

| # | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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>checkbox</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>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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> <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>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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No, not of Hispanic, Latino, or Spanish origin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, of Hispanic, Latino, or Spanish origin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | <div>[race_ethn_hispanic_detail_2]</div> <div>Show the field ONLY if: [race_ethn_hispanic] = '1'</div> | Please specify your origin | <div>checkbox</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>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 | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|---|--|---|---------------------------|---|-------------------|----|---|----|--|----|--|----|---|---|-------------------|---|---|----|---------------------------|----|----------------------|
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Lesbian | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Straight; that is, not gay or lesbian, etc. | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Bisexual | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---|---|----------------------|---|-----------------------------|----|---|----|--|---|---------------------------|---|-----------------------|----|----------------|----|----------------------|---|-------------|----|--------------------------------------|----|----------------|----|----------------------|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|--|---|---|--------------------------------|---|--|----|--------------------------------------|----|-----------------------|----|--------------------------------------|---|---------------------------|---|----------------------------|----|--|----|----------------------|----|--------------|---|----|----|----------------------|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|--|---|---|---------|---|---------|----|----------|----|--------|----|--------|----|----------------|----|-----------|----|---------|---|-----------|----|---------------------|----|--------|----|---------|----|----------|----|--------|----|--------|----|--------|---|----------|----|-------|---|---------|----|-------|----|-----------------|----|-------------|----|--------|----|----------|----|--------|----|---------|----|-----|---|----------|----|-------------|----|---------|----|--------|---|--------|----|--------|----|------------|----|-----------|----|---------|----|---------------|----|--------|----|--------|----|---------|---|---------|----|------|----|--------|----|--------|---|------------|----|----------|----|-------|----|----------------------|
| 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|---|---|----------------------|---|-----------------------|---|---------------------|---|---------------------|---|---------------------|----|----------------------|----|----------------------|---|---------------------|----|----------------------|
| 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 |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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 colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 65 | [cc_asthma_2] | Asthma | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 66 | [cc_copd_2] | Chronic obstructive pulmonary disease (COPD) | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 67 | [cc_clung_2] | Other chronic lung disease | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 68 | [cc_sickle_2] | Sickle Cell Anemia | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 69 | [cc_depression_2] | Depression | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 70 | [cc_asud_2] | Alcohol or substance use disorder | <table><tr><td colspan="2">radio</td></tr><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> | radio | | 1 | Yes | 0 | No | 99 | Prefer not to answer |
| radio | | | | | | | | | | | |
| 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_C4WARD.pdf from JHU Community Survey | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | |
| 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_C4WARD.pdf 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 | [self_reported_height_meters] Show the field ONLY if: [self_reported_height_coded] = "2" | Meters | text (integer, Min: 0, Max: 3) Field Annotation: PX020704 https://www.phenxtoolkit.org/protocols/view/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 | [self_reported_height_centimeters] Show the field ONLY if: [self_reported_height_coded] = "2" | 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 | [self_reported_weight_units_2] Show the field ONLY if: [self_reported_weight_coded] = "1" | Section Header: <i>Weight</i> Please choose the units you would like to use for weight | radio <table><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 | [self_reported_weight_kgs] Show the field ONLY if: [self_reported_weight_units_2] = "1" | How much do you weigh without clothes or shoes? If you are currently pregnant, how much did you weigh before your pregnancy? | text (number, Min: 0, Max: 635) Field Annotation: PX021502 https://www.phenxtoolkit.org/protocols/view/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 | [self_reported_weight_lbs] Show the field ONLY if: [self_reported_weight_units_2] = "2" | How much do you weigh without clothes or shoes? If you are currently pregnant, how much did you weigh before your pregnancy? | text (number, Min: 0, Max: 1400) Field Annotation: PX021502 https://www.phenxtoolkit.org/protocols/view/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 | [self_rpt_hlth_stat_asses] Show the field ONLY if: [self_rpt_hlth_stat_coded] = "1" | Section Header: <i>Self-reported Health</i> Would you say your health in general is excellent, very good, good, fair, or poor? | radio <table><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 | [self_reported_disability] Show the field ONLY if: [self_reported_disability_coded] = "1" | 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><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 | | | | | | | | | | | | | | | | | |
| | 86 | [health_status_complete] Show the field ONLY if: [health_status_complete_coded] = "1" | 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: Vaccine Acceptance (vaccine_acceptance) | | | | | | | | | | | | | | | | | | |
| | 87 | [vacc_date_mdy] Show the field ONLY if: [vacc_date_mdy_coded] = "1" | 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. | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|--|---|---|----------------------|-----------------------------------|----|----------------------|--------------------------------------|----|----------------------|--------------------------------|---|----------------------|---|---|----------------------|---|---|----------------------|---|---|----------------------|---|---|----------------------|--|----|-----------------------|------------------------------------|----|-----------------------|---------------------|---|----------------------|-------|----|-----------------------|----------------|----|-----------------------|----------------------|
| 88 | [flu_vaccinehistind_2] | <p>Section Header: <i>Vaccination</i></p> <p>Have you ever received a flu vaccination?</p> | <p>radio</p> <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> <p>Field Annotation: C08096</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89 | <p>[flu_vaccine_season_3]</p> <p>Show the field ONLY if: [flu_vaccinehistind_2] = "1"</p> | <p>Have you received a flu vaccine in the last 12 months?</p> | <p>radio</p> <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> <p>Field Annotation: UPENN SURVEY</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | [covid_vaccine] | <p>Have you received a COVID-19 vaccine?</p> | <p>radio</p> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91 | [vaccine_reasons_3] | <p>Section Header: <i>Reasons for Getting/Not Getting a COVID 19 Vaccine</i></p> <p>Why would/did you 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_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> <p>Field Annotation: @NONEOFTHEABOVE='96' From CEAL questions</p> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------------------------------|--|---|--|---|-----------------------|-------------------------------|------------|-----------------------|-----------------------------|----|-----------------------|--|---|-----------------------|--|---|-----------------------|--|---|-----------------------|--|---|-----------------------|---|---|-----------------------|-----------------------------------|---|-----------------------|--|----|------------------------|-------|----|------------------------|----------------|----|------------------------|----------------------|
| 92 | [vaccine_concerns_3] | <p>Why would you/did you NOT get a COVID-19 vaccine?</p> <p><i>Check all that apply</i></p> | <div>checkbox</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 93 | [vaccine_acceptance_complete] | <p>Section Header: <i>Form Status</i></p> <p>Complete?</p> | <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: Testing (testing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94 | [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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95 | [isolate_maintain_job] | <p>If you were to test positive for COVID-19, would you be able to isolate without losing your job?</p> | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 | [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> | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97 | [tested_for_covid] | <p>Section Header: <i>Tested previously for COVID-19</i></p> <p>Have you ever been tested for COVID-19?</p> | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | <p>[tested_positive_for_covid]</p> <p>Show the field ONLY if: [tested_for_covid] = "1"</p> | <p>Section Header: <i>Tested positive for COVID-19</i></p> <p>Have you ever tested positive for COVID-19?</p> | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|---|---|---------|---|----------|---|-------|---|-------|----|----------------------|---|------|---|------|---|--------|---|-----------|----|---------|----|----------|----|----------|----|----------------------|
| 99 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-------------------------------------|---|--|---|---|-------------------|---|-------------|---|---------------------------|---|---------------|----|----------------------|----|----------------------|
| 103 | [recentresult_covidtest] Show the field ONLY if: [tested_for_covid] = "1" | What was the result of your most recent COVID-19 test? | <div>radio</div> <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> <div>Field Annotation: PX570201</div> | 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 | | | | | | | | | | | | | | |
| 104 | [cov_tst_mthd_2] Show the field ONLY if: [tested_for_covid] = "1" | How were you tested for your most recent test? | <div>radio</div> <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 | | | | | | | | | | | | | | |
| 105 | [test_accesswhere_2] | Section Header: Accessibility to testing I know where I can get COVID-19 testing in my community. | <div>radio</div> <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> <div>Field Annotation: RADX UP</div> | 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 | | | | | | | | | | | | | | |
| 106 | [test_accesseasy_2] | It is easy to get tested for COVID-19. | <div>radio</div> <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> <div>Field Annotation: RADX UP</div> | 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 | | | | | | | | | | | | | | |
| 107 | [testing_complete] | Section Header: Form Status Complete? | <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: Covid Test (covid_test) | | | | | | | | | | | | | | | |
| 108 | [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 | | | | | | | | | | | | |
| 109 | [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. | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|------------------------------------|--|---|------------------------------|--------------|---------------|------------------------------|-------------------------|---|------------------------------|----------------------------------|-----|------------------------------|-----------------|---|---|-----------------------------------|----------------|------------------------------|---------|---|------------------------------|----------------------|
| 110 | [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 | | | | | | | | | | | | | | | | | | | | | | |
| 111 | [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) | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | [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> | | | | | | | | | | | | | | | | | | | | | |
| 113 | [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 | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | [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> | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|-------------------------|---|---|---|---------------------------------|---|-------------------------|---|-------------------------|---|-----------------------------|----|---|----|----------------|----|----------------|
| 115 | [covid_test_performed_location] | Test Performed Location | <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 | | | | | | | | | | | | | | | | | | | | |
| 116 | [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'. | | | | | | | | | | | | | | | | | | |
| 117 | [covid_test_study_setting] | Study Setting | <table><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> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 118 | [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 | | | | | | | | | | | | | | | | | | |
| 119 | [covid_test_type] | Test Method Target | <table><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> | 1 | Antibody | 2 | Antigen | 3 | Nucleic acid/PCR | 4 | Nucleic acid/Isothermal | 5 | Molecular/host response | 6 | Biochemical marker (eg, pH) | 90 | Other, Specify | | | | |
| 1 | Antibody | | | | | | | | | | | | | | | | | | | | |
| 2 | Antigen | | | | | | | | | | | | | | | | | | | | |
| 3 | Nucleic acid/PCR | | | | | | | | | | | | | | | | | | | | |
| 4 | Nucleic acid/Isothermal | | | | | | | | | | | | | | | | | | | | |
| 5 | Molecular/host response | | | | | | | | | | | | | | | | | | | | |
| 6 | Biochemical marker (eg, pH) | | | | | | | | | | | | | | | | | | | | |
| 90 | Other, Specify | | | | | | | | | | | | | | | | | | | | |
| 120 | [covid_test_type_other] Show the field ONLY if: [covid_test_type] = "90" | Other method target | text Field Annotation: From RADx-UP Testing Core | | | | | | | | | | | | | | | | | | |
| 121 | [covid_test_name] | Test manufacturer (or LDT) and test name | text Field Annotation: From RADx-UP Testing Core | | | | | | | | | | | | | | | | | | |

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|--|--------------------------------|--|---|---|---|---------------------|---|--------------------------------|----|---------------------|---|--------------------|----|--------------|---|--------|---|--------|---|-------------|----|----------------|
| | 122 | [covid_test_specimen_type] | Specimen Type | radio <table><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> Field Annotation: From RADx-UP Testing Core | 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 | | | | | | | | | | | | | | | | | | | | | |
| | 123 | [covid_test_specimen_type_other] Show the field ONLY if: [covid_test_specimen_type] = "90" | Other specimen type | text Field Annotation: From RADx-UP Testing Core | | | | | | | | | | | | | | | | | | |
| | 124 | [covid_test_specimen_collector] | Specimen Collector | radio <table><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> Field Annotation: From RADx-UP Testing Core | 1 | Self-collect | 2 | Health Care Provider collected | 90 | Other, Specify | | | | | | | | | | | | |
| 1 | Self-collect | | | | | | | | | | | | | | | | | | | | | |
| 2 | Health Care Provider collected | | | | | | | | | | | | | | | | | | | | | |
| 90 | Other, Specify | | | | | | | | | | | | | | | | | | | | | |
| | 125 | [cov_tst_spec_col_oth] Show the field ONLY if: [covid_test_specimen_collector] = "90" | Other specimen collector | text 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'. | | | | | | | | | | | | | | | | | | |
| | 126 | [covid_test_collect_datetime] | Date and time specimen collected | text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | |
| | 127 | [covid_test_result_datetime] | Date and time result received | text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | |
| | 128 | [covid_test_result_sent_datetime] | Date and time result sent to participant | text (datetime_mdy) Field Annotation: From RADx-UP Testing Core. Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | |
| | 129 | [covid_test_result_raw] | Raw test result (if not a Positive/Negative/Failed report) | text Field Annotation: From RADx-UP Testing Core | | | | | | | | | | | | | | | | | | |
| | 130 | [covid_test_result] | Test result | radio <table><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> Field Annotation: From RADx-UP Testing Core | 1 | Positive | 2 | Negative | 3 | Failed | 4 | Lost | 90 | Other | | | | | | | | |
| 1 | Positive | | | | | | | | | | | | | | | | | | | | | |
| 2 | Negative | | | | | | | | | | | | | | | | | | | | | |
| 3 | Failed | | | | | | | | | | | | | | | | | | | | | |
| 4 | Lost | | | | | | | | | | | | | | | | | | | | | |
| 90 | Other | | | | | | | | | | | | | | | | | | | | | |
| | 131 | [covid_test_result_other] Show the field ONLY if: [covid_test_result] = "90" | Other test result | text | | | | | | | | | | | | | | | | | | |
| | 132 | [covid_test_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: Symptoms (symptoms) | | | | | | | | | | | | | | | | | | | | | | |
| | 133 | [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> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|-----|------------------------|---|---|---|-----|---|----|----|------------|----|----------------------|
| 134 | [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 | | | | | | | | |
| 135 | [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 | | | | | | | | | | |
| 136 | [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 | | | | | | | | | | |
| 137 | [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 | | | | | | | | | | |
| 138 | [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 | | | | | | | | | | |
| 139 | [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 | | | | | | | | | | |
| 140 | [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 | | | | | | | | | | |

| | | | | | | | | | | | |
|--|-----------------------|---|--|---|------------|---|------------|----|------------|----|----------------------|
| 141 | [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 | | | | | | | | | | |
| 142 | [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 | | | | | | | | | | |
| 143 | [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 | | | | | | | | | | |
| 144 | [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 | | | | | | | | | | |
| 145 | [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 | | | | | | | | | | |
| 146 | [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 | | | | | | | | | | |
| 147 | [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) | | | | | | | | | | | |
| 148 | [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. | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|---|---|---|------------|---|-----------------|----|----------------------|---|------------------|----|------------------------|----|--------------------------------|
| 149 | [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 | | | | | | | | | | | | | | |
| 150 | [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 | | | | | | | | | | | | | | |
| 151 | [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 | | | | | | | | | | | | | | |
| 152 | [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> | | | | | | | | | | | | |
| 153 | [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 | | | | | | | | | | | | | | |
| 154 | [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) | | | | | | | | | | | | | | | |
| 155 | [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> | | | | | | | | | | | | |
| 156 | [first_name] | <div>First Name</div> | <div>text</div> <div>Field Annotation: PX011402</div> | | | | | | | | | | | | |
| 157 | [last_name] | <div>Last Name</div> | <div>text</div> <div>Field Annotation: PX011402</div> | | | | | | | | | | | | |

| | | | | |
|--|-----|-------------------|------------------|--|
| | 158 | [current_street] | Street Address | text Field Annotation: PX010801 |
| | 159 | [current_street2] | Street Address 2 | text |
| | 160 | [current_city] | City | text Custom alignment: RH Field Annotation: PX010801 |

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|------|--------------------------|--------------------|--|----|---------|----|--------|----|---------|----|----------|----|------------|----|----------|----|-------------|----|----------|----|--------------------------|----|---------|----|---------|----|--------|----|-------|----|----------|----|---------|----|------|----|--------|----|----------|----|-----------|----|-------|----|----------|----|---------------|----|----------|----|-----------|----|-------------|----|----------|----|---------|----|----------|----|--------|----|---------------|----|------------|----|------------|----|----------|----|----------------|----|--------------|----|------|----|----------|----|--------|----|--------------|----|--------------|----|----------------|----|--------------|----|-----------|----|-------|----|------|----|---------|----|----------|----|------------|----|---------------|----|-----------|----|---------|-----|----------------|------|------|
| 161 | [current_state] | State or Territory | <div>dropdown (autocomplete)</div> <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><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 Somoa</td></tr><tr><td>GUAM</td><td>GUAM</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 | WV | West Virginia | WI | Wisconsin | WY | Wyoming | AMS | American Somoa | GUAM | GUAM |
| AL | Alabama | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AK | Alaska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AZ | Arizona | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AR | Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CA | California | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CO | Colorado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CT | Connecticut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DE | Delaware | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | District of Columbia(DC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FL | Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GA | Georgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HI | Hawaii | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID | Idaho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IL | Illinois | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN | Indiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IA | Iowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KS | Kansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KY | Kentucky | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LA | Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ME | Maine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MD | Maryland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MA | Massachusetts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MI | Michigan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MN | Minnesota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | Mississippi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MO | Missouri | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MT | Montana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NE | Nebraska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NV | Nevada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NH | New Hampshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NJ | New Jersey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM | New Mexico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NY | New York | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NC | North Carolina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ND | North Dakota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OH | Ohio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OK | Oklahoma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR | Oregon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PA | Pennsylvania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RI | Rhode Island | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SC | South Carolina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SD | South Dakota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TN | Tennessee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TX | Texas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UT | Utah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VT | Vermont | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | Virginia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WA | Washington | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WV | West Virginia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WI | Wisconsin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WY | Wyoming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMS | American Somoa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GUAM | GUAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---|---|-----|--------------------------|----|--|------|-----------------------------|---|----------------|---|---|----|--|---|--|---|--|----|-----------------------|----|--|----|----------------------|
| | | | | <table border="1"> <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> | NMI | Northern Mariana Islands | PR | Puerto Rico | USVI | US Virgin Islands | | | | | | | | | | | | | | | | |
| NMI | Northern Mariana Islands | | | | | | | | | | | | | | | | | | | | | | | | | |
| PR | Puerto Rico | | | | | | | | | | | | | | | | | | | | | | | | | |
| USVI | US Virgin Islands | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Field Annotation: PX010801 | | | | | | | | | | | | | | | | | | | | | | |
| | 162 | [mobile_phone] | Mobile Phone | text (phone) | | | | | | | | | | | | | | | | | | | | | | |
| | 163 | [home_phone] | Home Phone | text (phone) | | | | | | | | | | | | | | | | | | | | | | |
| | 164 | [other_phone] | Other Phone | text (phone) | | | | | | | | | | | | | | | | | | | | | | |
| | 165 | [personal_email] | Personal Email | text (email) | | | | | | | | | | | | | | | | | | | | | | |
| | 166 | [other_email] | Other Email | text (email) | | | | | | | | | | | | | | | | | | | | | | |
| | 167 | [preferred_contact_method_2] | Preferred Method of Contact | radio <table border="1"> <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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 168 | [dob_mdy] | Date of Birth MM/DD/YYYY | text (date_mdy, Min: 1900-01-01) 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. | | | | | | | | | | | | | | | | | | | | | | |
| | 169 | [identity_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: Tier2 Sociodemographics (tier2_sociodemographics) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | [sex_orient_desc_2] Show the field ONLY if: [sex_orient_id] = '96' | Are any of these a closer description of how you think of yourself? | radio <table border="1"> <tr><td>1</td><td>Queer</td></tr> <tr><td>2</td><td>Polysexual, omnisexual, sapiosexual or pansexual</td></tr> <tr><td>3</td><td>Asexual or Asexual Spectrum</td></tr> <tr><td>4</td><td>Two-spirit</td></tr> <tr><td>5</td><td>Have not figured out or are in the process of figuring out your sexuality</td></tr> <tr><td>6</td><td>Mostly straight, but sometimes attracted to people of your own sex</td></tr> <tr><td>7</td><td>Do not think of yourself as having sexuality</td></tr> <tr><td>8</td><td>Do not use labels to identity yourself</td></tr> <tr><td>98</td><td>Don't know the answer</td></tr> <tr><td>96</td><td>No, I have a different description and would like to specify</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Queer | 2 | Polysexual, omnisexual, sapiosexual or pansexual | 3 | Asexual or Asexual Spectrum | 4 | Two-spirit | 5 | Have not figured out or are in the process of figuring out your sexuality | 6 | Mostly straight, but sometimes attracted to people of your own sex | 7 | Do not think of yourself as having sexuality | 8 | Do not use labels to identity yourself | 98 | Don't know the answer | 96 | No, I have a different description and would like to specify | 99 | Prefer not to answer |
| 1 | Queer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Polysexual, omnisexual, sapiosexual or pansexual | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Asexual or Asexual Spectrum | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Two-spirit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Have not figured out or are in the process of figuring out your sexuality | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Mostly straight, but sometimes attracted to people of your own sex | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Do not think of yourself as having sexuality | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Do not use labels to identity yourself | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know the answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 | No, I have a different description and would like to specify | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Field Annotation: PX011701 | | | | | | | | | | | | | | | | | | | | | | |
| | 171 | [sex_orient_desc_other] Show the field ONLY if: [sex_orient_desc_2] = '96' | Specify your description of how you think of yourself. | text Field Annotation: PX011701 | | | | | | | | | | | | | | | | | | | | | | |
| | 172 | [tier2_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: Tier2 Medical History (tier2_medical_history) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 173 | [missed_procedure_2] | Section Header: <i>Missed medical procedure</i> Since the start of the COVID-19 pandemic (March 2020), have you needed to postpone any medical care? | 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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Custom alignment: RH Field Annotation: JHU C4WARD | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|--|---|---|--|---|------------|---|------------|----|----------------------|
| 174 | [tier2_medical_history_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: Tier2 Disability (tier2_disability) | | | | | | | | | |
| 175 | [disability_date_mdy] | Date of Disability Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | |
| 176 | [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 | | | | | | | | |
| 177 | [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 | | | | | | | | |
| 178 | [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 | | | | | | | | |
| 179 | [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 | | | | | | | | |
| 180 | [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 | | | | | | | | |
| 181 | [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 | | | | | | | | |
| 182 | [tier2_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: Tier2 Vaccine Acceptance (tier2_vaccine_acceptance) | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|--|---|---|---|------------------|---|---------|---|-------------------|---|-------|----|-------------------|----|----------------------|
| 183 | [vaccine_safe_2] | <div>Section Header: <i>In deciding whether to get the COVID-19 vaccine, how important are/were these statements to you ? 1 = Not Important, 3 = Neutral, 5 = Very Important</i></div> <div>The vaccine is safe</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>1- Not important</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3- Neutral</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5- Very important</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | 1- Not important | 2 | 2 | 3 | 3- Neutral | 4 | 4 | 5 | 5- Very important | 99 | Prefer not to answer |
| 1 | 1- Not important | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | |
| 3 | 3- Neutral | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | |
| 5 | 5- Very important | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 184 | [vaccine_effective_2] | The vaccine prevents COVID-19 | <div>radio (Matrix)</div> <table><tr><td>1</td><td>1- Not important</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3- Neutral</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5- Very important</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | 1- Not important | 2 | 2 | 3 | 3- Neutral | 4 | 4 | 5 | 5- Very important | 99 | Prefer not to answer |
| 1 | 1- Not important | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | |
| 3 | 3- Neutral | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | |
| 5 | 5- Very important | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 185 | [vaccine_free_2] | The vaccine is free or low cost | <div>radio (Matrix)</div> <table><tr><td>1</td><td>1- Not important</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3- Neutral</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5- Very important</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | 1- Not important | 2 | 2 | 3 | 3- Neutral | 4 | 4 | 5 | 5- Very important | 99 | Prefer not to answer |
| 1 | 1- Not important | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | |
| 3 | 3- Neutral | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | |
| 5 | 5- Very important | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 186 | [vaccine_no_pain_2] | The vaccine is not painful | <div>radio (Matrix)</div> <table><tr><td>1</td><td>1- Not important</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3- Neutral</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5- Very important</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | 1- Not important | 2 | 2 | 3 | 3- Neutral | 4 | 4 | 5 | 5- Very important | 99 | Prefer not to answer |
| 1 | 1- Not important | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | |
| 3 | 3- Neutral | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | |
| 5 | 5- Very important | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 187 | [vaccine_conven_2] | Convenience in where and when I can get it | <div>radio (Matrix)</div> <table><tr><td>1</td><td>1- Not important</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3- Neutral</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5- Very important</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | 1- Not important | 2 | 2 | 3 | 3- Neutral | 4 | 4 | 5 | 5- Very important | 99 | Prefer not to answer |
| 1 | 1- Not important | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | |
| 3 | 3- Neutral | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | |
| 5 | 5- Very important | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 188 | [vaccine_manufac_2] <div>Show the field ONLY if: [covid_vaccine]='1'</div> | Who was the manufacturer of the most recent vaccine you received? | <div>radio</div> <table><tr><td>1</td><td>Pfizer</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Johnson & Johnson</td></tr><tr><td>4</td><td>Other</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 | Pfizer | 2 | Moderna | 3 | Johnson & Johnson | 4 | Other | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Pfizer | | | | | | | | | | | | | | |
| 2 | Moderna | | | | | | | | | | | | | | |
| 3 | Johnson & Johnson | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 189 | [vaccine_manfac_oth] <div>Show the field ONLY if: [vaccine_manufac_2] = '4'</div> | Who was the manufacturer of your most recent vaccine? | text | | | | | | | | | | | | |
| 190 | [vaccine_dose] <div>Show the field ONLY if: [covid_vaccine]='1'</div> | How many doses have you received? | text (integer, Min: 1, Max: 7), Required | | | | | | | | | | | | |
| 191 | [vaccine_rec1_dte] <div>Show the field ONLY if: [covid_vaccine]='1' and [vaccine_dose]>= 1</div> | On what date did you receive your first shot of the vaccine? <i>MM/DD/YYYY</i> | text (date_mdy, Min: 2020-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| 192 | [vaccine_last_dte] <div>Show the field ONLY if: [covid_vaccine]='1' and [vaccine_dose]>= 2</div> | On what date did you receive your most recent shot of the vaccine? <i>MM/DD/YYYY</i> | text (date_mdy, Min: 2020-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|----------------------|---|--------------------|----|------------|----|----------------------|----|----------------------|----|------------|----|----------------------|
| 193 | [vaccine_edu_pre] Show the field ONLY if: [covid_vaccine] = '1' | Prior to your vaccination, were you given information or brochures about the vaccine and/or COVID-19? <i>This would include materials or discussions with your doctor, your library or church, a government health agency, university/college, or community health organization.</i> | 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> | 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 | | | | | | | | | | | | | | | | |
| 194 | [vaccine_edu_post] Show the field ONLY if: [covid_vaccine] = '1' | After your vaccination, were you given information or brochures about the vaccine and/or COVID-19? <i>This would include materials or discussions with your doctor, your library or church, a government health agency, university/college, or community health organization.</i> | 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> | 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 | | | | | | | | | | | | | | | | |
| 195 | [vaccine_literacy] | How often do you need someone to help you to understand information or guidance from your doctor, nurse or pharmacist? | radio <table border="1"> <tr><td>1</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Rarely</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: From All Aspects of Health Literacy Scale | 1 | Often | 2 | Sometimes | 3 | Rarely | 98 | Don't know | 99 | Prefer not to answer | | | | |
| 1 | Often | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | |
| 3 | Rarely | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 196 | [vaccine_prev_expos] | To the best of your knowledge, have you previously been exposed to someone who has had a positive COVID-19 test? | 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> | 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 | | | | | | | | | | | | | | | | |
| 197 | [vaccine_options] | On a scale of 1-5, How informed are you that you know which vaccine option is right for you? (1 is least informed, 5 is most informed) | radio <table border="1"> <tr><td>1</td><td>1- Least informed</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - Most informed</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 | 1- Least informed | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 - Most informed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | 1- Least informed | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | |
| 5 | 5 - Most informed | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 198 | [vaccine_requirement] | Is the vaccine required by your school or job? | 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> | 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 | | | | | | | | | | | | | | | | |
| 199 | [vaccine_booster] | If you are given a recommendation for a vaccine booster, will you get a booster? | 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> | 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 | | | | | | | | | | | | | | | | |
| 200 | [tier2_vaccine_acceptance_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: Tier2 Testing (tier2_testing) | | | | | | | | | | | | | | | | | |
| 201 | [test_percvaccuneg_2] | Section Header: <i>Perceived accuracy of testing</i> How confident are you that a negative test result means that you do not have COVID-19? | radio <table border="1"> <tr><td>0</td><td>Not at all confident</td></tr> <tr><td>1</td><td>Somewhat confident</td></tr> <tr><td>2</td><td>Confident</td></tr> <tr><td>3</td><td>Very confident</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: RADX UP | 0 | Not at all confident | 1 | Somewhat confident | 2 | Confident | 3 | Very confident | 99 | Prefer not to answer | | | | |
| 0 | Not at all confident | | | | | | | | | | | | | | | | |
| 1 | Somewhat confident | | | | | | | | | | | | | | | | |
| 2 | Confident | | | | | | | | | | | | | | | | |
| 3 | Very confident | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

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|----------------|----------------------|-----------------------|--|--|----------------|----------------------|---|--------------------|---|-----------|---|----------------|----|----------------------|---|-----------|----|----------------------|
| | 202 | [test_percvaccupos_2] | How confident are you that a positive test result means that you do have COVID-19? | <table><tr><td>0</td><td>Not at all confident</td></tr><tr><td>1</td><td>Somewhat confident</td></tr><tr><td>2</td><td>Confident</td></tr><tr><td>3</td><td>Very confident</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | 0 | Not at all confident | 1 | Somewhat confident | 2 | Confident | 3 | Very confident | 99 | Prefer not to answer | | | | |
| 0 | Not at all confident | | | | | | | | | | | | | | | | | |
| 1 | Somewhat confident | | | | | | | | | | | | | | | | | |
| 2 | Confident | | | | | | | | | | | | | | | | | |
| 3 | Very confident | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 203 | [test_pbene] | Section Header: <i>Perceived benefits of testing</i> How much do the following encourage you to get tested? | descriptive Field Annotation: RADX UP | | | | | | | | | | | | | | |
| | 204 | [test_pbeneworry_2] | Reduce worry that I might have COVID-19. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 205 | [test_pbeneexposed_2] | Believe that I was exposed to someone who has COVID-19. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 206 | [test_pbenesafe_2] | To know if I am safe not to give COVID-19 to friends and family. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 207 | [test_pbenearound_2] | To know if I am safe not to give COVID-19 to anyone I am around. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 208 | [test_pbenework_2] | To let my employer know that I am safe to work. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |

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|----------------|-----------------------|--|--|----------------|--|---|------------|---|----------|---|----------|---|------------|---|-----------|----|----------------------|
| 209 | [test_pbenepos_2] | To get treated early (if I am positive). | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 210 | [test_prisk] | Section Header: <i>Perceived risks of testing</i> How much do the following discourage you to get tested? | descriptive Field Annotation: RADX UP | | | | | | | | | | | | | | |
| 211 | [test_priskouch_2] | May experience discomfort from being tested. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
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| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 212 | [test_prisklater_2] | Even if I don't have it when tested, I can still get COVID-19 later. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 213 | [test_prisknosymp_2] | I don't have COVID-19 symptoms so I don't need to be tested. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 214 | [test_priskcontact_2] | If I'm positive, officials will need to contact the people I've been in contact with. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 215 | [test_priskknow_2] | I don't want to know if I have it. | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADX UP | radio (Matrix) | | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

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|-----|---------------------------|--|---|---|-------------------|--|----------|------------------|---|----|----------------------|---|----------------|-------------------|--|----|-------------------|----------------------|
| 216 | [test_prisknohelp_2] | Not much they can do for me if I have it. | <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div> | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| 217 | [test_priskhlthcare_2] | Difficult to get needed healthcare if I have it. | <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Slightly</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div> | 0 | Not at all | 1 | Slightly | 2 | Somewhat | 3 | Moderately | 4 | Very much | 99 | Prefer not to answer | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | |
| 1 | Slightly | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very much | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| 218 | [test_intent_2] | <div>Section Header: <i>Intention to be tested</i></div> I plan to get tested as often as needed. | <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> <div>Field Annotation: RADX UP</div> | 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 | | | | | | | | | | | | | | | | | |
| 219 | [test_resneg_2] | <div>Section Header: <i>Interpretation of negative or positive results</i></div> If I get a negative test result, it means [check all that apply]: <i>Check all that apply</i> | <table><tr><td>1</td><td>test_resneg_2__1</td><td>I don't have to worry about getting COVID-19</td></tr><tr><td>2</td><td>test_resneg_2__2</td><td>I don't have COVID-19 now</td></tr><tr><td>3</td><td>test_resneg_2__3</td><td>I can be around others without giving the virus to them</td></tr><tr><td>4</td><td>test_resneg_2__4</td><td>I can be around others without getting the virus from them</td></tr><tr><td>99</td><td>test_resneg_2__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div> | 1 | test_resneg_2__1 | I don't have to worry about getting COVID-19 | 2 | test_resneg_2__2 | I don't have COVID-19 now | 3 | test_resneg_2__3 | I can be around others without giving the virus to them | 4 | test_resneg_2__4 | I can be around others without getting the virus from them | 99 | test_resneg_2__99 | Prefer not to answer |
| 1 | test_resneg_2__1 | I don't have to worry about getting COVID-19 | | | | | | | | | | | | | | | | |
| 2 | test_resneg_2__2 | I don't have COVID-19 now | | | | | | | | | | | | | | | | |
| 3 | test_resneg_2__3 | I can be around others without giving the virus to them | | | | | | | | | | | | | | | | |
| 4 | test_resneg_2__4 | I can be around others without getting the virus from them | | | | | | | | | | | | | | | | |
| 99 | test_resneg_2__99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 220 | [test_respos_2] | If I get a positive result, it means: [check all that apply] <i>Check all that apply</i> | <table><tr><td>1</td><td>test_respos_2__1</td><td>I will need to be admitted to the hospital</td></tr><tr><td>2</td><td>test_respos_2__2</td><td>I will need to isolate myself from others</td></tr><tr><td>3</td><td>test_respos_2__3</td><td>I will need to take off work</td></tr><tr><td>99</td><td>test_respos_2__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADX UP</div> | 1 | test_respos_2__1 | I will need to be admitted to the hospital | 2 | test_respos_2__2 | I will need to isolate myself from others | 3 | test_respos_2__3 | I will need to take off work | 99 | test_respos_2__99 | Prefer not to answer | | | |
| 1 | test_respos_2__1 | I will need to be admitted to the hospital | | | | | | | | | | | | | | | | |
| 2 | test_respos_2__2 | I will need to isolate myself from others | | | | | | | | | | | | | | | | |
| 3 | test_respos_2__3 | I will need to take off work | | | | | | | | | | | | | | | | |
| 99 | test_respos_2__99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 221 | [testing_sick] | <div>Section Header: <i>Has any one close to you:</i></div> Become sick from COVID-19? | <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> | 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 | | | | | | | | | | | | | | | | | |
| 222 | [testing_hosp] | Been hospitalized from COVID-19? | <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> | 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 | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|---|-------------------|---|----------------|----|--|----|---|----|----------------------|----|------------|----|----------------------|
| | 223 | [testing_died] | Died from COVID-19? | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | | | | | | | |
| | 224 | [covid_had] | <div>Section Header: Tier 2 Covid</div> Have you had COVID? | <div>radio</div> <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> <div>Custom alignment: RV</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 | | | | | | | | | | | | | | | | | |
| | 225 | [covid_risk] <div>Show the field ONLY if: [covid_had]='0'</div> | What do you think your personal level of risk is for getting sick from COVID-19? | <div>radio</div> <table><tr><td>1</td><td>Low Risk</td></tr><tr><td>2</td><td>Medium Risk</td></tr><tr><td>3</td><td>High Risk</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>Custom alignment: RV</div> | 1 | Low Risk | 2 | Medium Risk | 3 | High Risk | 98 | Don't know | 99 | Prefer not to answer | | | | |
| 1 | Low Risk | | | | | | | | | | | | | | | | | |
| 2 | Medium Risk | | | | | | | | | | | | | | | | | |
| 3 | High Risk | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 226 | [covid_tested_30] | Have you been tested for COVID-19 in the last 30 days? | <div>radio</div> <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> <div>Custom alignment: RV</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 | | | | | | | | | | | | | | | | | |
| | 227 | [covid_tst_reas] <div>Show the field ONLY if: [covid_tested_30]='1'</div> | Why were you tested? (Select the primary reason for your latest test.) | <div>radio</div> <table><tr><td>1</td><td>Required for work</td></tr><tr><td>2</td><td>I had symptoms</td></tr><tr><td>3</td><td>I had contact with someone who tested positive or was sick</td></tr><tr><td>4</td><td>I had no symptoms, but wanted to know if I was infected</td></tr><tr><td>5</td><td>Other</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>Custom alignment: RV</div> | 1 | Required for work | 2 | I had symptoms | 3 | I had contact with someone who tested positive or was sick | 4 | I had no symptoms, but wanted to know if I was infected | 5 | Other | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Required for work | | | | | | | | | | | | | | | | | |
| 2 | I had symptoms | | | | | | | | | | | | | | | | | |
| 3 | I had contact with someone who tested positive or was sick | | | | | | | | | | | | | | | | | |
| 4 | I had no symptoms, but wanted to know if I was infected | | | | | | | | | | | | | | | | | |
| 5 | Other | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 228 | [covid_tst_reas_other] <div>Show the field ONLY if: [covid_tst_reas] = '5'</div> | Other reason why you were tested. | <div>notes</div> | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|-----------------------|--|-------------------|-------------------|------------------------------------|----|-----------------------|---|-------------------|-------------------|---|---|-------------------|----------------------------------|---|-------------------|----------------------|---|-------------------|--|---|-------------------|-------|---|-------------------|-------------------|----|--------------------|------------|----|--------------------|----------------------|
| 229 | [covid_barrier] | Have you encountered any of the following barriers or problems with testing? (Select all that apply.) | <div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>covid_barrier__1</td> <td>Need to take time off work to get tested</td> </tr> <tr> <td>2</td> <td>covid_barrier__2</td> <td>Out of pocket costs for test</td> </tr> <tr> <td>3</td> <td>covid_barrier__3</td> <td>Out of pocket costs for transportation, childcare, or time off work to get tested</td> </tr> <tr> <td>4</td> <td>covid_barrier__4</td> <td>I do not know where to go to be tested</td> </tr> <tr> <td>5</td> <td>covid_barrier__5</td> <td>Pain or discomfort from the test</td> </tr> <tr> <td>6</td> <td>covid_barrier__6</td> <td>Saliva</td> </tr> <tr> <td>7</td> <td>covid_barrier__7</td> <td>Concern about others handling my personal data</td> </tr> <tr> <td>8</td> <td>covid_barrier__8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>covid_barrier__9</td> <td>None of the above</td> </tr> <tr> <td>98</td> <td>covid_barrier__98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>covid_barrier__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Custom alignment: RV Field Annotation: @NONEOFTHEABOVE = '9,98,99'</div> | 1 | covid_barrier__1 | Need to take time off work to get tested | 2 | covid_barrier__2 | Out of pocket costs for test | 3 | covid_barrier__3 | Out of pocket costs for transportation, childcare, or time off work to get tested | 4 | covid_barrier__4 | I do not know where to go to be tested | 5 | covid_barrier__5 | Pain or discomfort from the test | 6 | covid_barrier__6 | Saliva | 7 | covid_barrier__7 | Concern about others handling my personal data | 8 | covid_barrier__8 | Other | 9 | covid_barrier__9 | None of the above | 98 | covid_barrier__98 | Don't know | 99 | covid_barrier__99 | Prefer not to answer |
| 1 | covid_barrier__1 | Need to take time off work to get tested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | covid_barrier__2 | Out of pocket costs for test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | covid_barrier__3 | Out of pocket costs for transportation, childcare, or time off work to get tested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | covid_barrier__4 | I do not know where to go to be tested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | covid_barrier__5 | Pain or discomfort from the test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | covid_barrier__6 | Saliva | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | covid_barrier__7 | Concern about others handling my personal data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | covid_barrier__8 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | covid_barrier__9 | None of the above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | covid_barrier__98 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | covid_barrier__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230 | [covid_barrier_other] Show the field ONLY if: [covid_barrier(8)] = '1' | Other barriers or problems encountered. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 231 | [covid_pto] Show the field ONLY if: [current_employment_status] = '1' | Does your employer offer paid time off if you test positive? | <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>Custom alignment: RV</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 232 | [covid_iso_chal] | If you needed to isolate due to a positive test or illness, what challenges do you face? | <div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>covid_iso_chal__1</td> <td>There are other people in my household</td> </tr> <tr> <td>2</td> <td>covid_iso_chal__2</td> <td>There are children in my household</td> </tr> <tr> <td>3</td> <td>covid_iso_chal__3</td> <td>There are older adults in my household</td> </tr> <tr> <td>4</td> <td>covid_iso_chal__4</td> <td>I don't have a good place where I could isolate</td> </tr> <tr> <td>5</td> <td>covid_iso_chal__5</td> <td>No one to help me if I am sick</td> </tr> <tr> <td>6</td> <td>covid_iso_chal__6</td> <td>Lost income or wages</td> </tr> <tr> <td>7</td> <td>covid_iso_chal__7</td> <td>People might blame me or treat me badly</td> </tr> <tr> <td>8</td> <td>covid_iso_chal__8</td> <td>Other</td> </tr> <tr> <td>9</td> <td>covid_iso_chal__9</td> <td>None of the above</td> </tr> <tr> <td>98</td> <td>covid_iso_chal__98</td> <td>Don't know</td> </tr> <tr> <td>99</td> <td>covid_iso_chal__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Custom alignment: RV Field Annotation: @NONEOFTHEABOVE = '9,98,99'</div> | 1 | covid_iso_chal__1 | There are other people in my household | 2 | covid_iso_chal__2 | There are children in my household | 3 | covid_iso_chal__3 | There are older adults in my household | 4 | covid_iso_chal__4 | I don't have a good place where I could isolate | 5 | covid_iso_chal__5 | No one to help me if I am sick | 6 | covid_iso_chal__6 | Lost income or wages | 7 | covid_iso_chal__7 | People might blame me or treat me badly | 8 | covid_iso_chal__8 | Other | 9 | covid_iso_chal__9 | None of the above | 98 | covid_iso_chal__98 | Don't know | 99 | covid_iso_chal__99 | Prefer not to answer |
| 1 | covid_iso_chal__1 | There are other people in my household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | covid_iso_chal__2 | There are children in my household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | covid_iso_chal__3 | There are older adults in my household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | covid_iso_chal__4 | I don't have a good place where I could isolate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | covid_iso_chal__5 | No one to help me if I am sick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | covid_iso_chal__6 | Lost income or wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | covid_iso_chal__7 | People might blame me or treat me badly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | covid_iso_chal__8 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | covid_iso_chal__9 | None of the above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | covid_iso_chal__98 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | covid_iso_chal__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233 | [covid_iso_chal_other] Show the field ONLY if: [covid_iso_chal(8)] = '1' | Other challenges to isolation. | notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 234 | [testing_wait_2] | For your previous covid testing, how long did you wait between scheduling the test and when the test was performed? | <div>radio</div> <table border="1"> <tr> <td>1</td> <td>Same day as scheduled</td> </tr> <tr> <td>2</td> <td>Within a few days</td> </tr> <tr> <td>3</td> <td>Within a week/same week</td> </tr> <tr> <td>4</td> <td>Within the same month</td> </tr> <tr> <td>5</td> <td>More than a month</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 1 | Same day as scheduled | 2 | Within a few days | 3 | Within a week/same week | 4 | Within the same month | 5 | More than a month | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | |
| 1 | Same day as scheduled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Within a few days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Within a week/same week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Within the same month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | More than a month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|------------------|-------------------|------------|------------|-------------------|---|---|-------------------|------|---|-------------------|-----------|----|--------------------|----------------------|
| | 235 | [testing_comm_2] | How are test results communicated? | <div>checkbox</div> <table><tr><td>1</td><td>testing_comm_2__1</td><td>Phone call</td></tr><tr><td>2</td><td>testing_comm_2__2</td><td>Email</td></tr><tr><td>3</td><td>testing_comm_2__3</td><td>Text</td></tr><tr><td>4</td><td>testing_comm_2__4</td><td>In person</td></tr><tr><td>99</td><td>testing_comm_2__99</td><td>Prefer not to answer</td></tr></table> | 1 | testing_comm_2__1 | Phone call | 2 | testing_comm_2__2 | Email | 3 | testing_comm_2__3 | Text | 4 | testing_comm_2__4 | In person | 99 | testing_comm_2__99 | Prefer not to answer |
| 1 | testing_comm_2__1 | Phone call | | | | | | | | | | | | | | | | | |
| 2 | testing_comm_2__2 | Email | | | | | | | | | | | | | | | | | |
| 3 | testing_comm_2__3 | Text | | | | | | | | | | | | | | | | | |
| 4 | testing_comm_2__4 | In person | | | | | | | | | | | | | | | | | |
| 99 | testing_comm_2__99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 236 | [tier2_testing_complete] | Section Header: <i>Form Status</i> Complete? | <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: Tier2 Medications (tier2_medications) | | | | | | | | | | | | | | | | | | | |
| | 237 | [med_date_mdy] | Date of Medication Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | |
| | 238 | [take_presc_meds] | Section Header: <i>Medications</i> The US Food and Drug Administration (FDA) maintains a searchable database of brand name drugs, generic drugs and therapeutic biological products that can assist with classification and action of medications. Do you currently take prescription medications? | <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 or do not remember</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | 1 | Yes | 0 | No | 99 | Prefer not to answer or do not remember | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer or do not remember | | | | | | | | | | | | | | | | | | |
| | 239 | [name_of_rx_med1] Show the field ONLY if: [take_presc_meds] = "1" | Section Header: <i>Prescription Medication 1</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 240 | [name_of_rx_med2] Show the field ONLY if: [name_of_rx_med1] <> " | Section Header: <i>Prescription Medication 2</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 241 | [name_of_rx_med3] Show the field ONLY if: [name_of_rx_med2] <> " | Section Header: <i>Prescription Medication 3</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 242 | [name_of_rx_med4] Show the field ONLY if: [name_of_rx_med3] <> " | Section Header: <i>Prescription Medication 4</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 243 | [name_of_rx_med5] Show the field ONLY if: [name_of_rx_med4] <> " | Section Header: <i>Prescription Medication 5</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 244 | [name_of_rx_med6] Show the field ONLY if: [name_of_rx_med5] <> " | Section Header: <i>Prescription Medication 6</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 245 | [name_of_rx_med7] Show the field ONLY if: [name_of_rx_med6] <> " | Section Header: <i>Prescription Medication 7</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |
| | 246 | [name_of_rx_med8] Show the field ONLY if: [name_of_rx_med7] <> " | Section Header: <i>Prescription Medication 8</i> | text <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> | BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | |
| BIOPORTAL:RXNORM | BIOPORTAL:RXNORM | | | | | | | | | | | | | | | | | | |

| | | | |
|-----|---|--|---|
| 247 | <div>[name_of_rx_med9]</div> <div>Show the field ONLY if: [name_of_rx_med8] <> "</div> | Section Header: Prescription Medication 9 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 248 | <div>[name_of_rx_med10]</div> <div>Show the field ONLY if: [name_of_rx_med9] <> "</div> | Section Header: Prescription Medication 10 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 249 | <div>[name_of_rx_med11]</div> <div>Show the field ONLY if: [name_of_rx_med10] <> "</div> | Section Header: Prescription Medication 11 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 250 | <div>[name_of_rx_med12]</div> <div>Show the field ONLY if: [name_of_rx_med11] <> "</div> | Section Header: Prescription Medication 12 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 251 | <div>[name_of_rx_med13]</div> <div>Show the field ONLY if: [name_of_rx_med12] <> "</div> | Section Header: Prescription Medication 13 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 252 | <div>[name_of_rx_med14]</div> <div>Show the field ONLY if: [name_of_rx_med13] <> "</div> | Section Header: Prescription Medication 14 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 253 | <div>[name_of_rx_med15]</div> <div>Show the field ONLY if: [name_of_rx_med14] <> "</div> | Section Header: Prescription Medication 15 | <div>text</div> <div>BIOPORTAL:RXNORMBIOPORTAL:RXNORM</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 254 | <div>[num_rxs_unable_to_trans]</div> <div>Show the field ONLY if: [take_presc_meds] = "1"</div> | Section Header: Prescription Medication 15 Prescribed medications unable to transcribe: | <div>notes</div> <div>Field Annotation: PX0140301 https://www.phenxtoolkit.org/protocols/view/140301</div> |
| 255 | <div>[tier2_medications_complete]</div> | Section Header: Form Status Complete? | <div>dropdown</div> <div><div>0</div>Incomplete</div> <div><div>1</div>Unverified</div> <div><div>2</div>Complete</div> |

Instrument: Tier2 Alcohol And Tobacco (tier2_alcohol_and_tobacco)

| | | | | | | | | | | | | | | | |
|-----|--|---|--|---|--------|---|--------|---|--------|---|-----------|---|------------|---|----------------------|
| 256 | <p>[alcohol_drinksperday]</p> <p>Show the field ONLY if: [lifetime_use_alcohol] = 1</p> | <p>How many drinks containing alcohol do you have on a typical day when you are drinking?</p> | <p>radio</p> <table><tr><td>0</td><td>1 or 2</td></tr><tr><td>1</td><td>3 or 4</td></tr><tr><td>2</td><td>5 or 6</td></tr><tr><td>3</td><td>7, 8 or 9</td></tr><tr><td>4</td><td>10 or more</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table> <p>Field Annotation: https://www.drugabuse.gov/sites/default/files/audit.pdf Alcohol Use Disorders Identification Test (AUDIT) </p> | 0 | 1 or 2 | 1 | 3 or 4 | 2 | 5 or 6 | 3 | 7, 8 or 9 | 4 | 10 or more | 5 | Prefer not to answer |
| 0 | 1 or 2 | | | | | | | | | | | | | | |
| 1 | 3 or 4 | | | | | | | | | | | | | | |
| 2 | 5 or 6 | | | | | | | | | | | | | | |
| 3 | 7, 8 or 9 | | | | | | | | | | | | | | |
| 4 | 10 or more | | | | | | | | | | | | | | |
| 5 | Prefer not to answer | | | | | | | | | | | | | | |
| 257 | <p>[smoke_years]</p> <p>Show the field ONLY if: [smoker_cur_stat_2] ='4' or [smoker_cur_stat_2] ='3' or [smoker_cur_stat_2] ='2'</p> | <p>How many years have you smoked?</p> | <p>text (number, Min: 0.1, Max: 100)</p> | | | | | | | | | | | | |
| 258 | <p>[vaper_years]</p> <p>Show the field ONLY if: [vaper_cur_stat] ='4' or [vaper_cur_stat] ='3' or [vaper_cur_stat] ='2'</p> | <p>How many years have you vaped?</p> | <p>text (number, Min: 0.1, Max: 100)</p> | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|--|-----------------------------------|---|--|--|---|-----------------------|---|------------------------------|----|----------------------|---|-----------------------------------|---|-------|----|----------------------|
| | 259 | [tier2_alcohol_and_tobacco_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: Tier2 Drug Use (tier2_drug_use) | | | | | | | | | | | | | | | | |
| | 260 | [drg_date_mdy] | Date of Drug Use Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 261 | [mari_use_2] | Have you used marijuana in the past 12 months? | 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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 262 | [mari_use_smk_2] Show the field ONLY if: [mari_use_2] = 1 | If you have used marijuana in the past 12 months, have often have you smoked it? | radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Daily or almost daily | 2 | About once or twice per week | 3 | About once per month | 4 | Rarely (less than once per month) | 5 | Never | 99 | Prefer not to answer |
| 1 | Daily or almost daily | | | | | | | | | | | | | | | |
| 2 | About once or twice per week | | | | | | | | | | | | | | | |
| 3 | About once per month | | | | | | | | | | | | | | | |
| 4 | Rarely (less than once per month) | | | | | | | | | | | | | | | |
| 5 | Never | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 263 | [mari_use_vap_2] Show the field ONLY if: [mari_use_2] = 1 | If you have used marijuana in the past 12 months, have often have you vaped it? | radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Daily or almost daily | 2 | About once or twice per week | 3 | About once per month | 4 | Rarely (less than once per month) | 5 | Never | 99 | Prefer not to answer |
| 1 | Daily or almost daily | | | | | | | | | | | | | | | |
| 2 | About once or twice per week | | | | | | | | | | | | | | | |
| 3 | About once per month | | | | | | | | | | | | | | | |
| 4 | Rarely (less than once per month) | | | | | | | | | | | | | | | |
| 5 | Never | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 264 | [pdrg_use_2] | In the past 12 months, have often have you used prescription drugs just for the feeling, more than prescribed, or that were not prescribed for you? | radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Daily or almost daily | 2 | About once or twice per week | 3 | About once per month | 4 | Rarely (less than once per month) | 5 | Never | 99 | Prefer not to answer |
| 1 | Daily or almost daily | | | | | | | | | | | | | | | |
| 2 | About once or twice per week | | | | | | | | | | | | | | | |
| 3 | About once per month | | | | | | | | | | | | | | | |
| 4 | Rarely (less than once per month) | | | | | | | | | | | | | | | |
| 5 | Never | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 265 | [idrug_use_2] | In the past 12 months, have you used any of the following drugs: cocaine or crack, heroin, crystal meth (methamphetamine), hallucinogens (like LSD, psilocybin, PCP, ketamine), ecstasy? | 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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 266 | [cocaine_use_2] Show the field ONLY if: [idrug_use_2] = 1 | Section Header: <i>How often have you used each of the following drugs?</i> Cocaine or crack | radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Daily or almost daily | 2 | About once or twice per week | 3 | About once per month | 4 | Rarely (less than once per month) | 5 | Never | 99 | Prefer not to answer |
| 1 | Daily or almost daily | | | | | | | | | | | | | | | |
| 2 | About once or twice per week | | | | | | | | | | | | | | | |
| 3 | About once per month | | | | | | | | | | | | | | | |
| 4 | Rarely (less than once per month) | | | | | | | | | | | | | | | |
| 5 | Never | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 267 | [heroin_use_2] Show the field ONLY if: [idrug_use_2] = 1 | Heroin | radio <table border="1"> <tr><td>1</td><td>Daily or almost daily</td></tr> <tr><td>2</td><td>About once or twice per week</td></tr> <tr><td>3</td><td>About once per month</td></tr> <tr><td>4</td><td>Rarely (less than once per month)</td></tr> <tr><td>5</td><td>Never</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Daily or almost daily | 2 | About once or twice per week | 3 | About once per month | 4 | Rarely (less than once per month) | 5 | Never | 99 | Prefer not to answer |
| 1 | Daily or almost daily | | | | | | | | | | | | | | | |
| 2 | About once or twice per week | | | | | | | | | | | | | | | |
| 3 | About once per month | | | | | | | | | | | | | | | |
| 4 | Rarely (less than once per month) | | | | | | | | | | | | | | | |
| 5 | Never | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

| | | | |
|-----|---|---|--|
| 268 | <div>[meth_use_2]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div> | Crystal meth (methamphetamine) | <div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div> <div><div>99</div><div>Prefer not to answer</div></div> |
| 269 | <div>[hallu_use_2]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div> | Hallucinogens (like LSD, psilocybin, PCP, ketamine) | <div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div> <div><div>99</div><div>Prefer not to answer</div></div> |
| 270 | <div>[ecstasy_use]</div> <div>Show the field ONLY if: [idrug_use_2] = 1</div> | Ecstasy | <div>radio</div> <div><div>1</div><div>Daily or almost daily</div></div> <div><div>2</div><div>About once or twice per week</div></div> <div><div>3</div><div>About once per month</div></div> <div><div>4</div><div>Rarely (less than once per month)</div></div> <div><div>5</div><div>Never</div></div> |
| 271 | <div>[tier2_drug_use_complete]</div> | Section Header: <i>Form Status</i> Complete? | <div>dropdown</div> <div><div>0</div><div>Incomplete</div></div> <div><div>1</div><div>Unverified</div></div> <div><div>2</div><div>Complete</div></div> |

Instrument: Tier2 Food Insecurity (tier2_food_insecurity)

| | | | | | | | | | | | | | |
|-----|---|---|--|---|--------------------|---|---------------------------------|----|--------------------|----|----------------------|----|----------------------|
| 272 | [fi_food_money_frequency] | <p>Section Header: <i>Food Insecurity: I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.</i></p> <p>The first statement is,</p> <p>"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p> | <table><tr><td>1</td><td>Often true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Never true</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: PX270301</p> | 1 | Often true | 2 | Sometimes true | 3 | Never true | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Often true | | | | | | | | | | | | |
| 2 | Sometimes true | | | | | | | | | | | | |
| 3 | Never true | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 273 | [fi_afford_balanced_meals] | <p>The second statement is,</p> <p>"(I/we) couldn't afford to eat balanced meals."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months?</p> | <table><tr><td>1</td><td>Often true</td></tr><tr><td>2</td><td>Sometimes true</td></tr><tr><td>3</td><td>Never true</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: PX270301</p> | 1 | Often true | 2 | Sometimes true | 3 | Never true | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Often true | | | | | | | | | | | | |
| 2 | Sometimes true | | | | | | | | | | | | |
| 3 | Never true | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 274 | [fi_change_diet] | <p>In the last 12 months, since (date 12 months ago) did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> | <table><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: PX270301</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 | | | | | | | | | | | | |
| 275 | [fi_change_diet_frequency] Show the field ONLY if: [fi_food_money_frequency]='1' or [fi_food_money_frequency]='2' or [fi_afford_balanced_meals]='1' or [fi_afford_balanced_meals]='2' or [fi_change_diet]='1' | <p>How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?</p> | <table><tr><td>1</td><td>Almost every month</td></tr><tr><td>2</td><td>Some months but not every month</td></tr><tr><td>3</td><td>Only 1 or 2 months</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: PX270301</p> | 1 | Almost every month | 2 | Some months but not every month | 3 | Only 1 or 2 months | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Almost every month | | | | | | | | | | | | |
| 2 | Some months but not every month | | | | | | | | | | | | |
| 3 | Only 1 or 2 months | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|------------------|---|----------------|----|----------------------|----|----------------------|---|-------------------|----|------------|----|----------------------|
| 276 | [fi_eat_less] Show the field ONLY if: [fi_change_diet]='1' | In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? | radio <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> Field Annotation: PX270301 | 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 | | | | | | | | | | | | | | | | |
| 277 | [fi_hungry] | In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? | radio <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> Field Annotation: PX270301 | 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 | | | | | | | | | | | | | | | | |
| 278 | [fi_high_quality_2] | The fresh fruits and vegetables in my neighborhood are of high quality | radio <table border="1"> <tr><td>1</td><td>Completely agree</td></tr> <tr><td>2</td><td>Somewhat agree</td></tr> <tr><td>3</td><td>Neutral/no opinion</td></tr> <tr><td>4</td><td>Somewhat disagree</td></tr> <tr><td>5</td><td>Strongly disagree</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: Perceived Availability of Healthy Foods Scale from the Multi-Ethnic Study of Atherosclerosis (MESA) https://www.phenxtoolkit.org/protocols/view/210701 | 1 | Completely agree | 2 | Somewhat agree | 3 | Neutral/no opinion | 4 | Somewhat disagree | 5 | Strongly disagree | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Completely agree | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | |
| 3 | Neutral/no opinion | | | | | | | | | | | | | | | | |
| 4 | Somewhat disagree | | | | | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 279 | [tier2_food_insecurity_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: Tier2 Housing (tier2_housing) | | | | | | | | | | | | | | | | | |
| 280 | [stable_housing] | In the past two months, have you been staying in the same place? | 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: PMC4612177 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/ VA Homeless Screening Clinical Reminder Modified to simplify question based on RADx-UP feedback | 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 | | | | | | | | | | | | | | | | |
| 281 | [housing_concerns] | Are you worried or concerned that in the next two months you may NOT have a place to stay? | 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: PMC4612177 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4612177/ VA Homeless Screening Clinical Reminder Modified to simplify question based on RADx-UP feedback | 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 | | | | | | | | | | | | | | | | |
| 282 | [tier2_housing_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: Tier2 Trust (tier2_trust) | | | | | | | | | | | | | | | | | |

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|-----|----------------------|---|--|---|------------|---|----------|---|----------|---|--------------|---|------------|----|----------------------|
| 283 | [trust_doc_2] | <p>Section Header: <i>How much do you trust each of these sources to provide correct information about COVID 19? (Select one response for each row.)</i></p> <p>Your doctor or health care provider</p> | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 284 | [trust_flead_2] | Your faith leader | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 285 | [trust_fam_2] | Your close friends and members of your family | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 286 | [trust_coll_2] | People you go to work or class with or other people you know | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 287 | [trust_news_2] | News on the radio, TV, online, or in newspapers | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 288 | [trust_social_2] | Your contacts on social media | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: CEAL</p> | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|--|---|---|--|---|---|---|---|---|----------|---|--------------|---|------------|----|----------------------|
| 289 | [trust_usgov_2] | The U.S. government | radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: CEAL | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 290 | [trust_cortf_2] | The U.S. Coronavirus Task Force | radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> <tr><td>4</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: CEAL | 0 | Not at all | 1 | A little | 2 | Somewhat | 3 | A great deal | 4 | Don't know | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | |
| 3 | A great deal | | | | | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 291 | [tier2_trust_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: Tier2 Mrn (tier2_mrn) | | | | | | | | | | | | | | | |
| 292 | [mrn] | Medical Record Number | text | | | | | | | | | | | | |
| 293 | [mrn_organization] | Medical Record Number Organization | text | | | | | | | | | | | | |
| 294 | [tier2_mrn_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: Tier2 Other (tier2_other) | | | | | | | | | | | | | | | |
| 295 | [survey_language] | In what language is this survey being provided? | radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Chinese</td></tr> <tr><td>9</td><td>Other</td></tr> </table> | 1 | English | 2 | Spanish | 3 | Chinese | 9 | Other | | | | |
| 1 | English | | | | | | | | | | | | | | |
| 2 | Spanish | | | | | | | | | | | | | | |
| 3 | Chinese | | | | | | | | | | | | | | |
| 9 | Other | | | | | | | | | | | | | | |
| 296 | [survey_language_other] Show the field ONLY if: [survey_language] = '9' | In what language is this survey being provided, specify | text | | | | | | | | | | | | |
| 297 | [project_aim] | This variable is used to separate aims being submitted to the CDCC in the same file. All records from the same aim should have a common label. | text | | | | | | | | | | | | |
| 298 | [nih_appr] | Which set of CDEs does this record represent? Some projects collected data prior to implementation of NIH approved CDE exceptions. | radio <table border="1"> <tr><td>0</td><td>CDEs collected prior to completion of NIH exception process</td></tr> <tr><td>1</td><td>CDEs collected with NIH approved exceptions implemented</td></tr> </table> | 0 | CDEs collected prior to completion of NIH exception process | 1 | CDEs collected with NIH approved exceptions implemented | | | | | | | | |
| 0 | CDEs collected prior to completion of NIH exception process | | | | | | | | | | | | | | |
| 1 | CDEs collected with NIH approved exceptions implemented | | | | | | | | | | | | | | |
| 299 | [seq_cov_genbank] Show the field ONLY if: [covid_test_result] = "1" | If you have processed sequence data you have submitted to GenBank, enter your GenBank accession number here. <i>Your processed PCR sequence data can be uploaded to GenBank at https://submit.ncbi.nlm.nih.gov/</i> | text | | | | | | | | | | | | |
| 300 | [zip_code_3digit] | Zip Code (3 digit only) | text (number, Min: 3, Max: 3) Field Annotation: Only one of zip_code or zip_code_3digit needs to be collected for tier 1 compliance. | | | | | | | | | | | | |
| 301 | [data_source] | What is the source of these data? | radio <table border="1"> <tr><td>1</td><td>Participant Direct Report</td></tr> <tr><td>2</td><td>Secondary Medical Record Dataset</td></tr> <tr><td>3</td><td>Mixed</td></tr> </table> | 1 | Participant Direct Report | 2 | Secondary Medical Record Dataset | 3 | Mixed | | | | | | |
| 1 | Participant Direct Report | | | | | | | | | | | | | | |
| 2 | Secondary Medical Record Dataset | | | | | | | | | | | | | | |
| 3 | Mixed | | | | | | | | | | | | | | |

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|--|---|---|--|---|---|----------------------------|--------------------|---|----------------------------|---|----|-----------------------------|------------------------------|---|----------------------------|-----------------------------|---|----------------------------|----------------|---|----------------------------|----------------------|---|----------------------------|---------------------------------|----|-----------------------------|-------|----|-----------------------------|----------------------|
| | 302 | [tier2_other_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: Tier2 Fam (tier2_fam) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 303 | [respondent_type] | Who is answering this survey? | radio <table border="1"> <tr><td>1</td><td>Minor self-report only</td></tr> <tr><td>2</td><td>Parent/guardian proxy of a participant who is a minor</td></tr> <tr><td>3</td><td>Minor self-report AND parent/guardian proxy</td></tr> <tr><td>4</td><td>Parent/guardian self-report</td></tr> </table> | 1 | Minor self-report only | 2 | Parent/guardian proxy of a participant who is a minor | 3 | Minor self-report AND parent/guardian proxy | 4 | Parent/guardian self-report | | | | | | | | | | | | | | | | | | | |
| 1 | Minor self-report only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Parent/guardian proxy of a participant who is a minor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Minor self-report AND parent/guardian proxy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Parent/guardian self-report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 304 | [family_record_id] | What is the unique identifier for the family to which this individual belongs? | text | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 305 | [tier2_fam_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: Tier2 Ped (tier2_ped) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 306 | [ped_date_mdy] | Date of Pediatric Data Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 307 | [premature_neonatal_cond] | Section Header: <i>Baseline Child Health</i> Did your child have any of the following premature or neonatal conditions? | checkbox <table border="1"> <tr><td>1</td><td>premature_neonatal_cond__1</td><td>Fetal malnutrition</td></tr> <tr><td>2</td><td>premature_neonatal_cond__2</td><td>Extreme immaturity</td></tr> <tr><td>3</td><td>premature_neonatal_cond__3</td><td>Cerebral hemorrhage at birth</td></tr> <tr><td>4</td><td>premature_neonatal_cond__4</td><td>Spinal cord injury at birth</td></tr> <tr><td>5</td><td>premature_neonatal_cond__5</td><td>Birth asphyxia</td></tr> <tr><td>6</td><td>premature_neonatal_cond__6</td><td>Respiratory diseases</td></tr> <tr><td>7</td><td>premature_neonatal_cond__7</td><td>Hypoxic-ischemic encephalopathy</td></tr> <tr><td>90</td><td>premature_neonatal_cond__90</td><td>Other</td></tr> <tr><td>99</td><td>premature_neonatal_cond__99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | premature_neonatal_cond__1 | Fetal malnutrition | 2 | premature_neonatal_cond__2 | Extreme immaturity | 3 | premature_neonatal_cond__3 | Cerebral hemorrhage at birth | 4 | premature_neonatal_cond__4 | Spinal cord injury at birth | 5 | premature_neonatal_cond__5 | Birth asphyxia | 6 | premature_neonatal_cond__6 | Respiratory diseases | 7 | premature_neonatal_cond__7 | Hypoxic-ischemic encephalopathy | 90 | premature_neonatal_cond__90 | Other | 99 | premature_neonatal_cond__99 | Prefer not to answer |
| 1 | premature_neonatal_cond__1 | Fetal malnutrition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | premature_neonatal_cond__2 | Extreme immaturity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | premature_neonatal_cond__3 | Cerebral hemorrhage at birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | premature_neonatal_cond__4 | Spinal cord injury at birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | premature_neonatal_cond__5 | Birth asphyxia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | premature_neonatal_cond__6 | Respiratory diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | premature_neonatal_cond__7 | Hypoxic-ischemic encephalopathy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | premature_neonatal_cond__90 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | premature_neonatal_cond__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 308 | [circumference_known] | (0-2) Do you know your child's head circumference? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child at least 2 years old</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Child at least 2 years old | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Child at least 2 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 309 | [circum_cm] Show the field ONLY if: [circumference_known] = '1' | How many centimeters? | text (number, Min: 20, Max: 60) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 310 | [breastfed] | (0-1) Is your child being breastfed or fed pumped milk? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child is not in first year of life</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Child is not in first year of life | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Child is not in first year of life | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 311 | [symptoms_change] | Section Header: <i>COVID-19 Vaccination History</i> If your child had long COVID/post-acute sequelae of COVID-19 (PASC) symptoms at the time of vaccination, did those symptoms change? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Child is not in first year of life</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Child is not in first year of life | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Child is not in first year of life | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------|--|---|---|---------------------------|---------------------------------------|----|---------------------------|--|----|---------------------------|---|---|---------------------------|-----------------------------------|---|---------------------------|---------------------------------------|----|----------------------------|----------------------|
| 312 | [patient_immun] | Are the patient's immunizations up to date for their age at the time of COVID-19 diagnosis/assessment? | <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> | 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 | | | | | | | | | | | | | | | | | | | | |
| 313 | [immun_outdated_reasons] | If immunizations are not up to date, what is/are the reason(s) for not being up to date? (Check all that apply.) | <div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>immun_outdated_reasons__1</td> <td>Clinic was closed because of COVID-19</td> </tr> <tr> <td>2</td> <td>immun_outdated_reasons__2</td> <td>Child had symptoms of COVID-19, so you cancelled appointment</td> </tr> <tr> <td>3</td> <td>immun_outdated_reasons__3</td> <td>You cancelled appointments to avoid being around others/in a healthcare setting</td> </tr> <tr> <td>4</td> <td>immun_outdated_reasons__4</td> <td>Other reasons related to COVID-19</td> </tr> <tr> <td>5</td> <td>immun_outdated_reasons__5</td> <td>Other reasons not related to COVID-19</td> </tr> <tr> <td>99</td> <td>immun_outdated_reasons__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div> | 1 | immun_outdated_reasons__1 | Clinic was closed because of COVID-19 | 2 | immun_outdated_reasons__2 | Child had symptoms of COVID-19, so you cancelled appointment | 3 | immun_outdated_reasons__3 | You cancelled appointments to avoid being around others/in a healthcare setting | 4 | immun_outdated_reasons__4 | Other reasons related to COVID-19 | 5 | immun_outdated_reasons__5 | Other reasons not related to COVID-19 | 99 | immun_outdated_reasons__99 | Prefer not to answer |
| 1 | immun_outdated_reasons__1 | Clinic was closed because of COVID-19 | | | | | | | | | | | | | | | | | | | |
| 2 | immun_outdated_reasons__2 | Child had symptoms of COVID-19, so you cancelled appointment | | | | | | | | | | | | | | | | | | | |
| 3 | immun_outdated_reasons__3 | You cancelled appointments to avoid being around others/in a healthcare setting | | | | | | | | | | | | | | | | | | | |
| 4 | immun_outdated_reasons__4 | Other reasons related to COVID-19 | | | | | | | | | | | | | | | | | | | |
| 5 | immun_outdated_reasons__5 | Other reasons not related to COVID-19 | | | | | | | | | | | | | | | | | | | |
| 99 | immun_outdated_reasons__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| 314 | [mmr_vaccine] | Has your child received any MMR vaccinations? | <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> | 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 | | | | | | | | | | | | | | | | | | | | |
| 315 | [flu_vaccine] | Has your child received the current seasonal influenza 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>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 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 | | | | | | | | | | | | | | | | | | | | |
| 316 | [rsv_palivizumab] | Has your child received palivizumab for prevention of respiratory syncytial virus (RSV)? | <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> | 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 | | | | | | | | | | | | | | | | | | | | |
| 317 | [bcg_vaccine] | Has your child received the BCG vaccination? | <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> | 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 | | | | | | | | | | | | | | | | | | | | |
| 318 | [most_recvac_date_mdy] | Date of most recent vaccination (excluding vaccination for COVID-19) MM/DD/YYYY | <div>text (date_mdy, Min: 1900-01-01)</div> <div>Field Annotation: Note: Maximum expected day = Current day.</div> | | | | | | | | | | | | | | | | | | |
| 319 | [resp_support] | Respiratory support prior to onset of COVID-19 | <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> | 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 | | | | | | | | | | | | | | | | | | | | |
| 320 | [body_temp] | Section Header: <i>Vital Signs</i> Body temperature (degrees Celsius) | text (number, Min: 35, Max: 42) | | | | | | | | | | | | | | | | | | |
| 321 | [heart_rate] | Heart rate (beats/min) | text (number, Min: 30, Max: 220) | | | | | | | | | | | | | | | | | | |
| 322 | [systolic_pressure] | Systolic blood pressure (mmHg) | text (number, Min: 0, Max: 300) | | | | | | | | | | | | | | | | | | |
| 323 | [diastolic_pressure] | Diastolic blood pressure (mmHg) | text (number, Min: 0, Max: 200) | | | | | | | | | | | | | | | | | | |
| 324 | [resp_rate] | Respiratory rate (breaths/min) | text (number, Min: 0, Max: 60) | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|----|----------------------|---------------------|--|---|---|-----|---|----|----|------------|----|----------------------|
| | 325 | [oxygen_saturation] | Oxygen saturation (%) | text (number, Min: 0, Max: 100) | | | | | | | | |
| | 326 | [supp_oxygen] | Supplemental oxygen | radio <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> | 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 | | | | | | | | | | | |
| | 327 | [vital_datetime] | Date and time of vital signs | text (datetime_mdy, Min: 1900-01-01 00:00) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | |
| | 328 | [acute_abpain] | Section Header: <i>Symptoms/Physical Findings Which of the following acute COVID/MIS-C symptoms were experienced at any time point during current illness?</i> Abdominal pain | 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> | 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 | | | | | | | | | | | |
| | 329 | [acute_bleeding] | Bleeding | 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> | 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 | | | | | | | | | | | |
| | 330 | [acute_chestpain] | Chest pain | 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> | 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 | | | | | | | | | | | |
| | 331 | [acute_cough] | 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> | 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 | | | | | | | | | | | |
| | 332 | [acute_cyanosis] | Cyanosis (bluish lips/face) | 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> | 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 | | | | | | | | | | | |
| | 333 | [acute_diarrhea] | Diarrhea | 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> | 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 | | | | | | | | | | | |
| | 334 | [acute_fatigue] | Fatigue | 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> | 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 | | | | | | | | | | | |
| | 335 | [acute_fever] | Fever | 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> | 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 | | | | | | | | | | | |
| | 336 | [acute_headache] | 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> | 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 | | | | | | | | | | | |

| | | | | |
|-----|--------------------|---|----------------|----------------------|
| 337 | [acute_aches] | Muscle or body aches | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 338 | [acute_nasal] | Nasal congestion or runny nose | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 339 | [acute_nausea] | Nausea/vomiting | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 340 | [acute_neckpain] | Neck pain | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 341 | [acute_tastesnell] | New loss of taste or smell | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 342 | [acute_palp] | Palpitations | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 343 | [acute_breath] | Shortness of breath or difficulty breathing | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 344 | [acute_skinrash] | Skin rash | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 345 | [acute_throat] | Sore throat | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |
| 346 | [acute_subj] | Subjective fever/chills/rigors/night sweats | radio (Matrix) | |
| | | | 1 | Yes |
| | | | 0 | No |
| | | | 98 | Don't know |
| | | | 99 | Prefer not to answer |

| | | | | | | | | | | | | | | |
|----------------|----------------------|---|--|--|----------------|--|---|-----|---|----|----|----------------------|----|----------------------|
| | 347 | [acute_swollen] | Swollen glands | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 348 | [acute_con] | Conjunctivitis | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 349 | [acute_mucosal] | Oral mucosal change | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 350 | [acute_handsfeet] | Changes in hands and feet | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 351 | [acute_other] | Other symptoms | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 352 | [acute_asymp] | None of the above/asymptomatic | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 353 | [acute_abpain_pe] Show the field ONLY if: [acute_abpain] ='1' OR [acute_abpain] ='0' | Section Header: Which of the following acute symptoms were confirmed by physical exam? Abdominal pain | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 354 | [acute_bleeding_pe] Show the field ONLY if: [acute_bleeding] ='1' OR [acute_bleeding] ='0' | Bleeding | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 355 | [acute_chestpain_pe] Show the field ONLY if: [acute_chestpain] ='1' OR [acute_chestpain] ='0' | Chest pain | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 356 | [acute_cough_pe] Show the field ONLY if: [acute_cough] ='1' OR [acute_cough] ='0' | Cough | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 357 | [acute_cyanosis_pe] Show the field ONLY if: [acute_cyanosis] ='1' OR [acute_cyanosis] ='0' | Cyanosis (bluish lips/face) | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 358 | [acute_diarrhea_pe] Show the field ONLY if: [acute_diarrhea] ='1' OR [acute_diarrhea] ='0' | Diarrhea | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |

| | | | |
|-----|--|---|--|
| 359 | [acute_fatigue_pe] Show the field ONLY if: [acute_fatigue] = '1' OR [acute_fatigue] = '0' | Fatigue | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 360 | [acute_fever_pe] Show the field ONLY if: [acute_fever] = '1' OR [acute_fever] = '0' | Fever | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 361 | [acute_headache_pe] Show the field ONLY if: [acute_headache] = '1' OR [acute_headache] = '0' | Headache | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 362 | [acute_aches_pe] Show the field ONLY if: [acute_aches] = '1' OR [acute_aches] = '0' | Muscle or body aches | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 363 | [acute_nasal_pe] Show the field ONLY if: [acute_nasal] = '1' OR [acute_nasal] = '0' | Nasal congestion or runny nose | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 364 | [acute_nausea_pe] Show the field ONLY if: [acute_nausea] = '1' OR [acute_nausea] = '0' | Nausea/vomiting | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 365 | [acute_neckpain_pe] Show the field ONLY if: [acute_neckpain] = '1' OR [acute_neckpain] = '0' | Neck pain | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 366 | [acute_tastesnell_pe] Show the field ONLY if: [acute_tastesnell] = '1' OR [acute_tastesnell] = '0' | New loss of taste or smell | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 367 | [acute_palp_pe] Show the field ONLY if: [acute_palp] = '1' OR [acute_palp] = '0' | Palpitations | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 368 | [acute_breath_pe] Show the field ONLY if: [acute_breath] = '1' OR [acute_breath] = '0' | Shortness of breath or difficulty breathing | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 369 | [acute_skinrash_pe] Show the field ONLY if: [acute_skinrash] = '1' OR [acute_skinrash] = '0' | Skin rash | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 370 | [acute_throat_pe] Show the field ONLY if: [acute_throat] = '1' OR [acute_throat] = '0' | Sore throat | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 371 | [acute_subj_pe] Show the field ONLY if: [acute_subj] = '1' OR [acute_subj] = '0' | Subjective fever/chills/rigors/night sweats | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |

| | | | | | | | | | | | |
|-----|---|---|--|---|-----|---|----|----|----------------------|----|----------------------|
| 372 | [acute_swollen_pe] Show the field ONLY if: [acute_swollen] = '1' OR [acute_swollen] = '0' | Swollen glands | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 373 | [acute_con_pe] Show the field ONLY if: [acute_con] = '1' OR [acute_con] = '0' | Conjunctivitis | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 374 | [acute_mucosal_pe] Show the field ONLY if: [acute_mucosal] = '1' OR [acute_mucosal] = '0' | Oral mucosal change | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 375 | [acute_handsfeet_pe] Show the field ONLY if: [acute_handsfeet] = '1' OR [acute_handsfeet] = '0' | Changes in hands and feet | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 376 | [acute_other_pe] Show the field ONLY if: [acute_other] = '1' OR [acute_other] = '0' | Other symptoms | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 377 | [acute_asymp_pe] Show the field ONLY if: [acute_asymp] = '1' OR [acute_asymp] = '0' | None of the above/asymptomatic | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 378 | [cervical_lymph] Show the field ONLY if: [acute_swollen] = '1' and [acute_swollen_pe] = '1' | If swollen glands, Cervical lymphadenopathy (at least 1.5 cm in diameter?) | 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> | 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 | | | | | | | | | | |
| 379 | [swollen_supp] Show the field ONLY if: [acute_mucosal] = '1' and [acute_mucosal_pe] = '1' | Were swollen, red, or cracked lips; strawberry tongue; and/or erythema of the oral/pharyngeal mucosa present? | 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> | 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 | | | | | | | | | | |
| 380 | [acute_other_specify] Show the field ONLY if: [acute_other] = 1 | What other symptoms (comma-separated)? | text | | | | | | | | |
| 381 | [long_allodynia] | Section Header: Which of the following long COVID/PASC symptoms were experienced at any time point during current illness? Allodynia | radio (Matrix) <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> | 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 | | | | | | | | | | |
| 382 | [long_conscious] | Altered level of consciousness/confusion | radio (Matrix) <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> | 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 | | | | | | | | | | |
| 383 | [long_anorexia] | Anorexia (decrease in appetite) | radio (Matrix) <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> | 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 | | | | | | | | | | |

| | | | | | | | | | | | | |
|-----|----------------------|---|--|--|---|-----|---|----|----|------------|----|----------------------|
| 384 | [long_anxiety] | Anxiety | 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> | | 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 | | | | | | | | | | | |
| 385 | [long_face] | Cannot move and/or feel one side of body or face | 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> | | 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 | | | | | | | | | | | |
| 386 | [long_depressed] | Depressed mood | 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> | | 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 | | | | | | | | | | | |
| 387 | [long_dizzy] | Dizziness/lightheadedness/blackouts | 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> | | 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 | | | | | | | | | | | |
| 388 | [long_fatigue] | Exertional fatigue | 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> | | 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 | | | | | | | | | | | |
| 389 | [long_forget] | Forgetfulness | 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> | | 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 | | | | | | | | | | | |
| 390 | [long_irritable] | Irritability | 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> | | 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 | | | | | | | | | | | |
| 391 | [long_ortho] | Orthostasis (dizziness/lightheadedness/blackouts on sitting up or standing) | 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> | | 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 | | | | | | | | | | | |
| 392 | [long_jointpain] | Joint pain | 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> | | 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 | | | | | | | | | | | |
| 393 | [long_hallucinate] | (15+) Hallucinations (seeing or hearing things others do not see or hear) | 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> | | 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 | | | | | | | | | | | |

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|----|----------------------|--------------------|---|--|--|---|-----|---|----|----|------------|----|----------------------|
| | 394 | [long_hypersomnia] | Hypersomnia | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 395 | [long_insomnia] | Insomnia | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 396 | [long_malaise] | Malaise | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 397 | [long_muscleweak] | Muscle weakness | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 398 | [long_paresthesia] | Paresthesia (numbness or tingling somewhere in the body) | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 399 | [long_cough] | Persistent cough | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 400 | [long_balance] | Problems with balance | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 401 | [long_falls] | Problems with gait/falls | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 402 | [long_toerash] | Toe rashes (red/purple sores or blisters on the feet, including the toes) | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |
| | 403 | [long_brainfog] | Trouble concentrating or difficulty thinking ("brain fog") | <div>radio (Matrix)</div> <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> | | 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 | | | | | | | | | | | | |

| | | | |
|-----|--|---|---|
| 404 | [long_weightloss] | Weight loss | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 405 | [long_weightfail] | Failure of expected weight gain | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 406 | [long_growthfail] | Failure of expected linear growth | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 407 | [long_other] | Other symptoms | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 408 | [long_allodynia_pe] Show the field ONLY if: [long_allodynia] ='1' OR [long_allo dynia] ='0' | Section Header: Which of the following long symptoms were confirmed by physical exam? Allodynia | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 409 | [long_conscious_pe] Show the field ONLY if: [long_conscious] ='1' OR [long_co nscious] ='0' | Altered level of consciousness/confusion | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 410 | [long_anorexia_pe] Show the field ONLY if: [long_anorexia] ='1' OR [long_ano rexia] ='0' | Anorexia (decrease in appetite) | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 411 | [long_anxiety_pe] Show the field ONLY if: [long_anxiety] ='1' OR [long_anxie ty] ='0' | Anxiety | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 412 | [long_face_pe] Show the field ONLY if: [long_face] ='1' OR [long_face] ='0' | Cannot move and/or feel one side of body or face | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 413 | [long_depressed_pe] Show the field ONLY if: [long_depressed] ='1' OR [long_de pressed] ='0' | Depressed mood | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 414 | [long_dizzy_pe] Show the field ONLY if: [long_dizzy] ='1' OR [long_dizzy] ='0' | Dizziness/lightheadedness/blackouts | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 415 | [long_fatigue_pe] Show the field ONLY if: [long_fatigue] ='1' OR [long_fatigu e] ='0' | Exertional fatigue | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |

| | | | |
|-----|--|---|--|
| 416 | [long_forget_pe] Show the field ONLY if: [long_forget] = '1' OR [long_forget] = '0' | Forgetfulness | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 417 | [long_irritable_pe] Show the field ONLY if: [long_irritable] = '1' OR [long_irritable] = '0' | Irritability | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 418 | [long_ortho_pe] Show the field ONLY if: [long_ortho] = '1' OR [long_ortho] = '0' | Orthostasis (dizziness/lightheadedness/blackouts on sitting up or standing) | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 419 | [long_jointpain_pe] Show the field ONLY if: [long_jointpain] = '1' OR [long_jointpain] = '0' | Joint pain | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 420 | [long_hallucinate_pe] Show the field ONLY if: [long_hallucinate] = '1' OR [long_hallucinate] = '0' | (15+) Hallucinations (seeing or hearing things others do not see or hear) | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 421 | [long_hypersomnia_pe] Show the field ONLY if: [long_hypersomnia] = '1' OR [long_hypersomnia] = '0' | Hypersomnia | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 422 | [long_insomnia_pe] Show the field ONLY if: [long_insomnia] = '1' OR [long_insomnia] = '0' | Insomnia | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 423 | [long_malaise_pe] Show the field ONLY if: [long_malaise] = '1' OR [long_malaise] = '0' | Malaise | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 424 | [long_muscleweak_pe] Show the field ONLY if: [long_muscleweak] = '1' OR [long_muscleweak] = '0' | Muscle weakness | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 425 | [long_paresthesia_pe] Show the field ONLY if: [long_paresthesia] = '1' OR [long_paresthesia] = '0' | Paresthesia (numbness or tingling somewhere in the body) | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 426 | [long_cough_pe] Show the field ONLY if: [long_cough] = '1' OR [long_cough] = '0' | Persistent cough | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 427 | [long_balance_pe] Show the field ONLY if: [long_balance] = '1' OR [long_balance] = '0' | Problems with balance | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |
| 428 | [long_falls_pe] Show the field ONLY if: [long_falls] = '1' OR [long_falls] = '0' | Problems with gait/falls | radio (Matrix) 1 Yes 0 No 99 Prefer not to answer |

| | | | | | | | | | | | |
|-----|---|---|--|---|-----|---|----|----|----------------------|----|----------------------|
| 429 | [long_toerash_pe] Show the field ONLY if: [long_toerash] = '1' OR [long_toerash] = '0' | Toe rashes (red/purple sores or blisters on the feet, including the toes) | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 430 | [long_brainfog_pe] Show the field ONLY if: [long_brainfog] = '1' OR [long_brainfog] = '0' | Trouble concentrating or difficulty thinking ("brain fog") | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 431 | [long_weightloss_pe] Show the field ONLY if: [long_weightloss] = '1' OR [long_weightloss] = '0' | Weight loss | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 432 | [long_weightfail_pe] Show the field ONLY if: [long_weightfail] = '1' OR [long_weightfail] = '0' | Failure of expected weight gain | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 433 | [long_growthfail_pe] Show the field ONLY if: [long_growthfail] = '1' OR [long_growthfail] = '0' | Failure of expected linear growth | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 434 | [long_other_pe] Show the field ONLY if: [long_other] = '1' OR [long_other] = '0' | Other symptoms | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | |
| 435 | [long_other_specify] Show the field ONLY if: [long_other] = '1' | What other symptoms (comma-separated)? | text | | | | | | | | |
| 436 | [long_ortho_change] Show the field ONLY if: [long_ortho] = '1' | If Orthostatsis, confirmed by changes in heart rate/blood pressure? | 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> | 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 | | | | | | | | | | |
| 437 | [long_cough_productive] Show the field ONLY if: [long_cough] = '1' | If persistent cough, productive? | 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> | 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 | | | | | | | | | | |
| 438 | [infant_dehyd] Section Header: <i>In addition to the above, which of the following were experienced by the infant during illness?</i> Dehydration | | radio (Matrix) <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> | 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 | | | | | | | | | | |
| 439 | [infant_fontanelle] | Full or bulging fontanelle | radio (Matrix) <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> | 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 | | | | | | | | | | |
| 440 | [infant_fussiness] | Fussiness | radio (Matrix) <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> | 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 | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|---|---|--|---|-----|---|----|----|----------------------|----|----------------------|----|----------------------|
| 441 | [infant_breath] | Increased work of breathing/shallow 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> | 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 | | | | | | | | | | | | |
| 442 | [infant_lethargy] | Lethargy | 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> | 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 | | | | | | | | | | | | |
| 443 | [infant_feeding] | Poor feeding | 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> | 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 | | | | | | | | | | | | |
| 444 | [infant_dehyd_pe] Show the field ONLY if: [infant_dehyd] ='1' OR [infant_dehyd] ='0' | Section Header: Which infant symptoms were confirmed by physical exam? Dehydration | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 445 | [infant_fontanelle_pe] Show the field ONLY if: [infant_fontanelle] ='1' OR [infant_fontanelle] ='0' | Full or bulging fontanelle | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 446 | [infant_fussiness_pe] Show the field ONLY if: [infant_fussiness] ='1' OR [infant_fussiness] ='0' | Fussiness | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 447 | [infant_breath_pe] Show the field ONLY if: [infant_breath] ='1' OR [infant_breath] ='0' | Increased work of breathing/shallow breathing | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 448 | [infant_lethargy_pe] Show the field ONLY if: [infant_lethargy] ='1' OR [infant_lethargy] ='0' | Lethargy | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 449 | [infant_feeding_pe] Show the field ONLY if: [infant_feeding] ='1' OR [infant_feeding] ='0' | Poor feeding | radio (Matrix) <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> | 1 | Yes | 0 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 450 | [symp_presented_datetime] | Date Symptoms Presented (including intermittent symptoms) | text (date_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| 451 | [symptoms_ongoing] | Are the symptoms ongoing (including intermittent symptoms)? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A (no symptoms)</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 | 0 | No | 97 | N/A (no symptoms) | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 97 | N/A (no symptoms) | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 452 | [symptoms_resolved_datetime] Show the field ONLY if: [symptoms_ongoing] = '2' | Date Symptoms Resolved | text (date_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |

| | | | | | | | | | | | | |
|----|----------------------|-----------------|--|--|---|-----|---|----|----|------------|----|----------------------|
| | 453 | [comp_fibro] | <div>Section Header: Did the patient develop any of the following complications/conditions since the diagnosis of COVID (organized by organ system)?</div> <div>Fibromyalgia/amplified pain syndrome</div> | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 454 | [comp_fatigue] | Post viral fatigue syndrome | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 455 | [comp_seizure] | Seizure | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 456 | [comp_hemorr] | Stroke: intracerebral hemorrhage | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 457 | [comp_ischemic] | Stroke: ischemic cerebrovascular accident | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 458 | [comp_dka] | Diabetic ketoacidosis (DKA) | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 459 | [comp_diabetes] | New onset diabetes | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 460 | [comp_pancreas] | Pancreatitis | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 461 | [comp_ards] | Acute respiratory distress syndrome | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |
| | 462 | [comp_bronch] | Bronchiolitis | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | | |

| | | | |
|-----|-----------------------|---|---|
| 463 | [comp_pulm] | Deterioration of prior pulmonary diseases | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 464 | [comp_lung] | Lung fibrosis | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 465 | [comp_pneumonia] | Pneumonia | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 466 | [comp_embolism] | Pulmonary embolism | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 467 | [comp_arrhythmic] | Cardiac arrhythmias | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 468 | [comp_cardiacfailure] | Cardiac failure | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 469 | [comp_myopathy] | Cardiomyopathy | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 470 | [comp_coronary] | Coronary artery abnormalities | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 471 | [comp_myocarditis] | Myocarditis/pericarditis/pericardial effusion | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 472 | [comp_myositis] | Myositis | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |

| | | | | | |
|--|-----|-------------------|---------------------------------------|----------------|----------------------|
| | 473 | [comp_shock] | Shock | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 474 | [comp_arthritis] | Arthritis | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 475 | [comp_disability] | Physical disability/muscular weakness | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 476 | [comp_kidney] | Acute kidney injury | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 477 | [comp_liver] | Acute liver dysfunction | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 478 | [comp_renal] | End stage renal disease (ESRD) | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 479 | [comp_bleeding] | Bleeding events | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 480 | [comp_thrombosis] | Deep vein thrombosis | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 481 | [comp_appendix] | Appendicitis | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |
| | 482 | [comp_gerd] | Gastroesophageal reflux disease | radio (Matrix) | |
| | | | | 1 | Yes |
| | | | | 0 | No |
| | | | | 98 | Don't know |
| | | | | 99 | Prefer not to answer |

| | | | | | | | | | | | | | | |
|----|----------------------|--|------------------------------|---|---|--------------|---|--------------|----|------------|----|----------------------|----|----------------------|
| | 483 | [comp_gastrohem] | Gastrointestinal hemorrhage | 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> | 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 | | | | | | | | | | | | | |
| | 484 | [comp_perf] | Gastrointestinal perforation | 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> | 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 | | | | | | | | | | | | | |
| | 485 | [comp_peritonitis] | Peritonitis | 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> | 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 | | | | | | | | | | | | | |
| | 486 | [comp_bacteremia] | Bacteremia | 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> | 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 | | | | | | | | | | | | | |
| | 487 | [comp_asper] | Pulmonary aspergillosis | 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> | 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 | | | | | | | | | | | | | |
| | 488 | [comp_tss] | Toxic shock syndrome | 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> | 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 | | | | | | | | | | | | | |
| | 489 | [comp_other] | Other (specify) | 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> | 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 | | | | | | | | | | | | | |
| | 490 | [diagnosis_datetime] | Date of Onset/Diagnosis | text (date_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| | 491 | [comp_thromb_location] Show the field ONLY if: [comp_thrombosis] = '1' | Where is it located? | radio <table><tr><td>1</td><td>Intracranial</td></tr><tr><td>2</td><td>Extracranial</td></tr><tr><td>3</td><td>Both</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 | Intracranial | 2 | Extracranial | 3 | Both | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Intracranial | | | | | | | | | | | | | |
| 2 | Extracranial | | | | | | | | | | | | | |
| 3 | Both | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 492 | [diagnosis_resolution_datetime] | Date of Resolution | text (date_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| | 493 | [lab_tests_performed] | Any lab tests performed? | radio <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> | 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 | | | | | | | | | | | | | |

| | | | |
|-----|--|---|---|
| 494 | [lab_eosino] Show the field ONLY if: [lab_tests_performed]='1' | Section Header: <i>If lab tests were performed, which?</i> Absolute eosinophil count | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 495 | [lab_monocyte] Show the field ONLY if: [lab_tests_performed]='1' | Absolute monocyte count | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 496 | [lab_basophil] Show the field ONLY if: [lab_tests_performed]='1' | Absolute basophil count | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 497 | [lab_hemo] Show the field ONLY if: [lab_tests_performed]='1' | Hemoglobin | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 498 | [lab_bilirubin] Show the field ONLY if: [lab_tests_performed]='1' | Total bilirubin | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 499 | [lab_pt] Show the field ONLY if: [lab_tests_performed]='1' | Prothrombin time (PT) | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 500 | [lab_inr] Show the field ONLY if: [lab_tests_performed]='1' | International normalized ratio (INR) | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 501 | [lab_aptt] Show the field ONLY if: [lab_tests_performed]='1' | Activated partial thromboplastin time (aPTT) | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 502 | [lab_il6] Show the field ONLY if: [lab_tests_performed]='1' | IL-6 | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 503 | [lab_complement] Show the field ONLY if: [lab_tests_performed]='1' | Complement | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |

| | | | |
|-----|---|--------------------------------|---|
| 504 | [lab_a1c] Show the field ONLY if: [lab_tests_performed]='1' | Hemoglobin A1C | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 505 | [lab_ph] Show the field ONLY if: [lab_tests_performed]='1' | pH | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 506 | [lab_pco2] Show the field ONLY if: [lab_tests_performed]='1' | pCO2 | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 507 | [lab_pa02] Show the field ONLY if: [lab_tests_performed]='1' | paO2 | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 508 | [lab_calcium] Show the field ONLY if: [lab_tests_performed]='1' | Calcium | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 509 | [lab_csf] Show the field ONLY if: [lab_tests_performed]='1' | Cerebrospinal fluid (CSF) WBC | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 510 | [lab_rbc] Show the field ONLY if: [lab_tests_performed]='1' | CSF red blood cell count (RBC) | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 511 | [lab_csf_protein] Show the field ONLY if: [lab_tests_performed]='1' | CSF Proten | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 512 | [lab_csf_glucose] Show the field ONLY if: [lab_tests_performed]='1' | CSF Glucose | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 513 | [lab_other] Show the field ONLY if: [lab_tests_performed]='1' | Other | radio (Matrix) 1 Yes 0 No 98 Don't know 99 Prefer not to answer |
| 514 | [lab_other_specify] Show the field ONLY if: [lab_other] = '1' and [lab_tests_performed]='1' | Specify | text |

| | | | | | | | | | | | |
|-----|---|--|--|---|-----|---|----|----|------------|----|----------------------|
| 515 | [lab_datetime] Show the field ONLY if: [lab_tests_performed]='1' | Date and Time of Lab Sample Collection | text (datetime_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | |
| 516 | [abnormal_eosino] Show the field ONLY if: [lab_tests_performed]='1' | Section Header: Any labs repeated during admission that were more abnormal than initial values? Absolute eosinophil count | 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> | 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 | | | | | | | | | | |
| 517 | [abnormal_monocyte] Show the field ONLY if: [lab_tests_performed]='1' | Absolute monocyte count | 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> | 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 | | | | | | | | | | |
| 518 | [abnormal_basophil] Show the field ONLY if: [lab_tests_performed]='1' | Absolute basophil count | 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> | 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 | | | | | | | | | | |
| 519 | [abnormal_hemo] Show the field ONLY if: [lab_tests_performed]='1' | Hemoglobin | 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> | 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 | | | | | | | | | | |
| 520 | [abnormal_bilirubin] Show the field ONLY if: [lab_tests_performed]='1' | Total bilirubin | 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> | 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 | | | | | | | | | | |
| 521 | [abnormal_pt] Show the field ONLY if: [lab_tests_performed]='1' | Prothrombin time (PT) | 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> | 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 | | | | | | | | | | |
| 522 | [abnormal_inr] Show the field ONLY if: [lab_tests_performed]='1' | International normalized ratio (INR) | 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> | 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 | | | | | | | | | | |
| 523 | [abnormal_aptt] Show the field ONLY if: [lab_tests_performed]='1' | Activated partial thromboplastin time (aPTT) | 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> | 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 | | | | | | | | | | |
| 524 | [abnormal_il6] Show the field ONLY if: [lab_tests_performed]='1' | IL-6 | 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> | 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 | | | | | | | | | | |
| 525 | [abnormal_complement] Show the field ONLY if: [lab_tests_performed]='1' | Complement | 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> | 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 | | | | | | | | | | |

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|-----|---|--------------------------------|--|---|-----|---|----|----|------------|----|----------------------|
| 526 | <div>[abnormal_a1c]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | Hemoglobin A1C | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 527 | <div>[abnormal_ph]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | pH | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 528 | <div>[abnormal_pc02]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | pCO2 | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 529 | <div>[abnormal_pa02]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | paO2 | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 530 | <div>[abnormal_calcium]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | Calcium | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 531 | <div>[abnormal_csf]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | Cerebrospinal fluid (CSF) WBC | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 532 | <div>[abnormal_rbc]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | CSF red blood cell count (RBC) | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 533 | <div>[abnormal_protein]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | CSF Protein | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 534 | <div>[abnormal_csf_glucose]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | CSF Glucose | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 535 | <div>[abnormal_other]</div> <div>Show the field ONLY if: [lab_tests_performed]='1'</div> | Other | <div>radio (Matrix)</div> <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> | 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 | | | | | | | | | | |
| 536 | <div>[abnormal_specify]</div> <div>Show the field ONLY if: [abnormal_other] = '1' and [lab_tests_performed]='1'</div> | Specify | text | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|---|--|---|---|-----------------------------|---|----------------------|----|-------------------------------|----|----------------------|----|----------------------|
| 537 | [viral_positive] | Any other viral testing positive? | radio <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> | 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 | | | | | | | | | | | | |
| 538 | [viral_testing] Show the field ONLY if: [viral_positive] = '1' | List other viral tests that were positive. | text | | | | | | | | | | |
| 539 | [culture_org] | Positive blood culture organism? | text | | | | | | | | | | |
| 540 | [culture_datetime] | Positive Culture Date | text (date_mdy) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| 541 | [cardio_assessment] | Section Header: <i>Cardiopulmonary Diagnostic Assessments</i> Did the patient have any cardiovascular diagnostic assessment performed (beyond physical exam)? | radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 542 | [assessment_date_mdy] Show the field ONLY if: [cardio_assessment] = '2' or [cardio_assessment] = '1' | Cardiovascular Diagnostic Assessment Date <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| 543 | [abnormality_detail] Show the field ONLY if: [cardio_assessment] = '1' | What type of abnormalities were detected? | radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr><tr><td>4</td><td>Other</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Abnormal function | 2 | Pericardial effusion | 3 | Coronary artery abnormalities | 4 | Other | 99 | Prefer not to answer |
| 1 | Abnormal function | | | | | | | | | | | | |
| 2 | Pericardial effusion | | | | | | | | | | | | |
| 3 | Coronary artery abnormalities | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 544 | [assessment_ecg] | Section Header: <i>What type of assessment was performed</i> ECG | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 545 | [assessment_echo] | ECHO | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 546 | [assessment_mri] | Cardiac MRI | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 547 | [assessment_other] | Other tests | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 548 | [assessment_other_specify] Show the field ONLY if: [assessment_other] = '2' or [assessment_other] = '1' | Specify | text | | | | | | | | | | |

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|-----|---|--|---|---|-----------------------------|---|-------------|---|-------------------|----|------------|----|----------------------|
| 549 | [pulmonary_testing] | Did the patient have any pulmonary diagnostic testing (beyond physical exam and radiographic testing)? | radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 550 | [pulmonary_testing_date_mdy] Show the field ONLY if: [pulm_othertest] = '2' or [pulm_othertest] = '1' | Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |
| 551 | [pulm_walktest_6minute] | Section Header: <i>What type of pulmonary diagnostic testing was performed?</i> (6+) 6-Minute Walk Test | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 552 | [pulm_functiontest] | (6+) Pulmonary Function Test | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 553 | [pulm_oxiometry] | Co-oxiometry | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 554 | [pulm_walktest_2minute] | (6+) 2-Minute Walk Test | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 555 | [pulm_othertest] | Other tests (specify test) performed | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 556 | [pulm_other_detail] Show the field ONLY if: [pulm_othertest] = '1' or [pulm_othertest] = '2' | Specify | text | | | | | | | | | | |
| 557 | [imaging_xray] | Did the patient have a chest x-ray performed? | radio <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-----|-----------------------------|---|---|--|---|-----------------------------|---|-------------|---|-------------------|----|------------|----|----------------------|
| 558 | [ct_brain] | Section Header: <i>If imaging was performed, what type?</i> CT Brain | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 559 | [ct_chest] | CT Chest | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 560 | [ct_abdomen] | CT Abdomen | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 561 | [lung_ultrasound] | Lung Ultrasound | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 562 | [vasc_ultrasound] | Vascular Ultrasound | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 563 | [ab_ultrasound] | Abdominal Ultrasound | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 564 | [neonatal_ultrasound] | Neonatal Ultrasound Brain | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 565 | [mri_brain] | MRI Brain | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| 566 | [mri_spine] | MRI Spine | radio (Matrix) <table><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</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, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|----------------|-----------------------------|--|---|--|----------------|--|---|-----------------------------|---|-------------|---|-------------------|----|------------|----|----------------------|
| | 567 | [mri_abdomen] | MRI Abdomen | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Yes, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 568 | [imaging_other] | Other | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes, abnormalities detected</td></tr><tr><td>2</td><td>Yes, normal</td></tr><tr><td>3</td><td>No, not performed</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Yes, abnormalities detected | 2 | Yes, normal | 3 | No, not performed | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | |
| 1 | Yes, abnormalities detected | | | | | | | | | | | | | | | |
| 2 | Yes, normal | | | | | | | | | | | | | | | |
| 3 | No, not performed | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 569 | [imaging_other_detail] Show the field ONLY if: [imaging_other] = '1' or [imaging_ other] = '2' | Specify | text | | | | | | | | | | | | |
| | 570 | [ct_brain_date_mdy] Show the field ONLY if: [ct_brain] = '1' or [ct_brain] = '2' | Date of CT Brain <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 571 | [ct_chest_date_mdy] Show the field ONLY if: [ct_chest] = '1' or [ct_chest] = '2' | Date of CT Chest <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 572 | [ct_ab_date_mdy] Show the field ONLY if: [ct_abdomen] = '1' or [ct_abdome n] = '2' | Date of CT Abdomen <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 573 | [lung_ultrasound_date_mdy] Show the field ONLY if: [lung_ultrasound] = '1' or [lung_ul trasound] = '2' | Date of Lung Ultrasound <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 574 | [vasc_ultrasound_date_mdy] Show the field ONLY if: [vasc_ultrasound] = '1' or [vasc_ul trasound] = '2' | Date of Vascular Ultrasound <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 575 | [ab_ultrasound_date_mdy] Show the field ONLY if: [ab_ultrasound] = '1' or [ab_ultras ound] = '2' | Date of Abdomen Ultrasound <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 576 | [neonatal_ultrasound_date_mdy] Show the field ONLY if: [neonatal_ultrasound] = '1' or [ne onatal_ultrasound] = '2' | Date of Neonatal Ultrasound <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 577 | [mri_brain_date_mdy] Show the field ONLY if: [mri_brain] = '1' or [mri_brain] = '2' | Date of MRI Brain <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 578 | [mri_spine_date_mdy] Show the field ONLY if: [mri_spine] = '1' or [mri_spine] = '2' | Date of MRI Spine <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 579 | [mri_ab_date_mdy] Show the field ONLY if: [mri_abdomen] = '1' or [mri_abdo men] = '2' | Date of MRI Abdomen <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| | 580 | [mri_other_date_mdy] Show the field ONLY if: [imaging_other] = '1' or [imaging_ other] = '2' | Date of Other Radiographic Imaging <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|-----------------------------|---|--|---|-----|---|----|---|--------------|----|------------|----|----------------------|
| 581 | [anti_coag] | <div>Section Header: <i>Treatment</i> What medications did the patient take or receive to treat Acute COVID-19/MIS-C/Long COVID (PASC)?</div> <div>Anti-coagulant</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 582 | [heparin] | Heparin | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 583 | [medications_enoxaparin] | Enoxaparin | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 584 | [medications_warfarin] | Warfarin | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 585 | [medications_doac] | Direct oral anticoagulant (DOAC) | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 586 | [medications_antiplatelets] | Antiplatelets/aspirin therapy | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 587 | [medications_antibiotics] | Systemic antibiotics | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 588 | [medications_modulators] | Immune modulators/immunosuppressants | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 589 | [medications_anakinra] | Anakinra | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|----------------------|------------------------------|--|---|--|---|-----|---|----|---|--------------|----|------------|----|----------------------|
| | 590 | [medications_tocilizumab] | Tocilizumab | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 591 | [medications_plasma] | Convalescent plasma | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 592 | [medications_antibodies] | SARS-CoV-2 monoclonal antibodies | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 593 | [medications_ivig] | Intravenous immunoglobulins (IVIG) | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 594 | [medications_interferon] | Interferon | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 595 | [medications_tnf_inhibitors] | Tumor necrosis factor (TNF) inhibitors (i.e. infliximab, etanercept, adalimumab) | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 596 | [medications_nsaid] | NSAID-Ibuprofen | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 597 | [medications_antiviral] | Anti-viral/anti-COVID | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 598 | [medications_diabetic] | Diabetic medications | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|---|--|---|-----|---|----|---|--------------|----|------------|----|----------------------|
| 599 | [medications_steroids] | Systemic steroids | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 600 | [medications_other] | Other medications | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 601 | [antibiotic_specify] Show the field ONLY if: [medications_antibiotics] = '1' | Specify antibiotic | text <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 602 | [medications_remdesivir] | Section Header: <i>If anti-viral/antibiotic, what type?</i> Remdesivir | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 603 | [medications_ribavirin] | Ribavirin | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 604 | [medications_insulin] Show the field ONLY if: [medications_diabetic] = '1' | Insulin? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 605 | [medications_inhaled] | Section Header: <i>If inhaled medications, what type?</i> Inhaled steroids | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 606 | [medications_albuterol] | Albuterol | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 607 | [medications_ipratropium] | Ipratropium | radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|---|--|---|---|-----|---|----|----|---------------------|----|------------|----|----------------------|
| 608 | [medications_dexa] | Section Header: <i>If systemic steroids, what type?</i> Dexamethasone | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 609 | [medications_methyl] | Methylprednisolone | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 610 | [medications_prednisone] | Prednisone/prednisolone | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 611 | [medications_hydro] | Hydrocortisone | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 612 | [medications_fludro] | Fludrocortison | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 613 | [medications_other_specify] Show the field ONLY if: [medications_other] = '1' | Specify | text | | | | | | | | | | |
| 614 | [patient_death] | Section Header: <i>Outcomes</i> Did the patient die? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 615 | [patient_death_covid] | Death due to COVID/MIS-C? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A or not reported</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 | 0 | No | 97 | N/A or not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 97 | N/A or not reported | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 616 | [patient_date_date_mdy] Show the field ONLY if: [patient_death] = '1' | Date of Death <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|--|--|---|---|--------------------------------|---|---------------------|---|--|----|------------|----|----------------------|----|----------------------|
| 617 | [discharge_location] | If hospitalized for suspected or diagnosed COVID-19 and survived, to where was the participant discharged? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Home with in-home nursing care</td></tr> <tr><td>2</td><td>Home with self-care</td></tr> <tr><td>3</td><td>Rehabilitation facility/nursing facility</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>97</td><td>N/A or not reported</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Home with in-home nursing care | 2 | Home with self-care | 3 | Rehabilitation facility/nursing facility | 4 | Other | 97 | N/A or not reported | 99 | Prefer not to answer |
| 1 | Home with in-home nursing care | | | | | | | | | | | | | | |
| 2 | Home with self-care | | | | | | | | | | | | | | |
| 3 | Rehabilitation facility/nursing facility | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | |
| 97 | N/A or not reported | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 618 | [discharge_location_other] | Specify | text | | | | | | | | | | | | |
| 619 | [treatment_invasive] | <p>Section Header: Did the patient receive the following for treatment of COVID in the hospital?</p> <p>Invasive mechanical ventilation (e.g., endotracheal intubation, mechanical ventilation via tracheostomy)</p> | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 620 | [treatment_tracheo] | New tracheostomy | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 621 | [treatment_noninvasive] | Noninvasive mechanism ventilation (e.g. CPAP, BiPAP, NIPPV) | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 622 | [treatment_ecmo] | Extracorporeal membrane oxygenation (ECMO) | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 623 | [treatment_vasoactive] | Vasoactive medications | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 624 | [treatment_arterial] | Arterial catheter placement | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 625 | [treatment_cardiopulmonary] | Cardiopulmonary resuscitation with/without return of spontaneous circulation | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|----|----------------------|---|--|--|---|-----|---|----|---|--------------|----|------------|----|----------------------|
| | 626 | [treatment_catheter] | Central venous catheter placement | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 627 | [treatment_lowflow] | Low flow oxygen therapy (e.g. nasal cannula, simple mask, face tent) | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 628 | [treatment_highflow] | High flow oxygen therapy | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 629 | [treatment_thrombosis] | Invasive management of thrombosis (e.g., surgical thrombectomy, endovascular thrombectomy, catheter-directed thrombolysis) | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 630 | [treatment_rrt] | Renal replacement therapy (RRT) | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 631 | [treatment_pacemaker] | Pacemaker placement | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 632 | [treatment_lvad] | Left ventricular assist device (LVAD) | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 633 | [treatment_other] | Other, specify | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>4</td><td>Not reported</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 | 0 | No | 4 | Not reported | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 4 | Not reported | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | |
| | 634 | [treatment_other_specify] Show the field ONLY if: [treatment_other] = '1' | Specify | text | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|--|---|--|---|-------------------|---|----------------------|----|---------------------|----|---|----|----------------------|----|----------------------|
| 635 | [treatment_ongoing] | Is the treatment ongoing? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>N/A (no support)</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 | 0 | No | 97 | N/A (no support) | 98 | Don't know | 99 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 97 | N/A (no support) | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 636 | [treatment_startdate_mdy] | Date intensive treatment started <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| 637 | [support_limitation] | Was there a "Do Not Resuscitate" order or any other limitation of support? | 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> | 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 | | | | | | | | | | | | | | |
| 638 | [treatment_stopdt_mdy] Show the field ONLY if: [treatment_ongoing] = '2' | Date intensive treatment stopped <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | |
| 639 | [breakfast_precovid] | Did your child get breakfast and/or lunch from the school in the 2019-2020 school year before the COVID-19 pandemic? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>97</td><td>Not applicable/child did not go to school in person</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 98 | Don't know | 97 | Not applicable/child did not go to school in person | 99 | Prefer not to answer | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | |
| 97 | Not applicable/child did not go to school in person | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 640 | [breakfast_duringcovid] Show the field ONLY if: [breakfast_precovid] = '2' | Did your child's school continue to provide breakfast and/or lunch during the COVID-19 pandemic (since March 2020)? | radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, less frequently</td></tr> <tr><td>3</td><td>Yes, same frequency</td></tr> <tr><td>4</td><td>Yes, more frequently</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | No | 2 | Yes, less frequently | 3 | Yes, same frequency | 4 | Yes, more frequently | 99 | Prefer not to answer | | |
| 1 | No | | | | | | | | | | | | | | |
| 2 | Yes, less frequently | | | | | | | | | | | | | | |
| 3 | Yes, same frequency | | | | | | | | | | | | | | |
| 4 | Yes, more frequently | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 641 | [discrimination_ethnicity] | (13+) During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity? | radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Most of the time | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 642 | [ethnicity_sincecovid] | (13+) Since the start of the pandemic (since March 2020), have you felt that you were treated badly or unfairly because of your race or ethnicity? | radio <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>97</td><td>Not applicable (N/A)</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Less | 2 | Same amount | 3 | More | 97 | Not applicable (N/A) | 99 | Prefer not to answer | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | Same amount | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 97 | Not applicable (N/A) | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 643 | [ethnicity_dangerous] | Section Header: (15+) Please answer the following questions on your beliefs about how the coronavirus is affecting people of your race/ethnicity. (13+) I believe the country has become more dangerous for people in my racial/ethnic group because of fear of the coronavirus. | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Somewhat disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neutral | | | | | | | | | | | | | | |
| 4 | Somewhat agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|---------------------------|---|--|---|-------------------|---|-------------------|---|---------|---|----------------|---|----------------|----|----------------------|
| 644 | [ethnicity_jobloss] | People of my race/ethnicity are more likely to lose their job because of the coronavirus. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Somewhat agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 645 | [ethnicity_assumecovid] | I worry about people thinking I have the coronavirus simply because of my race/ethnicity. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Somewhat agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 646 | [ethnicity_mediabias] | Most social and mass media reports about the coronavirus create bias against people of my racial/ethnic group. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Somewhat agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 647 | [ethnicity_covidlikely] | People of my race/ethnicity are more likely to get the coronavirus. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 648 | [ethnicity_healthunequal] | People of my race/ethnicity will not receive coronavirus healthcare as good as the care received by other groups. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 649 | [cyberbully_self] | Due to the coronavirus, I have been cyberbullied because of my race/ethnicity. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 650 | [cyberbully_others] | Since the coronavirus, I have seen a lot more cyberbullying of people of my race/ethnicity. | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Somewhat disagree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Somewhat agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|---|--|---|---|--|---|---|----|---|----|--|----|--|----|---|---|------------------------------|----|---------------------------------------|----|----------------------|
| 651 | [cyberbully_socialmedia] | Negative social media posts against people of my race/ethnicity have increased because of the coronavirus. | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Somewhat disagree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Somewhat agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly disagree | 2 | Somewhat disagree | 3 | Neutral | 4 | Somewhat agree | 5 | Strongly Agree | 99 | Prefer not to answer | | | | | | |
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| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 652 | [schooltype_report] | Is [your/your child's] current school a... | radio <table border="1"> <tr><td>1</td><td>A public school, including charter school or magnet school</td></tr> <tr><td>2</td><td>A private school, including private religious schools</td></tr> <tr><td>3</td><td>Bureau of Indian Affairs (BIA) or tribal school</td></tr> <tr><td>4</td><td>Early Childhood Center (school/center includes preschool and/or early elementary grades)</td></tr> <tr><td>5</td><td>Special Education school - primarily serves children with disabilities</td></tr> <tr><td>6</td><td>College, community college, or university</td></tr> <tr><td>7</td><td>Homeschool, including co-ops</td></tr> <tr><td>8</td><td>Full-time cyber school virtual school</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | A public school, including charter school or magnet school | 2 | A private school, including private religious schools | 3 | Bureau of Indian Affairs (BIA) or tribal school | 4 | Early Childhood Center (school/center includes preschool and/or early elementary grades) | 5 | Special Education school - primarily serves children with disabilities | 6 | College, community college, or university | 7 | Homeschool, including co-ops | 8 | Full-time cyber school virtual school | 99 | Prefer not to answer |
| 1 | A public school, including charter school or magnet school | | | | | | | | | | | | | | | | | | | | |
| 2 | A private school, including private religious schools | | | | | | | | | | | | | | | | | | | | |
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| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 653 | [child_iep] | Does your child have an Individualized Education Plan (IEP) or 504 plan? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 98 | Don't know | 99 | Prefer not to answer | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 654 | [child_iep_precovid] Show the field ONLY if: [child_iep] = '2' | Was your child receiving any specialized services or resources on an Individualized Education Plan (IEP) or 504 plan in the 2019-2020 school year before the pandemic? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 98 | Don't know | 99 | Prefer not to answer | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 655 | [child_iep_duringcovid] Show the field ONLY if: [child_iep] = '2' | During the pandemic (since March 2020) were your child's services less, the same, or more frequent compared to before the pandemic? | radio <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>4</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Less | 2 | Same | 3 | More | 4 | N/A | 99 | Prefer not to answer | | | | | | | | |
| 1 | Less | | | | | | | | | | | | | | | | | | | | |
| 2 | Same | | | | | | | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | | | | | | | |
| 4 | N/A | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 656 | [schooling_precovid] | From March 2020-May/June 2020, what was the primary form of schooling for your child? | radio <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Attend school in person ONLY | 2 | Attend school remotely ONLY | 3 | Attend school via a hybrid model that included in person schooling and remote distance learning | 4 | Not attend school because school was cancelled | 5 | Not attend school because child dropped out | 6 | Not attend school for other reason | 7 | NA | 99 | Prefer not to answer | | |
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| 6 | Not attend school for other reason | | | | | | | | | | | | | | | | | | | | |
| 7 | NA | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 657 | [schooling_precovid_specify] | Other | text | | | | | | | | | | | | | | | | | | |

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|-----|---|---|--|---|------------------------------|---|-----------------------------|---|---|---|--|---|---|----|------------------------------------|---|---------------------------------------|----|----------------------|----|----------------------|
| 658 | [schooling_middle] | From Aug/Sept 2020-May/June 2021, what was the primary form of schooling for your child? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Attend school in person ONLY | 2 | Attend school remotely ONLY | 3 | Attend school via a hybrid model that included in person schooling and remote distance learning | 4 | Not attend school because school was cancelled | 5 | Not attend school because child dropped out | 6 | Not attend school for other reason | 7 | NA | 99 | Prefer not to answer | | |
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| 6 | Not attend school for other reason | | | | | | | | | | | | | | | | | | | | |
| 7 | NA | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 659 | [schooling_middle_specify] Show the field ONLY if: [schooling_middle] = '6' | Other | text | | | | | | | | | | | | | | | | | | |
| 660 | [schooling_present] | From Aug/Sept 2021-present, what was the primary form of schooling for your child? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Attend school in person ONLY</td></tr> <tr><td>2</td><td>Attend school remotely ONLY</td></tr> <tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr> <tr><td>4</td><td>Not attend school because school was cancelled</td></tr> <tr><td>5</td><td>Not attend school because child dropped out</td></tr> <tr><td>6</td><td>Not attend school for other reason</td></tr> <tr><td>7</td><td>NA</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Attend school in person ONLY | 2 | Attend school remotely ONLY | 3 | Attend school via a hybrid model that included in person schooling and remote distance learning | 4 | Not attend school because school was cancelled | 5 | Not attend school because child dropped out | 6 | Not attend school for other reason | 7 | NA | 99 | Prefer not to answer | | |
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| 4 | Not attend school because school was cancelled | | | | | | | | | | | | | | | | | | | | |
| 5 | Not attend school because child dropped out | | | | | | | | | | | | | | | | | | | | |
| 6 | Not attend school for other reason | | | | | | | | | | | | | | | | | | | | |
| 7 | NA | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 661 | [schooling_present_specify] Show the field ONLY if: [schooling_present] = '6' | Other | text | | | | | | | | | | | | | | | | | | |
| 662 | [child_absent] | Since start of the current school year (or past school year if on summer break), about how many days did this child miss school (including missing remote learning)? | <div>radio</div> <table border="1"> <tr><td>1</td><td>No missed school days</td></tr> <tr><td>2</td><td>1-3 days</td></tr> <tr><td>3</td><td>4-6 days</td></tr> <tr><td>4</td><td>7-10 days</td></tr> <tr><td>5</td><td>11-15 days</td></tr> <tr><td>6</td><td>15 or more days</td></tr> <tr><td>7</td><td>This child was not enrolled in school</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 | No missed school days | 2 | 1-3 days | 3 | 4-6 days | 4 | 7-10 days | 5 | 11-15 days | 6 | 15 or more days | 7 | This child was not enrolled in school | 98 | Don't know | 99 | Prefer not to answer |
| 1 | No missed school days | | | | | | | | | | | | | | | | | | | | |
| 2 | 1-3 days | | | | | | | | | | | | | | | | | | | | |
| 3 | 4-6 days | | | | | | | | | | | | | | | | | | | | |
| 4 | 7-10 days | | | | | | | | | | | | | | | | | | | | |
| 5 | 11-15 days | | | | | | | | | | | | | | | | | | | | |
| 6 | 15 or more days | | | | | | | | | | | | | | | | | | | | |
| 7 | This child was not enrolled in school | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 663 | [child_absent_covid] Show the field ONLY if: [child_absent] = '2' or [child_absent] = '3' or [child_absent] = '4' or [child_absent] = '5' or [child_absent] = '6' | About how many days did this child miss school (including missing remote learning) because of illness of you or a family member from COVID-19? | <div>radio</div> <table border="1"> <tr><td>1</td><td>No missed school days</td></tr> <tr><td>2</td><td>1-3 days</td></tr> <tr><td>3</td><td>4-6 days</td></tr> <tr><td>4</td><td>7-10 days</td></tr> <tr><td>5</td><td>11-15 days</td></tr> <tr><td>6</td><td>15 or more days</td></tr> <tr><td>7</td><td>This child was not enrolled in school</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 | No missed school days | 2 | 1-3 days | 3 | 4-6 days | 4 | 7-10 days | 5 | 11-15 days | 6 | 15 or more days | 7 | This child was not enrolled in school | 98 | Don't know | 99 | Prefer not to answer |
| 1 | No missed school days | | | | | | | | | | | | | | | | | | | | |
| 2 | 1-3 days | | | | | | | | | | | | | | | | | | | | |
| 3 | 4-6 days | | | | | | | | | | | | | | | | | | | | |
| 4 | 7-10 days | | | | | | | | | | | | | | | | | | | | |
| 5 | 11-15 days | | | | | | | | | | | | | | | | | | | | |
| 6 | 15 or more days | | | | | | | | | | | | | | | | | | | | |
| 7 | This child was not enrolled in school | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 664 | [school_effective] | <p>Section Header: Using a scale of 1-5 where 1 is not at all true, and 5 is completely true, how true would you say each of the following statements is for your child's school/college, regarding how your experiences were/are during the COVID-19 pandemic (since March 2020)</p> <p>Remote learning is as effective as live/traditional classroom lectures for my child.</p> | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all true (1)</td></tr> <tr><td>2</td><td>(2)</td></tr> <tr><td>3</td><td>(3)</td></tr> <tr><td>4</td><td>(4)</td></tr> <tr><td>5</td><td>Completely true (5)</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all true (1) | 2 | (2) | 3 | (3) | 4 | (4) | 5 | Completely true (5) | 99 | Prefer not to answer | | | | | | |
| 1 | Not at all true (1) | | | | | | | | | | | | | | | | | | | | |
| 2 | (2) | | | | | | | | | | | | | | | | | | | | |
| 3 | (3) | | | | | | | | | | | | | | | | | | | | |
| 4 | (4) | | | | | | | | | | | | | | | | | | | | |
| 5 | Completely true (5) | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |

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|-----|---------------------------|--|--|--|---|---------------------|---|----------|---|---------------------------|---|-------|---|---------------------|----|----------------------|
| 665 | [school_goals] | My child can meet his/her educational goals with remote learning. | radio (Matrix) <table><tr><td>1</td><td>Not at all true (1)</td></tr><tr><td>2</td><td>(2)</td></tr><tr><td>3</td><td>(3)</td></tr><tr><td>4</td><td>(4)</td></tr><tr><td>5</td><td>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all true (1) | 2 | (2) | 3 | (3) | 4 | (4) | 5 | Completely true (5) | 99 | Prefer not to answer |
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| 2 | (2) | | | | | | | | | | | | | | | |
| 3 | (3) | | | | | | | | | | | | | | | |
| 4 | (4) | | | | | | | | | | | | | | | |
| 5 | Completely true (5) | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 666 | [school_social] | My child has sufficient social interaction with peers during remote learning. | radio (Matrix) <table><tr><td>1</td><td>Not at all true (1)</td></tr><tr><td>2</td><td>(2)</td></tr><tr><td>3</td><td>(3)</td></tr><tr><td>4</td><td>(4)</td></tr><tr><td>5</td><td>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all true (1) | 2 | (2) | 3 | (3) | 4 | (4) | 5 | Completely true (5) | 99 | Prefer not to answer |
| 1 | Not at all true (1) | | | | | | | | | | | | | | | |
| 2 | (2) | | | | | | | | | | | | | | | |
| 3 | (3) | | | | | | | | | | | | | | | |
| 4 | (4) | | | | | | | | | | | | | | | |
| 5 | Completely true (5) | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 667 | [school_lackinterest] | It seems my child experiences a lack of interest during remote learning. | radio (Matrix) <table><tr><td>1</td><td>Not at all true (1)</td></tr><tr><td>2</td><td>(2)</td></tr><tr><td>3</td><td>(3)</td></tr><tr><td>4</td><td>(4)</td></tr><tr><td>5</td><td>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all true (1) | 2 | (2) | 3 | (3) | 4 | (4) | 5 | Completely true (5) | 99 | Prefer not to answer |
| 1 | Not at all true (1) | | | | | | | | | | | | | | | |
| 2 | (2) | | | | | | | | | | | | | | | |
| 3 | (3) | | | | | | | | | | | | | | | |
| 4 | (4) | | | | | | | | | | | | | | | |
| 5 | Completely true (5) | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 668 | [school_frustration] | It seems my child experiences frustration during remote learning. | radio (Matrix) <table><tr><td>1</td><td>Not at all true (1)</td></tr><tr><td>2</td><td>(2)</td></tr><tr><td>3</td><td>(3)</td></tr><tr><td>4</td><td>(4)</td></tr><tr><td>5</td><td>Completely true (5)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all true (1) | 2 | (2) | 3 | (3) | 4 | (4) | 5 | Completely true (5) | 99 | Prefer not to answer |
| 1 | Not at all true (1) | | | | | | | | | | | | | | | |
| 2 | (2) | | | | | | | | | | | | | | | |
| 3 | (3) | | | | | | | | | | | | | | | |
| 4 | (4) | | | | | | | | | | | | | | | |
| 5 | Completely true (5) | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 669 | [teacher_problems] | Section Header: Teacher Relationships (12-18) Teachers understand my problems | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Disagree | | | | | | | | | | | | | | | |
| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 670 | [teacher_interest] | Teachers and staff seem to take a real interest in my future | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Disagree | | | | | | | | | | | | | | | |
| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 671 | [teacher_available] | Teachers are available when I need to talk with them | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|-----|----------------------------|---|--|---|-------------------|---|----------|---|----------------------------|---|-------|---|----------------|----|----------------------|
| 672 | [teacher_easytalk] | It is easy to talk with teachers | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 673 | [teacher_getalong] | Students get along well with teachers | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 674 | [teacher_notice] | At my school, there is a teacher or some other adult who notices when I'm not there | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 675 | [teacher_help] | Teachers at my school help us children with our problems | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 676 | [teacher_care] | My teachers care about me | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Disagree | | | | | | | | | | | | | | |
| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 677 | [teacher_esteem] | My teacher makes me feel good about myself | radio (Matrix) <table><tr><td>1</td><td>Strongly disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree or Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly disagree | 2 | Disagree | 3 | Neither Agree or Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree or Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 678 | [connect_schoolwork] | Section Header: <i>School Connectedness (12-18)</i> My schoolwork is exciting | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|----------------------------|--|---|---|----------------|---|-------|---|----------------------------|---|-------|---|----------------|----|----------------------|
| 679 | [connect_suggestions] | Students can make suggestions on courses that are offered | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Agree | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 680 | [connected_recognition] | Students are publicly recognized for their outstanding performances in speech, drama, art, music, etc. | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Agree | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 681 | [connect_moreclass] | If this school had an extra period during the day, I would take an additional academic class | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 2 | Agree | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 682 | [connect_enthusiasm] | This school makes students enthusiastic about learning | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 683 | [connect_praise] | Students are frequently rewarded or praised by faculty and staff for following school rules | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 684 | [support_understand] | Section Header: <i>Academic Support (12-18)</i> I usually understand my homework assignments | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 685 | [support_clarity] | Teachers make it clear what work needs to be done to get the grade I want | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
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| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|----------------------------|--|---|--|---|----------------|---|-------|---|----------------------------|---|-------|---|----------------|----|----------------------|
| 686 | [support_expectation] | I believe that teachers expect all students to learn | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 687 | [support_wellinschool] | I feel that I can do well in this school | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 688 | [support_wellinworkj] | My teachers believe that I can do well in my school work | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 689 | [support_tryhard] | I try hard to succeed in my classes | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 690 | [order_rules] | Classroom rules are applied equally | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 691 | [order_problems] | Problems in this school are solved by students and staff | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 692 | [order_trouble] | Students get in trouble if they do not follow school rules | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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|-----|----------------------------|---|---|---|----------------|---|-------|---|----------------------------|---|-------|---|----------------|----|----------------------|
| 693 | [order_fairrules] | The rules of the school are fair | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 694 | [order_enforced] | School rules are enforced consistently and fairly | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 695 | [order_clarity] | My teachers make it clear to me when I have misbehaved in class | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 696 | [order_disciplinefair] | Discipline is fair | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 697 | [physical_grounds] | Section Header: (Only answer if in-person schooling - 12-18) School Physical Environment The school grounds are kept clean | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 698 | [physical_schoolneatneat] | My school is neat and clean | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 699 | [physical_buildings] | My school buildings are generally pleasant and well maintained | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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|-----|----------------------------|--|---|---|----------------|---|-------|---|----------------------------|---|-------|---|----------------|----|----------------------|
| 700 | [physical_tidy] | My school is usually clean and tidy | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 701 | [social_studenthappy] | Section Header: School Social Environment I am happy with kinds of students who go to my school | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 702 | [social_studentgeneral] | I am happy, in general, with the other students who go to my school | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 703 | [privilege_samehelp] | Section Header: Perceived Exclusion/Privilege At my school, the same person always gets to help the teacher | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 704 | [privilege_samechosen] | At my school, the same kids get chosen every time to take part in after-school or special activities | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 705 | [privilege_sameuse] | The same kids always get to use things, like a computer, a ball or a piano, when we play | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
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| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 706 | [satisfaction_testnumber] | Section Header: Academic Satisfaction I am happy about the number of tests I have | radio (Matrix) <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer |
| 1 | Strongly Agree | | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------|---|---|---|----------------------------|--|-------------------|--------------------|---|---|-------------------------|--|-----------------|--------------------|--|----|----------------------|--|------------|--------------------|---|----|---------------------|----------------------|
| 707 | [satisfaction_homework] | I am happy about the amount of homework I have | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Agree | 5 | Strongly Agree | 99 | Prefer not to answer | | | | | | | | | |
| 1 | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Agree | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 708 | [grades_precovid] | In the months before the pandemic (2019-February 2020) how would you describe [you/your child's] grades in school? | radio <table border="1"> <tr><td>1</td><td>Below Average (D's or F's)</td></tr> <tr><td>2</td><td>Average (C's)</td></tr> <tr><td>3</td><td>Good (B's)</td></tr> <tr><td>4</td><td>Very Good (A's and B's)</td></tr> <tr><td>5</td><td>Excellent (A's)</td></tr> <tr><td>6</td><td>My child was not graded</td></tr> <tr><td>7</td><td>Refused</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 | Below Average (D's or F's) | 2 | Average (C's) | 3 | Good (B's) | 4 | Very Good (A's and B's) | 5 | Excellent (A's) | 6 | My child was not graded | 7 | Refused | 98 | Don't know | 99 | Prefer not to answer | | | |
| 1 | Below Average (D's or F's) | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Average (C's) | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Good (B's) | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Good (A's and B's) | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Excellent (A's) | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | My child was not graded | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Refused | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 709 | [grades_thisyear] | During the current school year, how would you describe [you/your child's] grades in school? | radio <table border="1"> <tr><td>1</td><td>Below Average (D's or F's)</td></tr> <tr><td>2</td><td>Average (C's)</td></tr> <tr><td>3</td><td>Good (B's)</td></tr> <tr><td>4</td><td>Very Good (A's and B's)</td></tr> <tr><td>5</td><td>Excellent (A's)</td></tr> <tr><td>6</td><td>My child was not graded</td></tr> <tr><td>7</td><td>Refused</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 | Below Average (D's or F's) | 2 | Average (C's) | 3 | Good (B's) | 4 | Very Good (A's and B's) | 5 | Excellent (A's) | 6 | My child was not graded | 7 | Refused | 98 | Don't know | 99 | Prefer not to answer | | | |
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| 2 | Average (C's) | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Good (B's) | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Good (A's and B's) | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Excellent (A's) | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | My child was not graded | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Refused | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 710 | [covid_childcare] | How has the COVID-19 outbreak affected your regular childcare/supervision of school aged children (K-12)? | checkbox <table border="1"> <tr> <td>1</td> <td>covid_childcare__1</td> <td>I had difficulty arranging for childcare/supervision</td> </tr> <tr> <td>2</td> <td>covid_childcare__2</td> <td>I had to pay more for childcare/supervision</td> </tr> <tr> <td>3</td> <td>covid_childcare__3</td> <td>My co-parent or I no longer needed childcare</td> </tr> <tr> <td>4</td> <td>covid_childcare__4</td> <td>My co-parent or I had to change our work schedule or quit our job to care for our children</td> </tr> <tr> <td>5</td> <td>covid_childcare__5</td> <td>My regular childcare/supervision was not affected by the COVID-19 outbreak</td> </tr> <tr> <td>6</td> <td>covid_childcare__6</td> <td>I do not have a school-age child who needed regular supervision</td> </tr> <tr> <td>99</td> <td>covid_childcare__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | covid_childcare__1 | I had difficulty arranging for childcare/supervision | 2 | covid_childcare__2 | I had to pay more for childcare/supervision | 3 | covid_childcare__3 | My co-parent or I no longer needed childcare | 4 | covid_childcare__4 | My co-parent or I had to change our work schedule or quit our job to care for our children | 5 | covid_childcare__5 | My regular childcare/supervision was not affected by the COVID-19 outbreak | 6 | covid_childcare__6 | I do not have a school-age child who needed regular supervision | 99 | covid_childcare__99 | Prefer not to answer |
| 1 | covid_childcare__1 | I had difficulty arranging for childcare/supervision | | | | | | | | | | | | | | | | | | | | | | |
| 2 | covid_childcare__2 | I had to pay more for childcare/supervision | | | | | | | | | | | | | | | | | | | | | | |
| 3 | covid_childcare__3 | My co-parent or I no longer needed childcare | | | | | | | | | | | | | | | | | | | | | | |
| 4 | covid_childcare__4 | My co-parent or I had to change our work schedule or quit our job to care for our children | | | | | | | | | | | | | | | | | | | | | | |
| 5 | covid_childcare__5 | My regular childcare/supervision was not affected by the COVID-19 outbreak | | | | | | | | | | | | | | | | | | | | | | |
| 6 | covid_childcare__6 | I do not have a school-age child who needed regular supervision | | | | | | | | | | | | | | | | | | | | | | |
| 99 | covid_childcare__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | |
| 711 | [education_computerfreq] | How often is a computer/laptop or other digital device (e.g., tablet) available to your child for educational purposes to support remote distance learning? | radio <table border="1"> <tr><td>1</td><td>Always available</td></tr> <tr><td>2</td><td>Usually available</td></tr> <tr><td>3</td><td>Sometimes available</td></tr> <tr><td>4</td><td>Rarely available</td></tr> <tr><td>5</td><td>Never available</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Always available | 2 | Usually available | 3 | Sometimes available | 4 | Rarely available | 5 | Never available | 97 | N/A | 99 | Prefer not to answer | | | | | | | |
| 1 | Always available | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Usually available | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes available | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Rarely available | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Never available | | | | | | | | | | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|----------------------------------|---|---|---|------------------------------|--|-------------------------|----------------------|--|---|----------------------------------|----------------------------|-------------------------|-----------------------|------------------------------|----|-----------------------|----------------------|
| 712 | [education_digital] | Is/are there computer(s) or other digital devices?... | <div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>education_digital__1</td> <td>Provided by the child's school or school district to use outside of school</td> </tr> <tr> <td>2</td> <td>education_digital__2</td> <td>Provided by someone in the household or family, or it is the child's</td> </tr> <tr> <td>3</td> <td>education_digital__3</td> <td>Provided by another source</td> </tr> <tr> <td>97</td> <td>education_digital__97</td> <td>N/A</td> </tr> <tr> <td>99</td> <td>education_digital__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='97,99'</div> | 1 | education_digital__1 | Provided by the child's school or school district to use outside of school | 2 | education_digital__2 | Provided by someone in the household or family, or it is the child's | 3 | education_digital__3 | Provided by another source | 97 | education_digital__97 | N/A | 99 | education_digital__99 | Prefer not to answer |
| 1 | education_digital__1 | Provided by the child's school or school district to use outside of school | | | | | | | | | | | | | | | | |
| 2 | education_digital__2 | Provided by someone in the household or family, or it is the child's | | | | | | | | | | | | | | | | |
| 3 | education_digital__3 | Provided by another source | | | | | | | | | | | | | | | | |
| 97 | education_digital__97 | N/A | | | | | | | | | | | | | | | | |
| 99 | education_digital__99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 713 | [internet_reliability] | How often is the Internet reliable so that your child is able to work remotely for education purposes to support remote virtual learning? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Always available</td></tr> <tr><td>2</td><td>Usually available</td></tr> <tr><td>3</td><td>Sometimes available</td></tr> <tr><td>4</td><td>Rarely available</td></tr> <tr><td>5</td><td>Never available</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Always available | 2 | Usually available | 3 | Sometimes available | 4 | Rarely available | 5 | Never available | 97 | N/A | 99 | Prefer not to answer | |
| 1 | Always available | | | | | | | | | | | | | | | | | |
| 2 | Usually available | | | | | | | | | | | | | | | | | |
| 3 | Sometimes available | | | | | | | | | | | | | | | | | |
| 4 | Rarely available | | | | | | | | | | | | | | | | | |
| 5 | Never available | | | | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| 714 | [internet_paidby] | Are internet services... | <div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>internet_paidby__1</td> <td>Paid for by the children's school or school district</td> </tr> <tr> <td>2</td> <td>internet_paidby__2</td> <td>Paid for by someone in the household or family</td> </tr> <tr> <td>3</td> <td>internet_paidby__3</td> <td>Paid for by another source</td> </tr> <tr> <td>97</td> <td>internet_paidby__97</td> <td>N/A</td> </tr> <tr> <td>99</td> <td>internet_paidby__99</td> <td>Prefer not to answer</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='97,99'</div> | 1 | internet_paidby__1 | Paid for by the children's school or school district | 2 | internet_paidby__2 | Paid for by someone in the household or family | 3 | internet_paidby__3 | Paid for by another source | 97 | internet_paidby__97 | N/A | 99 | internet_paidby__99 | Prefer not to answer |
| 1 | internet_paidby__1 | Paid for by the children's school or school district | | | | | | | | | | | | | | | | |
| 2 | internet_paidby__2 | Paid for by someone in the household or family | | | | | | | | | | | | | | | | |
| 3 | internet_paidby__3 | Paid for by another source | | | | | | | | | | | | | | | | |
| 97 | internet_paidby__97 | N/A | | | | | | | | | | | | | | | | |
| 99 | internet_paidby__99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 715 | [connection_precovid] | Compared to before the COVID-19 outbreak (before March 2020), [do you/does your child] feel | <div>radio</div> <table border="1"> <tr><td>1</td><td>Much less socially connected</td></tr> <tr><td>2</td><td>Less socially connected</td></tr> <tr><td>3</td><td>Slightly less socially connected</td></tr> <tr><td>4</td><td>Slightly more socially connected</td></tr> <tr><td>5</td><td>More socially connected</td></tr> <tr><td>6</td><td>Much more socially connected</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Much less socially connected | 2 | Less socially connected | 3 | Slightly less socially connected | 4 | Slightly more socially connected | 5 | More socially connected | 6 | Much more socially connected | 99 | Prefer not to answer | |
| 1 | Much less socially connected | | | | | | | | | | | | | | | | | |
| 2 | Less socially connected | | | | | | | | | | | | | | | | | |
| 3 | Slightly less socially connected | | | | | | | | | | | | | | | | | |
| 4 | Slightly more socially connected | | | | | | | | | | | | | | | | | |
| 5 | More socially connected | | | | | | | | | | | | | | | | | |
| 6 | Much more socially connected | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| 716 | [support_problems] | Section Header: (8-17) In the past month, please describe how often... I have someone who understands my problems | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer | | | |
| 1 | Never | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| 717 | [support_listen] | I have someone who will listen to me when I need to talk | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer | | | |
| 1 | Never | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |

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|-----|-------------------------|--|--|---|-------|---|----------|---|-----------|----|----------------------|---|--------|----|----------------------|
| 718 | [support_badday] | I have someone to talk with when I have a bad day | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 719 | [support_helpneed] | There is someone around to help me if I need it | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 720 | [support_advice] | I can get helpful advice from others when dealing with a problem | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 721 | [support_useful] | I get useful advice about important things in my life | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 722 | [support_talk_problems] | I have someone to talk with about school problems | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 723 | [compare_problems] | Section Header: (8-17) Compared to before the COVID-19 pandemic (before March 2020)... | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 724 | [compare_listen] | I have someone who will listen to me when I need to talk | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 725 | [compare_badday] | I have someone to talk with when I have a bad day | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|--------------------------|---|--|---|-------|---|----------|---|-----------|----|----------------------|---|--------|----|----------------------|
| 726 | [compare_helpneed] | There is someone around to help me if I need it | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 727 | [compare_advice] | I can get helpful advice from others when dealing with a problem | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 728 | [compare_useful] | I get useful advice about important things in my life | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 729 | [compare_talk_problems] | I have someone to talk with about school problems | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 730 | [relationships_share] | Section Header: (1-5) In the past 7 days My child shared with other kids | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 731 | [relationships_played] | My child played well with other children | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 732 | [relationships_laughed] | My child laughed and smiled with other children | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 733 | [relationships_interest] | My child showed interest in other children | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 734 | [child_shares] | Section Header: (1-5) Compared to before the COVID-19 pandemic (before March 2020) ... My child shares with other kids | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|-----------------------------|--|---|--|---|-------|---|----------|---|-----------|----|----------------------|---|--------|----|----------------------|
| 735 | [child_playswell] | My child plays well with other children | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 736 | [childLaughs] | My child laughs and smiles with other children | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 737 | [child_interest] | My child shows interest in other children | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 738 | [relationships_accepted] | Section Header: (5-17) In the past 7 days... My child felt accepted by other kids his/her age | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 739 | [relationships_counton] | My child was able to count on his/her friends | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 740 | [relationships_makefriends] | My child was good at making friends | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 741 | [relationships_help] | My child and his/her friends helped each other out | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 742 | [relationships_befriend] | Other kids wanted to be my child's friend | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|-----|-----------------------------|--|--|---|-------|---|----------|---|-----------|----|----------------------|---|--------|----|----------------------|
| 743 | [relationships_bewith] | Other kids wanted to be with my child | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 744 | [relationships_talkto] | Other kids wanted to talk to my child | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 745 | [child_accepted] | Section Header: (5-17) Compared to before the COVID-19 pandemic (before March 2020)... | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 746 | [child_counton] | My child is good at making friends | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 747 | [child_help] | My child and his/her friends help each other out | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 748 | [child_befriend] | Other kids want to be my child's friend | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 749 | [child_bewith] | Other kids want to be with my child | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 750 | [child_talkto] | Other kids wants to talk to my child | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 751 | [relationships_accepted_sr] | Section Header: (8-17) In the past 7 days... | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|-------------------------------|--|--|---|-------|---|----------|---|-----------|----|----------------------|---|--------|----|----------------------|
| 752 | [relationships_counton_sr] | I was able to count on friends | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 753 | [relationships_everything_sr] | I was able to talk about everything with my friends | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 754 | [relationships_makefriend_sr] | I was good at making friends | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 755 | [relationships_help_sr] | My friends and I helped each other out | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 756 | [relationships_befriend_sr] | Other kids wanted to be my friend | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 757 | [relationships_bewith_sr] | Other kids wanted to be with me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 758 | [relationships_talkto_sr] | Other kids wanted to talk to me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Rarely | 3 | Sometimes | 4 | Usually | 5 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 759 | [child_accepted_sr] | Section Header: (8-17) Compared to before the COVID-19 pandemic (before March 2020)... | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | | I feel accepted by other kids my age | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|---|--|--|---|------------------------------------|---|---|---|---|----|--|---|----------|----|----------------------|
| 760 | [child_counton_sr] | I am able to count on my friends | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 761 | [child_everything_sr] | I am able to talk about everything with my friends | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 762 | [child_makefriends_sr] | I am good at making friends | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 763 | [child_help_sr] | My friends and I help each other out | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 764 | [child_befriend_sr] | Other kids want to be my friend | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 765 | [child_bewith_sr] | Other kids want to be with me | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 766 | [child_talkto_sr] | Other kids want to talk to me | radio (Matrix) <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Less | 2 | The same | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | The same | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 767 | [getting_along_sr] | How [have/were] YOU and your parent(s) (been) getting along during the COVID-19 outbreak (since March 2020)? | radio <table><tr><td>1</td><td>Very well - no problems or tension</td></tr><tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr><tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr><tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr><tr><td>5</td><td>Terribly</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Very well - no problems or tension | 2 | Well - occasional tension, some tension, but manageable | 3 | Okay - some tension and sometimes things get out of hand (a few heated arguments) | 4 | Not very well - tense, lots of arguing, unsettled feeling, definite problems | 5 | Terribly | 99 | Prefer not to answer |
| 1 | Very well - no problems or tension | | | | | | | | | | | | | | |
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| 3 | Okay - some tension and sometimes things get out of hand (a few heated arguments) | | | | | | | | | | | | | | |
| 4 | Not very well - tense, lots of arguing, unsettled feeling, definite problems | | | | | | | | | | | | | | |
| 5 | Terribly | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 768 | [getting_along_change_sr] | Is this a change from how you were getting along during the COVID-19 outbreak (since March 2020)? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table> | 1 | Yes | 0 | No | 3 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | |
| 769 | [violence_tochild] | (13+) During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with a child (for example, shoved, hit, kicked, or shook [her/him/them])? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table> | 1 | Yes | 0 | No | 3 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|-----------------------------|---|---|---|------------------|---|--------------|---|----------------------|----|----------------------|---|-----------------|----|----------------------|
| 770 | [violence_toself] | (13+) During the COVID-19 outbreak (since March 2020), was an adult in your household ever physically violent with you (for example, shoved, hit, kicked, or shook you)? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | |
| 771 | [violence_tosomeone] | (13+) During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with someone else (for example, shoved, hit, kicked, or shook someone else)? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | |
| 772 | [screentime_weekdays_child] | Section Header: <i>Social Media/Screen Time</i> (13+) ON MOST WEEKDAYS, about how much time did [you/your child] spend in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, accessing the Internet or using social media? Do not include time spent doing schoolwork. | radio <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1 hour</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>3 hours</td></tr> <tr><td>5</td><td>4 or more hours</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Less than 1 hour | 2 | 1 hour | 3 | 2 hours | 4 | 3 hours | 5 | 4 or more hours | 99 | Prefer not to answer |
| 1 | Less than 1 hour | | | | | | | | | | | | | | |
| 2 | 1 hour | | | | | | | | | | | | | | |
| 3 | 2 hours | | | | | | | | | | | | | | |
| 4 | 3 hours | | | | | | | | | | | | | | |
| 5 | 4 or more hours | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 773 | [education_child] | Section Header: <i>Compared to before the COVID-19 outbreak (before March 2020), how much are you now of the following?</i> Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for educational purposes, including schoolwork | radio (Matrix) <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Less | 2 | Same amount | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | Same amount | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 774 | [noneducation_child] | Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for non-educational purposes | radio (Matrix) <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Less | 2 | Same amount | 3 | More | 99 | Prefer not to answer | | | | |
| 1 | Less | | | | | | | | | | | | | | |
| 2 | Same amount | | | | | | | | | | | | | | |
| 3 | More | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 775 | [happy_withlife] | (13+) Since becoming aware of the COVID-19 outbreak, how often have you felt happy and satisfied with your life? | radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
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| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 776 | [child_attentive] | (8-17) I felt attentive | radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 777 | [child_delighted] | (8-12) I felt delighted/(3-12) My child was delighted | radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 778 | [child_calm] | (8-12) I felt calm | radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|----------------------|--|---|---|------------|---|--------------|---|----------|---|-------------|---|-----------|----|----------------------|
| 779 | [child_interested] | (13-17) I felt interested/(3-12) My child was interested | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 780 | [child_confident] | (8-12) I felt confident/(3-12) My child was confident | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 781 | [child_energetic] | (8-12) I felt energetic | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 782 | [child_concentrate] | (8-12) I felt able to concentrate | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
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| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 783 | [child_cheerful] | (13-17) I felt cheerful/(3-12) My child was cheerful | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 784 | [child_joyful] | (13-17) I felt joyful/(3-12) My child was joyful | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 785 | [child_atease] | (13-17) I felt at ease/(3-12) My child was at ease | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|----------------------|---|---|---|------------|---|--------------|---|----------|---|-------------|---|-----------|----|----------------------|
| 786 | [child_peaceful] | (13-17) I felt peaceful | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 787 | [child_goodnatured] | (13-17) I felt good-natured | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 788 | [child_content] | (13-17) I felt content | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 789 | [child_inspired] | (3-12) My child was inspired | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 790 | [child_happy] | (3-12) My child was happy | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
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| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 791 | [child_alert] | (3-12) My child was alert | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 792 | [child_enthusiastic] | (8-12) I felt enthusiastic/(3-12) My child was enthusiastic | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | A little bit | 3 | Somewhat | 4 | Quite a bit | 5 | Very much | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|--|---|--|---|-----------------|--------------------------|----------|-----------------|----------------------|---|-----------------|------------------------|-----------|-----------------|--|---|-----------------|--------------------|---|-----------------|--|---|-----------------|---|---|-----------------|-------------------------------|---|-----------------|--|----|------------------|---|----|------------------|---|----|------------------|----------------|----|------------------|---|----|------------------|-------|----|------------------|----------------------|
| 793 | [coping_child] | (13+) What have you done to cope with your stress related to the COVID-19 outbreak? (Mark all that apply)/(Child 8+) Which of the following strategies [have been/were] helpful to YOUR CHILD while staying at home because of the COVID-19 outbreak? (Mark all that apply) | <div>checkbox</div> <table border="1"> <tr><td>1</td><td>coping_child__1</td><td>Arts and crafts projects</td></tr> <tr><td>2</td><td>coping_child__2</td><td>Cooking/baking</td></tr> <tr><td>3</td><td>coping_child__3</td><td>Drinking alcohol (13+)</td></tr> <tr><td>4</td><td>coping_child__4</td><td>Engaging in more family activities (e.g., games, sports)</td></tr> <tr><td>5</td><td>coping_child__5</td><td>Exercising/walking</td></tr> <tr><td>6</td><td>coping_child__6</td><td>Increasing time reading books, or doing activities like puzzles and crosswords</td></tr> <tr><td>7</td><td>coping_child__7</td><td>Meditation and/or mindfulness practices</td></tr> <tr><td>8</td><td>coping_child__8</td><td>Spiritual/religious practices</td></tr> <tr><td>9</td><td>coping_child__9</td><td>Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)</td></tr> <tr><td>10</td><td>coping_child__10</td><td>Texting, calling or video-calling family members or friends</td></tr> <tr><td>11</td><td>coping_child__11</td><td>Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping (13+)</td></tr> <tr><td>12</td><td>coping_child__12</td><td>Volunteer work</td></tr> <tr><td>13</td><td>coping_child__13</td><td>(I have not/My child has) done any of these things to cope with the COVID-19 outbreak</td></tr> <tr><td>14</td><td>coping_child__14</td><td>Other</td></tr> <tr><td>99</td><td>coping_child__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div> | 1 | coping_child__1 | Arts and crafts projects | 2 | coping_child__2 | Cooking/baking | 3 | coping_child__3 | Drinking alcohol (13+) | 4 | coping_child__4 | Engaging in more family activities (e.g., games, sports) | 5 | coping_child__5 | Exercising/walking | 6 | coping_child__6 | Increasing time reading books, or doing activities like puzzles and crosswords | 7 | coping_child__7 | Meditation and/or mindfulness practices | 8 | coping_child__8 | Spiritual/religious practices | 9 | coping_child__9 | Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors) | 10 | coping_child__10 | Texting, calling or video-calling family members or friends | 11 | coping_child__11 | Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping (13+) | 12 | coping_child__12 | Volunteer work | 13 | coping_child__13 | (I have not/My child has) done any of these things to cope with the COVID-19 outbreak | 14 | coping_child__14 | Other | 99 | coping_child__99 | Prefer not to answer |
| 1 | coping_child__1 | Arts and crafts projects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | coping_child__2 | Cooking/baking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | coping_child__3 | Drinking alcohol (13+) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | coping_child__4 | Engaging in more family activities (e.g., games, sports) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | coping_child__5 | Exercising/walking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | coping_child__6 | Increasing time reading books, or doing activities like puzzles and crosswords | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | coping_child__7 | Meditation and/or mindfulness practices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | coping_child__8 | Spiritual/religious practices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | coping_child__9 | Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | coping_child__10 | Texting, calling or video-calling family members or friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | coping_child__11 | Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping (13+) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | coping_child__12 | Volunteer work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | coping_child__13 | (I have not/My child has) done any of these things to cope with the COVID-19 outbreak | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | coping_child__14 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | coping_child__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 794 | [coping_child_other] Show the field ONLY if: [coping_child(14)] = '1' | Specify | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 795 | [lonliness] | Is your life lonelier because of the COVID-19 pandemic? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 2 | No | 3 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 796 | [during_worriedself] | Section Header: (9+) During the COVID-19 pandemic (since March 2020) How worried have you been about coronavirus (COVID-19)? | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 797 | [during_worriedothers] | How worried have others around you been about coronavirus (COVID-19)? | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 798 | [during_worriedschool] | How worried have you been about changes to schooling (e.g., missing school in-person)? | <div>radio (Matrix)</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--------------------------|---|---|--|---|------------|---|----------|---|------------|---|------|---|-----------|----|----------------------|
| 799 | [during_lifechange] | How much do you think your life has changed due to coronavirus (COVID-19)? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 800 | [during_hope] | How hopeful have you been that the coronavirus/COVID- 19 crisis in your area will end soon? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 801 | [pastweek_worriedself] | Section Header: <i>In the past week:</i> How worried have you been about coronavirus (COVID-19)? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 802 | [pastweek_worriedothers] | How worried have others around you been about coronavirus (COVID-19)? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 803 | [pastweek_worriedschool] | How worried have you been about changes to schooling (e.g., missing school in-person)? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 804 | [pastweek_lifechange] | How much do you think your life has changed due to coronavirus (COVID-19)? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 805 | [pastweek_hope] | How hopeful have you been that the coronavirus/COVID-19 crisis in your area will end soon? | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|-----|----------------------|--|--|---|------------|---|--------|---|-----------|---|-------|---|------------|----|----------------------|
| 806 | [stress_sleep] | <div>Section Header: (13+) During the COVID-19 pandemic (since March 2020), how often did you:</div> <div>Have difficulty sleeping</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 807 | [stress_startle] | Startle easily | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 808 | [stress_outburst] | Have angry outbursts | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 809 | [stress_timeslow] | Feel a sense of time slowing down | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 810 | [stress_daze] | Feel in a daze | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 811 | [stress_avoid] | Try to avoid thoughts and feelings about COVID-19 | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 812 | [stress_dreams] | Have distressing dreams about COVID-19 | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|-----------------------------|---|---|---|-------------------------|---|----------------------------|---|-----------------|----|-----------------------------|----|--------------------------|----|----------------------|----|------------|----|----------------------|
| 813 | [stress_reminder] | Feel distressed when you saw something that reminded you of COVID-19 | radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Not at all | 2 | Rarely | 3 | Sometimes | 4 | Often | 5 | Very often | 99 | Prefer not to answer | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | |
| 5 | Very often | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 814 | [pastweek_exercise] | During the past week, on how many days did this child exercise, play a sport, or participate in physical activity (including physical education classes) for at least 60 minutes? | radio <table><tr><td>1</td><td>0 days</td></tr><tr><td>2</td><td>1-3 days</td></tr><tr><td>3</td><td>4-6 days</td></tr><tr><td>4</td><td>Every day</td></tr><tr><td>5</td><td>Prefer not to answer</td></tr></table> | 1 | 0 days | 2 | 1-3 days | 3 | 4-6 days | 4 | Every day | 5 | Prefer not to answer | | | | | | |
| 1 | 0 days | | | | | | | | | | | | | | | | | | |
| 2 | 1-3 days | | | | | | | | | | | | | | | | | | |
| 3 | 4-6 days | | | | | | | | | | | | | | | | | | |
| 4 | Every day | | | | | | | | | | | | | | | | | | |
| 5 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 815 | [compare_exercise] | How has this changed compared to before the COVID-19 outbreak (before March 2020)? | radio <table><tr><td>1</td><td>Fewer days</td></tr><tr><td>2</td><td>Same number of days</td></tr><tr><td>3</td><td>More days</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 | Fewer days | 2 | Same number of days | 3 | More days | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Fewer days | | | | | | | | | | | | | | | | | | |
| 2 | Same number of days | | | | | | | | | | | | | | | | | | |
| 3 | More days | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 816 | [sleep_change] | (Child 13+) How has your quality of sleep changed compared to before the COVID-19 outbreak (before March 2020)? | radio <table><tr><td>1</td><td>It's gotten a lot worse</td></tr><tr><td>2</td><td>It's gotten a little worse</td></tr><tr><td>3</td><td>Stayed the same</td></tr><tr><td>4</td><td>It's gotten a little better</td></tr><tr><td>5</td><td>It's gotten a lot better</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | It's gotten a lot worse | 2 | It's gotten a little worse | 3 | Stayed the same | 4 | It's gotten a little better | 5 | It's gotten a lot better | 99 | Prefer not to answer | | | | |
| 1 | It's gotten a lot worse | | | | | | | | | | | | | | | | | | |
| 2 | It's gotten a little worse | | | | | | | | | | | | | | | | | | |
| 3 | Stayed the same | | | | | | | | | | | | | | | | | | |
| 4 | It's gotten a little better | | | | | | | | | | | | | | | | | | |
| 5 | It's gotten a lot better | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 817 | [sleephours_child] | In the last week, how many hours of sleep did you get on most nights? | radio <table><tr><td>1</td><td>More than 11 hours</td></tr><tr><td>2</td><td>9-11 hours</td></tr><tr><td>3</td><td>8-9 hours</td></tr><tr><td>4</td><td>7-8 hours</td></tr><tr><td>5</td><td>5-7 hours</td></tr><tr><td>6</td><td>Less than 5 hours</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 | More than 11 hours | 2 | 9-11 hours | 3 | 8-9 hours | 4 | 7-8 hours | 5 | 5-7 hours | 6 | Less than 5 hours | 98 | Don't know | 99 | Prefer not to answer |
| 1 | More than 11 hours | | | | | | | | | | | | | | | | | | |
| 2 | 9-11 hours | | | | | | | | | | | | | | | | | | |
| 3 | 8-9 hours | | | | | | | | | | | | | | | | | | |
| 4 | 7-8 hours | | | | | | | | | | | | | | | | | | |
| 5 | 5-7 hours | | | | | | | | | | | | | | | | | | |
| 6 | Less than 5 hours | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 818 | [comparesleep_child] | How has this changed compared to before the COVID-19 outbreak (before March 2020)? | radio <table><tr><td>1</td><td>Less time</td></tr><tr><td>2</td><td>Same time</td></tr><tr><td>3</td><td>More time</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 | Less time | 2 | Same time | 3 | More time | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Less time | | | | | | | | | | | | | | | | | | |
| 2 | Same time | | | | | | | | | | | | | | | | | | |
| 3 | More time | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 819 | [sleephours_parent] | In the last week, how many hours of sleep did your child get on most nights? | radio <table><tr><td>1</td><td>More than 11 hours</td></tr><tr><td>2</td><td>9-11 hours</td></tr><tr><td>3</td><td>8-9 hours</td></tr><tr><td>4</td><td>7-8 hours</td></tr><tr><td>5</td><td>5-7 hours</td></tr><tr><td>6</td><td>Less than 5 hours</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 | More than 11 hours | 2 | 9-11 hours | 3 | 8-9 hours | 4 | 7-8 hours | 5 | 5-7 hours | 6 | Less than 5 hours | 98 | Don't know | 99 | Prefer not to answer |
| 1 | More than 11 hours | | | | | | | | | | | | | | | | | | |
| 2 | 9-11 hours | | | | | | | | | | | | | | | | | | |
| 3 | 8-9 hours | | | | | | | | | | | | | | | | | | |
| 4 | 7-8 hours | | | | | | | | | | | | | | | | | | |
| 5 | 5-7 hours | | | | | | | | | | | | | | | | | | |
| 6 | Less than 5 hours | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | |

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|----------------|-----------------------|---|--|----------------|-----------|---|-----------|---|-----------|----|------------|----|----------------------|
| 820 | [comparesleep_parent] | How has this changed compared to before the COVID-19 outbreak (before March 2020)? | <table><tr><td>1</td><td>Less time</td></tr><tr><td>2</td><td>Same time</td></tr><tr><td>3</td><td>More time</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 | Less time | 2 | Same time | 3 | More time | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Less time | | | | | | | | | | | | |
| 2 | Same time | | | | | | | | | | | | |
| 3 | More time | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 821 | [baseline_tourette] | Tourette Syndrome | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 822 | [baseline_depression] | Depression | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 823 | [baseline_anxiety] | Anxiety problems | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 824 | [baseline_autism] | Autism or Autism Spectrum Disorder (ASD), Asperger's Disorder, Pervasive Developmental Disorder (PDD) | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 825 | [baseline_add] | Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD/ADHD) | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 826 | [baseline_fatigue] | Chronic fatigue | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 827 | [baseline_ptsd] | Post-traumatic stress disorder (PTSD) | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 828 | [baseline_ideation] | Suicidal thoughts or behaviors | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 829 | [baseline_bipolar] | Mania or bipolar disorder | <table><tr><td colspan="2">radio (Matrix)</td></tr><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> | radio (Matrix) | | 1 | Yes | 2 | No | 98 | Don't know | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|---------------------------------------|---|---|---|------------------|---|---------------------------------------|----|--------------------|----|-----------------------------------|---|--------------------------|----|----------------------|
| 830 | [baseline_behavioral] | Behavioral disorder or conduct problems | radio (Matrix) <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 | | | | | | | | | | | | | | |
| 831 | [baseline_delay] | Developmental delay | radio (Matrix) <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 | | | | | | | | | | | | | | |
| 832 | [baseline_intellectual] | Intellectual disability | radio (Matrix) <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 | | | | | | | | | | | | | | |
| 833 | [baseline_speech] | Speech or other language disorder | radio (Matrix) <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 | | | | | | | | | | | | | | |
| 834 | [baseline_learning] | Learning disability | radio (Matrix) <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 | | | | | | | | | | | | | | |
| 835 | [baseline_current] | Specify which conditions the child currently has. | text | | | | | | | | | | | | |
| 836 | [physical_health] | (8+) In general, how would you rate your physical health?/In general, how is your child's physical health? | 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> </table> | 1 | Excellent | 2 | Very good | 3 | Good | 4 | Fair | 5 | Poor | 99 | Prefer not to answer |
| 1 | Excellent | | | | | | | | | | | | | | |
| 2 | Very good | | | | | | | | | | | | | | |
| 3 | Good | | | | | | | | | | | | | | |
| 4 | Fair | | | | | | | | | | | | | | |
| 5 | Poor | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 837 | [mental_health] | (8+) In general, how would you rate your mental health, including how you feel, think, and behave?/In general, how is your child's mental or emotional health? | 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> </table> | 1 | Excellent | 2 | Very good | 3 | Good | 4 | Fair | 5 | Poor | 99 | Prefer not to answer |
| 1 | Excellent | | | | | | | | | | | | | | |
| 2 | Very good | | | | | | | | | | | | | | |
| 3 | Good | | | | | | | | | | | | | | |
| 4 | Fair | | | | | | | | | | | | | | |
| 5 | Poor | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 838 | [cross_stomach] | Section Header: During the past TWO (2) WEEKS, how much (or how often) has your child.../ (11-17) During the past TWO (2) WEEKS, how much (or how often) have you... Complained of stomach aches, headaches, or other aches and pains? /(11-17) Been bothered by stomach aches, headaches, or other aches and pains? | radio (Matrix) <table border="1"> <tr><td>0</td><td>None- Not at all</td></tr> <tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr> <tr><td>2</td><td>Mild- several days</td></tr> <tr><td>3</td><td>Moderate- More than half the days</td></tr> <tr><td>4</td><td>Severe- Nearly every day</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| 0 | None- Not at all | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 839 | [cross_sick] | Said he/she was worried about his/her health or about getting sick? /(11-17) Worried about your health or about getting sick? | radio (Matrix) <table border="1"> <tr><td>0</td><td>None- Not at all</td></tr> <tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr> <tr><td>2</td><td>Mild- several days</td></tr> <tr><td>3</td><td>Moderate- More than half the days</td></tr> <tr><td>4</td><td>Severe- Nearly every day</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
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| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|-----|---------------------------------------|--|---|---|------------------|---|---------------------------------------|---|--------------------|---|-----------------------------------|---|--------------------------|----|----------------------|
| 840 | [cross_sleep] | Had problems sleeping-that is, trouble falling asleep, staying asleep, or waking up too early? /(11-17) Been bothered by not being able to fall asleep or stay asleep, or by waking up too early? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 841 | [cross_attention] | Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game /(11-17) Been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 842 | [cross_fun] | Had less fun doing things than he/she used to? /(11-17) Had less fun doing things than you used to? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| 0 | None- Not at all | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 843 | [cross_sad] | Seemed sad or depressed for several hours? /(11-17) Felt sad or depressed for several hours? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 844 | [cross_irritated] | Seemed more irritated or easily annoyed than usual? /(11-17) Felt more irritated or easily annoyed than usual? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 845 | [cross_temper] | Seemed angry or lost his/her temper? /(11-17) Felt angry or lost your temper? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 846 | [cross_risky] | Started lots more projects than usual or did more risky things than usual? /(11-17) Started lots more projects than usual or done more risky things than usual? | radio (Matrix) <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | |
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| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|----------------|---------------------------------------|---|--|----------------|--|---|------------------|---|---------------------------------------|---|--------------------|---|-----------------------------------|---|--------------------------|----|----------------------|
| 847 | [cross_energy] | Slept less than usual for him/her, but still had lots of energy? /(11-17) Slept less than usual but still had a lot of energy? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | None- Not at all | | | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 848 | [cross_nervous] | Said he/she felt nervous, anxious, or scared? /(11-17) Felt nervous, anxious, or scared? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | None- Not at all | | | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 849 | [cross_worry_] | Not been able to stop worrying? /(11-17) Not been able to stop worrying? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | None- Not at all | | | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 850 | [cross_resist] | Said he/she couldn't do things he/she wanted to or should have done, because they made him/her feel nervous? /(11-17) Not been able to do things you wanted to or should have done, because they made you feel nervous? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | None- Not at all | | | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 851 | [cross_voices] | Said that he/she heard voices-when there was no one there-speaking about him/her or telling him/her what to do or saying bad things to him/her? /(11-17) Heard voices-when there was no one there-speaking about you or telling you what to do or saying bad things to you? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 0 | None- Not at all | | | | | | | | | | | | | | | | |
| 1 | Slight - Rare- less than a day or two | | | | | | | | | | | | | | | | |
| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 852 | [cross_vision] | Said that he/she had a vision when he/she was completely awake-that is, saw something or someone that no one else could see? /(11-17) Had visions when you were completely awake-that is, seen something or someone that no one else could see? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 2 | Mild- several days | | | | | | | | | | | | | | | | |
| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 853 | [cross_thoughts] | Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to him/her or to someone else? /(11-17) Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else? | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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|-----|---------------------------------------|---|--|--|---|------------------|----|---------------------------------------|----|----------------------|---|-----------------------------------|---|--------------------------|----|----------------------|
| 854 | [cross_check] | Said he/she felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? /(11-17) Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? | <div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 855 | [cross_things] | Seemed to worry a lot about things he/she touched being dirty or having germs or being poisoned? /(11-17) Worried a lot about things you touched being dirty or having germs or being poisoned? | <div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 856 | [cross_behavior] | Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening? /(11-17) Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? | <div>radio (Matrix)</div> <table><tr><td>0</td><td>None- Not at all</td></tr><tr><td>1</td><td>Slight - Rare- less than a day or two</td></tr><tr><td>2</td><td>Mild- several days</td></tr><tr><td>3</td><td>Moderate- More than half the days</td></tr><tr><td>4</td><td>Severe- Nearly every day</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 0 | None- Not at all | 1 | Slight - Rare- less than a day or two | 2 | Mild- several days | 3 | Moderate- More than half the days | 4 | Severe- Nearly every day | 99 | Prefer not to answer |
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| 3 | Moderate- More than half the days | | | | | | | | | | | | | | | |
| 4 | Severe- Nearly every day | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 857 | [cross_alcohol] | <div>Section Header: <i>In the past TWO (2) WEEKS, has your child ... (11-17) In the past TWO (2) WEEKS, have you...</i></div> <div>Had an alcoholic beverage (beer, wine, liquor, etc.)? /(11-17) Had an alcoholic beverage (beer, wine, liquor, etc.)?</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 858 | [cross_smoking] | Smoked marijuana, a cigarette, a cigar, a pipe, e-cigarettes, vaped, or used snuff or chewing tobacco? /(11-17) Smoked marijuana, a cigarette, a cigar, or pipe, e-cigarettes, vaped, or used snuff or chewing tobacco? | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 859 | [cross_drugs] | Used drugs like cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? /(11-17) Used drugs like cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 860 | [cross_meds] | Used any medicine without a doctor's prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? /(11-17) Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 861 | [cross_suic_idea] | In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself or about wanting to commit suicide? /(11-17) In the last 2 weeks, have you thought about killing yourself or committing suicide? | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 862 | [cross_suic_attem] | Has he/she EVER tried to kill himself/herself? /(11-17) Have you EVER tried to kill yourself? | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</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 | 98 | Don't know | 99 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 863 | [promis_nervous] | <div>Section Header: <i>PROMIS Anxiety-In the past 7 days</i></div> <div>My child felt nervous /(8-17) I felt nervous</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|-----|----------------------|--|--|--|---|-------|---|--------------|---|-----------|---|-------|---|---------------|----|----------------------|
| 864 | [promis_scared] | My child felt scared /(8-17) I felt nervous | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 865 | [promis_worried] | My child felt worried /(8-17) I felt worried | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 866 | [promis_awful] | My child felt like something awful might happen /(8-17) I felt like something awful might happen | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 867 | [promis_home_worry] | My child worried when he/she was at home /(8-17) I worried when I was at home | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 868 | [promis_scare_easy] | My child got scared really easy /(8-17) I got scared really easy | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 869 | [promis_worry_self] | My child worried what could happen to him/her /(8-17) I worried what could happen to me | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 870 | [promis_worry_night] | My child worried when he/she went to bed at night /(8-17) I worried when I went to bed at night | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|-----|----------------------|--|--|---|-------|---|--------------|---|-----------|---|-------|---|---------------|----|----------------------|
| 871 | [promis_stop_sad] | <div>Section Header: PROMIS Depressive Symptoms-In the past 7 days</div> <div>My child could not stop feeling sad /(8-17) I could not stop feeling sad</div> | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 872 | [promis_alone] | (8-17) I felt alone | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
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| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 873 | [promis_life_wrong] | My child felt everything in his/her life went wrong /(8-17) I felt everything in my life went wrong | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 874 | [promis_not_right] | My child felt like he/she couldn't do anything right /(8-17) I felt like I couldn't do anything right | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 875 | [promis_lonely] | My child felt lonely /(8-17) I felt lonely | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 876 | [promis_sad] | My child felt sad /(8-17) I felt sad | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 877 | [promis_unhappy] | (8-17) I felt unhappy | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----------------|-----------------------|--|--|----------------|--|---|-------|---|--------------|---|-----------|---|-------|---|---------------|----|----------------------|
| 878 | [promis_fun] | It was hard for my child to have fun /(8-17) It was hard for me to have fun | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 879 | [promis_tired_friend] | Section Header: PROMIS Fatigue-In the past 7 days Being tired made it hard for my child to play or go out with friends as much as he/she would like /(8-17) Being tired made it hard for me to play or go out with my friends as much as I'd like | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 880 | [promis_weak] | My child felt weak /(8-17) I felt weak | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 881 | [promis_tired_easily] | My child got tired easily /(8-17) I got tired easily | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 882 | [promis_tired_school] | Being tired made it hard for my child to keep up with schoolwork /(8-17) Being tired made it hard for me to keep up with my schoolwork | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 883 | [promis_tired_finish] | My child had trouble finishing things because he/she was too tired /(8-17) I had trouble finishing things because I was too tired | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 884 | [promis_tired_start] | My child had trouble starting things because he/she was too tired /(8-17) I had trouble starting things because I was too tired | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

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|----------------|------------------------|--|--|----------------|--|---|-------|---|--------------|---|-----------|---|--------|----|----------------------|----|----------------------|
| 885 | [promis_tired_atten] | My child was so tired it was hard for him/her to pay attention /(8-17) I was so tired it was hard for me to pay attention | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 886 | [promis_tired_sport] | My child was too tired to do sports or exercise /(8-17) I was too tired to do sports or exercise | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 887 | [promis_tired_outside] | My child was too tired to do things outside /(8-17) I was too tired to do things outside | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 888 | [promis_tired_enjoy] | My child was too tired to enjoy the things he/she likes to do /(8-17) I was too tired to enjoy the things I like to do | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 889 | [rcas_worry] | Section Header: <i>RCADS Anxiety and Depression Scale</i> My child worries about things /(8-18) I worry about things | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 890 | [rcas_sad] | My child feels sad or empty /(8-18) I feel sad or empty | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 891 | [rcas_stomach] | When my child has a problem, he/she gets a funny feeling in his/her stomach /(8-18) When I have a problem, I get a funny feeling in my stomach | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 892 | [rcas_worry_think] | My child worries when he/she thinks she has done poorly at something /(8-18) I worry when I think I have done poorly at something | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

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|-----|----------------------|--|--|---|-------|---|-----------|---|-------|---|--------|----|----------------------|
| 893 | [rcas_afraid_alone] | My child feels afraid of being alone at home /(8-18) I would feel afraid of being on my own at home | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 894 | [rcas_no_fun] | Nothing is much fun for my child anymore /(8-18) Nothing is much fun anymore | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 895 | [rcas_scared_test] | My child feels scared when taking a test /(8-18) I feel scared when I have to take a test | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 896 | [rcas_worry_angry] | My child worries when he/she thinks someone is angry with him/her /(8-18) I feel worried when I think someone is angry with me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 897 | [rcas_worry_away] | My child worries about being away from me /(8-18) I worry about being away from my parents | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 898 | [rcas_bothered_pics] | My child is bothered by bad or silly thoughts or pictures in his/her mind /(8-18) I get bothered by bad or silly thoughts or pictures in my mind | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 899 | [rcas_sleeping] | My child has trouble sleeping /(8-18) I have trouble sleeping | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 900 | [rcas_worry_school] | My child worries about doing badly at schoolwork /(8-18) I worry that I will do badly at my schoolwork | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 901 | [rcas_worry_family] | My child worries that something awful happen to someone in the family /(8-18) I worry that something awful will happen to someone in my family | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|----------------------|-------------------------|---|--|--|---|-------|---|-----------|---|-------|---|--------|----|----------------------|
| | 902 | [rcas_worry_breathe] | My child suddenly feels as if he/she can't breathe when there is no reason for this /(8-18) I suddenly feel as if I can't breathe when there is no reason for this | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 903 | [rcas_appetite] | My child has problems with his/her appetite /(8-18) I have problems with my appetite | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 904 | [rcas_checking_tasks] | My child has to keep checking that she has done things right (like the switch off, or the door is locked) /(8-18) I have to keep checking that I have done things right (like the switch is off, or the door is locked) | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 905 | [rcas_sleep_alone] | My child feels scared to sleep on his/her own /(8-18) I feel scared if I have to sleep on my own | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 906 | [rcas_go_school] | My child has trouble going to school the mornings because of feeling nervous or afraid /(8-18) I have trouble going to school in the mornings because I feel nervous or afraid | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 907 | [rcas_no_energy] | My child has no energy for things /(8-18) I have no energy for things | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 908 | [rcas_worry_foolish] | My child worries about looking foolish /(8-18) I worry I might look foolish | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 909 | [rcas_tired] | My child is tired a lot /(8-18) I am tired a lot | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 910 | [rcas_worry_bad_things] | My child worries that bad things will happen to him/her /(8-18) I worry that bad things will happen to me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|------------------------|---|--|---|-------|---|-----------|---|-------|---|--------|----|----------------------|
| 911 | [rcas_bad_thought] | My child can't seem to get bad or silly thoughts out of his/her head /(8-18) I can't seem to get bad or silly thoughts out of my head | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 912 | [rcas_tachy] | (8-18) When I have a problem, my heart beats really fast | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 913 | [rcas_think_clear] | (8-18) I cannot think clearly | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 914 | [rcas_tremble] | (8-18) I suddenly start to tremble or shake when there is no reason for this | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 915 | [rcas_bad_happen] | (8-18) I worry that something bad will happen to me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 916 | [rcas_shaky] | (8-18) When I have a problem, I feel shaky | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 917 | [rcas_worthless] | (8-18) I feel worthless | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 918 | [rcas_worry_mistakes] | (8-18) I worry about making mistakes | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 919 | [rcas_special_thought] | (8-18) I have to think of special thoughts (like numbers or words) to stop bad things from happening | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----|----------------------|------------------------|--|--|--|---|-------|---|-----------|---|-------|---|--------|----|----------------------|
| | 920 | [rcas_worry_other_peo] | (8-18) I worry what other people think of me | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 921 | [rcas_afraid_crowd] | (8-18) I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 922 | [rcas_sudden_scared] | (8-18) All of a sudden, I feel really scared for no reason at all | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 923 | [rcas_worry_happen] | (8-18) I worry about what is going to happen | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 924 | [rcas_dizzy] | (8-18) I suddenly become dizzy or faint when there is no reason for this | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 925 | [rcas_death] | (8-18) I think about death | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 926 | [rcas_afraid_talk] | (8-18) I feel afraid if I have to talk in front of my class | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 927 | [rcas_heart_no_reas] | (8-18) My heart suddenly starts to beat too quickly for no reason | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| | 928 | [rcas_dont_move] | (8-18) I feel like I don't want to move | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|----|----------------------|-----------------------|--|---|---|-------|---|--------------|---|-----------|---|--------|----|----------------------|----|----------------------|
| | 929 | [rcas_scared_feeling] | (8-18) I worry that I will suddenly get a scared feeling when there is nothing to be afraid of | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 930 | [rcas_repetitive] | (8-18) I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 931 | [rcas_afraid_fool] | (8-18) I feel afraid that I will make a fool of myself in front of people | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 932 | [rcas_right_way] | (8-18) I have to do some things in just the right way to stop bad things from happening | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 933 | [rcas_worry_night] | (8-18) I worry when I go to bed at night | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 934 | [rcas_scared_away] | (8-18) I would feel scared if I had to stay away from home overnight | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 935 | [rcas_restless] | (8-18) I feel restless | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Sometimes | 3 | Often | 4 | Always | 99 | Prefer not to answer | | |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | |
| 4 | Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 936 | [promis_troub_sleep] | Section Header: PROMIS Pain Interference (in the past 7 days) My child had trouble sleeping when he/she had pain /(8-17) I had trouble sleeping when I had pain | radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|----|----------------------|-------------------------|--|--|--|---|-------|---|--------------|---|-----------|---|-------|---|---------------|----|----------------------|
| | 937 | [promis_angry_pain] | My child felt angry when he/she had pain /(8-17) I felt angry when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 938 | [promis_troub_school] | My child had trouble doing schoolwork when he/she had pain /(8-17) I had trouble doing schoolwork when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 939 | [promis_pain_atten] | It was hard for my child to pay attention when he/she had pain /(8-17) It was hard for me to pay attention when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 940 | [promis_pain_run_when_] | It was hard for my child to run when he/she had pain /(8-17) It was hard for me to run when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 941 | [promis_pain_walk] | It was hard for my child to walk when he/she had pain /(8-17) It was hard for me to walk one block when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 942 | [promis_pain_fun_] | It was hard for my child to have fun when he/she had pain /(8-17) It was hard to have fun when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| | 943 | [promis_pain_standing] | It was hard for my child to stay standing when he/she had pain /(8-17) It was hard to stay standing when I had pain | <div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | | 1 | Never | 2 | Almost Never | 3 | Sometimes | 4 | Often | 5 | Almost Always | 99 | Prefer not to answer |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Almost Never | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | |
| 5 | Almost Always | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|----------------|------------------------|---|---|----------------|--|---|------------------|---|----------------------|---|------------------|---|------------------|---|-----------------|----|----------------------|
| 944 | [promis_lists] | <p>Section Header: <i>PROMIS Cognitive Function (in the past four weeks)</i></p> <p>Your child has to use written lists more often than other people his/her age so he/she will not forget things /(8-17) I have to use written lists more often than other people my age so I will not forget things</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 945 | [promis_attentio] | <p>It is hard for your child to pay attention to one thing for more than 5-10 minutes /(8-17) It is hard for me to pay attention to one thing for more than 5-10 minutes</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 946 | [promis_lof] | <p>Your child has trouble keeping track of what he/she is doing if he/she gets interrupted /(8-17) I have trouble keeping track of what I am doing if I get interrupted</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 947 | [promis_read_mult] | <p>Your child has to read things several times to understand them /(8-17) I have to read things several times to understand them</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 948 | [promis_forget] | <p>Your child forgets things easily /(8-17) I forget things easily</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 949 | [promis_focus_atten] | <p>Your child has to work really hard to pay attention or he/she makes mistakes /(8-17) I have to work really hard to pay attention or I make mistakes</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
| 950 | [promis_trouble_remem] | <p>Your child has trouble remembering to do things like school projects or chores /(8-17) I have trouble remembering to do things like school projects or chores</p> | <table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>All of the time</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | radio (Matrix) | | 1 | None of the time | 2 | A little of the time | 3 | Some of the time | 4 | Most of the time | 5 | All of the time | 99 | Prefer not to answer |
| radio (Matrix) | | | | | | | | | | | | | | | | | |
| 1 | None of the time | | | | | | | | | | | | | | | | |
| 2 | A little of the time | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | |
| 4 | Most of the time | | | | | | | | | | | | | | | | |
| 5 | All of the time | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|---|--|--|---|---------------------------------------|---|---|---|---|----|----------------------|----|----------------------|
| 951 | [cries_dont_mean] | <p>Section Header: Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you during the past seven days. If they did not occur during that time, please tick the 'not at all' box.</p> <p>Do you think about it even when you don't mean to?</p> | <p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 952 | [cries_memory] | Do you try to remove it from your memory? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 953 | [cries_feelings] | Do you have waves of strong feelings about it? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 954 | [cries_reminder] | Do you stay away from reminders of it (e.g. places or situations?) | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 955 | [cries_talk] | Do you try not to talk about it? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 956 | [cries_mind] | Do pictures about it pop in your mind? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 957 | [cries_other_things] | Do other things keep making you think about it? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 958 | [cries_not_think] | Do you try not to think about it? | <p>radio</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | Not at all | 1 | Rarely | 2 | Sometimes | 3 | Often | 99 | Prefer not to answer |
| 0 | Not at all | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 959 | [insur_detail] | <p>If yes, what change occurred?</p> <p>Show the field ONLY if: [hi_loss_covid] = '1'</p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Loss of this child's health insurance</td></tr> <tr><td>2</td><td>Fewer benefits / less coverage from the insurance</td></tr> <tr><td>3</td><td>Gaining of insurance, for example as part of emergency coverage of Medicaid expansion</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Loss of this child's health insurance | 2 | Fewer benefits / less coverage from the insurance | 3 | Gaining of insurance, for example as part of emergency coverage of Medicaid expansion | 99 | Prefer not to answer | | |
| 1 | Loss of this child's health insurance | | | | | | | | | | | | |
| 2 | Fewer benefits / less coverage from the insurance | | | | | | | | | | | | |
| 3 | Gaining of insurance, for example as part of emergency coverage of Medicaid expansion | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|--|---|---------------------|--------------|----------------------------------|---------------------|---|---|---|-------------|----------------------|---------------------|--------------|---|---------------------|---------------|---|---------------------|-----------------|----|----------------------|----------------------|
| 960 | [hc_notrec] | Since the start of the COVID-19 pandemic (since March 2020), was there any time when this child needed health care, but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 961 | [hc_notrec_detail] Show the field ONLY if: [hc_notrec] = '1' | If yes, which types of care were not received? | checkbox <table border="1"> <tr> <td>1</td> <td>hc_notrec_detail__1</td> <td>Medical Care</td> </tr> <tr> <td>2</td> <td>hc_notrec_detail__2</td> <td>Dental Care</td> </tr> <tr> <td>3</td> <td>hc_notrec_detail__3</td> <td>Vision Care</td> </tr> <tr> <td>4</td> <td>hc_notrec_detail__4</td> <td>Hearing Care</td> </tr> <tr> <td>5</td> <td>hc_notrec_detail__5</td> <td>Mental Health</td> </tr> <tr> <td>6</td> <td>hc_notrec_detail__6</td> <td>Other (Specify)</td> </tr> <tr> <td>99</td> <td>hc_notrec_detail__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | hc_notrec_detail__1 | Medical Care | 2 | hc_notrec_detail__2 | Dental Care | 3 | hc_notrec_detail__3 | Vision Care | 4 | hc_notrec_detail__4 | Hearing Care | 5 | hc_notrec_detail__5 | Mental Health | 6 | hc_notrec_detail__6 | Other (Specify) | 99 | hc_notrec_detail__99 | Prefer not to answer |
| 1 | hc_notrec_detail__1 | Medical Care | | | | | | | | | | | | | | | | | | | | | | |
| 2 | hc_notrec_detail__2 | Dental Care | | | | | | | | | | | | | | | | | | | | | | |
| 3 | hc_notrec_detail__3 | Vision Care | | | | | | | | | | | | | | | | | | | | | | |
| 4 | hc_notrec_detail__4 | Hearing Care | | | | | | | | | | | | | | | | | | | | | | |
| 5 | hc_notrec_detail__5 | Mental Health | | | | | | | | | | | | | | | | | | | | | | |
| 6 | hc_notrec_detail__6 | Other (Specify) | | | | | | | | | | | | | | | | | | | | | | |
| 99 | hc_notrec_detail__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | |
| 962 | [hc_notrec_specify] Show the field ONLY if: [hc_notrec_detail(6)] = '1' | Specify other type of care not received | text | | | | | | | | | | | | | | | | | | | | | |
| 963 | [mc_access_change] | Please rate how much the coronavirus pandemic has changed your family's life with respect to Medical health care access | radio <table border="1"> <tr> <td>0</td> <td>No change</td> </tr> <tr> <td>1</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>2</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health</td> </tr> <tr> <td>3</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No change | 1 | Appointments moved to telehealth | 2 | Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health | 3 | Unable to access needed care resulting in severe risk and/or significant impact | 99 | Prefer not to answer | | | | | | | | | | | |
| 0 | No change | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Appointments moved to telehealth | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Unable to access needed care resulting in severe risk and/or significant impact | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 964 | [mh_access_change] | Please rate how much the coronavirus pandemic has changed your family's life with respect to Mental health treatment access | radio <table border="1"> <tr> <td>0</td> <td>No change</td> </tr> <tr> <td>1</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>2</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health</td> </tr> <tr> <td>3</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No change | 1 | Appointments moved to telehealth | 2 | Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health | 3 | Unable to access needed care resulting in severe risk and/or significant impact | 99 | Prefer not to answer | | | | | | | | | | | |
| 0 | No change | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Appointments moved to telehealth | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Unable to access needed care resulting in severe risk and/or significant impact | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 965 | [mh_counsel] | Since the start of the COVID-19 pandemic (since March 2020), has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 966 | [med_change] | Since the start of the COVID-19 pandemic (since March 2020), has this child taken any medication because of difficulties with their emotions, concentration, or behavior? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 967 | [special_ser] | Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 968 | [special_ser_during] Show the field ONLY if: [special_ser] = '1' | Is/was this child receiving these special services during the pandemic (since March 2020)? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 969 | [special_ser_before] Show the field ONLY if: [special_ser] = '1' | Was this child receiving these special services BEFORE the pandemic (before March 2020)? | radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Prefer not to answer</td> </tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | |
| 970 | [gest_age_birth] | If < 2 years of age, what was the participant's gestational age at birth (in weeks)? | text | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|--|---|---|---|----|---|-----|----|----------------------|
| 971 | [deaf_diff] | <p>Section Header: <i>Disability Status</i></p> <p>(0-12+) Does this child have deafness or problems with hearing? / (15+) Are you deaf, or do you have serious difficulty hearing?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 972 | [blind_diff] | <p>(0-12+) Does this child have blindness or problems with seeing even when wearing glasses? / (15+) Are you blind, or do you have serious difficulty seeing, even when wearing glasses?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 973 | [conc_diff] | <p>(6-12+) Does this child have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition? / (5+) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 974 | [walk_diff] | <p>(6-12+) Does this child have serious difficulty walking or climbing stairs? / (5+) Do you have serious difficulty walking or climbing stairs?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 975 | [dress_diff] | <p>(6-12+) Does this child have difficulty dressing or bathing? / (5+) Do you have difficulty dressing or bathing?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 976 | [errands_diff] | <p>(12+) Does this child have difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical mental, or emotional condition? / (15+) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 977 | [use_meds] | <p>Section Header: <i>Special Healthcare needs</i></p> <p>Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 978 | <p>[any_med_condition]</p> <p>Show the field ONLY if: [use_meds] = '1'</p> | <p>Is this because of ANY medical, behavioral or other health condition?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 979 | <p>[any_med_condition_yr]</p> <p>Show the field ONLY if: [any_med_condition] = '1'</p> | <p>Is this a condition that has lasted or is expected to last for at least 12 months?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 980 | [more_care] | <p>Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 981 | <p>[any_care_condition]</p> <p>Show the field ONLY if: [more_care] = '1'</p> | <p>Is this because of ANY medical, behavioral or other health condition?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 982 | <p>[any_care_condition_yr]</p> <p>Show the field ONLY if: [any_care_condition] = '1'</p> | <p>Is this a condition that has lasted or is expected to last for at least 12 months?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |
| 983 | [lim_abil] | <p>Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?</p> | <p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer |
| 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | |

| | | | |
|-----|--|---|--|
| 984 | [lim_abil_condition] Show the field ONLY if: [lim_abil] = '1' | Is this because of ANY medical, behavioral or other health condition? | radio 0 No 1 Yes 99 Prefer not to answer |
| 985 | [lim_abil_condition_yr] Show the field ONLY if: [lim_abil_condition] = '1' | Is this a condition that has lasted or is expected to last for at least 12 months? | radio 0 No 1 Yes 99 Prefer not to answer |
| 986 | [therapy] | Does your child need or get special therapy, such as physical, occupational or speech therapy? | radio 0 No 1 Yes 99 Prefer not to answer |
| 987 | [therapy_condition] Show the field ONLY if: [therapy] = '1' | Is this because of ANY medical, behavioral or other health condition? | radio 0 No 1 Yes 99 Prefer not to answer |
| 988 | [therapy_condition_yr] Show the field ONLY if: [therapy_condition] = '1' | Is this a condition that has lasted or is expected to last for at least 12 months? | radio 0 No 1 Yes 99 Prefer not to answer |
| 989 | [treatment] | Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling? | radio 0 No 1 Yes 99 Prefer not to answer |
| 990 | [treatment_yr] Show the field ONLY if: [treatment] = '1' | Has this problem lasted or is it expected to last for at least 12 months? | radio 0 No 1 Yes 99 Prefer not to answer |
| 991 | [walking_bath] | Section Header: <i>Functional Disability Inventory: In the past two weeks, would you have had any physical trouble or difficulty doing these activities?</i> Walking to the bathroom | radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer |
| 992 | [walking_stairs] | Walking up stairs | radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer |
| 993 | [something_friend] | Doing something with a friend (For example, playing a game) | radio 0 No trouble 1 A little trouble 2 Some trouble 3 A lot of trouble 4 Impossible 99 Prefer not to answer |

| | | | | | | | | | | | | | | | |
|------|----------------------|---|--|---|------------|---|------------------|---|--------------|---|------------------|---|------------|----|----------------------|
| 994 | [chores_home] | Doing chores at home | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 995 | [eating_meals] | Eating regular meals | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 996 | [up_all_day] | Being up all day without a nap or rest | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 997 | [riding_bus] | Riding the school bus or traveling in the car | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 998 | [school_day] | Being at school all day | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
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| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 999 | [activities_gym] | Doing the activities in gym class (or playing sports) | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
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| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1000 | [reading_homework] | Reading or doing homework | radio <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
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| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|------|----------------------|---|--|---|------------|---|------------------|----|----------------------|---|------------------|---|------------|----|----------------------|
| 1001 | [watching_tv] | Watching TV | radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
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| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1002 | [walking_football] | Walking the length of a football field | radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1003 | [running_football] | Running the length of a football field | radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1004 | [going_shopping] | Going Shopping | radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1005 | [getting_sleep] | Getting to sleep at night and staying asleep | radio <table border="1"> <tr><td>0</td><td>No trouble</td></tr> <tr><td>1</td><td>A little trouble</td></tr> <tr><td>2</td><td>Some trouble</td></tr> <tr><td>3</td><td>A lot of trouble</td></tr> <tr><td>4</td><td>Impossible</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No trouble | 1 | A little trouble | 2 | Some trouble | 3 | A lot of trouble | 4 | Impossible | 99 | Prefer not to answer |
| 0 | No trouble | | | | | | | | | | | | | | |
| 1 | A little trouble | | | | | | | | | | | | | | |
| 2 | Some trouble | | | | | | | | | | | | | | |
| 3 | A lot of trouble | | | | | | | | | | | | | | |
| 4 | Impossible | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1006 | [checkup_yr] | Section Header: <i>Developmental Delay Screening/Surveillance</i> DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1007 | [fam_concern_yr] | DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1008 | [doc_concern_yr] | DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1009 | [fam_new_concern_yr] | DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior that wasn't asked about by your provider? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

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|----|----------------------------|--|--|--|---|---------------------------|--|-----|---------------------------|--|----|----------------------------|----------------------|
| | 1010 | [doc_question_yr] | DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1011 | [doc_question_yr_detail] Show the field ONLY if: [doc_question_yr]='1' | If Yes, (2-5) Did the questionnaire ask about your concerns or observations about: Mark ALL that apply. | checkbox <table border="1"> <tr> <td>1</td> <td>doc_question_yr_detail__1</td> <td>Words and phrases this child uses and understands?</td> </tr> <tr> <td>2</td> <td>doc_question_yr_detail__2</td> <td>How this child behaves and gets along with you and others?</td> </tr> <tr> <td>99</td> <td>doc_question_yr_detail__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | doc_question_yr_detail__1 | Words and phrases this child uses and understands? | 2 | doc_question_yr_detail__2 | How this child behaves and gets along with you and others? | 99 | doc_question_yr_detail__99 | Prefer not to answer |
| 1 | doc_question_yr_detail__1 | Words and phrases this child uses and understands? | | | | | | | | | | | |
| 2 | doc_question_yr_detail__2 | How this child behaves and gets along with you and others? | | | | | | | | | | | |
| 99 | doc_question_yr_detail__99 | Prefer not to answer | | | | | | | | | | | |
| | 1012 | [diab_typ1] | Section Header: <i>Significant underlying medical conditions at the time of COVID-19 testing or diagnosis:</i> Diabetes type I | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1013 | [diab_typ2] | Diabetes type II | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1014 | [obesity] | Obesity | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1015 | [asthma] | Asthma | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1016 | [cys_fib] | Cystic fibrosis | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1017 | [cancer] | Cancer | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1018 | [bmt] | Hematopoietic cell recipient/bone marrow transplant recipient | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1019 | [organ_transplant] | Solid organ transplant recipient | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1020 | [rheum_condition] | Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis) | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| | 1021 | [hyperten] | Hypertension | radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 0 | No | 1 | Yes | 99 | Prefer not to answer | | | |
| 0 | No | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |

| | | | | |
|--|------|-----------------|---|-------------------------|
| | 1022 | [congen_hd] | Congenital heart disease | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1023 | [heart_failure] | Heart failure | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1024 | [cardiomyop] | Cardiomyopathy | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1025 | [h_kawasaki] | History of Kawasaki Disease (not a current diagnosis) | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1026 | [h_mis_c] | History of MIS-C (not a current diagnosis) | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1027 | [ibd] | Inflammatory bowel disease | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1028 | [feeding_tube] | Feeding tube dependent | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1029 | [sickle_cell] | Sickle cell disease | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1030 | [thrombotic] | Thrombotic disorders | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1031 | [chronic_liver] | Chronic liver disease | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1032 | [seiz_dis] | Seizure disorder/epilepsy | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1033 | [eczma] | Eczema | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |
| | 1034 | [physical_dis] | Physical disability (including cerebral palsy) | radio |
| | | | | 0 No |
| | | | | 1 Yes |
| | | | | 99 Prefer not to answer |

| | | | | |
|--|------|----------------------|--|---|
| | 1035 | [down_syn] | Down syndrome | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1036 | [congen_syn] | Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1037 | [premature_neonatal] | Premature or neonatal conditions | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1038 | [other_cond] | Other conditions (specify) | text |
| | 1039 | [fetal_nutr] | Section Header: <i>Premature or neonatal conditions</i> Fetal malnutrition | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1040 | [extrem_immat] | Extreme immaturity | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1041 | [cereb_hem] | Cerebral hemorrhage at birth | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1042 | [spinal_cord] | Spinal cord injury at birth | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1043 | [birth_asphy] | Birth asphyxia | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1044 | [respir_dis] | Respiratory diseases | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1045 | [hyooxic] | Hypoxic-ischemic encephalopathy | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1046 | [other_neonatal] | Other premature or neonatal condition | radio 0 No 1 Yes 99 Prefer not to answer |
| | 1047 | [tier2_ped_complete] | Section Header: <i>Form Status</i> Complete? | dropdown 0 Incomplete 1 Unverified 2 Complete |
| Instrument: Tier2 Parent Guard (tier2_parent_guard) | | | | |
| | 1048 | [guard_date_mdy] | Date of Parent/Guardian Data Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. |

| | | | | | | | | | | | | | | | |
|------|---------------------------|--|--|---|------------|---|--------------------|---|------------------------|---|---------------------------|----|-----|----|----------------------|
| 1049 | [employment_remote] | <p>Section Header: Which of the following changes in employment have occurred due to the COVID-19 pandemic?</p> <p>Move to remote work, telework</p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
| 1 | Yes (self) | | | | | | | | | | | | | | |
| 2 | Yes (Partner only) | | | | | | | | | | | | | | |
| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1050 | [employment_hourloss] | Loss of hours | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
| 1 | Yes (self) | | | | | | | | | | | | | | |
| 2 | Yes (Partner only) | | | | | | | | | | | | | | |
| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1051 | [employment_lesspay] | Decreased pay | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1052 | [employment_furloughed] | Furloughed | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1053 | [employment_jobloss] | Loss of job | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1054 | [employment_jobsec] | Decreased job security | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |
| 1055 | [employment_childcare] | Disruptions due to childcare challenges | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|----|---------------------------|----------------------------|---|---|---|---------------|---|--------------------|---|------------------------|----|---------------------------|----|-----|----|----------------------|
| | 1056 | [employment_morehours] | Increased hours | radio <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
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| 3 | Yes (Self and Partner) | | | | | | | | | | | | | | | |
| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1057 | [employment_other] | Another change | radio <table border="1"> <tr><td>1</td><td>Yes (self)</td></tr> <tr><td>2</td><td>Yes (Partner only)</td></tr> <tr><td>3</td><td>Yes (Self and Partner)</td></tr> <tr><td>4</td><td>Neither (Self or Partner)</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | Yes (self) | 2 | Yes (Partner only) | 3 | Yes (Self and Partner) | 4 | Neither (Self or Partner) | 97 | N/A | 99 | Prefer not to answer |
| 1 | Yes (self) | | | | | | | | | | | | | | | |
| 2 | Yes (Partner only) | | | | | | | | | | | | | | | |
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| 4 | Neither (Self or Partner) | | | | | | | | | | | | | | | |
| 97 | N/A | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1058 | [employment_other_specify] | Specify | text | | | | | | | | | | | | |
| | 1059 | [financial_food] | Section Header: How difficult is/was it to meet each of the following needs for you and/or your family during the COVID-19 pandemic (since March 2020)? Have enough money for food | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
| 1 | Not difficult | | | | | | | | | | | | | | | |
| 2 | Somewhat difficult | | | | | | | | | | | | | | | |
| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1060 | [financial_utilities] | Have enough money to pay for electricity, heating, or water | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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| 2 | Somewhat difficult | | | | | | | | | | | | | | | |
| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1061 | [financial_housing] | Have enough money to pay for housing | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1062 | [financial_community] | Get help from community organizations that I trust | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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| 2 | Somewhat difficult | | | | | | | | | | | | | | | |
| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1063 | [financial_family] | Get help from family members and friends | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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| 2 | Somewhat difficult | | | | | | | | | | | | | | | |
| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1064 | [financial_healthcare] | See a healthcare provider if you or your family needs it | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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| 2 | Somewhat difficult | | | | | | | | | | | | | | | |
| 3 | Very difficult | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1065 | [financial_medications] | Get routine/essential medications | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | |
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|------|---|--|--|---|------------------------------------|--|---|-----------------|---|----|--|--|-------------------|-----------------|---|---|-----------------|--|---|-----------------|-------|---|-----------------|---|----|------------------|----------------------|
| 1066 | [financial_transportation] | Get transportation when you need it | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
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| 3 | Very difficult | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1067 | [financial_internet] | Use the internet for things like work, school, medical visits, socializing | radio <table border="1"> <tr><td>1</td><td>Not difficult</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not difficult | 2 | Somewhat difficult | 3 | Very difficult | 99 | Prefer not to answer | | | | | | | | | | | | | | | | |
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| 3 | Very difficult | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1068 | [future_challenge] | Thinking about the future, over the next 3 months how challenging will it be to make ends meet? | radio <table border="1"> <tr><td>1</td><td>A lot more challenging than usual</td></tr> <tr><td>2</td><td>A little more challenging than usual</td></tr> <tr><td>3</td><td>No more challenging than usual</td></tr> <tr><td>4</td><td>Less challenging than usual</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 | A lot more challenging than usual | 2 | A little more challenging than usual | 3 | No more challenging than usual | 4 | Less challenging than usual | 98 | Don't know | 99 | Prefer not to answer | | | | | | | | | | | | |
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| 2 | A little more challenging than usual | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No more challenging than usual | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Less challenging than usual | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1069 | [food_reasons] | In the last 12 months, if you didn't have enough to eat or what you wanted to eat, why was that? Choose all that apply. | checkbox <table border="1"> <tr> <td>1</td> <td>food_reasons__1</td> <td>Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)</td> </tr> <tr> <td>2</td> <td>food_reasons__2</td> <td>Didn't want to go out to buy food</td> </tr> <tr> <td>3</td> <td>food_reasons__3</td> <td>Afraid to go out because of the chance of contracting COVID-19</td> </tr> <tr> <td>4</td> <td>food_reasons__4</td> <td>Couldn't get groceries or meals delivered to me</td> </tr> <tr> <td>5</td> <td>food_reasons__5</td> <td>The stores didn't have the food I wanted</td> </tr> <tr> <td>6</td> <td>food_reasons__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>food_reasons__7</td> <td>I always had enough to eat and what I wanted to eat</td> </tr> <tr> <td>99</td> <td>food_reasons__99</td> <td>Prefer not to answer</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE='99' | 1 | food_reasons__1 | Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out) | 2 | food_reasons__2 | Didn't want to go out to buy food | 3 | food_reasons__3 | Afraid to go out because of the chance of contracting COVID-19 | 4 | food_reasons__4 | Couldn't get groceries or meals delivered to me | 5 | food_reasons__5 | The stores didn't have the food I wanted | 6 | food_reasons__6 | Other | 7 | food_reasons__7 | I always had enough to eat and what I wanted to eat | 99 | food_reasons__99 | Prefer not to answer |
| 1 | food_reasons__1 | Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | food_reasons__2 | Didn't want to go out to buy food | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | food_reasons__3 | Afraid to go out because of the chance of contracting COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | food_reasons__4 | Couldn't get groceries or meals delivered to me | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | food_reasons__5 | The stores didn't have the food I wanted | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | food_reasons__6 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | food_reasons__7 | I always had enough to eat and what I wanted to eat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | food_reasons__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1070 | [food_reasons_other] | Specify | text | | | | | | | | | | | | | | | | | | | | | | | | |
| 1071 | [getting_along] | How [have/were] you and your child(ren) (been) getting along during the COVID-19 outbreak (since March 2020)? | radio <table border="1"> <tr><td>1</td><td>Very well - no problems or tension</td></tr> <tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr> <tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr> <tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr> <tr><td>5</td><td>Terribly</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Very well - no problems or tension | 2 | Well - occasional tension, some tension, but manageable | 3 | Okay - some tension and sometimes things get out of hand (a few heated arguments) | 4 | Not very well - tense, lots of arguing, unsettled feeling, definite problems | 5 | Terribly | 99 | Prefer not to answer | | | | | | | | | | | | |
| 1 | Very well - no problems or tension | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Well - occasional tension, some tension, but manageable | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Okay - some tension and sometimes things get out of hand (a few heated arguments) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Not very well - tense, lots of arguing, unsettled feeling, definite problems | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Terribly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1072 | [getting_along_change] | Is this a change from how you were getting along during the COVID-19 outbreak (since March 2020)? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> | 1 | Yes | 0 | No | 3 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1073 | [neighborhood_close] | Section Header: For each of these statements, please state whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. This is a close-knit neighborhood. | radio <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Disagree | 5 | Strongly Disagree | 99 | Prefer not to answer | | | | | | | | | | | | |
| 1 | Strongly Agree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Neither Agree nor Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Strongly Disagree | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|-----------------------------|---------------------------|---|--|---|----------------|---|--------|---|-----------------------------|---|----------|---|-------------------|----|----------------------|
| | 1074 | [neighborhood_help] | People around here are willing to help their neighbors. | radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Disagree | 5 | Strongly Disagree | 99 | Prefer not to answer |
| 1 | Strongly Agree | | | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | | | |
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| 4 | Disagree | | | | | | | | | | | | | | | |
| 5 | Strongly Disagree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1075 | [neighborhood_getalong] | People in this neighborhood generally don't get along with each other. | radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Disagree | 5 | Strongly Disagree | 99 | Prefer not to answer |
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| 4 | Disagree | | | | | | | | | | | | | | | |
| 5 | Strongly Disagree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1076 | [neighborhood_values] | People in this neighborhood do not share the same values. | radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Disagree | 5 | Strongly Disagree | 99 | Prefer not to answer |
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| 4 | Disagree | | | | | | | | | | | | | | | |
| 5 | Strongly Disagree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1077 | [neighborhood_trusted] | People in this neighborhood can be trusted. | radio <table><tr><td>1</td><td>Strongly Agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly Disagree</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Strongly Agree | 2 | Agree | 3 | Neither Agree nor Disagree | 4 | Disagree | 5 | Strongly Disagree | 99 | Prefer not to answer |
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| 4 | Disagree | | | | | | | | | | | | | | | |
| 5 | Strongly Disagree | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1078 | [neighborhood_skipschool] | <p>Section Header: <i>For each of the following, state whether it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in your neighborhood would act in the following manner.</i></p> <p>If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?</p> | radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Very likely | 2 | Likely | 3 | Neither likely not unlikely | 4 | Unlikely | 5 | Very unlikely | 99 | Prefer not to answer |
| 1 | Very likely | | | | | | | | | | | | | | | |
| 2 | Likely | | | | | | | | | | | | | | | |
| 3 | Neither likely not unlikely | | | | | | | | | | | | | | | |
| 4 | Unlikely | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1079 | [neighborhood_spraypaint] | If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it? | radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Very likely | 2 | Likely | 3 | Neither likely not unlikely | 4 | Unlikely | 5 | Very unlikely | 99 | Prefer not to answer |
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| 4 | Unlikely | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| | 1080 | [neighborhood_disrespect] | If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child? | radio <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely not unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Very likely | 2 | Likely | 3 | Neither likely not unlikely | 4 | Unlikely | 5 | Very unlikely | 99 | Prefer not to answer |
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| 4 | Unlikely | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | |

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|------|--|--|--|---|--|-------------------------------------|--|------------------|--|----|--|-------------------|----------------------|------------------|--|---|------------------|--------------------------|----|-------------------|----------------------|
| 1081 | [neighborhood_fight] | If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely not unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Very likely | 2 | Likely | 3 | Neither likely not unlikely | 4 | Unlikely | 5 | Very unlikely | 99 | Prefer not to answer | | | | | | |
| 1 | Very likely | | | | | | | | | | | | | | | | | | | | |
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| 4 | Unlikely | | | | | | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 1082 | [neighborhood_firestation] | Suppose that because of budget cuts the fire station closest to your home was going to be closed by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely not unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Very likely | 2 | Likely | 3 | Neither likely not unlikely | 4 | Unlikely | 5 | Very unlikely | 99 | Prefer not to answer | | | | | | |
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| 2 | Likely | | | | | | | | | | | | | | | | | | | | |
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| 4 | Unlikely | | | | | | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 1083 | [household_isolate] | If it were necessary, could a member of your household isolate themselves from the rest of your household due to suspected COVID-19 infection for as long as needed? (To effectively isolate during a COVID-19 infection, the infected family member would need to stay in a specific "sickroom" away from other people or animals and, if possible, use a separate bathroom.) | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | |
| 1084 | [serious_disease_parent] | I believe that COVID-19 is a serious disease. | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | |
| 1085 | [covid_protect] | To the best of your knowledge, which of the following can protect you and your family from COVID-19? (Mark all that apply) | <div>checkbox</div> <table border="1"> <tr><td>1</td><td>covid_protect__1</td><td>Standing 6 feet from another person</td></tr> <tr><td>2</td><td>covid_protect__2</td><td>Wearing a face mask</td></tr> <tr><td>3</td><td>covid_protect__3</td><td>Working from home</td></tr> <tr><td>4</td><td>covid_protect__4</td><td>Distance learning (or taking school classes over the computer or remotely)</td></tr> <tr><td>5</td><td>covid_protect__5</td><td>Vaccination for COVID-19</td></tr> <tr><td>99</td><td>covid_protect__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div> | 1 | covid_protect__1 | Standing 6 feet from another person | 2 | covid_protect__2 | Wearing a face mask | 3 | covid_protect__3 | Working from home | 4 | covid_protect__4 | Distance learning (or taking school classes over the computer or remotely) | 5 | covid_protect__5 | Vaccination for COVID-19 | 99 | covid_protect__99 | Prefer not to answer |
| 1 | covid_protect__1 | Standing 6 feet from another person | | | | | | | | | | | | | | | | | | | |
| 2 | covid_protect__2 | Wearing a face mask | | | | | | | | | | | | | | | | | | | |
| 3 | covid_protect__3 | Working from home | | | | | | | | | | | | | | | | | | | |
| 4 | covid_protect__4 | Distance learning (or taking school classes over the computer or remotely) | | | | | | | | | | | | | | | | | | | |
| 5 | covid_protect__5 | Vaccination for COVID-19 | | | | | | | | | | | | | | | | | | | |
| 99 | covid_protect__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | |
| 1086 | [eligible_plans] | Which of the following applies to your plans about the COVID vaccine for your child(ren)? | <div>radio</div> <table border="1"> <tr><td>1</td><td>My child(ren) is/are already vaccinated</td></tr> <tr><td>2</td><td>I plan on getting the COVID vaccine for my child(ren) as soon as it is available</td></tr> <tr><td>3</td><td>I plan on getting the COVID vaccine for my child(ren) eventually</td></tr> <tr><td>4</td><td>I do not plan on getting the COVID vaccine for my child(ren)</td></tr> <tr><td>5</td><td>I am unsure</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | My child(ren) is/are already vaccinated | 2 | I plan on getting the COVID vaccine for my child(ren) as soon as it is available | 3 | I plan on getting the COVID vaccine for my child(ren) eventually | 4 | I do not plan on getting the COVID vaccine for my child(ren) | 5 | I am unsure | 99 | Prefer not to answer | | | | | | |
| 1 | My child(ren) is/are already vaccinated | | | | | | | | | | | | | | | | | | | | |
| 2 | I plan on getting the COVID vaccine for my child(ren) as soon as it is available | | | | | | | | | | | | | | | | | | | | |
| 3 | I plan on getting the COVID vaccine for my child(ren) eventually | | | | | | | | | | | | | | | | | | | | |
| 4 | I do not plan on getting the COVID vaccine for my child(ren) | | | | | | | | | | | | | | | | | | | | |
| 5 | I am unsure | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |
| 1087 | [ineligible_plans] | Which of the following applies to your plans about the COVID vaccine for your child(ren) who are not yet eligible to receive the COVID vaccine? | <div>radio</div> <table border="1"> <tr><td>1</td><td>I plan on getting the COVID vaccine for my child(ren) eventually</td></tr> <tr><td>2</td><td>I plan on getting the COVID vaccine for my child(ren) as soon as they are eligible</td></tr> <tr><td>3</td><td>I do not plan on getting the COVID vaccine for my child(ren)</td></tr> <tr><td>4</td><td>I am unsure</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | I plan on getting the COVID vaccine for my child(ren) eventually | 2 | I plan on getting the COVID vaccine for my child(ren) as soon as they are eligible | 3 | I do not plan on getting the COVID vaccine for my child(ren) | 4 | I am unsure | 99 | Prefer not to answer | | | | | | | | |
| 1 | I plan on getting the COVID vaccine for my child(ren) eventually | | | | | | | | | | | | | | | | | | | | |
| 2 | I plan on getting the COVID vaccine for my child(ren) as soon as they are eligible | | | | | | | | | | | | | | | | | | | | |
| 3 | I do not plan on getting the COVID vaccine for my child(ren) | | | | | | | | | | | | | | | | | | | | |
| 4 | I am unsure | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | |

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| 1088 | [vaccine_children_concerns] | If you do not plan on getting the COVID vaccine for your child(ren), why not? (Mark all that apply) | <div>checkbox</div> <table border="1"> <tr><td>1</td><td>vaccine_children_concerns__1</td><td>Not available</td></tr> <tr><td>2</td><td>vaccine_children_concerns__2</td><td>Doctor/healthcare provider did not recommend</td></tr> <tr><td>3</td><td>vaccine_children_concerns__3</td><td>My friends and family did not recommend</td></tr> <tr><td>4</td><td>vaccine_children_concerns__4</td><td>I have read information that suggests it is unsafe</td></tr> <tr><td>5</td><td>vaccine_children_concerns__5</td><td>The vaccine was not well tested in ethnically diverse people</td></tr> <tr><td>6</td><td>vaccine_children_concerns__6</td><td>The vaccine was not well tested among children</td></tr> <tr><td>7</td><td>vaccine_children_concerns__7</td><td>I cannot afford the vaccine</td></tr> <tr><td>8</td><td>vaccine_children_concerns__8</td><td>I do not have time to take my child to be vaccinated</td></tr> <tr><td>9</td><td>vaccine_children_concerns__9</td><td>My child is at low risk and does not need it</td></tr> <tr><td>10</td><td>vaccine_children_concerns__10</td><td>It is riskier to go and get it than to stay at home</td></tr> <tr><td>11</td><td>vaccine_children_concerns__11</td><td>Worried about side effects</td></tr> <tr><td>12</td><td>vaccine_children_concerns__12</td><td>The vaccine's technology hasn't been tested enough</td></tr> <tr><td>13</td><td>vaccine_children_concerns__13</td><td>The vaccine was approved too fast</td></tr> <tr><td>14</td><td>vaccine_children_concerns__14</td><td>No long-term safety data available</td></tr> <tr><td>15</td><td>vaccine_children_concerns__15</td><td>Concerned about vaccine storage</td></tr> <tr><td>16</td><td>vaccine_children_concerns__16</td><td>My child already had COVID-19</td></tr> <tr><td>17</td><td>vaccine_children_concerns__17</td><td>Other (please specify)</td></tr> <tr><td>99</td><td>vaccine_children_concerns__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div> | 1 | vaccine_children_concerns__1 | Not available | 2 | vaccine_children_concerns__2 | Doctor/healthcare provider did not recommend | 3 | vaccine_children_concerns__3 | My friends and family did not recommend | 4 | vaccine_children_concerns__4 | I have read information that suggests it is unsafe | 5 | vaccine_children_concerns__5 | The vaccine was not well tested in ethnically diverse people | 6 | vaccine_children_concerns__6 | The vaccine was not well tested among children | 7 | vaccine_children_concerns__7 | I cannot afford the vaccine | 8 | vaccine_children_concerns__8 | I do not have time to take my child to be vaccinated | 9 | vaccine_children_concerns__9 | My child is at low risk and does not need it | 10 | vaccine_children_concerns__10 | It is riskier to go and get it than to stay at home | 11 | vaccine_children_concerns__11 | Worried about side effects | 12 | vaccine_children_concerns__12 | The vaccine's technology hasn't been tested enough | 13 | vaccine_children_concerns__13 | The vaccine was approved too fast | 14 | vaccine_children_concerns__14 | No long-term safety data available | 15 | vaccine_children_concerns__15 | Concerned about vaccine storage | 16 | vaccine_children_concerns__16 | My child already had COVID-19 | 17 | vaccine_children_concerns__17 | Other (please specify) | 99 | vaccine_children_concerns__99 | Prefer not to answer |
| 1 | vaccine_children_concerns__1 | Not available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | vaccine_children_concerns__2 | Doctor/healthcare provider did not recommend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | vaccine_children_concerns__3 | My friends and family did not recommend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | vaccine_children_concerns__4 | I have read information that suggests it is unsafe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | vaccine_children_concerns__5 | The vaccine was not well tested in ethnically diverse people | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | vaccine_children_concerns__6 | The vaccine was not well tested among children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | vaccine_children_concerns__7 | I cannot afford the vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | vaccine_children_concerns__8 | I do not have time to take my child to be vaccinated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | vaccine_children_concerns__9 | My child is at low risk and does not need it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | vaccine_children_concerns__10 | It is riskier to go and get it than to stay at home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | vaccine_children_concerns__11 | Worried about side effects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | vaccine_children_concerns__12 | The vaccine's technology hasn't been tested enough | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | vaccine_children_concerns__13 | The vaccine was approved too fast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | vaccine_children_concerns__14 | No long-term safety data available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | vaccine_children_concerns__15 | Concerned about vaccine storage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | vaccine_children_concerns__16 | My child already had COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | vaccine_children_concerns__17 | Other (please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | vaccine_children_concerns__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1089 | [vaccine_concerns_specify] | Specify | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1090 | [selfphysical_parent] | In general, how is your physical health? | <div>radio</div> <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> </table> | 1 | Excellent | 2 | Very good | 3 | Good | 4 | Fair | 5 | Poor | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Excellent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Very good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Fair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1091 | [selfmental_parent] | In general, how is your mental or emotional health? | <div>radio</div> <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> </table> | 1 | Excellent | 2 | Very good | 3 | Good | 4 | Fair | 5 | Poor | 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Excellent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Very good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Fair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1092 | [tier2_parent_guard_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: Tier2 Long Covid (tier2_long_covid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1093 | [lc_date_mdy] | Date of Long COVID Data Collection <i>MM/DD/YYYY</i> | text (date_mdy, Min: 1900-01-01) Field Annotation: Note: Maximum expected day = Current day. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1094 | [covid_treatment] Show the field ONLY if: [tested_positive_for_covid] = '1' | Section Header: <i>COVID Care</i> The following questions will ask you about the care you received for your COVID-19 infection(s). | descriptive Field Annotation: Note: If you are asking the Long COVID questions for your project and are not asking the testing and vaccination questions, you may want to consider asking those questions. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1095 | [covid_treatment_loc] Show the field ONLY if: [tested_positive_for_covid] = '1' | What was the highest level of care you had for any of your COVID-19 infection(s)? | checkbox <table border="1"> <tr><td>1</td><td>covid_treatment_loc__1</td><td>Hospital ICU</td></tr> <tr><td>2</td><td>covid_treatment_loc__2</td><td>Hospital in-patient</td></tr> <tr><td>3</td><td>covid_treatment_loc__3</td><td>Emergency Department</td></tr> <tr><td>4</td><td>covid_treatment_loc__4</td><td>Urgent Care/ Walk-in clinic</td></tr> <tr><td>5</td><td>covid_treatment_loc__5</td><td>Primary doctor</td></tr> <tr><td>6</td><td>covid_treatment_loc__6</td><td>Community health center</td></tr> <tr><td>7</td><td>covid_treatment_loc__7</td><td>Stayed home (isolated, rested, drank water, etc.)</td></tr> <tr><td>8</td><td>covid_treatment_loc__8</td><td>I did not seek treatment (including self-treatment or isolation)</td></tr> <tr><td>99</td><td>covid_treatment_loc__99</td><td>Prefer not to answer</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='8,99' | 1 | covid_treatment_loc__1 | Hospital ICU | 2 | covid_treatment_loc__2 | Hospital in-patient | 3 | covid_treatment_loc__3 | Emergency Department | 4 | covid_treatment_loc__4 | Urgent Care/ Walk-in clinic | 5 | covid_treatment_loc__5 | Primary doctor | 6 | covid_treatment_loc__6 | Community health center | 7 | covid_treatment_loc__7 | Stayed home (isolated, rested, drank water, etc.) | 8 | covid_treatment_loc__8 | I did not seek treatment (including self-treatment or isolation) | 99 | covid_treatment_loc__99 | Prefer not to answer |
| 1 | covid_treatment_loc__1 | Hospital ICU | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | covid_treatment_loc__2 | Hospital in-patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | covid_treatment_loc__3 | Emergency Department | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | covid_treatment_loc__4 | Urgent Care/ Walk-in clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | covid_treatment_loc__5 | Primary doctor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | covid_treatment_loc__6 | Community health center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | covid_treatment_loc__7 | Stayed home (isolated, rested, drank water, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | covid_treatment_loc__8 | I did not seek treatment (including self-treatment or isolation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | covid_treatment_loc__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1096 | [covid_treatment_month] Show the field ONLY if: [tested_positive_for_covid] = '1' and ([covid_treatment_loc(1)] = '1' or [covid_treatment_loc(2)] = '1' or [covid_treatment_loc(3)] = '1' or [covid_treatment_loc(4)] = '1' or [covid_treatment_loc(5)] = '1' or [covid_treatment_loc(6)] = '1' or [covid_treatment_loc(7)] = '1') | What month did your highest level of care start? | dropdown <table border="1"> <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> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1097 | [covid_treatment_year] Show the field ONLY if: [tested_positive_for_covid] = '1' and ([covid_treatment_loc(1)] = '1' or [covid_treatment_loc(2)] = '1' or [covid_treatment_loc(3)] = '1' or [covid_treatment_loc(4)] = '1' or [covid_treatment_loc(5)] = '1' or [covid_treatment_loc(6)] = '1' or [covid_treatment_loc(7)] = '1') | What year did your highest level of care start? | radio <table border="1"> <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>5</td><td>2023</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | 2019 | 2 | 2020 | 3 | 2021 | 4 | 2022 | 5 | 2023 | 99 | Prefer not to answer | | | | | | | | | | | | | | | |
| 1 | 2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1098 | [lc_symptoms] | Section Header: <i>Long COVID Symptoms</i> Instructions: Next we will ask you about symptoms you may have had since your first COVID-19 infection. | descriptive Field Annotation: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1099 | [lc_symp_breathing] | Since your first COVID-19 infection, have you had new or worsening problems breathing? | radio <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|------|--|---|---|---|-----|---|----|----|------------|----|----------------------|
| 1100 | [lc_symp_heartbeat] | Since your first COVID-19 infection, have you had new or worsening heart problems and/or heart attack? | radio <table><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 | | | | | | | | | | |
| 1101 | [lc_symp_stroke] | Since your first COVID-19 infection, have you had a stroke? | radio <table><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 | | | | | | | | | | |
| 1102 | [lc_symp_bloodsugar] | Since your first COVID-19 infection, have you had new or worsening difficulty managing your blood sugar? | radio <table><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 | | | | | | | | | | |
| 1103 | [lc_symp_brainfog] | Since your first COVID-19 infection, have you had new or worsening brain fog (confusion, lack of focus, being forgetful, etc.)? | radio <table><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 | | | | | | | | | | |
| 1104 | [lc_symp_fatigue] | Since your first COVID-19 infection, have you had new or worsening fatigue (tire easily, decreased energy, etc.)? | radio <table><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 | | | | | | | | | | |
| 1105 | [lc_symp_sleep] | Since your first COVID-19 infection, have you had new or worsening problems sleeping? | radio <table><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 | | | | | | | | | | |
| 1106 | [lc_symp_headache] | Since your first COVID-19 infection, have you had new, worsening, or more frequent headaches? | radio <table><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 | | | | | | | | | | |
| 1107 | [lc_symp_mood] | Since your first COVID -19 infection, have you had any changes in your mood? | radio <table><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: Note to projects: If needed, please reference other validated scales for anxiety or depression, such as PROMIS or PHQ9.</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 | | | | | | | | | | |
| 1108 | [lc_symp_menstrual] Show the field ONLY if: [bio_sex_birth_2] = "1" or [bio_sex_birth_2] = "3" | Since your first COVID-19 infection, have you experienced changes to your menstrual cycle? | radio <table><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 | | | | | | | | | | |
| 1109 | [lc_symptoms_other] | Since your first COVID-19 infection, have you developed any other physical or mental health issues? | radio <table><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 | | | | | | | | | | |

| | | | | | | | | | | | | | |
|------|---|---|---|---|--|---|---|----|--|----|--|---|--|
| 1110 | <div>[lc_symp_duration]</div> <div>Show the field ONLY if: [lc_symp_breathing] = '1' or [lc_symp_heartbeat] = '1' or [lc_symp_stroke] = '1' or [lc_symp_bloodsugar] = '1' or [lc_symp_brainfog] = '1' or [lc_symp_fatigue] = '1' or [lc_symp_sleep] = '1' or [lc_symp_headache] = '1' or [lc_symp_mood] = '1' or [lc_symp_menstrual] = '1' or [lc_symptoms_other] = '1'</div> | Think about the symptoms above. How many weeks did you have these symptoms? | text (integer) | | | | | | | | | | |
| 1111 | <div>[lc_symp_resolve]</div> <div>Show the field ONLY if: [lc_symp_breathing]= '1' or [lc_symp_heartbeat] = '1' or [lc_symp_stroke] = '1' or [lc_symp_bloodsugar] = '1' or [lc_symp_brainfog] = '1' or [lc_symp_fatigue] = '1' or [lc_symp_sleep] = '1' or [lc_symp_headache] = '1' or [lc_symp_mood] = '1' or [lc_symp_menstrual] = '1' or [lc_symptoms_other] = '1'</div> | Have any of the symptoms gone away? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Yes | 2 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 1112 | <div>[lc_symp_trt_yesno]</div> | Since your first COVID-19 infection, have you started any new treatments related to any of the symptoms listed above? | radio <table><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 | | | | | | | | | | | | |
| 1113 | <div>[lc_symp_dailyfunct]</div> | When your symptoms were the worst, which of the following applied: | radio <table><tr><td>0</td><td>I was only short of breath with strenuous exercise</td></tr><tr><td>1</td><td>I got short of breath when hurrying on level ground or walking up a slight hill</td></tr><tr><td>2</td><td>On level ground, I walked slower than people of my age because of shortness of breath, or I had to stop for breath when walking at my own pace</td></tr><tr><td>3</td><td>On level ground, I stopped for breath after walking about 100 yards or after a few minutes</td></tr><tr><td>4</td><td>I was too short of breath to leave the house or I was short of breath when dressing/undressing</td></tr></table> <div>Field Annotation: Note: Scale modified from mMRC Questionnaire.</div> | 0 | I was only short of breath with strenuous exercise | 1 | I got short of breath when hurrying on level ground or walking up a slight hill | 2 | On level ground, I walked slower than people of my age because of shortness of breath, or I had to stop for breath when walking at my own pace | 3 | On level ground, I stopped for breath after walking about 100 yards or after a few minutes | 4 | I was too short of breath to leave the house or I was short of breath when dressing/undressing |
| 0 | I was only short of breath with strenuous exercise | | | | | | | | | | | | |
| 1 | I got short of breath when hurrying on level ground or walking up a slight hill | | | | | | | | | | | | |
| 2 | On level ground, I walked slower than people of my age because of shortness of breath, or I had to stop for breath when walking at my own pace | | | | | | | | | | | | |
| 3 | On level ground, I stopped for breath after walking about 100 yards or after a few minutes | | | | | | | | | | | | |
| 4 | I was too short of breath to leave the house or I was short of breath when dressing/undressing | | | | | | | | | | | | |
| 1114 | <div>[lc_symp_dailyfunct_weeks]</div> <div>Show the field ONLY if: [lc_symp_dailyfunct] = '1' or [lc_symp_dailyfunct] = '2' or [lc_symp_dailyfunct] = '3' or [lc_symp_dailyfunct] = '4'</div> | How many weeks were you unable to go about your normal day? | text (integer) | | | | | | | | | | |
| 1115 | <div>[lc_knowledge]</div> | Section Header: Long COVID Knowledge The following questions will ask you about your experience with Long COVID. | descriptive | | | | | | | | | | |
| 1116 | <div>[lc_know_condition]</div> | Do you know what Long COVID is? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Yes | 2 | No | 99 | Prefer not to answer | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | |
| 1117 | <div>[lc_definition]</div> <div>Show the field ONLY if: [lc_know_condition]='1' or [lc_know_condition]='2' or [lc_know_condition]='99'</div> | <div>Long COVID is an illness that people may get after COVID-19. Common signs include fatigue, breathing problems, brain fog, stroke, heart attack, and poor control of blood sugar.</div> <div>Long COVID is sometimes called long-haul COVID, post COVID-19, long-term effects of COVID, or chronic COVID.</div> | descriptive | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|--|---|----------------------|------------------------------------|----------|----------------------|-------------------|----|----------------------|---|-----------|----------------------|--|---|----------------------|---|---|----------------------|----------------------------------|---|----------------------|-------------------------|----|-----------------------|----------------------|
| 1118 | [lc_trusted_source] | Who do you trust to give you information about Long COVID? (Check all that apply) | <div>checkbox</div> <table border="1"> <tr><td>1</td><td>lc_trusted_source__1</td><td>Your doctor or healthcare provider</td></tr> <tr><td>2</td><td>lc_trusted_source__2</td><td>Your faith leader</td></tr> <tr><td>3</td><td>lc_trusted_source__3</td><td>Your close friends and members of your family</td></tr> <tr><td>4</td><td>lc_trusted_source__4</td><td>People you go to work or class with or other people you know</td></tr> <tr><td>5</td><td>lc_trusted_source__5</td><td>News on the radio, TV, online, or in newspapers</td></tr> <tr><td>6</td><td>lc_trusted_source__6</td><td>Your contacts on social media</td></tr> <tr><td>7</td><td>lc_trusted_source__7</td><td>The U.S. government</td></tr> <tr><td>99</td><td>lc_trusted_source__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99' Note: If your project uses another trust question, you do not need to include this one.</div> | 1 | lc_trusted_source__1 | Your doctor or healthcare provider | 2 | lc_trusted_source__2 | Your faith leader | 3 | lc_trusted_source__3 | Your close friends and members of your family | 4 | lc_trusted_source__4 | People you go to work or class with or other people you know | 5 | lc_trusted_source__5 | News on the radio, TV, online, or in newspapers | 6 | lc_trusted_source__6 | Your contacts on social media | 7 | lc_trusted_source__7 | The U.S. government | 99 | lc_trusted_source__99 | Prefer not to answer |
| 1 | lc_trusted_source__1 | Your doctor or healthcare provider | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lc_trusted_source__2 | Your faith leader | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lc_trusted_source__3 | Your close friends and members of your family | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lc_trusted_source__4 | People you go to work or class with or other people you know | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lc_trusted_source__5 | News on the radio, TV, online, or in newspapers | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lc_trusted_source__6 | Your contacts on social media | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | lc_trusted_source__7 | The U.S. government | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lc_trusted_source__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1119 | [lc_diagnosis] | Has a doctor diagnosed you with Long COVID? | <div>radio</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1120 | [lc_effects_experience] | <div>Section Header: <i>Everyday Life Experience</i></div> <div>Instructions: Next we will ask you about your everyday life.</div> | descriptive | | | | | | | | | | | | | | | | | | | | | | | | |
| 1121 | [lc_effects_life] Show the field ONLY if: [lc_diagnosis] = '1' | How much has having Long COVID affected your everyday life? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1122 | [lc_effects] Show the field ONLY if: [lc_diagnosis] = '1' | Which of the following areas of your life have your Long COVID symptoms affected? (Check one or more answers) | <div>checkbox</div> <table border="1"> <tr><td>0</td><td>lc_effects__0</td><td>None</td></tr> <tr><td>1</td><td>lc_effects__1</td><td>Family</td></tr> <tr><td>2</td><td>lc_effects__2</td><td>Work or school</td></tr> <tr><td>3</td><td>lc_effects__3</td><td>Spending time with friends</td></tr> <tr><td>4</td><td>lc_effects__4</td><td>Hobbies/activities</td></tr> <tr><td>5</td><td>lc_effects__5</td><td>Doing household duties or chores</td></tr> <tr><td>6</td><td>lc_effects__6</td><td>Exercising/being active</td></tr> <tr><td>99</td><td>lc_effects__99</td><td>Prefer not to answer</td></tr> </table> <div>Field Annotation: @NONEOFTHEABOVE='99'</div> | 0 | lc_effects__0 | None | 1 | lc_effects__1 | Family | 2 | lc_effects__2 | Work or school | 3 | lc_effects__3 | Spending time with friends | 4 | lc_effects__4 | Hobbies/activities | 5 | lc_effects__5 | Doing household duties or chores | 6 | lc_effects__6 | Exercising/being active | 99 | lc_effects__99 | Prefer not to answer |
| 0 | lc_effects__0 | None | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | lc_effects__1 | Family | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lc_effects__2 | Work or school | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lc_effects__3 | Spending time with friends | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lc_effects__4 | Hobbies/activities | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lc_effects__5 | Doing household duties or chores | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lc_effects__6 | Exercising/being active | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lc_effects__99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1123 | [lc_effects_family] Show the field ONLY if: [lc_diagnosis] = '1' | How much has having Long COVID (not COVID-19 itself) affected your family's everyday life? | <div>radio</div> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very</td></tr> <tr><td>5</td><td>Extremely</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table> | 1 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 99 | Prefer not to answer | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|----------------------|---|---|--|---|------------|---|------------|----|----------------------|---|------|---|-----------|----|------------|----|----------------------|
| | 1124 | [lc_effects_community] | How much do you think Long COVID (not COVID-19 itself) is affecting your friends and communities everyday lives? | radio <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</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 | Not at all | 2 | Slightly | 3 | Moderately | 4 | Very | 5 | Extremely | 98 | Don't know | 99 | Prefer not to answer |
| 1 | Not at all | | | | | | | | | | | | | | | | | |
| 2 | Slightly | | | | | | | | | | | | | | | | | |
| 3 | Moderately | | | | | | | | | | | | | | | | | |
| 4 | Very | | | | | | | | | | | | | | | | | |
| 5 | Extremely | | | | | | | | | | | | | | | | | |
| 98 | Don't know | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 1125 | [lc_treatment_loc] | Section Header: Do you know of a place that specializes in Long COVID diagnosis and care near where you live? | radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> | 1 | Yes | 2 | No | 99 | Prefer not to answer | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | |
| 99 | Prefer not to answer | | | | | | | | | | | | | | | | | |
| | 1126 | [lc_treatment_resource] Show the field ONLY if: [lc_treatment_loc]='1' or [lc_treatment_loc]='2' or [lc_treatment_loc]='99' | Note to implementer: Use this space to provide list of Long COVID clinics or information/resources for Long COVID available in your area. | descriptive Field Annotation: Note to projects: Optional CDE for projects wishing to provide resources specific to your geographic area. | | | | | | | | | | | | | | |
| | 1127 | [tier2_long_covid_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 | | | | | | | | | | | | | | | | | |