 Some of the time
			4 Rarely
			5 Not at all

Field Annotation:
\|https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_CO\

54	work_ppe	In your workplace, do you have access to necessary personal protective equipment (PPE)?	radio
			1 Yes, all of the time
			2 Yes, most of the time
			3 Some of the time
			4 Rarely
			5 Not at all
			6 Not applicable

Field Annotation:
\|https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_CO\

55	work_ppe_and_distancing_complete	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: **Medical History** (medical_history)   [^Collapse]

56	med_hx_date_mdy	Section Header: *Medical History* Date of Medical History Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question

57	current_conditions	Section Header: *Conditions* Do you have any of the following conditions? (Select all that apply)	descriptive Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
58	cc_imm	Immunocompromised condition	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey- Update with reference if exists
59	cc_autoimm	Autoimmune disease	radio 1 Yes 0 No Custom alignment: RH Field Annotation: |||Recommendation from RADx-UP projects
60	cc_hypertension	Hypertension (HTN, high blood pressure)	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
61	cc_diabetes	Diabetes	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
62	cc_chronickd	Chronic kidney disease (CKD)	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
63	cc_cancer	Cancer diagnosis and/or treatment within the past 12 months	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
64	cc_cvd	Cardiovascular disease (CVD or heart disease)	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey
65	cc_asthma	Asthma	radio 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHL from JHU Community Survey

66	cc_copd	Chronic obstructive pulmonary disease (COPD)	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey

67	cc_clung	Other chronic lung disease	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey -Update with reference if exists

68	cc_sickle	Sickle Cell Anemia	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey -Update with reference if exists

69	cc_depression	Depression	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey

70	cc_asud	Alcohol or substance use disorder	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey

71	cc_intrav	Intravenous drug use	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: |||Recommendation from RADx-UP projects

72	cc_othermh	Other mental health disorder	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey

73	cc_otherchroniccond	Other chronic condition	radio
			1 Yes
			0 No
			Custom alignment: RH
			Field Annotation: JHU C4WARD|https://www.phenxtoolkit.org/toolkit_content/PDF/JHl from JHU Community Survey

74	medical_history_complete	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: **Health Status**   (health_status)   ∧ Collapse

75	hlthstat_date_mdy	Date of Health Status Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
76	self_reported_height_coded	Section Header: *Height* How tall are you without shoes? Please choose the units you would like to use for height	radio 1 Feet and inches 2 Meters and centimeters 98 Don't know 99 Prefer not to answer Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047 origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
77	self_reported_height_feet Show the field ONLY if: [self_reported_height_coded] = "1"	Feet	text (integer, Min: 0, Max: 10) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047 origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
78	self_reported_height_inches Show the field ONLY if: [self_reported_height_coded] = "1"	Inches	text (integer, Min: 0, Max: 12) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047 origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
79	self_reported_height_meters Show the field ONLY if: [self_reported_height_coded] = "2"	Meters	text (integer, Min: 0, Max: 3) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047 origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
80	self_reported_height_centimeters Show the field ONLY if: [self_reported_height_coded] = "2"	Centimeters	text (integer, Min: 0, Max: 250) Field Annotation: PX020704|https://www.phenxtoolkit.org/protocols/view/207047 origin=search|2007-2008 National Health and Nutritional Examination Survey (NHANES) Weight History Questionnaire
81	self_reported_weight_units	Section Header: *Weight* Please choose the units you would like to use for weight	radio 1 Kilograms 2 Pounds Field Annotation: PX021502|https://www.phenxtoolkit.org/protocols/view/215027 origin=search||2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual
82	self_reported_weight_kgs Show the field ONLY if: [self_reported_weight_units] = "1"	How much do you weigh without clothes or shoes? If you are currently pregnant, how much did you weigh before your pregnancy?	text (number, Min: 0, Max: 635) Field Annotation: PX021502|https://www.phenxtoolkit.org/protocols/view/215027 origin=search||2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual
83	self_reported_weight_lbs Show the field ONLY if: [self_reported_weight_units] = "2"	How much do you weigh without clothes or shoes? If you are currently pregnant, how much did you weigh before your pregnancy?	text (number, Min: 0, Max: 1400) Field Annotation: PX021502|https://www.phenxtoolkit.org/protocols/view/215027 origin=search||2007-2008 National Health and Nutrition Examination Survey (NHANES) Anthropometry Procedures Manual
84	self_reported_health_status_assessment	Section Header: *Self-reported Health* Would you say your health in general is excellent, very good, good, fair, or poor?	radio 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 99 Prefer not to answer 98 Don't know Field Annotation: PX770101

85	self_reported_disability	Do you have a disability that interferes with your ability to carry out daily activities? Examples of daily activities include walking, climbing stairs, shopping, balancing a checkbook, bathing or dressing.	radio 1 Yes 0 No 98 Prefer not to answer
86	health_status_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Vaccine Acceptance** (vaccine_acceptance)	^ Collapse

87	vacc_date_mdy	Date of Vaccine Acceptance Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
88	flu_vaccinehistind	Section Header: *Vaccination* Have you ever received a flu vaccination?	radio 1 Yes 0 No 98 Do not remember Field Annotation: C08096
89	flu_vaccine_season Show the field ONLY if: [flu_vaccinehistind] = "1"	Have you received a flu vaccine this season (last 6 months)?	radio 1 Yes 0 No 98 Do not remember Field Annotation: UPENN SURVEY
90	covid_vaccine	Have you received a COVID-19 vaccine?	radio 1 Yes 0 No 98 Prefer not to answer 99 Don't know
91	vaccine_avail Show the field ONLY if: [covid_vaccine] = "0"	How likely are you to get an approved COVID-19 vaccine when it becomes available?	radio 1 Very likely 2 Fairly likely 3 Not too likely 4 Not at all likely 5 Definitely not 98 Don't know 99 Prefer not to answer 97 Not applicable Field Annotation: | From CEAL questions
92	vaccine_reasons	Section Header: *Reasons for Getting/Not Getting a COVID 19 Vaccine* Why would you get a COVID-19 vaccine? *Check all that apply*	checkbox 1 vaccine_reasons___1 I want to keep my family safe 2 vaccine_reasons___2 I want to keep my community safe 3 vaccine_reasons___3 I want to keep myself safe 4 vaccine_reasons___4 I have a chronic health problem, like asthma or diabetes 5 vaccine_reasons___5 My doctor told me to get a COVID-19 vaccine 6 vaccine_reasons___6 I don't want to get really sick from COVID-19 7 vaccine_reasons___7 I want to feel safe around other people 8 vaccine_reasons___8 I believe life won't go back to normal until most people get a COVID-19 vaccine 9 vaccine_reasons___9 Other Field Annotation: | From CEAL questions

| 93 | vaccine_concerns | Why would you NOT get a COVID-19 vaccine? *Check all that apply* | checkbox |

			1	vaccine_concerns___1	I'm allergic to vaccines
			2	vaccine_concerns___2	I don't like needles
			3	vaccine_concerns___3	I'm not concerned about getting really sick from COVID-19
			4	vaccine_concerns___4	I'm concerned about side effects from the vaccine
			5	vaccine_concerns___5	I don't think vaccines work very well
			6	vaccine_concerns___6	I don't trust that the vaccine will be safe
			7	vaccine_concerns___7	I don't believe the COVID-19 pandemic is as bad as some people say it is
			8	vaccine_concerns___8	I don't want to pay for it
			9	vaccine_concerns___9	I don't know enough about how well a COVID-19 vaccine works
			10	vaccine_concerns___10	Other

Field Annotation: | From CEAL questions

94	vaccine_acceptance_complete	Section Header: *Form Status* Complete?	dropdown
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: **Testing** (testing)   ∧ Collapse

| 95 | test_date_mdy | Date of Testing Collection *MM/DD/YYYY* | text (date_mdy, Min: 1900-01-01) Field Annotation: | | |New Question |

96	isolate_maintain_job	If you were to test positive for COVID-19, would you be able to isolate without losing your job?	radio
			1	Yes
			2	No
			98	Don't know
			99	Prefer not to answer

Field Annotation: | | |New Question

97	quarantine_maintain_job	If you would be exposed to someone with COVID-19, would you be able to quarantine without losing your job?	radio
			1	Yes
			2	No
			98	Don't know
			99	Prefer not to answer

Field Annotation: | | |New Question

98	tested_for_covid	Section Header: *Tested previously for COVID-19* Have you ever been tested for COVID-19?	radio
			1	Yes
			2	No
			98	Don't know
			99	Prefer not to answer

Field Annotation: PX570201

99	tested_positive_for_covid Show the field ONLY if: [tested_for_covid] = "1"	Section Header: *Tested positive for COVID-19* Have you ever tested positive for COVID-19?	radio
			1	Yes
			2	No
			98	Don't know
			99	Prefer not to answer

	100	positivemonth_covidtest Show the field ONLY if: [tested_positive_for_covid] = "1"	What month did you first test positive for COVID-19?	dropdown 	1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December	 Field Annotation: PX570201
	101	positiveyear_covidtest Show the field ONLY if: [tested_positive_for_covid] = "1"	What year did you first test positive for COVID-19?	radio 	1	2019
2	2020
3	2021	 Field Annotation: PX570201|||Will need to be extended for data past 2021
	102	recentmonth_covidtest Show the field ONLY if: [tested_for_covid] = "1"	What month did you have your most recent COVID-19 test?	dropdown 	1	January
2	February
3	March
4	April
5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December	 Field Annotation: PX570201
	103	recentyear_covidtest Show the field ONLY if: [tested_for_covid] = "1"	What year did you have your most recent COVID-19 test?	radio 	1	2019
2	2020
3	2021	 Field Annotation: PX570201|||Will need to be extended for data past 2021
	104	recentresult_covidtest Show the field ONLY if: [tested_for_covid] = "1"	What was the result of your most recent COVID-19 test?	radio 	1	Negative
2	Positive
3	Never obtained results
4	Indeterminate
98	Don't know
99	Prefer not to answer	 Field Annotation: PX570201
	105	cov_tst_mthd Show the field ONLY if: [tested_for_covid] = "1"	How were you tested for your most recent test?	radio 	1	Nasal Swab
2	Throat Swab
3	Blood Sample
4	Saliva	

106	test_accesswhere	Section Header: *Accessibility to testing* I know where I can get COVID-19 testing in my community.	radio 0 Strongly disagree 1 Disagree 2 Neither disagree or agree 3 Agree 4 Strongly agree Field Annotation: RADX UP
107	test_accesseasy	It is easy to get tested for COVID-19.	radio 0 Strongly disagree 1 Disagree 2 Neither disagree or agree 3 Agree 4 Strongly agree Field Annotation: RADX UP
108	testing_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Covid Test** (covid_test)   ⌃ Collapse

109	test_desc	This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team. For many projects some of these fields may be prefilled, such as location, method target, test name, specimen type, specimen collector. Testing results will need to be filled in after collection	descriptive
110	covid_test_date_mdy	Date of COVID Test Information Collection	text
111	covid_test_target_disease_status	Section Header: *Testing Information* Participant Testing Disease Status	radio 1 Asymptomatic 2 Pre-symptomatic illness 3 Mild/Moderate outpatient illness 4 Acute illness 5 Severe/Critical inpatient illness 6 Exposed 9 Convalescent illiness Field Annotation: | From RADx-UP Testing Core
112	covid_test_approval	Quality and Regulatory	radio 1 CLIA/CP certified 2 CLIA Waiver 3 FDA authorized (EUA) 4 FDA cleared 5 LDT 90 Other (specify) Field Annotation: | From RADx-UP Testing Core
113	covid_test_approval_other Show the field ONLY if: [covid_test_approval] = "90"	Other approval	text Field Annotation: | From RADx-UP Testing Core

114	covid_test_collection_setting	Test Collection Setting	radio
			1	Clinic
			2	Drive-through
			3	Home
			4	Mobile unit
			5	Lab
			6	Mail-in
			7	Community location (e.g., church, school, community center, etc.)
			90	Other, Specify
			Field Annotation: | From RADx-UP Testing Core
115	covid_test_collection_setting_other

Show the field ONLY if:
[covid_test_collection_setting] = "90" | Other setting | text
Field Annotation: \| From RADx-UP Testing Core |
116	covid_test_performed_location	Test Performed Location	radio
			1	Clinic
			2	Drive-through
			3	Home
			4	Mobile unit
			5	Lab
			6	Mail-in
			7	Community location (e.g., church, school, community center, etc.)
			90	Other, Specify
			Field Annotation: | From RADx-UP Testing Core
117	covid_test_performed_location_other

Show the field ONLY if:
[covid_test_performed_location] = "90" | Other performed location | text
Field Annotation: \| From RADx-UP Testing Core |
118	covid_test_study_setting	Study Setting	radio
			1	Community health center
			2	Nursing home or long-term care facility
			3	Prison or correctional facility
			4	Public housing
			5	Rural
			6	Urban
			7	School
			8	In-home
			90	Other, Specify
			Field Annotation: | From RADx-UP Testing Core
119	covid_test_study_setting_other

Show the field ONLY if:
[covid_test_study_setting] = "90" | Other study setting | text
Field Annotation: \| From RADx-UP Testing Core |
120	covid_test_type	Test Method Target	radio
			1	Antibody
			2	Antigen
			3	Nucleic acid/PCR
			4	Nucleic acid/Isothermal
			5	Molecular/host response
			6	Biochemical marker (eg, pH)
			90	Other, Specify
			Field Annotation: | From RADx-UP Testing Core

121	covid_test_type_other Show the field ONLY if: [covid_test_type] = "90"	Other method target	text Field Annotation: | From RADx-UP Testing Core	
122	covid_test_name	Test manufacturer (or LDT) and test name	text Field Annotation: | From RADx-UP Testing Core	
123	covid_test_specimen_type	Specimen Type	radio 1 Anterior nasal swab 2 Mid-turbinate nasal swab 3 Nasopharyngeal swab 4 Oropharyngeal swab 5 Nasal lavage 6 Saliva 7 Sputum 8 Whole blood 90 Other, Specify Field Annotation: | From RADx-UP Testing Core	
124	covid_test_specimen_type_other Show the field ONLY if: [covid_test_specimen_type] = "90"	Other specimen type	text Field Annotation: | From RADx-UP Testing Core	
125	covid_test_specimen_collector	Specimen Collector	radio 1 Self-collect 2 Health Care Provider collected 90 Other, Specify Field Annotation: | From RADx-UP Testing Core	
126	covid_test_specimen_collector_other Show the field ONLY if: [covid_test_specimen_collector] = "90"	Other specimen collector	text Field Annotation: | From RADx-UP Testing Core	
127	covid_test_collect_datetime	Date and time specimen collected	text (datetime_mdy) Field Annotation: | From RADx-UP Testing Core	
128	covid_test_result_datetime	Date and time result received	text (datetime_mdy) Field Annotation: | From RADx-UP Testing Core	
129	covid_test_result_sent_datetime	Date and time result sent to participant	text (datetime_mdy) Field Annotation: | From RADx-UP Testing Core	
130	covid_test_result_raw	Raw test result (if not a Positive/Negative/Failed report)	text Field Annotation: | From RADx-UP Testing Core	
131	covid_test_result	Test result	radio 1 Positive 2 Negative 3 Failed 4 Lost 90 Other Field Annotation: | From RADx-UP Testing Core	
132	covid_test_result_other Show the field ONLY if: [covid_test_result] = "90"	Other test result	text	
133	covid_test_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	

Instrument: **Symptoms** (symptoms)　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　⌃ Collapse

134	sym_date_mdy	Section Header: *This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team.* Date of Symptom Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question	

135	covidsympdesc	Section Header: *Current Symptoms* Have you had any of these symptoms during the past week?	descriptive Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects | Only for projects that are providing acute COVID-19 testing
136	covid_fever	Fever or chills	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
137	covid_cough	Cough	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
138	covid_diffbreath	Shortness of breath or difficulty breathing	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
139	covid_fatique	Lack of energy or general tired feeling	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects
140	covid_myalgia	Muscle or body aches	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
141	covid_headache	Headache	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening
142	covid_olfactory	New loss of taste or smell	radio (Matrix) | 1	Yes
0	No
98	Don't know	 Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening

143	covid_runnynose	Sore throat, congestion or runny nose	radio (Matrix) 1 — Yes 0 — No 98 — Don't know Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening	
144	covid_nausea	Feeling sick to your stomach or vomiting, diarrhea	radio (Matrix) 1 — Yes 0 — No 98 — Don't know Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening | modified to 1 week based on feedback from RADx-UP projects	
145	covid_abpain	Abdominal Pain	radio (Matrix) 1 — Yes 0 — No 98 — Don't know Field Annotation: |From NIH communications	
146	covid_skinrash	Skin Rash	radio (Matrix) 1 — Yes 0 — No 98 — Don't know Field Annotation: |From NIH communications	
147	covid_other	Other	radio (Matrix) 1 — Yes 0 — No 98 — Don't know Field Annotation: |https://www.cdc.gov/screening/index.html|CDC COVID-19 Screening	
148	symptoms_complete	Section Header: *Form Status* Complete?	dropdown 0 — Incomplete 1 — Unverified 2 — Complete	

Instrument: **Alcohol And Tobacco** (alcohol_and_tobacco)   ∧ Collapse

149	alcohol_date_mdy	Date of Alcohol/Tobacco Use Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question	
150	lifetime_use_alcohol	Section Header: *Alcohol and Tobacco/Nicotine Use* In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?	radio 1 — Yes 0 — No 99 — Prefer not to answer Custom alignment: RV Field Annotation: PX030101|https://www.phenxtoolkit.org/protocols/view/30101| element name to lifetime_use_alcohol, added 99, Prefer not to answer	

151	alcohol_daysperweek Show the field ONLY if: [lifetime_use_alcohol] = '1'	How often do you have a drink containing alcohol?	radio 	0	Never
1	Monthly or less
2	2-4 times a month
3	2-3 times a week
4	4 or more times a week
5	Don't know or refuse to answer	 Field Annotation: |https://www.drugabuse.gov/sites/default/files/audit.pdf| Alcohol Use Disorders Identification Test (AUDIT) |
152	smoker_cur_stat	Do you now smoke cigarettes?	radio | 4	Every Day
3	Some Days
1	Not at all
98	Prefer not to answer
99	Don't know	 Field Annotation: PX30604 |https://www.phenxtoolkit.org/protocols/view/30604|to https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019- BRFSS-Questionnaire-508.pdf C09.01
153	smoker_number Show the field ONLY if: [smoker_cur_stat] ='4' or [smoker_cur_stat] ='3'	If you smoke every day, on average, how many cigarettes per day do you smoke?	text (number, Min: 1, Max: 80) Field Annotation: PX30604 |https://www.phenxtoolkit.org/protocols/view/30604|to https://www.cdc.gov/brfss/questionnaires/pdf-ques/2019- BRFSS-Questionnaire-508.pdf C09.01
154	vaper_cur_stat	Do you now use electronic cigarettes every day, some days, rarely, or not at all?	radio | 4	Every Day
3	Some Days
2	Rarely
1	Not at all
98	Prefer not to answer
99	Don't know	 Field Annotation: |https://www.cdc.gov/tobacco/data_statistics/sgr/e- cigarettes/pdfs/2016_SGR_App_2-2_508.pdf)
155	alcohol_and_tobacco_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: **Identity** (identity)			^ Collapse
156	iden_date_mdy	Section Header: *About you* Date of Identity Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question | Please note that for linkage, first name, last name, zipcode, phone, date of birth, email, and SSN are required to maximize ability to link
157	first_name	First Name	text Field Annotation: PX011402
158	last_name	Last Name	text Field Annotation: PX011402
159	current_street	Street Address	text Field Annotation: PX010801
160	current_street2	Street Address 2	text
161	current_city	City	text Custom alignment: RH Field Annotation: PX010801
162	current_state	State or Territory	dropdown (autocomplete) | AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas	

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

Field Annotation: PX010801

163	mobile_phone	Mobile Phone	text (phone) Field Annotation: |||New Question
164	home_phone	Home Phone	text (phone) Field Annotation: |||New Question
165	other_phone	Other Phone	text (phone) Field Annotation: |||New Question
166	personal_email	Personal Email	text (email) Field Annotation: |||New Question
167	other_email	Other Email	text (email) Field Annotation: |||New Question
168	preferred_contact_method	Preferred Method of Contact	radio 1 Mobile phone 2 Home phone 3 Other phone 4 Personal email 5 Other email Field Annotation: |||New Question
169	dob_mdy	Date of Birth *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: Census @HIDEBUTTON
170	identity_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Sociodemographics (tier2_sociodemographics)   ⌃ Collapse

171	sex_orient_desc Show the field ONLY if: [sex_orient_id] = '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 or Asexual Spectrum 4 Two-spirit 5 Have not figured out or are in the process of figuring out your sexuality 6 Mostly straight, but sometimes attracted to people of your own sex 7 Do not think of yourself as having sexuality 8 Do not use labels to identity yourself 98 Don't know the answer 96 No, I have a different description and would like to specify Field Annotation: PX011701
172	sex_orient_desc_other Show the field ONLY if: [sex_orient_desc] = '96'	Specify your description of how you think of yourself	text Field Annotation: PX011701
173	tier2_sociodemographics_comple te	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Medical History (tier2_medical_history)   ⌃ Collapse

174	missed_procedure	Section Header: *Missed medical procedure* Since the start of the COVID-19 pandemic (March 2020), have you needed to postpone any medical care?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: JHU C4WARD

175	tier2_medical_history_complete	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Tier2 Vaccine Acceptance (tier2_vaccine_acceptance) [^Collapse]

176	covid_vaccine_course Show the field ONLY if: [covid_vaccine] = "1"	Have you completed the COVID-19 vaccination course? Most COVID-19 vaccines require two shots.	radio

			1	Yes
			0	No
			98	Prefer not to answer
			99	Don't know

177	tier2_vaccine_acceptance_complete	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Tier2 Testing (tier2_testing) [^Collapse]

178	test_percvaccuneg	Section Header: *Perceived accuracy of testing* How confident are you that a negative test result means that you do not have COVID-19?	radio

			0	Not at all confident
			1	Somewhat confident
			2	Confident
			3	Very confident

Field Annotation: RADX UP

179	test_percvaccupos	How confident are you that a positive test result means that you do have COVID-19?	radio

			0	Not at all confident
			1	Somewhat confident
			2	Confident
			3	Very confident

Field Annotation: RADX UP

180	test_pbene	Section Header: *Perceived benefits of testing* How much do the following encourage you to get tested?	descriptive Field Annotation: RADX UP

181	test_pbeneworry	Reduce worry that I might have COVID-19.	radio (Matrix)

			0	Not at all
			1	Slightly
			2	Somewhat
			3	Moderately
			4	Very much

Field Annotation: RADX UP

182	test_pbeneexposed	Believe that I was exposed to someone who has COVID-19.	radio (Matrix)

			0	Not at all
			1	Slightly
			2	Somewhat
			3	Moderately
			4	Very much

Field Annotation: RADX UP

183	test_pbenesafe	To know if I am safe not to give COVID-19 to friends and family.	radio (Matrix)

			0	Not at all
			1	Slightly
			2	Somewhat
			3	Moderately
			4	Very much

Field Annotation: RADX UP

184	test_pbenearound	To know if I am safe not to give COVID-19 to anyone I am around.	radio (Matrix)
			0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
185	test_pbenework	To let my employer know that I am safe to work.	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
186	test_pbenepos	To get treated early (if I am positive).	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
187	test_prisk	Section Header: *Perceived risks of testing* How much do the following discourage you to get tested?	descriptive Field Annotation: RADX UP
188	test_priskouch	May experience discomfort from being tested.	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
189	test_prisklater	Even if I don't have it when tested, I can still get COVID-19 later.	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
190	test_prisknosymp	I don't have COVID-19 symptoms so I don't need to be tested.	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP
191	test_priskcontact	If I'm positive, officials will need to contact the people I've been in contact with.	radio (Matrix) 0 Not at all 1 Slightly 2 Somewhat 3 Moderately 4 Very much Field Annotation: RADX UP

	192	test_priskknow	I don't want to know if I have it.	radio (Matrix) 	0	Not at all
1	Slightly
2	Somewhat
3	Moderately
4	Very much	 Field Annotation: RADX UP
	193	test_prisknohelp	Not much they can do for me if I have it.	radio (Matrix) 	0	Not at all
1	Slightly
2	Somewhat
3	Moderately
4	Very much	 Field Annotation: RADX UP
	194	test_priskhlthcare	Difficult to get needed healthcare if I have it.	radio (Matrix) 	0	Not at all
1	Slightly
2	Somewhat
3	Moderately
4	Very much	 Field Annotation: RADX UP
	195	test_intent	Section Header: *Intention to be tested* I plan to get tested as often as needed.	radio 	0	Strongly Disagree
1	Disagree
2	Neither disagree or agree
3	Agree
4	Strongly agree	 Field Annotation: RADX UP
	196	test_resneg	Section Header: *Interpretation of negative or positive results* If I get a negative test result, it means [check all that apply]: *Check all that apply*	checkbox | 1	test_resneg___1	I don't have to worry about getting COVID-19
2	test_resneg___2	I don't have COVID-19 now
3	test_resneg___3	I can be around others without giving the virus to them
4	test_resneg___4	I can be around others without getting the virus from them	 Field Annotation: RADX UP
	197	test_respos	If I get a positive result, it means: [check all that apply] *Check all that apply*	checkbox | 1	test_respos___1	I will need to be admitted to the hospital
2	test_respos___2	I will need to isolate myself from others
3	test_respos___3	I will need to take off work	 Field Annotation: RADX UP
	198	tier2_testing_complete	Section Header: *Form Status* Complete?	dropdown 	0	Incomplete
1	Unverified
2	Complete	
Instrument: **Tier2 Medications** (tier2_medications)				∧ Collapse
	199	med_date_mdy	Date of Medication Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question

200	take_presc_meds	Section Header: *Medications The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products that can assist with classification and action of medications.* Do you currently take prescription medications?	radio
				1	Yes
			0	No
			99	Prefer not to answer or do not remember
			Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030

#	Field Name	Section Header / Question	Type / Options
200	take_presc_meds	Section Header: *Medications The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products that can assist with classification and action of medications.* Do you currently take prescription medications?	radio 1 Yes 0 No 99 Prefer not to answer or do not remember Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
201	name_of_rx_med1 Show the field ONLY if: [take_presc_meds] = "1"	Section Header: *Prescription Medication 1*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
202	name_of_rx_med2 Show the field ONLY if: [name_of_rx_med1] <> ""	Section Header: *Prescription Medication 2*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
203	name_of_rx_med3 Show the field ONLY if: [name_of_rx_med2] <> ""	Section Header: *Prescription Medication 3*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
204	name_of_rx_med4 Show the field ONLY if: [name_of_rx_med3] <> ""	Section Header: *Prescription Medication 4*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
205	name_of_rx_med5 Show the field ONLY if: [name_of_rx_med4] <> ""	Section Header: *Prescription Medication 5*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
206	name_of_rx_med6 Show the field ONLY if: [name_of_rx_med5] <> ""	Section Header: *Prescription Medication 6*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
207	name_of_rx_med7 Show the field ONLY if: [name_of_rx_med6] <> ""	Section Header: *Prescription Medication 7*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
208	name_of_rx_med8 Show the field ONLY if: [name_of_rx_med7] <> ""	Section Header: *Prescription Medication 8*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
209	name_of_rx_med9 Show the field ONLY if: [name_of_rx_med8] <> ""	Section Header: *Prescription Medication 9*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
210	name_of_rx_med10 Show the field ONLY if: [name_of_rx_med9] <> ""	Section Header: *Prescription Medication 10*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
211	name_of_rx_med11 Show the field ONLY if: [name_of_rx_med10] <> ""	Section Header: *Prescription Medication 11*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030

212	name_of_rx_med12 Show the field ONLY if: [name_of_rx_med11] <> ""	Section Header: *Prescription Medication 12*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
213	name_of_rx_med13 Show the field ONLY if: [name_of_rx_med12] <> ""	Section Header: *Prescription Medication 13*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
214	name_of_rx_med14 Show the field ONLY if: [name_of_rx_med13] <> ""	Section Header: *Prescription Medication 14*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
215	name_of_rx_med15 Show the field ONLY if: [name_of_rx_med14] <> ""	Section Header: *Prescription Medication 15*	text BIOPORTAL:RXNORM BIOPORTAL:RXNORM Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
216	num_rxs_unable_to_trans Show the field ONLY if: [take_presc_meds] = "1"	Section Header: *Prescription Medication 15* Prescribed medications unable to transcribe:	notes Field Annotation: PX0140301|https://www.phenxtoolkit.org/protocols/view/14030
217	tier2_medications_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Alcohol And Tobacco   (tier2_alcohol_and_tobacco)   [⌃ Collapse]

218	alcohol_drinksperday Show the field ONLY if: [lifetime_use_alcohol] = 1	How many drinks containing alcohol do you have on a typical day when you are drinking?	radio 0 1 or 2 1 3 or 4 2 5 or 6 3 7, 8 or 9 4 10 or more 5 Prefer not to answer Field Annotation: |https://www.drugabuse.gov/sites/default/files/audit.pdf| Alcohol Use Disorders Identification Test (AUDIT) |
219	smoke_years Show the field ONLY if: [smoker_cur_stat] ='4' or [smoker_cur_stat] ='3'	How many years have you smoked?	text (number, Min: 0.1, Max: 100) Field Annotation: |||New Question
220	vaper_years Show the field ONLY if: [vaper_cur_stat] ='4' or [vaper_cur_stat] ='3' or [vaper_cur_stat] ='2'	How many years have you vaped?	text (number, Min: 0.1, Max: 100) Field Annotation: |||New Question
221	tier2_alcohol_and_tobacco_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Drug Use   (tier2_drug_use)   [⌃ Collapse]

222	drg_date_mdy	Date of Drug Use Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
223	mari_use	Have you used marijuana in the past 12 months?	yesno 1 Yes 0 No

224	mari_use_smk Show the field ONLY if: [mari_use] = 1	If you have used marijuana in the past 12 months, have often have you smoked it?	radio

radio
1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

225	mari_use_vap Show the field ONLY if: [mari_use] = 1	If you have used marijuana in the past 12 months, have often have you vaped it?	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

226	pdrg_use	In the past 12 months, have often have you used prescription drugs just for the feeling, more than prescribed, or that were not prescribed for you?	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

227	idrug_use	In the past 12 months, have you used any of the following drugs: cocaine or crack, heroin, crystal meth (methamphetamine), hallucinogens (like LSD, psilocybin, PCP, ketamine), ecstasy?	yesno

yesno
| 1 | Yes |
| 0 | No |

228	cocaine_use Show the field ONLY if: [idrug_use] = 1	Section Header: *How often have you used each of the following drugs?* Cocaine or crack	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

229	heroin_use Show the field ONLY if: [idrug_use] = 1	Heroin	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

230	meth_use Show the field ONLY if: [idrug_use] = 1	Crystal meth (methamphetamine)	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

231	hallu_use Show the field ONLY if: [idrug_use] = 1	Hallucinogens (like LSD, psilocybin, PCP, ketamine)	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

232	ecstasy_use Show the field ONLY if: [idrug_use] = 1	Ecstasy	radio

1	Daily or almost daily
2	About once or twice per week
3	About once per month
4	Rarely (less than once per month)
5	Never

	233	tier2_drug_use_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Disability (tier2_disability)   ⌃ Collapse

	234	disability_date_mdy	Date of Disability Collection *MM/DD/YYYY*	text (date_mdy, Min: 1900-01-01) Field Annotation: |||New Question
	235	disability_deaf	Are you deaf, or do you have serious difficulty hearing?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	236	disability_blind	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	237	disability_decisions	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years of age or older)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	238	disability_walking	Do you have serious difficulty walking or climbing stairs? (5 years of age or older)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	239	disability_dress	Do you have difficulty dressing or bathing? (5 years of age or older)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	240	disability_errands	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years of age or older)	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: CDC Disability|https://www.cdc.gov/ncbddd/disabilityandhealth/data
	241	tier2_disability_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Food Insecurity (tier2_food_insecurity)   ⌃ Collapse

	242	fi_food_money_frequency	Section Header: *Food Insecurity: I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.* The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?	radio 1 Often true 2 Sometimes true 3 Never true 98 Don't know 99 Prefer not to answer Field Annotation: PX270301

243	fi_afford_balanced_meals	The second statement is, "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?	radio 	1	Often true
2	Sometimes true
3	Never true
98	Don't know
99	Prefer not to answer	 Field Annotation: PX270301
244	fi_change_diet	In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	radio | 1	Yes
2	No
98	Don't know
99	Prefer not to answer	 Field Annotation: PX270301
245	fi_change_diet_frequency Show the field ONLY if: [fi_food_money_frequency]='1' or [fi_food_money_frequency]='2' or [fi_afford_balanced_meals]='1' or [fi_afford_balanced_meals]='2' or [fi_change_diet]='1'	How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?	radio | 1	Almost every month
2	Some months but not every month
3	Only 1 or 2 months
98	Don't know
99	Prefer not to answer	 Field Annotation: PX270301
246	fi_eat_less Show the field ONLY if: [fi_change_diet]='1'	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	radio | 1	Yes
2	No
98	Don't know
99	Prefer not to answer	 Field Annotation: PX270301
247	fi_hungry	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	radio | 1	Yes
2	No
98	Don't know
99	Prefer not to answer	 Field Annotation: PX270301
248	fi_high_quality	The fresh fruits and vegetables in my neighborhood are of high quality	radio | 1	Completely agree
2	Somewhat agree
3	Neutral/no opinion
4	Somewhat disagree
5	Strongly disagree
98	Don't know	 Field Annotation: Perceived Availability of Healthy Foods Scale from the Multi-Ethnic Study of Atherosclerosis (MESA) https://www.phenxtoolkit.org/protocols/view/210701
249	tier2_food_insecurity_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: **Tier2 Housing** (tier2_housing) ^Collapse

250	stable_housing	In the past two months, have you been staying in the same place?	radio
			1 Yes 0 No 98 Prefer not to answer 99 Don't know Field Annotation: PMC4612177 |https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/|VA Homeless Screening Clinical Reminder| Modified to simplify question based on RADx-UP feedback
251	housing_concerns	Are you worried or concerned that in the next two months you may NOT have a place to stay?	radio
			1 Yes 0 No 98 Prefer not to answer 99 Don't know Field Annotation: PMC4612177 |https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/|VA Homeless Screening Clinical Reminder| Modified to simplify question based on RADx-UP feedback
252	tier2_housing_complete	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete 1 Unverified 2 Complete

Instrument: Tier2 Trust (tier2_trust)   ∧ Collapse

253	trust_doc	Section Header: *How much do you trust each of these sources to provide correct information about COVID 19? (Select one response for each row.)* Your doctor or health care provider	radio (Matrix)
			0 Not at all 1 A little 2 Somewhat 3 A great deal 4 Don't know Field Annotation: CEAL
254	trust_flead	Your faith leader	radio (Matrix)
			0 Not at all 1 A little 2 Somewhat 3 A great deal 4 Don't know Field Annotation: CEAL
255	trust_fam	Your close friends and members of your family	radio (Matrix)
			0 Not at all 1 A little 2 Somewhat 3 A great deal 4 Don't know Field Annotation: CEAL
256	trust_coll	People you go to work or class with or other people you know	radio (Matrix)
			0 Not at all 1 A little 2 Somewhat 3 A great deal 4 Don't know Field Annotation: CEAL

257	trust_news	News on the radio, TV, online, or in newspapers	radio (Matrix)
			0 Not at all
			1 A little
			2 Somewhat
			3 A great deal
			4 Don't know
			Field Annotation: CEAL
258	trust_social	Your contacts on social media	radio (Matrix)
			0 Not at all
			1 A little
			2 Somewhat
			3 A great deal
			4 Don't know
			Field Annotation: CEAL
259	trust_usgov	The U.S. government	radio (Matrix)
			0 Not at all
			1 A little
			2 Somewhat
			3 A great deal
			4 Don't know
			Field Annotation: CEAL
260	trust_cortf	The U.S. Coronavirus Task Force	radio (Matrix)
			0 Not at all
			1 A little
			2 Somewhat
			3 A great deal
			4 Don't know
			Field Annotation: CEAL
261	tier2_trust_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Tier2 Ssn And Mrn** (tier2_ssn_and_mrn)   ⌃ Collapse

262	ssn Show the field ONLY if: [consent_ssn]=1	Social Security Number	text Field Annotation: |||New Question
263	mrn	Medical Record Number	text
264	mrn_organization	Medical Record Number Organziation	text
265	tier2_ssn_and_mrn_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete