

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

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

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

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

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

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

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

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

45	[language_home]	<div>Section Header: <i>Spoken Language</i></div> <div>What languages do you read, understand, or speak at home?</div>	<div>checkbox</div> <table><tr><td>9</td><td>language_home__9</td><td>English</td></tr><tr><td>1</td><td>language_home__1</td><td>Spanish</td></tr><tr><td>10</td><td>language_home__10</td><td>Albanian</td></tr><tr><td>11</td><td>language_home__11</td><td>Apache</td></tr><tr><td>12</td><td>language_home__12</td><td>Arabic</td></tr><tr><td>13</td><td>language_home__13</td><td>Bengali/Bangla</td></tr><tr><td>14</td><td>language_home__14</td><td>Bhutanese</td></tr><tr><td>15</td><td>language_home__15</td><td>Burmese</td></tr><tr><td>4</td><td>language_home__4</td><td>Cantonese</td></tr><tr><td>16</td><td>language_home__16</td><td>Cape Verdean Creole</td></tr><tr><td>17</td><td>language_home__17</td><td>Creole</td></tr><tr><td>18</td><td>language_home__18</td><td>Chamoru</td></tr><tr><td>19</td><td>language_home__19</td><td>Chuukese</td></tr><tr><td>20</td><td>language_home__20</td><td>Dakota</td></tr><tr><td>21</td><td>language_home__21</td><td>Fijian</td></tr><tr><td>22</td><td>language_home__22</td><td>French</td></tr><tr><td>6</td><td>language_home__6</td><td>Hawaiian</td></tr><tr><td>23</td><td>language_home__23</td><td>Hmong</td></tr><tr><td>7</td><td>language_home__7</td><td>Ilokano</td></tr><tr><td>24</td><td>language_home__24</td><td>Karen</td></tr><tr><td>25</td><td>language_home__25</td><td>Khmer/Cambodian</td></tr><tr><td>26</td><td>language_home__26</td><td>Kinyarwanda</td></tr><tr><td>27</td><td>language_home__27</td><td>Korean</td></tr><tr><td>28</td><td>language_home__28</td><td>Kosraean</td></tr><tr><td>29</td><td>language_home__29</td><td>Lakota</td></tr><tr><td>30</td><td>language_home__30</td><td>Lingala</td></tr><tr><td>31</td><td>language_home__31</td><td>Mam</td></tr><tr><td>3</td><td>language_home__3</td><td>Mandarin</td></tr><tr><td>32</td><td>language_home__32</td><td>Marshallese</td></tr><tr><td>33</td><td>language_home__33</td><td>Mixteco</td></tr><tr><td>34</td><td>language_home__34</td><td>Nakota</td></tr><tr><td>8</td><td>language_home__8</td><td>Navajo</td></tr><tr><td>35</td><td>language_home__35</td><td>Nepali</td></tr><tr><td>36</td><td>language_home__36</td><td>Portuguese</td></tr><tr><td>37</td><td>language_home__37</td><td>Pohnpeian</td></tr><tr><td>38</td><td>language_home__38</td><td>Russian</td></tr><tr><td>39</td><td>language_home__39</td><td>Sign Language</td></tr><tr><td>40</td><td>language_home__40</td><td>Somali</td></tr><tr><td>41</td><td>language_home__41</td><td>Samoan</td></tr><tr><td>42</td><td>language_home__42</td><td>Swahili</td></tr><tr><td>5</td><td>language_home__5</td><td>Tagalog</td></tr><tr><td>43</td><td>language_home__43</td><td>Thai</td></tr><tr><td>44</td><td>language_home__44</td><td>Tongan</td></tr><tr><td>45</td><td>language_home__45</td><td>Triqui</td></tr><tr><td>2</td><td>language_home__2</td><td>Vietnamese</td></tr><tr><td>46</td><td>language_home__46</td><td>Zapoteco</td></tr><tr><td>90</td><td>language_home__90</td><td>Other</td></tr><tr><td>99</td><td>language_home__99</td><td>Prefer not to answer</td></tr></table> <div>Question number: RV</div> <div>Field Annotation: Required as tier 1 for projects funded January 2022 or later.</div>	9	language_home__9	English	1	language_home__1	Spanish	10	language_home__10	Albanian	11	language_home__11	Apache	12	language_home__12	Arabic	13	language_home__13	Bengali/Bangla	14	language_home__14	Bhutanese	15	language_home__15	Burmese	4	language_home__4	Cantonese	16	language_home__16	Cape Verdean Creole	17	language_home__17	Creole	18	language_home__18	Chamoru	19	language_home__19	Chuukese	20	language_home__20	Dakota	21	language_home__21	Fijian	22	language_home__22	French	6	language_home__6	Hawaiian	23	language_home__23	Hmong	7	language_home__7	Ilokano	24	language_home__24	Karen	25	language_home__25	Khmer/Cambodian	26	language_home__26	Kinyarwanda	27	language_home__27	Korean	28	language_home__28	Kosraean	29	language_home__29	Lakota	30	language_home__30	Lingala	31	language_home__31	Mam	3	language_home__3	Mandarin	32	language_home__32	Marshallese	33	language_home__33	Mixteco	34	language_home__34	Nakota	8	language_home__8	Navajo	35	language_home__35	Nepali	36	language_home__36	Portuguese	37	language_home__37	Pohnpeian	38	language_home__38	Russian	39	language_home__39	Sign Language	40	language_home__40	Somali	41	language_home__41	Samoan	42	language_home__42	Swahili	5	language_home__5	Tagalog	43	language_home__43	Thai	44	language_home__44	Tongan	45	language_home__45	Triqui	2	language_home__2	Vietnamese	46	language_home__46	Zapoteco	90	language_home__90	Other	99	language_home__99	Prefer not to answer
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99	language_home__99	Prefer not to answer																																																																																																																																																	
46	[language_home_other] Show the field ONLY if: [language_home(90)] = 1	Specify other languages read, understood or spoken at home.	text Field Annotation: Required as tier 1 for projects funded January 2022 or later.																																																																																																																																																

47	[language_pref]	What is your preferred language at home?	<div>dropdown</div> <table><tr><td>9</td><td>English</td></tr><tr><td>1</td><td>Spanish</td></tr><tr><td>10</td><td>Albanian</td></tr><tr><td>11</td><td>Apache</td></tr><tr><td>12</td><td>Arabic</td></tr><tr><td>13</td><td>Bengali/Bangla</td></tr><tr><td>14</td><td>Bhutanese</td></tr><tr><td>15</td><td>Burmese</td></tr><tr><td>4</td><td>Cantonese</td></tr><tr><td>16</td><td>Cape Verdean Creole</td></tr><tr><td>17</td><td>Creole</td></tr><tr><td>18</td><td>Chamoru</td></tr><tr><td>19</td><td>Chuukese</td></tr><tr><td>20</td><td>Dakota</td></tr><tr><td>21</td><td>Fijian</td></tr><tr><td>22</td><td>French</td></tr><tr><td>6</td><td>Hawaiian</td></tr><tr><td>23</td><td>Hmong</td></tr><tr><td>7</td><td>Ilokano</td></tr><tr><td>24</td><td>Karen</td></tr><tr><td>25</td><td>Khmer/Cambodian</td></tr><tr><td>26</td><td>Kinyarwanda</td></tr><tr><td>27</td><td>Korean</td></tr><tr><td>28</td><td>Kosraean</td></tr><tr><td>29</td><td>Lakota</td></tr><tr><td>30</td><td>Lingala</td></tr><tr><td>31</td><td>Mam</td></tr><tr><td>3</td><td>Mandarin</td></tr><tr><td>32</td><td>Marshallese</td></tr><tr><td>33</td><td>Mixteco</td></tr><tr><td>34</td><td>Nakota</td></tr><tr><td>8</td><td>Navajo</td></tr><tr><td>35</td><td>Nepali</td></tr><tr><td>36</td><td>Portuguese</td></tr><tr><td>37</td><td>Pohnpeian</td></tr><tr><td>38</td><td>Russian</td></tr><tr><td>39</td><td>Sign Language</td></tr><tr><td>40</td><td>Somali</td></tr><tr><td>41</td><td>Samoan</td></tr><tr><td>42</td><td>Swahili</td></tr><tr><td>5</td><td>Tagalog</td></tr><tr><td>43</td><td>Thai</td></tr><tr><td>44</td><td>Tongan</td></tr><tr><td>45</td><td>Triqui</td></tr><tr><td>2</td><td>Vietnamese</td></tr><tr><td>46</td><td>Zapoteco</td></tr><tr><td>90</td><td>Other</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: Required as tier 1 for projects funded January 2022 or later.</div>	9	English	1	Spanish	10	Albanian	11	Apache	12	Arabic	13	Bengali/Bangla	14	Bhutanese	15	Burmese	4	Cantonese	16	Cape Verdean Creole	17	Creole	18	Chamoru	19	Chuukese	20	Dakota	21	Fijian	22	French	6	Hawaiian	23	Hmong	7	Ilokano	24	Karen	25	Khmer/Cambodian	26	Kinyarwanda	27	Korean	28	Kosraean	29	Lakota	30	Lingala	31	Mam	3	Mandarin	32	Marshallese	33	Mixteco	34	Nakota	8	Navajo	35	Nepali	36	Portuguese	37	Pohnpeian	38	Russian	39	Sign Language	40	Somali	41	Samoan	42	Swahili	5	Tagalog	43	Thai	44	Tongan	45	Triqui	2	Vietnamese	46	Zapoteco	90	Other	99	Prefer not to answer
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48	[language_pref_other] Show the field ONLY if: [language_pref] = 90	Specify other preferred language.	text Field Annotation: Required as tier 1 for projects funded January 2022 or later.																																																																																																

49	[family_income]	<p>Section Header: <i>Family Income</i></p> <p>In 2019, what was your total household income before taxes?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than \$15,000</td></tr> <tr><td>2</td><td>\$15,000 - \$19,999</td></tr> <tr><td>3</td><td>\$20,000 - \$24,999</td></tr> <tr><td>4</td><td>\$25,000 - \$34,999</td></tr> <tr><td>5</td><td>\$35,000 - \$49,999</td></tr> <tr><td>6</td><td>\$50,000 - \$74,999</td></tr> <tr><td>7</td><td>\$75,000 - \$99,999</td></tr> <tr><td>8</td><td>\$100,000 and above</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: PX011102 https://www.phenxtoolkit.org/protocols/view/11102 Annual Family Income NHIS Simplified to basic question for minimum dataset and conform to CEAL question 25.</p>	1	Less than \$15,000	2	\$15,000 - \$19,999	3	\$20,000 - \$24,999	4	\$25,000 - \$34,999	5	\$35,000 - \$49,999	6	\$50,000 - \$74,999	7	\$75,000 - \$99,999	8	\$100,000 and above	99	Prefer not to answer
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8	\$100,000 and above																				
99	Prefer not to answer																				
50	[housing_employment_and_insurance_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Work Ppe And Distancing (work_ppe_and_distancing)																					
51	[work_ppe_date_mdy]	<p>Date of Work PPE and Distancing Collection</p> <p>MM/DD/YYYY</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>text (date_mdy, Min: 1900-01-01)</p> <p>Field Annotation: Note: Maximum expected day = Current day.</p>																		
52	[work_wash_2]	<p>In your workplace, do you have access to necessary facilities to wash?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	99	Prefer not to answer						
1	Yes, all of the time																				
2	Yes, most of the time																				
3	Some of the time																				
4	Rarely																				
5	Not at all																				
99	Prefer not to answer																				
53	[work_closecont_2]	<p>Does your work require you to be in close contact (i.e. within 6 ft) with others?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV</p>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	99	Prefer not to answer						
1	Yes, all of the time																				
2	Yes, most of the time																				
3	Some of the time																				
4	Rarely																				
5	Not at all																				
99	Prefer not to answer																				
54	[work_ppe_2]	<p>In your workplace, do you have access to necessary personal protective equipment (PPE)?</p> <p>Show the field ONLY if: [current_employment_status] = '1'</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, all of the time</td></tr> <tr><td>2</td><td>Yes, most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Rarely</td></tr> <tr><td>5</td><td>Not at all</td></tr> <tr><td>6</td><td>Not applicable</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: https://www.phenxtoolkit.org/toolkit_content/PDF/WT_UK_COV</p>	1	Yes, all of the time	2	Yes, most of the time	3	Some of the time	4	Rarely	5	Not at all	6	Not applicable	99	Prefer not to answer				
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55	[work_ppe_and_distancing_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Medical History (medical_history)																					

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

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

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

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

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

97	[flu_vaccine_season_3] Show the field ONLY if: [flu_vaccinehistind_2] = "1"	Have you received a flu vaccine in the last 12 months?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: UPENN SURVEY</div>	1	Yes	0	No	98	Don't know	99	Prefer not to answer																															
1	Yes																																									
0	No																																									
98	Don't know																																									
99	Prefer not to answer																																									
98	[covid_vaccine]	Have you received a COVID-19 vaccine?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Prefer not to answer</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	1	Yes	0	No	98	Prefer not to answer	99	Don't know																															
1	Yes																																									
0	No																																									
98	Prefer not to answer																																									
99	Don't know																																									
99	[vaccine_reasons_3]	<div>Section Header: Reasons for Getting/Not Getting a COVID 19 Vaccine</div> <div>Why would/did you get a COVID-19 vaccine?</div> <div>Check all that apply</div>	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>vaccine_reasons_3__1</td><td>I want(ed) to keep my family safe</td></tr> <tr><td>2</td><td>vaccine_reasons_3__2</td><td>I want(ed) to keep my community safe</td></tr> <tr><td>3</td><td>vaccine_reasons_3__3</td><td>I want(ed) to keep myself safe</td></tr> <tr><td>4</td><td>vaccine_reasons_3__4</td><td>I have(had) a chronic health problem, like asthma or diabetes</td></tr> <tr><td>5</td><td>vaccine_reasons_3__5</td><td>My doctor told me to get a COVID-19 vaccine</td></tr> <tr><td>6</td><td>vaccine_reasons_3__6</td><td>I don't(didn't) want to get really sick from COVID-19</td></tr> <tr><td>7</td><td>vaccine_reasons_3__7</td><td>I want(ed) to feel safe around other people</td></tr> <tr><td>8</td><td>vaccine_reasons_3__8</td><td>I believe(d) life won't go back to normal until most people get a COVID-19 vaccine</td></tr> <tr><td>10</td><td>vaccine_reasons_3__10</td><td>Required by my school or workplace</td></tr> <tr><td>11</td><td>vaccine_reasons_3__11</td><td>Required for travel</td></tr> <tr><td>9</td><td>vaccine_reasons_3__9</td><td>Other</td></tr> <tr><td>96</td><td>vaccine_reasons_3__96</td><td>Not Applicable</td></tr> <tr><td>99</td><td>vaccine_reasons_3__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='96' From CEAL questions</div>	1	vaccine_reasons_3__1	I want(ed) to keep my family safe	2	vaccine_reasons_3__2	I want(ed) to keep my community safe	3	vaccine_reasons_3__3	I want(ed) to keep myself safe	4	vaccine_reasons_3__4	I have(had) a chronic health problem, like asthma or diabetes	5	vaccine_reasons_3__5	My doctor told me to get a COVID-19 vaccine	6	vaccine_reasons_3__6	I don't(didn't) want to get really sick from COVID-19	7	vaccine_reasons_3__7	I want(ed) to feel safe around other people	8	vaccine_reasons_3__8	I believe(d) life won't go back to normal until most people get a COVID-19 vaccine	10	vaccine_reasons_3__10	Required by my school or workplace	11	vaccine_reasons_3__11	Required for travel	9	vaccine_reasons_3__9	Other	96	vaccine_reasons_3__96	Not Applicable	99	vaccine_reasons_3__99	Prefer not to answer
1	vaccine_reasons_3__1	I want(ed) to keep my family safe																																								
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96	vaccine_reasons_3__96	Not Applicable																																								
99	vaccine_reasons_3__99	Prefer not to answer																																								

100	[vaccine_concerns_3]	<p>Why would you/did you NOT get a COVID-19 vaccine?</p> <p><i>Check all that apply</i></p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>vaccine_concerns_3__1</td> <td>I am/was allergic to vaccines</td> </tr> <tr> <td>2</td> <td>vaccine_concerns_3__2</td> <td>I don't/didn't like needles</td> </tr> <tr> <td>3</td> <td>vaccine_concerns_3__3</td> <td>I am/was not concerned about getting really sick from COVID-19</td> </tr> <tr> <td>4</td> <td>vaccine_concerns_3__4</td> <td>I am/was concerned about side effects from the vaccine</td> </tr> <tr> <td>5</td> <td>vaccine_concerns_3__5</td> <td>I don't/didn't think vaccines work very well</td> </tr> <tr> <td>6</td> <td>vaccine_concerns_3__6</td> <td>I don't/didn't trust that the vaccine will be safe</td> </tr> <tr> <td>7</td> <td>vaccine_concerns_3__7</td> <td>I don't/didn't believe the COVID-19 pandemic is as bad as some people say it is</td> </tr> <tr> <td>8</td> <td>vaccine_concerns_3__8</td> <td>I don't/didn't want to pay for it</td> </tr> <tr> <td>9</td> <td>vaccine_concerns_3__9</td> <td>I don't/didn't know enough about how well a COVID-19 vaccine works</td> </tr> <tr> <td>10</td> <td>vaccine_concerns_3__10</td> <td>Other</td> </tr> <tr> <td>96</td> <td>vaccine_concerns_3__96</td> <td>Not Applicable</td> </tr> <tr> <td>99</td> <td>vaccine_concerns_3__99</td> <td>Prefer not to answer</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '96' From CEAL questions</p>	1	vaccine_concerns_3__1	I am/was allergic to vaccines	2	vaccine_concerns_3__2	I don't/didn't like needles	3	vaccine_concerns_3__3	I am/was not concerned about getting really sick from COVID-19	4	vaccine_concerns_3__4	I am/was concerned about side effects from the vaccine	5	vaccine_concerns_3__5	I don't/didn't think vaccines work very well	6	vaccine_concerns_3__6	I don't/didn't trust that the vaccine will be safe	7	vaccine_concerns_3__7	I don't/didn't believe the COVID-19 pandemic is as bad as some people say it is	8	vaccine_concerns_3__8	I don't/didn't want to pay for it	9	vaccine_concerns_3__9	I don't/didn't know enough about how well a COVID-19 vaccine works	10	vaccine_concerns_3__10	Other	96	vaccine_concerns_3__96	Not Applicable	99	vaccine_concerns_3__99	Prefer not to answer
1	vaccine_concerns_3__1	I am/was allergic to vaccines																																					
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96	vaccine_concerns_3__96	Not Applicable																																					
99	vaccine_concerns_3__99	Prefer not to answer																																					
101	[vaccine_acceptance_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
0	Incomplete																																						
1	Unverified																																						
2	Complete																																						
Instrument: Testing (testing)																																							
102	[test_date_mdy]	<p>Date of Testing Collection</p> <p><i>MM/DD/YYYY</i></p>	<p>text (date_mdy, Min: 1900-01-01)</p> <p>Field Annotation: Note: Maximum expected day = Current day.</p>																																				
103	[isolate_maintain_job]	<p>If you were to test positive for COVID-19, would you be able to isolate without losing your job?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
1	Yes																																						
2	No																																						
98	Don't know																																						
99	Prefer not to answer																																						
104	[quarantine_maintain_job]	<p>If you would be exposed to someone with COVID-19, would you be able to quarantine without losing your job?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
1	Yes																																						
2	No																																						
98	Don't know																																						
99	Prefer not to answer																																						
105	[tested_for_covid]	<p>Section Header: <i>Tested previously for COVID-19</i></p> <p>Have you ever been tested for COVID-19?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> <p>Field Annotation: PX570201</p>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
1	Yes																																						
2	No																																						
98	Don't know																																						
99	Prefer not to answer																																						
106	[tested_positive_for_covid]	<p>Section Header: <i>Tested positive for COVID-19</i></p> <p>Have you ever tested positive for COVID-19?</p> <p>Show the field ONLY if: [tested_for_covid] = "1"</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	2	No	98	Don't know	99	Prefer not to answer																												
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98	Don't know																																						
99	Prefer not to answer																																						

107	<div>[positivemonth_covidtest_2]</div> <div>Show the field ONLY if: [tested_positive_for_covid] = "1"</div>	What month did you first test positive for COVID-19?	<div>dropdown</div> <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	99	Prefer not to answer
1	January																												
2	February																												
3	March																												
4	April																												
5	May																												
6	June																												
7	July																												
8	August																												
9	September																												
10	October																												
11	November																												
12	December																												
99	Prefer not to answer																												
108	<div>[positiveyear_covidtest_3]</div> <div>Show the field ONLY if: [tested_positive_for_covid] = "1"</div>	What year did you first test positive for COVID-19?	<div>radio</div> <table><tr><td>1</td><td>2019</td></tr><tr><td>2</td><td>2020</td></tr><tr><td>3</td><td>2021</td></tr><tr><td>4</td><td>2022</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201. For sequentially added years, we will accept all versions of this variable going forward, including 1.0.</div>	1	2019	2	2020	3	2021	4	2022	99	Prefer not to answer																
1	2019																												
2	2020																												
3	2021																												
4	2022																												
99	Prefer not to answer																												
109	<div>[recentmonth_covidtest_2]</div> <div>Show the field ONLY if: [tested_for_covid] = "1"</div>	What month did you have your most recent COVID-19 test?	<div>dropdown</div> <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	99	Prefer not to answer
1	January																												
2	February																												
3	March																												
4	April																												
5	May																												
6	June																												
7	July																												
8	August																												
9	September																												
10	October																												
11	November																												
12	December																												
99	Prefer not to answer																												
110	<div>[recentyear_covidtest_3]</div> <div>Show the field ONLY if: [tested_for_covid] = "1"</div>	What year did you have your most recent COVID-19 test?	<div>radio</div> <table><tr><td>1</td><td>2019</td></tr><tr><td>2</td><td>2020</td></tr><tr><td>3</td><td>2021</td></tr><tr><td>4</td><td>2022</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: PX570201. For sequentially added years, we will accept all versions of this variable going forward, including 1.0.</div>	1	2019	2	2020	3	2021	4	2022	99	Prefer not to answer																
1	2019																												
2	2020																												
3	2021																												
4	2022																												
99	Prefer not to answer																												

111	[recentresult_covidtest] Show the field ONLY if: [tested_for_covid] = "1"	What was the result of your most recent COVID-19 test?	radio <table><tr><td>1</td><td>Negative</td></tr><tr><td>2</td><td>Positive</td></tr><tr><td>3</td><td>Never obtained results</td></tr><tr><td>4</td><td>Indeterminate</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: PX570201	1	Negative	2	Positive	3	Never obtained results	4	Indeterminate	98	Don't know	99	Prefer not to answer
1	Negative														
2	Positive														
3	Never obtained results														
4	Indeterminate														
98	Don't know														
99	Prefer not to answer														
112	[cov_tst_mthd_2] Show the field ONLY if: [tested_for_covid] = "1"	How were you tested for your most recent test?	radio <table><tr><td>1</td><td>Nasal Swab</td></tr><tr><td>2</td><td>Throat Swab</td></tr><tr><td>3</td><td>Blood Sample</td></tr><tr><td>4</td><td>Saliva</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Nasal Swab	2	Throat Swab	3	Blood Sample	4	Saliva	99	Prefer not to answer		
1	Nasal Swab														
2	Throat Swab														
3	Blood Sample														
4	Saliva														
99	Prefer not to answer														
113	[test_accesswhere_2]	Section Header: Accessibility to testing I know where I can get COVID-19 testing in my community.	radio <table><tr><td>0</td><td>Strongly disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither disagree or agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP	0	Strongly disagree	1	Disagree	2	Neither disagree or agree	3	Agree	4	Strongly agree	99	Prefer not to answer
0	Strongly disagree														
1	Disagree														
2	Neither disagree or agree														
3	Agree														
4	Strongly agree														
99	Prefer not to answer														
114	[test_accesseasy_2]	It is easy to get tested for COVID-19.	radio <table><tr><td>0</td><td>Strongly disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither disagree or agree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP	0	Strongly disagree	1	Disagree	2	Neither disagree or agree	3	Agree	4	Strongly agree	99	Prefer not to answer
0	Strongly disagree														
1	Disagree														
2	Neither disagree or agree														
3	Agree														
4	Strongly agree														
99	Prefer not to answer														
115	[testing_complete]	Section Header: Form Status Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Covid Test (covid_test)															
116	[test_desc]	This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team. For many projects some of these fields may be prefilled, such as location, method target, test name, specimen type, specimen collector. Testing results will need to be filled in after collection	descriptive												
117	[covid_test_date_mdy]	Date of COVID Test Information Collection MM/DD/YYYY	text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day.												

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

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

130	[covid_test_specimen_type]	Specimen Type	<div>radio</div> <table border="1"> <tr><td>1</td><td>Anterior nasal swab</td></tr> <tr><td>2</td><td>Mid-turbinate nasal swab</td></tr> <tr><td>3</td><td>Nasopharyngeal swab</td></tr> <tr><td>4</td><td>Oropharyngeal swab</td></tr> <tr><td>5</td><td>Nasal lavage</td></tr> <tr><td>6</td><td>Saliva</td></tr> <tr><td>7</td><td>Sputum</td></tr> <tr><td>8</td><td>Whole blood</td></tr> <tr><td>90</td><td>Other, Specify</td></tr> </table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Anterior nasal swab	2	Mid-turbinate nasal swab	3	Nasopharyngeal swab	4	Oropharyngeal swab	5	Nasal lavage	6	Saliva	7	Sputum	8	Whole blood	90	Other, Specify
1	Anterior nasal swab																				
2	Mid-turbinate nasal swab																				
3	Nasopharyngeal swab																				
4	Oropharyngeal swab																				
5	Nasal lavage																				
6	Saliva																				
7	Sputum																				
8	Whole blood																				
90	Other, Specify																				
131	[covid_test_specimen_type_other] Show the field ONLY if: [covid_test_specimen_type] = "90"	Other specimen type	<div>text</div> <div>Field Annotation: From RADx-UP Testing Core</div>																		
132	[covid_test_specimen_collector]	Specimen Collector	<div>radio</div> <table border="1"> <tr><td>1</td><td>Self-collect</td></tr> <tr><td>2</td><td>Health Care Provider collected</td></tr> <tr><td>90</td><td>Other, Specify</td></tr> </table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Self-collect	2	Health Care Provider collected	90	Other, Specify												
1	Self-collect																				
2	Health Care Provider collected																				
90	Other, Specify																				
133	[cov_tst_spec_col_oth] Show the field ONLY if: [covid_test_specimen_collector] = "90"	Other specimen collector	<div>text</div> <div>Field Annotation: From RADx-UP Testing Core. This question 'covid_test_specimen_collector_other' can also be submitted with the variable name synonym 'cov_tst_spec_col_oth'.</div>																		
134	[covid_test_collect_datetime]	Date and time specimen collected	<div>text (datetime_mdy)</div> <div>Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.</div>																		
135	[covid_test_result_datetime]	Date and time result received	<div>text (datetime_mdy)</div> <div>Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.</div>																		
136	[covid_test_result_sent_datetime]	Date and time result sent to participant	<div>text (datetime_mdy)</div> <div>Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day.</div>																		
137	[covid_test_result_raw]	Raw test result (if not a Positive/Negative/Failed report)	<div>text</div> <div>Field Annotation: From RADx-UP Testing Core</div>																		
138	[covid_test_result]	Test result	<div>radio</div> <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> <tr><td>3</td><td>Failed</td></tr> <tr><td>4</td><td>Lost</td></tr> <tr><td>90</td><td>Other</td></tr> </table> <div>Field Annotation: From RADx-UP Testing Core</div>	1	Positive	2	Negative	3	Failed	4	Lost	90	Other								
1	Positive																				
2	Negative																				
3	Failed																				
4	Lost																				
90	Other																				
139	[covid_test_result_other] Show the field ONLY if: [covid_test_result] = "90"	Other test result	<div>text</div>																		
140	[covid_test_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Symptoms (symptoms)																					
141	[sym_date_mdy]	Section Header: <i>This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team.</i> Date of Symptom Collection <i>MM/DD/YYYY</i>	<div>text (date_mdy, Min: 1900-01-01)</div> <div>Field Annotation: Note: Maximum expected day = Current day.</div>																		

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

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

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

	166	[current_street]	Street Address	text Field Annotation: PX010801																																																																																																
	167	[current_street2]	Street Address 2	text																																																																																																
	168	[current_city]	City	text Custom alignment: RH Field Annotation: PX010801																																																																																																
	169	[current_state]	State or Territory	dropdown (autocomplete) <table><tr><td>AL</td><td>Alabama</td></tr><tr><td>AK</td><td>Alaska</td></tr><tr><td>AZ</td><td>Arizona</td></tr><tr><td>AR</td><td>Arkansas</td></tr><tr><td>CA</td><td>California</td></tr><tr><td>CO</td><td>Colorado</td></tr><tr><td>CT</td><td>Connecticut</td></tr><tr><td>DE</td><td>Delaware</td></tr><tr><td>DC</td><td>District of Columbia(DC)</td></tr><tr><td>FL</td><td>Florida</td></tr><tr><td>GA</td><td>Georgia</td></tr><tr><td>HI</td><td>Hawaii</td></tr><tr><td>ID</td><td>Idaho</td></tr><tr><td>IL</td><td>Illinois</td></tr><tr><td>IN</td><td>Indiana</td></tr><tr><td>IA</td><td>Iowa</td></tr><tr><td>KS</td><td>Kansas</td></tr><tr><td>KY</td><td>Kentucky</td></tr><tr><td>LA</td><td>Louisiana</td></tr><tr><td>ME</td><td>Maine</td></tr><tr><td>MD</td><td>Maryland</td></tr><tr><td>MA</td><td>Massachusetts</td></tr><tr><td>MI</td><td>Michigan</td></tr><tr><td>MN</td><td>Minnesota</td></tr><tr><td>MS</td><td>Mississippi</td></tr><tr><td>MO</td><td>Missouri</td></tr><tr><td>MT</td><td>Montana</td></tr><tr><td>NE</td><td>Nebraska</td></tr><tr><td>NV</td><td>Nevada</td></tr><tr><td>NH</td><td>New Hampshire</td></tr><tr><td>NJ</td><td>New Jersey</td></tr><tr><td>NM</td><td>New Mexico</td></tr><tr><td>NY</td><td>New York</td></tr><tr><td>NC</td><td>North Carolina</td></tr><tr><td>ND</td><td>North Dakota</td></tr><tr><td>OH</td><td>Ohio</td></tr><tr><td>OK</td><td>Oklahoma</td></tr><tr><td>OR</td><td>Oregon</td></tr><tr><td>PA</td><td>Pennsylvania</td></tr><tr><td>RI</td><td>Rhode Island</td></tr><tr><td>SC</td><td>South Carolina</td></tr><tr><td>SD</td><td>South Dakota</td></tr><tr><td>TN</td><td>Tennessee</td></tr><tr><td>TX</td><td>Texas</td></tr><tr><td>UT</td><td>Utah</td></tr><tr><td>VT</td><td>Vermont</td></tr><tr><td>VA</td><td>Virginia</td></tr><tr><td>WA</td><td>Washington</td></tr></table>	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
AL	Alabama																																																																																																			
AK	Alaska																																																																																																			
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CO	Colorado																																																																																																			
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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																																																																																																			
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UT	Utah																																																																																																			
VT	Vermont																																																																																																			
VA	Virginia																																																																																																			
WA	Washington																																																																																																			

				<table><tr><td>WV</td><td>West Virginia</td></tr><tr><td>WI</td><td>Wisconsin</td></tr><tr><td>WY</td><td>Wyoming</td></tr><tr><td>AMS</td><td>American Samoa</td></tr><tr><td>GUAM</td><td>GUAM</td></tr><tr><td>NMI</td><td>Northern Mariana Islands</td></tr><tr><td>PR</td><td>Puerto Rico</td></tr><tr><td>USVI</td><td>US Virgin Islands</td></tr></table> <div>Field Annotation: PX010801</div>	WV	West Virginia	WI	Wisconsin	WY	Wyoming	AMS	American Samoa	GUAM	GUAM	NMI	Northern Mariana Islands	PR	Puerto Rico	USVI	US Virgin Islands
WV	West Virginia																			
WI	Wisconsin																			
WY	Wyoming																			
AMS	American Samoa																			
GUAM	GUAM																			
NMI	Northern Mariana Islands																			
PR	Puerto Rico																			
USVI	US Virgin Islands																			
	170	[mobile_phone]	Mobile Phone	text (phone)																
	171	[home_phone]	Home Phone	text (phone)																
	172	[other_phone]	Other Phone	text (phone)																
	173	[personal_email]	Personal Email	text (email)																
	174	[other_email]	Other Email	text (email)																
	175	[preferred_contact_method_2]	Preferred Method of Contact	<div>radio</div> <table><tr><td>1</td><td>Mobile phone</td></tr><tr><td>2</td><td>Home phone</td></tr><tr><td>3</td><td>Other phone</td></tr><tr><td>4</td><td>Personal email</td></tr><tr><td>5</td><td>Other email</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table>	1	Mobile phone	2	Home phone	3	Other phone	4	Personal email	5	Other email	99	Prefer not to answer				
1	Mobile phone																			
2	Home phone																			
3	Other phone																			
4	Personal email																			
5	Other email																			
99	Prefer not to answer																			
	176	[dob_mdy]	<div>Date of Birth</div> <div>MM/DD/YYYY</div>	<div>text (date_mdy, Min: 1900-01-01)</div> <div>Field Annotation: Census @HIDEBUTTON Note: Maximum expected day = Current day. Only one of age_years or dob_mdy needs to be collected for tier 1 compliance.</div>																
	177	[identity_complete]	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																			
1	Unverified																			
2	Complete																			