COVID-19 Manifestations in People with Parkinson's Disease: a USA cohort

Yaqian Xu, MD MPH, Matthew Surface, BA, Amanda K. Chan, BA, Joshua Halpern, MS, Nora Vanegas-Arroyave, MD, Blair Ford, MD, Megan P. Feeney, MPH, Kimberly T. Kwei, MD PhD, Linn E. Katus, DO MSc, Sheng-Han Kuo, MD,Hiral Shah, MD, Cheryl Waters, MD, Linda M. Winfield, RN MPH, James C. Beck, PhD, Serge Przedborski, MD PhD, Stanley Fahn, MD, and Roy N. Alcalay, MD MS

Online Resource

Supplementary Table 1. Commonly reported symptoms newly developed during COVID-19 illness

Supplementary Figure 1. Patients with Parkinson's disease and COVID-19 enrollment flowchart

Supplementary Figure 2. COVID-19 related death distribution by age and gender

Supplementary Survey

CUIMC registry cohort

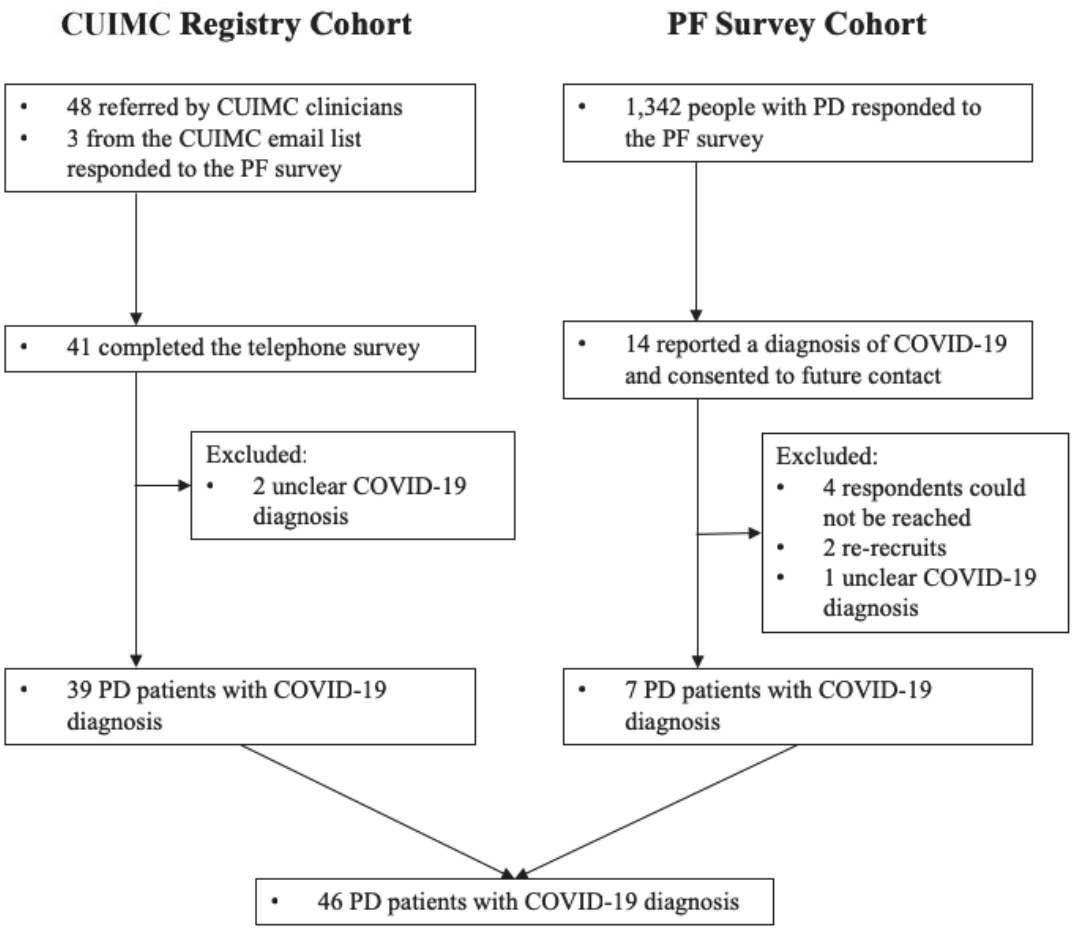
PF survey cohort

Supplementary Table 1. Commonly reported symptoms newly developed during COVID-19 illness

	N (Yes, developed this symptom)	N (Total responses received) *	Percentage (yes/total)
Common COVID-19 symptoms			
Fatigue or Tiredness	31	38	81.6%
Fever or chills	31	45	68.9%
Weight loss	24	36	66.7%
Cough	28	44	63.6%
Body Temperature higher than 100.4 F or 38.0 C	16	35	45.7%
Muscle or body ache/pain	14	35	40.0%
Headache	13	34	38.2%
Chest congestion	13	35	37.1%
Shortness of breath	14	39	35.9%
Temporary loss of smell	10	35	28.6%
Sore throat	10	36	27.8%
Nausea	10	36	27.8%
Runny or stuffy nose	9	36	25.0%
Diarrhea	8	35	22.9%
Temporary loss of taste	8	36	22.2%
Urinary issues	5	27	18.5%
Abdominal discomfort	5	35	14.3%
Hair loss	5	35	14.3%
Dry skin	4	35	11.4%
Sneezing	3	35	8.6%
Vomiting	3	35	8.6%
Skin rash	2	35	5.7%
Neurological symptoms			
Weakness	20	35	57.1%
Difficulty walking	11	25	44.0%
Dizziness	13	34	38.2%
Bradykinesia	9	25	36.0%
Confusion	11	37	29.7%
Other	10	35	28.6%
Sleep- Insomnia	7	25	28.0%

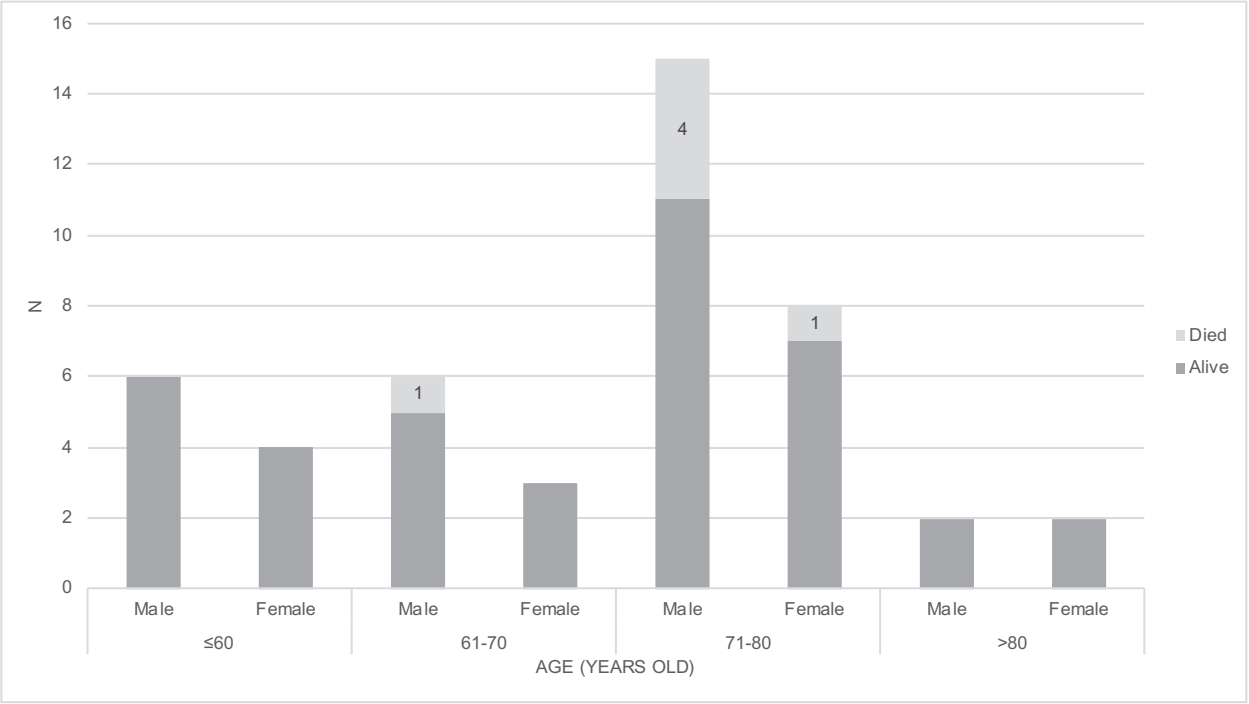
Ataxia	6	24	25.0%
Anxiety	6	25	24.0%
Apathy	6	25	24.0%
Visual changes	8	34	23.5%
Rigidity	5	25	20.0%
Constipation	5	25	20.0%
Pain	5	25	20.0%
OFF time	4	24	16.7%
Memory Loss	4	25	16.0%
Falls	4	26	15.4%
Numbness/tingling	3	25	12.0%
Tremor	3	25	12.0%
Dyskinesia	3	25	12.0%
Double vision	3	34	8.8%
Hallucinations	2	26	7.7%
Tinnitus	2	34	5.9%
Facial twitches	2	34	5.9%
Loss of consciousness	1	33	3.0%
Body/Arms/Leg twitches	1	34	2.9%
Nerve pain	1	34	2.9%
Loss of sensation	1	34	2.9%

* Not all participants responded to all symptom questions, this N represents the number of total responses received for each question (including “Yes” and “No” answers).



Supplementary Figure 1. Patients with Parkinson's disease and COVID-19 enrollment flowchart

Abbreviations: **PD**, Parkinson's Disease; **CUIMC**, Columbia University Irving Medical Center; **PF**, Parkinson's Foundation



Supplementary Figure 2. COVID-19 related death distribution by age and gender

Age was stratified into 4 categories. Death due to COVID-19 was indicated in light grey, and those who are alive in dark grey. In the 61-70 age group, 1 male patient died because of COVID-19; in the 71-80 age group, 4 male and 1 female patient died because of COVID-19.

Supplementary Survey

CUIMC registry cohort

Movement Disorder COVID-19 Questionnaire (AAAT1585)

Project Home | Project Setup | Online Designer | Data Dictionary | Codebook

Data Dictionary Codebook

11/02/2020 4:00pm

Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Telephone Survey** (telephone_survey) Enabled as survey			Collapse
1	record_id	Record ID	text
2	subject_id	Subject ID	text, Required
3	demo_1	Section Header: *I. Demographics* Year of Birth	text
4	demo_2	Age	text
5	demo_3	Gender	radio 1, Male 2, Female 3, Other 4, Prefer not to answer
6	dem_4	Race/Ethnicity	radio 1, American Indian or Alaska Native 2, Asian 3, Black/African American 4, Hispanic/Latino 5, Native Hawaiian Pacific Islander 6, White/Caucasian, Mixed 7, Some other race, ethnicity or origin 8, Prefer not to answer
7	dem_5	Marital Status	radio 1, Single [never married] 2, Married or domestic partnership 3, Separated 4, Widowed 5, Divorced
8	dem_6	Zip Code	text (number)
9	dem_7	At what age was Parkinson's disease diagnosed?	text (number)
10	dem_8	At what age did the motor symptoms begin?	text (number)
11	dem_9	Is the subject of this survey alive?	radio 1, Yes 2, No
12	covid_1	Section Header: *II. COVID-19 Questions* Do you think you've been infected with coronavirus?	radio, Required 1, Yes 2, No 3, Unsure
13	covid_1_1 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	When did you start having symptoms that you think were caused by the coronavirus?	text (date_mdy)

14	covid_1_2 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	How long did those symptoms last (days)?	text (number)
15	covid_1_3 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Have you been tested for the coronavirus? If so, what was the result?	radio 1 I have been tested and I tested positive (I had coronavirus) 2 I have been tested and I tested negative (I did not have coronavirus) 3 I have been tested and I do not know the result 4 I have not been tested
16	covid_1_3_1 Show the field ONLY if: [covid_1_3] = "1" OR [covid_1_3] = "2" OR [covid_1_3] = "3"	How were you tested?	checkbox 1 covid_1_3_1___1 Nose swab (PCR) 2 covid_1_3_1___2 Mouth swab (PCR) 3 covid_1_3_1___3 Blood test (serology)
17	covid_1_4 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus?	radio 1 Yes 2 No 3 Unsure
18	covid_1_5 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?	radio 1 Yes 2 No
19	covid_1_6 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Who have you contacted to let them know that you think you have coronavirus? Please check all that apply.	checkbox 1 covid_1_6___1 A local health departments or hotline 2 covid_1_6___2 Hospital or emergency room 3 covid_1_6___3 My primary care doctor or another doctor 4 covid_1_6___4 My employer, supervisor or school 5 covid_1_6___5 Community or religious leaders 6 covid_1_6___6 Family or friends 7 covid_1_6___7 Online social contacts such as people on Facebook or Twitter
20	covid_1_7 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus?	yesno 1 Yes 0 No
21	covid_1_7_1 Show the field ONLY if: [covid_1_7] = "1"	Where did you first seek medical care for coronavirus?	radio 1 Hospital or emergency room 2 Urgent care 3 My primary care doctor or another doctor 4 A local health department 5 Other
22	covid_1_7_1_1 Show the field ONLY if: [covid_1_7_1] = "5"	Other: please specify	text
23	covid_1_8 Show the field ONLY if: [covid_1_7] = "0"	Why did you not seek care?	radio 1 No insurance 2 No access 3 Did not think necessary 4 Was advised not to seek care by family 5 Other

24	covid_1_8_1 Show the field ONLY if: [covid_1_8] = "5"	Other (Please specify _____)	text
25	covid_1_7_1_2 Show the field ONLY if: [covid_1_7_1] = "1"	When you sought care from 'Hospital or Emergency Room', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
26	covid_1_7_1_2_1 Show the field ONLY if: [covid_1_7_1_2] = "3"	Why?	text
27	covid_1_7_1_3 Show the field ONLY if: [covid_1_7_1] = "2"	When you sought care from 'Urgent care', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
28	covid_1_7_1_3_1 Show the field ONLY if: [covid_1_7_1_3] = "3"	Why?	text
29	covid_1_7_1_4 Show the field ONLY if: [covid_1_7_1] = "3"	When you sought care from 'My primary care doctor or another doctor', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
30	covid_1_7_1_4_1 Show the field ONLY if: [covid_1_7_1_4] = "3"	Why?	text
31	covid_1_7_1_5 Show the field ONLY if: [covid_1_7_1] = "4"	When you sought care from 'A local health department', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
32	covid_1_7_1_5_1 Show the field ONLY if: [covid_1_7_1_5] = "3"	Why?	text
33	covid_1_7_1_6 Show the field ONLY if: [covid_1_7_1] = "5"	When you sought care from 'Other', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
34	covid_1_7_1_6_1 Show the field ONLY if: [covid_1_7_1_6] = "3"	Why?	text
35	covid_1_9 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Were you hospitalized for COVID?	radio 1 Not hospitalized 2 Hospitalized 3 Hospitalized and received Mechanical ventilation
36	covid_1_9_1 Show the field ONLY if: [covid_1_9] = "2" OR [covid_1_9] = "3"	Which hospital?	text
37	covid_1_9_2 Show the field ONLY if: [covid_1_9] = "2" OR [covid_1_9] = "3"	Further details on hospitalization. (If deceased, full code/DNR/DNI?)	text

38	covid_1_10 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	How would you describe the severity of your COVID/COVID-like illness?	radio 1 Asymptomatic 2 Mild 3 Moderate 4 Severe
39	covid_1_11 Show the field ONLY if: [dem_9] = "2"	Did this person die due to COVID-19 or a COVID-19 related complication?	radio 1 Yes 2 No
40	covid_1_12 Show the field ONLY if: [covid_1_11] = "1"	What was the cause of death?	text
41	sympt_1 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Section Header: *(COVID symptoms) Have you experienced any of the following new symptoms during your COVID/ COVID-like illness? Common* Fever or chills	radio 0 0=no, 1 1=mild 2 2=moderate 3 3=severe
42	sympt_1_2 Show the field ONLY if: [sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	Duration of Symptom (in days) (Fever and chills)	text (number)
43	sympt_1_3 Show the field ONLY if: [sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Fever and chills)	notes
44	sympt_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Body Temperature higher than 100.4 F or 38.0 C	radio 0 Yes 1 No
45	sympt_2_2 Show the field ONLY if: [sympt_2] = "0"	Duration of Symptom (in days) (Body Temperature higher than 100.4 F or 38.0 C)	text (number)
46	sympt_2_3 Show the field ONLY if: [sympt_2] = "0"	Details of the symptom (Can you describe the symptom in more detail?) (Body Temperature higher than 100.4 F or 38.0 C)	notes
47	sympt_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Fatigue or Tiredness	radio 0 0=no, 1 1=mild 2 2=moderate 3 3=severe
48	sympt_3_2 Show the field ONLY if: [sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	Duration of Symptom (in days) (Fatigue or Tiredness)	text (number)
49	sympt_3_3 Show the field ONLY if: [sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Fatigue or Tiredness)	notes

50	sympt_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Runny or stuffy nose	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
51	sympt_4_2 Show the field ONLY if: [sympt_4] = "1" OR [sympt_4] = "2" OR [sympt_4] = "3"	Duration of Symptom (in days) (Runny or stuffy nose)	text (number)
52	sympt_4_3 Show the field ONLY if: [sympt_4] = "1" OR [sympt_4] = "2" OR [sympt_4] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Runny or stuffy nose)	notes
53	sympt_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Sneezing	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
54	sympt_5_2 Show the field ONLY if: [sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"	Duration of Symptom (in days) (Sneezing)	text (number)
55	sympt_5_3 Show the field ONLY if: [sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sneezing)	notes
56	sympt_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of smell	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
57	sympt_6_2 Show the field ONLY if: [sympt_6] = "1" OR [sympt_6] = "2" OR [sympt_6] = "3"	Duration of Symptom (in days) (Temporary loss of smell)	text (number)
58	sympt_6_3 Show the field ONLY if: [sympt_6] = "1" OR [sympt_6] = "2" OR [sympt_6] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of smell)	notes
59	sympt_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Sore throat	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
60	sympt_7_2 Show the field ONLY if: [sympt_7] = "1" OR [sympt_7] = "2" OR [sympt_7] = "3"	Duration of Symptom (in days) (Sore throat)	text (number)

61	sympt_7_3 Show the field ONLY if: [sympt_7] = "1" OR [sympt_7] = "2" OR [sympt_7] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sore throat)	notes
62	sympt_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cough	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
63	sympt_8_2 Show the field ONLY if: [sympt_8] = "1" OR [sympt_8] = "2" OR [sympt_8] = "3"	Duration of Symptom (in days) (Cough)	text (number)
64	sympt_8_3 Show the field ONLY if: [sympt_8] = "1" OR [sympt_8] = "2" OR [sympt_8] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Cough)	notes
65	sympt_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Shortness of breath	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
66	sympt_9_2 Show the field ONLY if: [sympt_9] = "1" OR [sympt_9] = "2" OR [sympt_9] = "3"	Duration of Symptom (in days) (Shortness of breath)	text (number)
67	sympt_9_3 Show the field ONLY if: [sympt_9] = "1" OR [sympt_9] = "2" OR [sympt_9] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Shortness of breath)	notes
68	sympt_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Chest congestion	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
69	sympt_10_2 Show the field ONLY if: [sympt_10] = "1" OR [sympt_10] = "2" OR [sympt_10] = "3"	Duration of Symptom (in days) (Chest congestion)	text (number)
70	sympt_10_3 Show the field ONLY if: [sympt_10] = "1" OR [sympt_10] = "2" OR [sympt_10] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Chest congestion)	notes

71	sympt_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of taste	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
72	sympt_11_2 Show the field ONLY if: [sympt_11] = "1" OR [sympt_11] = "2" OR [sympt_11] = "3"	Duration of Symptom (in days) (Temporary loss of taste)	text (number)
73	sympt_11_3 Show the field ONLY if: [sympt_11] = "1" OR [sympt_11] = "2" OR [sympt_11] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of taste)	notes
74	sympt_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Nausea	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
75	sympt_12_2 Show the field ONLY if: [sympt_12] = "1" OR [sympt_12] = "2" OR [sympt_12] = "3"	Duration of Symptom (in days) (Nausea)	text (number)
76	sympt_12_3 Show the field ONLY if: [sympt_12] = "1" OR [sympt_12] = "2" OR [sympt_12] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Nausea)	notes
77	sympt_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Vomiting	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
78	sympt_13_2 Show the field ONLY if: [sympt_13] = "1" OR [sympt_13] = "2" OR [sympt_13] = "3"	Duration of Symptom (in days) (Vomiting)	text (number)
79	sympt_13_3 Show the field ONLY if: [sympt_13] = "1" OR [sympt_13] = "2" OR [sympt_13] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Vomiting)	notes
80	sympt_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diarrhea	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
81	sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_14] = "2" OR [sympt_14] = "3"	Duration of Symptom (in days) (Diarrhea)	text (number)

82	sympt_14_3 Show the field ONLY if: [sympt_14] = "1" OR [sympt_14] = "2" OR [sympt_14] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Diarrhea)	notes
83	sympt_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Abdominal discomfort	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
84	sympt_15_2 Show the field ONLY if: [sympt_15] = "1" OR [sympt_15] = "2" OR [sympt_15] = "3"	Duration of Symptom (in days) (Abdominal discomfort)	text (number)
85	sympt_15_3 Show the field ONLY if: [sympt_15] = "1" OR [sympt_15] = "2" OR [sympt_15] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Abdominal discomfort)	notes
86	sympt_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Muscle or body ache/pain	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
87	sympt_16_2 Show the field ONLY if: [sympt_16] = "1" OR [sympt_16] = "2" OR [sympt_16] = "3"	Duration of Symptom (in days) (Muscle or body ache/pain)	text (number)
88	sympt_16_3 Show the field ONLY if: [sympt_16] = "1" OR [sympt_16] = "2" OR [sympt_16] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Muscle or body ache/pain)	notes
89	sympt_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dry skin	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
90	sympt_17_2 Show the field ONLY if: [sympt_17] = "1" OR [sympt_17] = "2" OR [sympt_17] = "3"	Duration of Symptom (in days) (Dry skin)	text (number)
91	sympt_17_3 Show the field ONLY if: [sympt_17] = "1" OR [sympt_17] = "2" OR [sympt_17] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dry skin)	notes
92	sympt_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Skin rash	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe

93	sympt_18_2 Show the field ONLY if: [sympt_18] = "1" OR [sympt_18] = "2" OR [sympt_18] = "3"	Duration of Symptom (in days) (Skin rash)	text (number)
94	sympt_18_3 Show the field ONLY if: [sympt_18] = "1" OR [sympt_18] = "2" OR [sympt_18] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Skin rash)	notes
95	sympt_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hair loss	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
96	sympt_19_2 Show the field ONLY if: [sympt_19] = "1" OR [sympt_19] = "2" OR [sympt_19] = "3"	Duration of Symptom (in days) (Hair loss)	text (number)
97	sympt_19_3 Show the field ONLY if: [sympt_19] = "1" OR [sympt_19] = "2" OR [sympt_19] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Hair loss)	notes
98	sympt_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Headache	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
99	sympt_20_2 Show the field ONLY if: [sympt_20] = "1" OR [sympt_20] = "2" OR [sympt_20] = "3"	Duration of Symptom (in days) (Headache)	text (number)
100	sympt_20_3 Show the field ONLY if: [sympt_20] = "1" OR [sympt_20] = "2" OR [sympt_20] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Headache)	notes
101	sympt_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Weight loss	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
102	sympt_21_2 Show the field ONLY if: [sympt_21] = "1" OR [sympt_21] = "2" OR [sympt_21] = "3"	Duration of Symptom (in days) (Weight loss)	text (number)
103	sympt_21_3 Show the field ONLY if: [sympt_21] = "1" OR [sympt_21] = "2" OR [sympt_21] = "3"	Details of the symptom (Can you describe the symptom in more detail?) ?lb (Weight loss)	notes

104	sympt_22 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Urinary issues	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
105	sympt_22_2 Show the field ONLY if: [sympt_22] = "1" OR [sympt_22] = "2" OR [sympt_22] = "3"	Duration of Symptom (in days) (Urinary issues)	text (number)
106	sympt_22_3 Show the field ONLY if: [sympt_22] = "1" OR [sympt_22] = "2" OR [sympt_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Urinary issues)	checkbox 1 sympt_22_3___1 incontinence 2 sympt_22_3___2 urgency 3 sympt_22_3___3 frequency
107	neuro_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Neuro COVID symptoms) Have you experienced any of the following new symptoms during your COVID/ COVID-like illness?* Dizziness	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
108	neuro_1_2 Show the field ONLY if: [neuro_1] = "1" OR [neuro_1] = "2" OR [neuro_1] = "3"	Duration of Symptom (in days) (Dizziness)	text (number)
109	neuro_1_3 Show the field ONLY if: [neuro_1] = "1" OR [neuro_1] = "2" OR [neuro_1] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dizziness)	checkbox 1 neuro_1_3___1 head spinning 2 neuro_1_3___2 waviness 3 neuro_1_3___3 lightheadedness upon changing positions
110	neuro_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of hearing	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
111	neuro_2_2 Show the field ONLY if: [neuro_2] = "1" OR [neuro_2] = "2" OR [neuro_2] = "3"	Duration of Symptom (in days) (Temporary loss of hearing)	text (number)
112	neuro_2_3 Show the field ONLY if: [neuro_2] = "1" OR [neuro_2] = "2" OR [neuro_2] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of hearing)	notes
113	neuro_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Tinnitus (Ringing in the ears)	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
114	neuro_3_2 Show the field ONLY if: [neuro_3] = "1" OR [neuro_3] = "2" OR [neuro_3] = "3"	Duration of Symptom (in days) (Tinnitus [Ringing in the ears])	text (number)

115	neuro_3_3 Show the field ONLY if: [neuro_3] = "1" OR [neuro_3] = "2" OR [neuro_3] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Tinnitus [Ringing in the ears])	notes
116	neuro_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Visual changes	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
117	neuro_4_2 Show the field ONLY if: [neuro_4] = "1" OR [neuro_4] = "2" OR [neuro_4] = "3"	Duration of Symptom (in days) (Visual changes)	text (number)
118	neuro_4_3 Show the field ONLY if: [neuro_4] = "1" OR [neuro_4] = "2" OR [neuro_4] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Visual changes)	notes
119	neuro_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Double vision	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
120	neuro_5_2 Show the field ONLY if: [neuro_5] = "1" OR [neuro_5] = "2" OR [neuro_5] = "3"	Duration of Symptom (in days) (Double vision)	text (number)
121	neuro_5_3 Show the field ONLY if: [neuro_5] = "1" OR [neuro_5] = "2" OR [neuro_5] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Double vision)	notes
122	neuro_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Facial twitches	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
123	neuro_6_2 Show the field ONLY if: [neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	Duration of Symptom (in days) (Facial twitches)	text (number)
124	neuro_6_3 Show the field ONLY if: [neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Facial twitches)	notes

125	neuro_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Body/Arms/Leg twitches	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
126	neuro_7_2 Show the field ONLY if: [neuro_7] = "1" OR [neuro_7] = "2" OR [neuro_7] = "3"	Duration of Symptom (in days) (Body/Arms/Leg twitches)	text (number)
127	neuro_7_3 Show the field ONLY if: [neuro_7] = "1" OR [neuro_7] = "2" OR [neuro_7] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Body/Arms/Leg twitches)	notes
128	neuro_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Seizure	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
129	neuro_8_2 Show the field ONLY if: [neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	Duration of Symptom (in days) (Seizure)	text (number)
130	neuro_8_3 Show the field ONLY if: [neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Seizure)	notes
131	neuro_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of consciousness	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
132	neuro_9_2 Show the field ONLY if: [neuro_9] = "1" OR [neuro_9] = "2" OR [neuro_9] = "3"	Duration of Symptom (in days) (Loss of consciousness)	text (number)
133	neuro_9_3 Show the field ONLY if: [neuro_9] = "1" OR [neuro_9] = "2" OR [neuro_9] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Loss of consciousness)	notes
134	neuro_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Confusion	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
135	neuro_10_2 Show the field ONLY if: [neuro_10] = "1" OR [neuro_10] = "2" OR [neuro_10] = "3"	Duration of Symptom (in days) (Confusion)	text (number)

136	neuro_10_3 Show the field ONLY if: [neuro_10] = "1" OR [neuro_10] = "2" OR [neuro_10] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Confusion)	radio 1 Intermittent 2 Constant during illness
137	neuro_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Memory Loss	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
138	neuro_11_2 Show the field ONLY if: [neuro_11] = "1" OR [neuro_11] = "2" OR [neuro_11] = "3"	Duration of Symptom (in days) (Memory loss)	text (number)
139	neuro_11_3 Show the field ONLY if: [neuro_11] = "1" OR [neuro_11] = "2" OR [neuro_11] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Memory loss)	radio 1 Temporary 2 Since
140	neuro_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hallucinations	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
141	neuro_12_2 Show the field ONLY if: [neuro_12] = "1" OR [neuro_12] = "2" OR [neuro_12] = "3"	Duration of Symptom (in days) (Hallucinations)	text (number)
142	neuro_12_3 Show the field ONLY if: [neuro_12] = "1" OR [neuro_12] = "2" OR [neuro_12] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Type of hallucinations) (Hallucinations)	notes
143	neuro_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Nerve pain	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
144	neuro_13_2 Show the field ONLY if: [neuro_13] = "1" OR [neuro_13] = "2" OR [neuro_13] = "3"	Duration of Symptom (in days) (Nerve pain)	text (number)
145	neuro_13_3 Show the field ONLY if: [neuro_13] = "1" OR [neuro_13] = "2" OR [neuro_13] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Nerve pain)	notes
146	neuro_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Numbness/tingling	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe

147	neuro_14_2 Show the field ONLY if: [neuro_14] = "1" OR [neuro_14] = "2" OR [neuro_14] = "3"	Duration of Symptom (in days) (Numbness/tingling)	text (number)
148	neuro_14_3 Show the field ONLY if: [neuro_14] = "1" OR [neuro_14] = "2" OR [neuro_14] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Numbness/tingling)	notes
149	neuro_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of sensation	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
150	neuro_15_2 Show the field ONLY if: [neuro_15] = "1" OR [neuro_15] = "2" OR [neuro_15] = "3"	Duration of Symptom (in days) (Loss of sensation)	text (number)
151	neuro_15_3 Show the field ONLY if: [neuro_15] = "1" OR [neuro_15] = "2" OR [neuro_15] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Loss of sensation)	checkbox 1 neuro_15_3___1 Pain 2 neuro_15_3___2 Touch 3 neuro_15_3___3 Temp
152	neuro_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Weakness	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
153	neuro_16_2 Show the field ONLY if: [neuro_16] = "1" OR [neuro_16] = "2" OR [neuro_16] = "3"	Duration of Symptom (in days) (Weakness)	text (number)
154	neuro_16_3 Show the field ONLY if: [neuro_16] = "1" OR [neuro_16] = "2" OR [neuro_16] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Where?) (Weakness)	notes
155	neuro_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Tremor	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
156	neuro_17_2 Show the field ONLY if: [neuro_17] = "1" OR [neuro_17] = "2" OR [neuro_17] = "3"	Duration of Symptom (in days) (Tremor)	text (number)
157	neuro_17_3 Show the field ONLY if: [neuro_17] = "1" OR [neuro_17] = "2" OR [neuro_17] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Tremor)	notes

158	neuro_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Rigidity	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
159	neuro_18_2 Show the field ONLY if: [neuro_18] = "1" OR [neuro_18] = "2" OR [neuro_18] = "3"	Duration of Symptom (in days) (Rigidity)	text (number)
160	neuro_18_3 Show the field ONLY if: [neuro_18] = "1" OR [neuro_18] = "2" OR [neuro_18] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Rigidity)	notes
161	neuro_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Difficulty walking	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
162	neuro_19_2 Show the field ONLY if: [neuro_19] = "1" OR [neuro_19] = "2" OR [neuro_19] = "3"	Duration of Symptom (in days) (Difficulty walking)	text (number)
163	neuro_19_3 Show the field ONLY if: [neuro_19] = "1" OR [neuro_19] = "2" OR [neuro_19] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Difficulty walking)	notes
164	neuro_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	(Ataxia) Difficulty with balance	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
165	neuro_20_2 Show the field ONLY if: [neuro_20] = "1" OR [neuro_20] = "2" OR [neuro_20] = "3"	Duration of Symptom (in days) [(Ataxia) Difficulty with balance]	text (number)
166	neuro_20_3 Show the field ONLY if: [neuro_20] = "1" OR [neuro_20] = "2" OR [neuro_20] = "3"	Details of the symptom (Can you describe the symptom in more detail?) [(Ataxia) Difficulty with balance]	notes
167	neuro_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Falls	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
168	neuro_21_2 Show the field ONLY if: [neuro_21] = "1" OR [neuro_21] = "2" OR [neuro_21] = "3"	Duration of Symptom (in days) (Falls)	text (number)

169	neuro_21_3 Show the field ONLY if: [neuro_21] = "1" OR [neuro_21] = "2" OR [neuro_21] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Falls)	notes
170	neuro_22 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Bradykinesia (slowness in movement)	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
171	neuro_22_2 Show the field ONLY if: [neuro_22] = "1" OR [neuro_22] = "2" OR [neuro_22] = "3"	Duration of Symptom (in days) (Bradykinesia (slowness in movement))	text (number)
172	neuro_22_3 Show the field ONLY if: [neuro_22] = "1" OR [neuro_22] = "2" OR [neuro_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Bradykinesia (slowness in movement))	notes
173	neuro_23 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Freezing of gait	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
174	neuro_23_1 Show the field ONLY if: [neuro_23] = "1" OR [neuro_23] = "2" OR [neuro_23] = "3"	Duration of Symptom (in days) (Freezing of gait)	text (number)
175	neuro_23_2 Show the field ONLY if: [neuro_23] = "1" OR [neuro_23] = "2" OR [neuro_23] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Freezing of gait)	notes
176	neuro_24 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dyskinesias	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
177	neuro_24_1 Show the field ONLY if: [neuro_24] = "1" OR [neuro_24] = "2" OR [neuro_24] = "3"	Duration of Symptom (in days) (Dyskinesias)	text (number)
178	neuro_24_2 Show the field ONLY if: [neuro_24] = "1" OR [neuro_24] = "2" OR [neuro_24] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dyskinesias)	notes
179	neuro_25 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dystonia	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe

180	neuro_25_1 Show the field ONLY if: [neuro_25] = "1" OR [neuro_25] = "2" OR [neuro_25] = "3"	Duration of Symptom (in days) (Dystonia)	text (number)
181	neuro_25_2 Show the field ONLY if: [neuro_25] = "1" OR [neuro_25] = "2" OR [neuro_25] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dystonia)	notes
182	neuro_26 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Sleep- Insomnia	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
183	neuro_26_1 Show the field ONLY if: [neuro_26] = "1" OR [neuro_26] = "2" OR [neuro_26] = "3"	Duration of Symptom (in days) (Sleep- Insomnia)	text (number)
184	neuro_26_2 Show the field ONLY if: [neuro_26] = "1" OR [neuro_26] = "2" OR [neuro_26] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sleep- Insomnia)	notes
185	neuro_27 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Anxiety	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
186	neuro_27_1 Show the field ONLY if: [neuro_27] = "1" OR [neuro_27] = "2" OR [neuro_27] = "3"	Duration of Symptom (in days) (Anxiety)	text (number)
187	neuro_27_2 Show the field ONLY if: [neuro_27] = "1" OR [neuro_27] = "2" OR [neuro_27] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Anxiety)	notes
188	neuro_28 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Apathy	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
189	neuro_28_1 Show the field ONLY if: [neuro_28] = "1" OR [neuro_28] = "2" OR [neuro_28] = "3"	Duration of Symptom (in days) (Apathy)	text (number)
190	neuro_28_2 Show the field ONLY if: [neuro_28] = "1" OR [neuro_28] = "2" OR [neuro_28] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Apathy)	notes

191	neuro_29 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Constipation	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
192	neuro_29_1 Show the field ONLY if: [neuro_29] = "1" OR [neuro_29] = "2" OR [neuro_29] = "3"	Duration of Symptom (in days) (Constipation)	text (number)
193	neuro_29_2 Show the field ONLY if: [neuro_29] = "1" OR [neuro_29] = "2" OR [neuro_29] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Constipation)	notes
194	neuro_30 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Pain	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
195	neuro_30_1 Show the field ONLY if: [neuro_30] = "1" OR [neuro_30] = "2" OR [neuro_30] = "3"	Duration of Symptom (in days) (Pain)	text (number)
196	neuro_30_2 Show the field ONLY if: [neuro_30] = "1" OR [neuro_30] = "2" OR [neuro_30] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Pain)	notes
197	neuro_31 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	OFF time	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
198	neuro_31_1 Show the field ONLY if: [neuro_31] = "1" OR [neuro_31] = "2" OR [neuro_31] = "3"	Duration of Symptom (in days) (OFF time)	text (number)
199	neuro_31_2 Show the field ONLY if: [neuro_31] = "1" OR [neuro_31] = "2" OR [neuro_31] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (OFF time)	notes
200	neuro_32 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
201	neuro_32_1 Show the field ONLY if: [neuro_32] = "1" OR [neuro_32] = "2" OR [neuro_32] = "3"	Duration of Symptom (in days) (Other)	text (number)

202	neuro_32_2 Show the field ONLY if: [neuro_32] = "1" OR [neuro_32] = "2" OR [neuro_32] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Other)	notes
203	medhist_1_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Past Medical History) Have you been Diagnosed with any of the following conditions before COVID?* Hypertension (HIgh Blood Pressure)	radio (Matrix) 1 Yes 2 No
204	medhist_1_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diabetes Mellitus (Childhood onset)	radio (Matrix) 1 Yes 2 No
205	medhist_1_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diabetes Mellitus (Adult onset)	radio (Matrix) 1 Yes 2 No
206	medhist_1_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Myocardial infarct (Heart Attach)	radio (Matrix) 1 Yes 2 No
207	medhist_1_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Congestive heart Failure	radio (Matrix) 1 Yes 2 No
208	medhist_1_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Arrhythmia/ Atrial Fibrillation	radio (Matrix) 1 Yes 2 No
209	medhist_1_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hypercholesterolemia (High Cholesterol)	radio (Matrix) 1 Yes 2 No
210	medhist_1_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hearing Loss	radio (Matrix) 1 Yes 2 No
211	medhist_1_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of smell	radio (Matrix) 1 Yes 2 No
212	medhist_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Lung disease (including emphysema)	radio (Matrix) 1 Yes 2 No
213	medhist_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Thyroid disease (not cancer, including Grave's disease)	radio (Matrix) 1 Yes 2 No
214	medhist_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Liver disease	radio (Matrix) 1 Yes 2 No
215	medhist_1_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Renal insufficiency (kidney disease)	radio (Matrix) 1 Yes 2 No

216	medhist_1_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peptic ulcer disease	radio (Matrix) 1 Yes 2 No
217	medhist_1_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peripheral vascular disease	radio (Matrix) 1 Yes 2 No
218	medhist_1_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Stroke mini stroke, CVA (cerebrovascular accident) or TIA (transient ischemic	radio (Matrix) 1 Yes 2 No
219	medhist_1_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Seizure, fit, convulsion or unexplained loss of consciousness	radio (Matrix) 1 Yes 2 No
220	medhist_1_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Arthritis	radio (Matrix) 1 Yes 2 No
221	medhist_1_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hip Fracture	radio (Matrix) 1 Yes 2 No
222	medhist_1_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Gout	radio (Matrix) 1 Yes 2 No
223	medhist_1_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Recreational drug use	radio (Matrix) 1 Yes 2 No
224	medhist_1_22 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Gaucher disease	radio (Matrix) 1 Yes 2 No
225	medhist_1_23 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Multiple sclerosis	radio (Matrix) 1 Yes 2 No
226	medhist_1_24 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	B12 deficiency	radio (Matrix) 1 Yes 2 No
227	medhist_1_25 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Normal pressure hydrocephalus	radio (Matrix) 1 Yes 2 No
228	medhist_1_26 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peripheral neuropathy	radio (Matrix) 1 Yes 2 No
229	medhist_1_27 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Crohn's disease/ Ulcerative colitis	radio (Matrix) 1 Yes 2 No
230	medhist_1_28 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cancer	radio (Matrix) 1 Yes 2 No

231	medhist_1_29 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Brain surgery	radio (Matrix) 1 Yes 2 No
232	medhist_1_30 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other	radio (Matrix) 1 Yes 2 No
233	medhist_1_29_1 Show the field ONLY if: [medhist_1_29] = "1"	If yes to brain surgery, was that DBS? When (age)?	text (number)
234	medhist_1_10_2 Show the field ONLY if: [medhist_1_10] = "1"	Specify Lung Disease	text
235	medhist_1_30_1 Show the field ONLY if: [medhist_1_30] = "1"	Specify Other	text
236	meds_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *III. What medications are you currently taking for PD? (Name, dose, frequency)* Sinemet	radio 1 Yes 0 No
237	meds_1_1 Show the field ONLY if: [meds_1] = "1"	Levodopa Dose (mg) (Sinemet)	text (number)
238	meds_1_2 Show the field ONLY if: [meds_1] = "1"	Frequency (times per day) (Sinemet)	text (number)
239	meds_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Stalevo	yesno 1 Yes 0 No
240	meds_2_1 Show the field ONLY if: [meds_2] = "1"	Dose (mg) (Stalevo)	text (number)
241	meds_2_2 Show the field ONLY if: [meds_2] = "1"	Frequency (times per day) (Stalevo)	text (number)
242	meds_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Mirapex	yesno 1 Yes 0 No
243	meds_3_1 Show the field ONLY if: [meds_3] = "1"	Dose (mg) (Mirapex)	text (number)
244	meds_3_2 Show the field ONLY if: [meds_3] = "1"	Frequency (times per day) (Mirapex)	text (number)
245	meds_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Requip	yesno 1 Yes 0 No
246	meds_4_1 Show the field ONLY if: [meds_4] ="1"	Dose (mg) (Requip)	text (number)
247	meds_4_2 Show the field ONLY if: [meds_4] ="1"	Frequency (times per day) (Requip)	text (number)

248	meds_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Amantadine (Symmetrel)	yesno 1 Yes 0 No
249	meds_5_1 Show the field ONLY if: [meds_5] ="1"	Dose (mg) (Amantadine [Symmetrel])	text (number)
250	meds_5_2 Show the field ONLY if: [meds_5] ="1"	Frequency (times per day) (Amantadine [Symmetrel])	text (number)
251	meds_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Artane (trihexyphenidyl)	yesno 1 Yes 0 No
252	meds_6_1 Show the field ONLY if: [meds_6] = "1"	Dose (mg) (Artane [trihexyphenidyl])	text
253	meds_6_2 Show the field ONLY if: [meds_6] = "1"	Frequency (times per day) (Artane [trihexyphenidyl])	text
254	meds_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Azilect (rasagiline)	yesno 1 Yes 0 No
255	meds_7_1 Show the field ONLY if: [meds_7] = "1"	Dose (mg) (Azilect [rasagiline])	text
256	meds_7_2 Show the field ONLY if: [meds_7] = "1"	Frequency (times per day) (Azilect [rasagiline])	text
257	meds_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Comtan (entacapone)	yesno 1 Yes 0 No
258	meds_8_1 Show the field ONLY if: [meds_8] = "1"	Dose (mg) (Comtan [entacapone])	text (number)
259	meds_8_2 Show the field ONLY if: [meds_8] = "1"	Frequency (times per day) (Comtan [entacapone])	text (number)
260	meds_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Eldepryl (selegiline)	yesno 1 Yes 0 No
261	meds_9_1 Show the field ONLY if: [meds_9] = "1"	Dose (mg) (Eldepryl [selegiline])	text (number)
262	meds_9_2 Show the field ONLY if: [meds_9] = "1"	Frequency (times per day) (Eldepryl [selegiline])	text (number)
263	meds_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Parcopa	yesno 1 Yes 0 No
264	meds_10_1 Show the field ONLY if: [meds_10] = "1"	Dose (mg) (Parcopa)	text (number)

265	meds_10_2 Show the field ONLY if: [meds_10] = "1"	Frequency (times per day) (Parcopa)	text (number)
266	meds_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Aricept (donepezil)	yesno 1 Yes 0 No
267	meds_11_1 Show the field ONLY if: [meds_11] = "1"	Dose (mg) (Aricept [donepezil])	text (number)
268	meds_11_2 Show the field ONLY if: [meds_11] = "1"	Frequency (times per day) (Aricept [donepezil])	text (number)
269	meds_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Clozaril (clozapine)	yesno 1 Yes 0 No
270	meds_12_1 Show the field ONLY if: [meds_12] = "1"	Dose (mg) (Clozaril [clozapine])	text (number)
271	meds_12_2 Show the field ONLY if: [meds_12] = "1"	Frequency (times per day) (Clozaril [clozapine])	text (number)
272	meds_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cogentin (benztropine)	yesno 1 Yes 0 No
273	meds_13_1 Show the field ONLY if: [meds_13] = "1"	Dose (mg) (Cogentin [benztropine])	text (number)
274	meds_13_2 Show the field ONLY if: [meds_13] = "1"	Frequency (times per day) (Cogentin [benztropine])	text
275	meds_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Klonopin (clonazepam)	yesno 1 Yes 0 No
276	meds_14_1 Show the field ONLY if: [meds_14] = "1"	Dose (mg) (Klonopin [clonazepam])	text (number)
277	meds_14_2 Show the field ONLY if: [meds_14] = "1"	Frequency (times per day) (Klonopin [clonazepam])	text (number)
278	meds_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Seroquel (quietapine fumurate)	yesno 1 Yes 0 No
279	meds_15_1 Show the field ONLY if: [meds_15] = "1"	Dose (mg) (Seroquel [quietapine fumurate])	text (number)
280	meds_15_2 Show the field ONLY if: [meds_15] = "1"	Frequency (times per day) (Seroquel [quietapine fumurate])	text (number)
281	meds_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Valium (lorazepam)	yesno 1 Yes 0 No

282	meds_16_1 Show the field ONLY if: [meds_16] = "1"	Dose (mg) (Valium [lorazepam])	text (number)
283	meds_16_2 Show the field ONLY if: [meds_16] = "1"	Frequency (times per day) (Valium [lorazepam])	text (number)
284	meds_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Neupro (rotigitine)	yesno 1, Yes 0, No
285	meds_17_1 Show the field ONLY if: [meds_17] = "1"	Dose (mg) (Neupro [rotigitine])	text (number)
286	meds_17_2 Show the field ONLY if: [meds_17] = "1"	Frequency (times per day) (Neupro [rotigitine])	text (number)
287	meds_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Rytary	yesno 1, Yes 0, No
288	meds_18_1 Show the field ONLY if: [meds_18] = "1"	Dose (mg) (Rytary)	text (number)
289	meds_18_2 Show the field ONLY if: [meds_18] = "1"	Frequency (times per day) (Rytary)	text (number)
290	meds_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Duopa	yesno 1, Yes 0, No
291	meds_19_1 Show the field ONLY if: [meds_19] = "1"	Dose (mg) (Duopa)	text (number)
292	meds_19_2 Show the field ONLY if: [meds_19] = "1"	Frequency (times per day) (Duopa)	text (number)
293	meds_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other PD meds	yesno 1, Yes 0, No
294	meds_20_1 Show the field ONLY if: [meds_20] = "1"	Other PD meds	text
295	meds_20_2 Show the field ONLY if: [meds_20] = "1"	Dose (mg) (Other PD meds)	text (number)
296	meds_20_3 Show the field ONLY if: [meds_20] = "1"	Frequency (times per day) (Other PD meds)	text (number)
297	meds_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *Other non-PD medications (name, dose, frequency)* Antidepressants Celexa, Lexapro, Luvox, Paxil, Prozac, Serzone, Zoloft	yesno 1, Yes 0, No

298	meds_21_1 Show the field ONLY if: [meds_21] = "1"	Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft	text
299	meds_21_2 Show the field ONLY if: [meds_21] = "1"	Dose (mg) (Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	text (number)
300	meds_21_3 Show the field ONLY if: [meds_21] = "1"	Frequency (times per day) (Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	text (number)
301	meds_22 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Wellbutrin	yesno 1 Yes 0 No
302	meds_22_1 Show the field ONLY if: [meds_22] = "1"	Dose (mg) (Wellbutrin)	text (number)
303	meds_22_2 Show the field ONLY if: [meds_22] = "1"	Frequency (times per day) (Wellbutrin)	text (number)
304	meds_23 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Effexor	yesno 1 Yes 0 No
305	meds_23_1 Show the field ONLY if: [meds_23] = "1"	Dose (mg) (Effexor)	text (number)
306	meds_23_2 Show the field ONLY if: [meds_23] = "1"	Frequency (times per day) (Effexor)	text (number)
307	meds_24 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cymbalta	yesno 1 Yes 0 No
308	meds_24_1 Show the field ONLY if: [meds_24] = "1"	Dose (mg) (Cymbalta)	text (number)
309	meds_24_2 Show the field ONLY if: [meds_24] = "1"	Frequency (times per day) (Cymbalta)	text (number)
310	meds_25 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	MAO inhibitor (Parnate, Nardil, Marplan)	yesno 1 Yes 0 No
311	meds_25_1 Show the field ONLY if: [meds_25] = "1"	MAO inhibitor (Parnate, Nardil, Marplan)	text
312	meds_25_2 Show the field ONLY if: [meds_25] = "1"	Dose (mg) (MAO inhibitor [Parnate, Nardil, Marplan])	text (number)
313	meds_25_3 Show the field ONLY if: [meds_25] = "1"	Frequency (times per day) (MAO inhibitor [Parnate, Nardil, Marplan])	text (number)

314	meds_26 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)	yesno 1 Yes 0 No
315	meds_26_1 Show the field ONLY if: [meds_26] = "1"	Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)	text
316	meds_26_2 Show the field ONLY if: [meds_26] = "1"	Dose (mg) [Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)]	text (number)
317	meds_26_3 Show the field ONLY if: [meds_26] = "1"	Frequency (times per day) [Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)]	text (number)
318	meds_27 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Neuroleptics/antipsychotics Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)	yesno 1 Yes 0 No
319	meds_27_1 Show the field ONLY if: [meds_27] = "1"	Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)	text
320	meds_27_2 Show the field ONLY if: [meds_27] = "1"	Dose (mg) [Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	text (number)
321	meds_27_3 Show the field ONLY if: [meds_27] = "1"	Frequency (times per day) [Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	text (number)
322	meds_28 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)	yesno 1 Yes 0 No
323	meds_28_1 Show the field ONLY if: [meds_28] = "1"	Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)	text

324	meds_28_2 Show the field ONLY if: [meds_28] = "1"	Dose (mg) [Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	text (number)
325	meds_28_3 Show the field ONLY if: [meds_28] = "1"	Frequency (times per day) [Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	text (number)
326	meds_29 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Clozapine (Clozaril), Quetiapine (Seroquel)	yesno 1 Yes 0 No
327	meds_29_1 Show the field ONLY if: [meds_29] = "1"	Clozapine (Clozaril), Quetiapine (Seroquel)	text
328	meds_29_2 Show the field ONLY if: [meds_29] = "1"	Dose (mg) [Clozapine (Clozaril), Quetiapine (Seroquel)]	text (number)
329	meds_29_3 Show the field ONLY if: [meds_29] = "1"	Frequency (times per day) [Clozapine (Clozaril), Quetiapine (Seroquel)]	text (number)
330	meds_30 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Aspirin or NSAIDS Aspirin, Ecotrin, Excedrin, Anacin	yesno 1 Yes 0 No
331	meds_30_1 Show the field ONLY if: [meds_30] = "1"	Aspirin, Ecotrin, Excedrin, Anacin	text
332	meds_30_2 Show the field ONLY if: [meds_30] = "1"	Dose (mg) (Aspirin, Ecotrin, Excedrin, Anacin)	text (number)
333	meds_30_3 Show the field ONLY if: [meds_30] = "1"	Frequency (times per day) (Aspirin, Ecotrin, Excedrin, Anacin)	text (number)
334	meds_31 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol	yesno 1 Yes 0 No
335	meds_31_1 Show the field ONLY if: [meds_31] = "1"	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol	text
336	meds_31_2 Show the field ONLY if: [meds_31] = "1"	Dose (mg) (Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	text (number)

337	meds_31_3 Show the field ONLY if: [meds_31] = "1"	Frequency (times per day) (Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	text (number)
338	meds_32 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac	yesno 1 Yes 0 No
339	meds_32_1 Show the field ONLY if: [meds_32] = "1"	Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac	text
340	meds_32_2 Show the field ONLY if: [meds_32] = "1"	Dose (mg) (Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	text (number)
341	meds_32_3 Show the field ONLY if: [meds_32] = "1"	Frequency (times per day) (Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	text (number)
342	meds_33 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Celebrex, Vioxx, Bextra or Relafen	yesno 1 Yes 0 No
343	meds_33_1 Show the field ONLY if: [meds_33] = "1"	Celebrex, Vioxx, Bextra or Relafen	text
344	meds_33_2 Show the field ONLY if: [meds_33] = "1"	Dose (mg) (Celebrex, Vioxx, Bextra or Relafen)	text (number)
345	meds_33_3 Show the field ONLY if: [meds_33] = "1"	Frequency (times per day) (Celebrex, Vioxx, Bextra or Relafen)	text (number)
346	meds_34 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Statins Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)	yesno 1 Yes 0 No
347	meds_34_1 Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)	text
348	meds_34_2 Show the field ONLY if: [meds_34] = "1"	Dose (mg) Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)][	text (number)

349	meds_34_3 Show the field ONLY if: [meds_34] = "1"	Frequency (times per day) Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)][	text (number)
350	meds_35 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other SUPPLEMENTS Ginko Biloba	yesno 1 Yes 0 No
351	meds_35_1 Show the field ONLY if: [meds_35] = "1"	Dose (specify unit of measurement) (Ginko Biloba)	text
352	meds_35_2 Show the field ONLY if: [meds_35] = "1"	Frequency (specify times per day/week/month) (Ginko Biloba)	text
353	meds_36 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Coenzyme Q10	yesno 1 Yes 0 No
354	meds_36_1 Show the field ONLY if: [meds_36] = "1"	Dose (specify unit of measurement) (Coenzyme Q10)	text
355	meds_36_2 Show the field ONLY if: [meds_36] = "1"	Frequency (specify times per day/week/month) (Coenzyme Q10)	text
356	meds_37 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)	yesno 1 Yes 0 No
357	meds_37_1 Show the field ONLY if: [meds_37] = "1"	Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)	text
358	meds_37_2 Show the field ONLY if: [meds_37] = "1"	Dose (specify unit of measurement) [Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	text
359	meds_37_3 Show the field ONLY if: [meds_37] = "1"	Frequency (specify times per day/week/month) [Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	text

360	meds_38 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Vitamin C	yesno 1 Yes 0 No
361	meds_38_1 Show the field ONLY if: [meds_38] = "1"	Dose (specify unit of measurement) (Vitamin C)	text
362	meds_38_2 Show the field ONLY if: [meds_38] = "1"	Frequency (specify times per day/week/month) (Vitamin C)	text
363	meds_39 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Vitamin E	yesno 1 Yes 0 No
364	meds_39_1 Show the field ONLY if: [meds_39] = "1"	Dose (specify unit of measurement) (Vitamin E)	text
365	meds_39_2 Show the field ONLY if: [meds_39] = "1"	Frequency (specify times per day/week/month) (Vitamin E)	text
366	meds_40 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	B Complex	yesno 1 Yes 0 No
367	meds_40_1 Show the field ONLY if: [meds_40] = "1"	Dose (specify unit of measurement) (B Complex)	text
368	meds_40_2 Show the field ONLY if: [meds_40] = "1"	Frequency (specify times per day/week/month) (B Complex)	text
369	meds_41 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Zinc	yesno 1 Yes 0 No
370	meds_41_1 Show the field ONLY if: [meds_41] = "1"	Dose (specify unit of measurement) (Zinc)	text
371	meds_41_2 Show the field ONLY if: [meds_41] = "1"	Frequency (specify times per day/week/month) (Zinc)	text

372	meds_42 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other I.	yesno 1 Yes 0 No
373	meds_42_1 Show the field ONLY if: [meds_42] = "1"	Other I.	text
374	meds_42_2 Show the field ONLY if: [meds_42] = "1"	Dose (specify unit of measurement) (Other I.)	text
375	meds_42_3 Show the field ONLY if: [meds_42] = "1"	Frequency (specify times per day/week/month) (Other I.)	text
376	meds_43 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other II.	yesno 1 Yes 0 No
377	meds_43_1 Show the field ONLY if: [meds_43] = "1"	Other II.	text
378	meds_43_2 Show the field ONLY if: [meds_43] = "1"	Dose (specify unit of measurement) (Other II.)	text
379	meds_43_3 Show the field ONLY if: [meds_43] = "1"	Frequency (specify times per day/week/month) (Other II.)	text
380	meds_44 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other III.	yesno 1 Yes 0 No
381	meds_44_1 Show the field ONLY if: [meds_44] = "1"	Other III.	text
382	meds_44_2 Show the field ONLY if: [meds_44] = "1"	Dose (specify unit of measurement) (Other III.)	text
383	meds_44_3 Show the field ONLY if: [meds_44] = "1"	Frequency (specify times per day/week/month) (Other III.)	text
384	meds_45 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other IV.	yesno 1 Yes 0 No
385	meds_45_1 Show the field ONLY if: [meds_45] = "1"	Other IV.	text
386	meds_45_2 Show the field ONLY if: [meds_45] = "1"	Dose (specify unit of measurement) (Other IV.)	text
387	meds_45_3 Show the field ONLY if: [meds_45] = "1"	Frequency (specify times per day/week/month) (Other IV.)	text

388	meds_46 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other V.	yesno 1 Yes 0 No
389	meds_46_1 Show the field ONLY if: [meds_46] = "1"	Other V.	text
390	meds_46_2 Show the field ONLY if: [meds_46] = "1"	Dose (specify unit of measurement) (Other V.)	text
391	meds_46_3 Show the field ONLY if: [meds_46] = "1"	Frequency (specify times per day/week/month) (Other V.)	text
392	meds_47 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other VI.	yesno 1 Yes 0 No
393	meds_47_1 Show the field ONLY if: [meds_47] = "1"	Other VI.	text
394	meds_47_2 Show the field ONLY if: [meds_47] = "1"	Dose (specify unit of measurement) (Other VI.)	text
395	meds_47_3 Show the field ONLY if: [meds_47] = "1"	Frequency (specify times per day/week/month) (Other VI.)	text
396	meds_48 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other VII.	yesno 1 Yes 0 No
397	meds_48_1 Show the field ONLY if: [meds_48] = "1"	Other VII.	text
398	meds_48_2 Show the field ONLY if: [meds_48] = "1"	Dose (specify unit of measurement) (Other VII.)	text
399	meds_48_3 Show the field ONLY if: [meds_48] = "1"	Frequency (specify times per day/week/month) (Other VII.)	text
400	meds_49 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other VIII.	yesno 1 Yes 0 No
401	meds_49_1 Show the field ONLY if: [meds_49] = "1"	Other VIII.	text
402	meds_49_2 Show the field ONLY if: [meds_49] = "1"	Dose (specify unit of measurement) (Other VIII.)	text
403	meds_49_3 Show the field ONLY if: [meds_49] = "1"	Frequency (specify times per day/week/month) (Other VIII.)	text

404	pdcovidsympt_1_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Motor symptom changes) Has any of the following symptoms changed because of COVID?* Bradykinesia (slowness in movement)	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
405	pdcovidsympt_1_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Rigidity (stiffness)	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
406	pdcovidsympt_1_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Balance	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
407	pdcovidsympt_1_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dyskinesias	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
408	pdcovidsympt_1_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dystonia	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
409	pdcovidsympt_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	OFF time	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
410	pdcovidsympt_1_2_1 Show the field ONLY if: [pdcovidsympt_1_2] = "1" OR [pdcovidsympt_1_2] = "2" OR [pdcovidsympt_1_2] = "4"	Details (Bradykinesia (slowness in movement))	notes
411	pdcovidsympt_1_3_1 Show the field ONLY if: [pdcovidsympt_1_3] = "1" OR [pdcovidsympt_1_3] = "2" OR [pdcovidsympt_1_3] = "4"	Details (Rigidity (stiffness))	notes

412	pdcovidsympt_1_7_1 Show the field ONLY if: [pdcovidsympt_1_7] = "1" OR [pdcovidsympt_1_7] = "2" OR [pdcovidsympt_1_7] = "4"	Details (Balance)	notes
413	pdcovidsympt_1_8_1 Show the field ONLY if: [pdcovidsympt_1_8] = "1" OR [pdcovidsympt_1_8] = "2" OR [pdcovidsympt_1_8] = "4"	Details (Dyskinesias)	notes
414	pdcovidsympt_1_9_1 Show the field ONLY if: [pdcovidsympt_1_9] = "1" OR [pdcovidsympt_1_9] = "2" OR [pdcovidsympt_1_9] = "4"	Details (Dystonia)	notes
415	pdcovidsympt_1_10_1 Show the field ONLY if: [pdcovidsympt_1_10] = "1" OR [pdcovidsympt_1_10] = "2" OR [pdcovidsympt_1_10] = "4"	Details (OFF time)	notes
416	updrs_1_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Nonmotor) UPDRS Part I & II (Has any of the following symptoms changed because of COVID?)* 1. Mentation	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
417	updrs_1_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	2. Thought Disorder	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
418	updrs_1_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	3. Depression	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
419	updrs_1_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	4.Motivation/Initiative	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
420	updrs_1_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	5. Speech	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe

421	updrs_1_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	6. Salivation	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
422	updrs_1_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	7. Swallowing	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
423	updrs_1_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	8. Handwriting	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
424	updrs_1_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	9. Cutting food	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
425	updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	10. Dressing	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
426	updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	11. Hygiene	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
427	updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	12. Turning in bed	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe

428	updrs_1_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	13. Falling	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
429	updrs_1_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	14. Freezing	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
430	updrs_1_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	15. Walking	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
431	updrs_1_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	16. Tremor	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
432	updrs_1_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	17. Sensory symptoms	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
433	pdnonmotorsymp_1_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Non-motor symptom) Has any of the following symptoms changed because of COVID?* Sleep- Insomnia	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
434	pdnonmotorsymp_1_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Anxiety	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe

435	pdnonmotorsymp_1_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Constipation	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
436	pdnonmotorsymp_1_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Pain	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
437	pdnonmotorsymp_1_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Urinary issues	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
438	pdnonmotorsymp_1_5_1 Show the field ONLY if: [pdnonmotorsymp_1_5] = "1" OR [pdnonmotorsymp_1_5] = "2" OR [pdnonmotorsymp_1_5] = "3" OR [pdnonmotorsymp_1_5] = "4"	Specify (Urinary issues)	checkbox 1 | pdnonmotorsymp_1_5_1___1 | incontinence 2 | pdnonmotorsymp_1_5_1___2 | urgency 3 | pdnonmotorsymp_1_5_1___3 | frequency
439	telephone_survey_complete	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete

PF survey cohort

CUMC/PF COVID Follow-up Survey (IRB-AAAT0369)

Project Home | Project Setup | Online Designer | Data Dictionary | Codebook

Data Dictionary Codebook

11/02/2020 4:09pm

Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Follow-up Telephone Survey** (followup_telephone_survey) Enabled as survey — Collapse			
1	record_id	Record ID	text
2	subject_id	Subject ID	text, Required
3	demo_1	Section Header: *I. Demographics* Year of Birth	text
4	demo_2	Age	text
5	demo_3	Gender	radio 1, Male 2, Female 3, Other 4, Prefer not to answer
6	dem_4	Race/Ethnicity	radio 1, American Indian or Alaska Native 2, Asian 3, Black/African American 4, Hispanic/Latino 5, Native Hawaiian Pacific Islander 6, White/Caucasian, Mixed 7, Some other race, ethnicity or origin 8, Prefer not to answer
7	dem_5	Marital Status	radio 1, Single [never married] 2, Married or domestic partnership 3, Separated 4, Widowed 5, Divorced
8	dem_6	Zip Code	text (number)
9	dem_7	PD Status	radio, Required 1, Yes 2, No
10	dem_7_1 Show the field ONLY if: [dem_7] = "1"	At what age did the motor symptoms begin?	text (number)
11	dem_7_2 Show the field ONLY if: [dem_7] = "1"	At what age was Parkinson's disease diagnosis?	text (number)
12	dem_7_3 Show the field ONLY if: [dem_7] = "2"	What neurological disease/diagnosis does the patient have?	text
13	dem_7_4 Show the field ONLY if: [dem_7] = "2"	At what age was that diagnosed?	text (number)

14	covid_1	Section Header: *II. COVID-19 Questions* Do you think you've been infected with coronavirus?	radio, Required 1 Yes 2 No 3 Unsure
15	covid_1_1 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	When did you start having symptoms that you think were caused by the coronavirus?	text (date_mdy)
16	covid_1_2 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	How long did those symptoms last (days)?	text (number)
17	covid_1_3 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Have you been tested for the coronavirus? If so, what was the result?	radio 1 I have been tested and I tested positive (I had coronavirus) 2 I have been tested and I tested negative (I did not have coronavirus) 3 I have been tested and I do not know the result 4 I have not been tested
18	covid_1_3_1 Show the field ONLY if: [covid_1_3] = "1" OR [covid_1_3] = "2" OR [covid_1_3] = "3"	How were you tested?	radio 1 Nose swab (PCR) 2 Mouth swab (PCR) 3 Blood test (serology)
19	covid_1_4 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus?	radio 1 Yes 2 No 3 Unsure
20	covid_1_5 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?	radio 1 Yes 2 No
21	covid_1_6 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Who have you contacted to let them know that you think you have coronavirus? Please check all that apply.	checkbox 1 covid_1_6___1 A local health departments or hotline 2 covid_1_6___2 Hospital or emergency room 3 covid_1_6___3 My primary care doctor or another doctor 4 covid_1_6___4 My employer, supervisor or school 5 covid_1_6___5 Community or religious leaders 6 covid_1_6___6 Family or friends 7 covid_1_6___7 Online social contacts such as people on Facebook or Twitter
22	covid_1_7 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus?	yesno 1 Yes 0 No
23	covid_1_7_1 Show the field ONLY if: [covid_1_7] = "1"	Where did you first seek medical care for coronavirus?	radio 1 Hospital or emergency room 2 Urgent care 3 My primary care doctor or another doctor 4 A local health department 5 Other

24	covid_1_7_1_1 Show the field ONLY if: [covid_1_7_1] = "5"	Other: please specify	text
25	covid_1_8 Show the field ONLY if: [covid_1_7] = "0"	Why did you not seek care?	radio 1 No insurance 2 No access 3 Did not think necessary 4 Was advised not to seek care by family 5 Other
26	covid_1_8_1 Show the field ONLY if: [covid_1_8] = "5"	Other (Please specify _____)	text
27	covid_1_7_1_2 Show the field ONLY if: [covid_1_7_1] = "1"	When you sought care from 'Hospital or Emergency Room', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
28	covid_1_7_1_2_1 Show the field ONLY if: [covid_1_7_1_2] = "3"	Why?	text
29	covid_1_7_1_3 Show the field ONLY if: [covid_1_7_1] = "2"	When you sought care from 'Urgent care', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
30	covid_1_7_1_3_1 Show the field ONLY if: [covid_1_7_1_3] = "3"	Why?	text
31	covid_1_7_1_4 Show the field ONLY if: [covid_1_7_1] = "3"	When you sought care from 'My primary care doctor or another doctor', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
32	covid_1_7_1_4_1 Show the field ONLY if: [covid_1_7_1_4] = "3"	Why?	text
33	covid_1_7_1_5 Show the field ONLY if: [covid_1_7_1] = "4"	When you sought care from 'A local health department', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
34	covid_1_7_1_5_1 Show the field ONLY if: [covid_1_7_1_5] = "3"	Why?	text
35	covid_1_7_1_6 Show the field ONLY if: [covid_1_7_1] = "5"	When you sought care from 'Other', did you obtain care?	radio 1 Yes, in person 2 Yes, phone or video care 3 Did not obtain care (follow up with a why? Question)
36	covid_1_7_1_6_1 Show the field ONLY if: [covid_1_7_1_6] = "3"	Why?	text

37	covid_1_9 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Were you hospitalized for COVID?	radio 1 Not hospitalized 2 Hospitalized 3 Hospitalized and received Mechanical ventilation
38	covid_1_9_1 Show the field ONLY if: [covid_1_9] = "2" OR [covid_1_9] = "3"	Which hospital?	text
39	covid_1_10 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	How would you describe the severity of your COVID/COVID-like illness?	radio 1 Asymptomatic 2 Mild 3 Moderate 4 Severe
40	sympt_1 Show the field ONLY if: [covid_1] = "1" or [covid_1] = "3"	Section Header: *(COVID symptoms) Have you experienced any of the following new symptoms during your COVID/ COVID-like illness? Common* Fever or chills	radio 0 0=no, 1 1=mild, 2 2=moderate 3 3=severe
41	sympt_1_2 Show the field ONLY if: [sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	Duration of Symptom (in days) (Fever and chills)	text (number)
42	sympt_1_3 Show the field ONLY if: [sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Fever and chills)	notes
43	sympt_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Body Temperature higher than 100.4 F or 38.0 C	radio 0 Yes 1 No
44	sympt_2_2 Show the field ONLY if: [sympt_2] = "0"	Duration of Symptom (in days) (Body Temperature higher than 100.4 F or 38.0 C)	text (number)
45	sympt_2_3 Show the field ONLY if: [sympt_2] = "0"	Details of the symptom (Can you describe the symptom in more detail?) (Body Temperature higher than 100.4 F or 38.0 C)	notes
46	sympt_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Fatigue or Tiredness	radio 0 0=no, 1 1=mild 2 2=moderate 3 3=severe
47	sympt_3_2 Show the field ONLY if: [sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	Duration of Symptom (in days) (Fatigue or Tiredness)	text (number)
48	sympt_3_3 Show the field ONLY if: [sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Fatigue or Tiredness)	notes

49	sympt_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Runny or stuffy nose	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
50	sympt_4_2 Show the field ONLY if: [sympt_4] = "1" OR [sympt_4] = "2" OR [sympt_4] = "3"	Duration of Symptom (in days) (Runny or stuffy nose)	text (number)
51	sympt_4_3 Show the field ONLY if: [sympt_4] = "1" OR [sympt_4] = "2" OR [sympt_4] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Runny or stuffy nose)	notes
52	sympt_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Sneezing	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
53	sympt_5_2 Show the field ONLY if: [sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"	Duration of Symptom (in days) (Sneezing)	text (number)
54	sympt_5_3 Show the field ONLY if: [sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sneezing)	notes
55	sympt_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of smell	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
56	sympt_6_2 Show the field ONLY if: [sympt_6] = "1" OR [sympt_6] = "2" OR [sympt_6] = "3"	Duration of Symptom (in days) (Temporary loss of smell)	text (number)
57	sympt_6_3 Show the field ONLY if: [sympt_6] = "1" OR [sympt_6] = "2" OR [sympt_6] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of smell)	notes
58	sympt_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Sore throat	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
59	sympt_7_2 Show the field ONLY if: [sympt_7] = "1" OR [sympt_7] = "2" OR [sympt_7] = "3"	Duration of Symptom (in days) (Sore throat)	text (number)

60	sympt_7_3 Show the field ONLY if: [sympt_7] = "1" OR [sympt_7] = "2" OR [sympt_7] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sore throat)	notes
61	sympt_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cough	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
62	sympt_8_2 Show the field ONLY if: [sympt_8] = "1" OR [sympt_8] = "2" OR [sympt_8] = "3"	Duration of Symptom (in days) (Cough)	text (number)
63	sympt_8_3 Show the field ONLY if: [sympt_8] = "1" OR [sympt_8] = "2" OR [sympt_8] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Cough)	notes
64	sympt_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Shortness of breath	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
65	sympt_9_2 Show the field ONLY if: [sympt_9] = "1" OR [sympt_9] = "2" OR [sympt_9] = "3"	Duration of Symptom (in days) (Shortness of breath)	text (number)
66	sympt_9_3 Show the field ONLY if: [sympt_9] = "1" OR [sympt_9] = "2" OR [sympt_9] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Shortness of breath)	notes
67	sympt_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Chest congestion	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
68	sympt_10_2 Show the field ONLY if: [sympt_10] = "1" OR [sympt_10] = "2" OR [sympt_10] = "3"	Duration of Symptom (in days) (Chest congestion)	text (number)
69	sympt_10_3 Show the field ONLY if: [sympt_10] = "1" OR [sympt_10] = "2" OR [sympt_10] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Chest congestion)	notes

70	sympt_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of taste	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
71	sympt_11_2 Show the field ONLY if: [sympt_11] = "1" OR [sympt_11] = "2" OR [sympt_11] = "3"	Duration of Symptom (in days) (Temporary loss of taste)	text (number)
72	sympt_11_3 Show the field ONLY if: [sympt_11] = "1" OR [sympt_11] = "2" OR [sympt_11] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of taste)	notes
73	sympt_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Nausea	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
74	sympt_12_2 Show the field ONLY if: [sympt_12] = "1" OR [sympt_12] = "2" OR [sympt_12] = "3"	Duration of Symptom (in days) (Nausea)	text (number)
75	sympt_12_3 Show the field ONLY if: [sympt_12] = "1" OR [sympt_12] = "2" OR [sympt_12] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Nausea)	notes
76	sympt_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Vomiting	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
77	sympt_13_2 Show the field ONLY if: [sympt_13] = "1" OR [sympt_13] = "2" OR [sympt_13] = "3"	Duration of Symptom (in days) (Vomiting)	text (number)
78	sympt_13_3 Show the field ONLY if: [sympt_13] = "1" OR [sympt_13] = "2" OR [sympt_13] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Vomiting)	notes
79	sympt_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diarrhea	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
80	sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_14] = "2" OR [sympt_14] = "3"	Duration of Symptom (in days) (Diarrhea)	text (number)

81	sympt_14_3 Show the field ONLY if: [sympt_14] = "1" OR [sympt_14] = "2" OR [sympt_14] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Diarrhea)	notes
82	sympt_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Abdominal discomfort	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
83	sympt_15_2 Show the field ONLY if: [sympt_15] = "1" OR [sympt_15] = "2" OR [sympt_15] = "3"	Duration of Symptom (in days) (Abdominal discomfort)	text (number)
84	sympt_15_3 Show the field ONLY if: [sympt_15] = "1" OR [sympt_15] = "2" OR [sympt_15] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Abdominal discomfort)	notes
85	sympt_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Muscle or body ache/pain	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
86	sympt_16_2 Show the field ONLY if: [sympt_16] = "1" OR [sympt_16] = "2" OR [sympt_16] = "3"	Duration of Symptom (in days) (Muscle or body ache/pain)	text (number)
87	sympt_16_3 Show the field ONLY if: [sympt_16] = "1" OR [sympt_16] = "2" OR [sympt_16] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Muscle or body ache/pain)	notes
88	sympt_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Dry skin	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
89	sympt_17_2 Show the field ONLY if: [sympt_17] = "1" OR [sympt_17] = "2" OR [sympt_17] = "3"	Duration of Symptom (in days) (Dry skin)	text (number)
90	sympt_17_3 Show the field ONLY if: [sympt_17] = "1" OR [sympt_17] = "2" OR [sympt_17] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dry skin)	notes
91	sympt_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Skin rash	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe

92	sympt_18_2 Show the field ONLY if: [sympt_18] = "1" OR [sympt_18] = "2" OR [sympt_18] = "3"	Duration of Symptom (in days) (Skin rash)	text (number)
93	sympt_18_3 Show the field ONLY if: [sympt_18] = "1" OR [sympt_18] = "2" OR [sympt_18] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Skin rash)	notes
94	sympt_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hair loss	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
95	sympt_19_2 Show the field ONLY if: [sympt_19] = "1" OR [sympt_19] = "2" OR [sympt_19] = "3"	Duration of Symptom (in days) (Hair loss)	text (number)
96	sympt_19_3 Show the field ONLY if: [sympt_19] = "1" OR [sympt_19] = "2" OR [sympt_19] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Hair loss)	notes
97	sympt_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Headache	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
98	sympt_20_2 Show the field ONLY if: [sympt_20] = "1" OR [sympt_20] = "2" OR [sympt_20] = "3"	Duration of Symptom (in days) (Headache)	text (number)
99	sympt_20_3 Show the field ONLY if: [sympt_20] = "1" OR [sympt_20] = "2" OR [sympt_20] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Headache)	notes
100	sympt_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Weight loss	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
101	sympt_21_2 Show the field ONLY if: [sympt_21] = "1" OR [sympt_21] = "2" OR [sympt_21] = "3"	Duration of Symptom (in days) (Weight loss)	text (number)
102	sympt_21_3 Show the field ONLY if: [sympt_21] = "1" OR [sympt_21] = "2" OR [sympt_21] = "3"	Details of the symptom (Can you describe the symptom in more detail?) ?lb (Weight loss)	notes

103	sympt_22 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Urinary issues	radio 0 = 0=no 1 = 1=mild 2 = 2=moderate 3 = 3=severe
104	sympt_22_2 Show the field ONLY if: [sympt_22] = "1" OR [sympt_22] = "2" OR [sympt_22] = "3"	Duration of Symptom (in days) (Urinary issues)	text (number)
105	sympt_22_3 Show the field ONLY if: [sympt_22] = "1" OR [sympt_22] = "2" OR [sympt_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Urinary issues)	checkbox 1 sympt_22_3___1 incontinence 2 sympt_22_3___2 urgency 3 sympt_22_3___3 frequency
106	neuro_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Neuro COVID symptoms) Have you experienced any of the following new symptoms during your COVID/ COVID-like illness?* Dizziness	radio 0 = 0=no 1 = 1=mild 2 = 2=moderate 3 = 3=severe
107	neuro_1_2 Show the field ONLY if: [neuro_1] = "1" OR [neuro_1] = "2" OR [neuro_1] = "3"	Duration of Symptom (in days) (Dizziness)	text (number)
108	neuro_1_3 Show the field ONLY if: [neuro_1] = "1" OR [neuro_1] = "2" OR [neuro_1] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dizziness)	checkbox 1 neuro_1_3___1 head spinning 2 neuro_1_3___2 waviness 3 neuro_1_3___3 lightheadedness upon changing positions
109	neuro_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Temporary loss of hearing	radio 0 = 0=no 1 = 1=mild 2 = 2=moderate 3 = 3=severe
110	neuro_2_2 Show the field ONLY if: [neuro_2] = "1" OR [neuro_2] = "2" OR [neuro_2] = "3"	Duration of Symptom (in days) (Temporary loss of hearing)	text (number)
111	neuro_2_3 Show the field ONLY if: [neuro_2] = "1" OR [neuro_2] = "2" OR [neuro_2] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Temporary loss of hearing)	notes
112	neuro_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Tinnitus (Ringing in the ears)	radio 0 = 0=no 1 = 1=mild 2 = 2=moderate 3 = 3=severe
113	neuro_3_2 Show the field ONLY if: [neuro_3] = "1" OR [neuro_3] = "2" OR [neuro_3] = "3"	Duration of Symptom (in days) (Tinnitus [Ringing in the ears])	text (number)

114	neuro_3_3 Show the field ONLY if: [neuro_3] = "1" OR [neuro_3] = "2" OR [neuro_3] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Tinnitus [Ringing in the ears])	notes
115	neuro_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Visual changes	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
116	neuro_4_2 Show the field ONLY if: [neuro_4] = "1" OR [neuro_4] = "2" OR [neuro_4] = "3"	Duration of Symptom (in days) (Visual changes)	text (number)
117	neuro_4_3 Show the field ONLY if: [neuro_4] = "1" OR [neuro_4] = "2" OR [neuro_4] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Visual changes)	notes
118	neuro_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Double vision	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
119	neuro_5_2 Show the field ONLY if: [neuro_5] = "1" OR [neuro_5] = "2" OR [neuro_5] = "3"	Duration of Symptom (in days) (Double vision)	text (number)
120	neuro_5_3 Show the field ONLY if: [neuro_5] = "1" OR [neuro_5] = "2" OR [neuro_5] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Double vision)	notes
121	neuro_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Facial twitches	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
122	neuro_6_2 Show the field ONLY if: [neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	Duration of Symptom (in days) (Facial twitches)	text (number)
123	neuro_6_3 Show the field ONLY if: [neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Facial twitches)	notes

124	neuro_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Body/Arms/Leg twitches	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
125	neuro_7_2 Show the field ONLY if: [neuro_7] = "1" OR [neuro_7] = "2" OR [neuro_7] = "3"	Duration of Symptom (in days) (Body/Arms/Leg twitches)	text (number)
126	neuro_7_3 Show the field ONLY if: [neuro_7] = "1" OR [neuro_7] = "2" OR [neuro_7] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Body/Arms/Leg twitches)	notes
127	neuro_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Seizure	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
128	neuro_8_2 Show the field ONLY if: [neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	Duration of Symptom (in days) (Seizure)	text (number)
129	neuro_8_3 Show the field ONLY if: [neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Seizure)	notes
130	neuro_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of consciousness	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
131	neuro_9_2 Show the field ONLY if: [neuro_9] = "1" OR [neuro_9] = "2" OR [neuro_9] = "3"	Duration of Symptom (in days) (Loss of consciousness)	text (number)
132	neuro_9_3 Show the field ONLY if: [neuro_9] = "1" OR [neuro_9] = "2" OR [neuro_9] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Loss of consciousness)	notes
133	neuro_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Confusion	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
134	neuro_10_2 Show the field ONLY if: [neuro_10] = "1" OR [neuro_10] = "2" OR [neuro_10] = "3"	Duration of Symptom (in days) (Confusion)	text (number)

135	neuro_10_3 Show the field ONLY if: [neuro_10] = "1" OR [neuro_10] = "2" OR [neuro_10] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Confusion)	radio 1 Intermittent 2 Constant during illness
136	neuro_11 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Memory Loss	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
137	neuro_11_2 Show the field ONLY if: [neuro_11] = "1" OR [neuro_11] = "2" OR [neuro_11] = "3"	Duration of Symptom (in days) (Memory loss)	text (number)
138	neuro_11_3 Show the field ONLY if: [neuro_11] = "1" OR [neuro_11] = "2" OR [neuro_11] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Memory loss)	radio 1 Temporary 2 Since
139	neuro_12 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Hallucinations	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
140	neuro_12_2 Show the field ONLY if: [neuro_12] = "1" OR [neuro_12] = "2" OR [neuro_12] = "3"	Duration of Symptom (in days) (Hallucinations)	text (number)
141	neuro_12_3 Show the field ONLY if: [neuro_12] = "1" OR [neuro_12] = "2" OR [neuro_12] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Type of hallucinations) (Hallucinations)	notes
142	neuro_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Nerve pain	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
143	neuro_13_2 Show the field ONLY if: [neuro_13] = "1" OR [neuro_13] = "2" OR [neuro_13] = "3"	Duration of Symptom (in days) (Nerve pain)	text (number)
144	neuro_13_3 Show the field ONLY if: [neuro_13] = "1" OR [neuro_13] = "2" OR [neuro_13] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Nerve pain)	notes
145	neuro_14 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Numbness/tingling	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe

146	neuro_14_2 Show the field ONLY if: [neuro_14] = "1" OR [neuro_14] = "2" OR [neuro_14] = "3"	Duration of Symptom (in days) (Numbness/tingling)	text (number)
147	neuro_14_3 Show the field ONLY if: [neuro_14] = "1" OR [neuro_14] = "2" OR [neuro_14] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Numbness/tingling)	notes
148	neuro_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of sensation	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
149	neuro_15_2 Show the field ONLY if: [neuro_15] = "1" OR [neuro_15] = "2" OR [neuro_15] = "3"	Duration of Symptom (in days) (Loss of sensation)	text (number)
150	neuro_15_3 Show the field ONLY if: [neuro_15] = "1" OR [neuro_15] = "2" OR [neuro_15] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Loss of sensation)	checkbox 1 neuro_15_3___1 Pain 2 neuro_15_3___2 Touch 3 neuro_15_3___3 Temp
151	neuro_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Weakness	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
152	neuro_16_2 Show the field ONLY if: [neuro_16] = "1" OR [neuro_16] = "2" OR [neuro_16] = "3"	Duration of Symptom (in days) (Weakness)	text (number)
153	neuro_16_3 Show the field ONLY if: [neuro_16] = "1" OR [neuro_16] = "2" OR [neuro_16] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Where?) (Weakness)	notes
154	neuro_17 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Tremor	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
155	neuro_17_2 Show the field ONLY if: [neuro_17] = "1" OR [neuro_17] = "2" OR [neuro_17] = "3"	Duration of Symptom (in days) (Tremor)	text (number)
156	neuro_17_3 Show the field ONLY if: [neuro_17] = "1" OR [neuro_17] = "2" OR [neuro_17] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Tremor)	notes

157	neuro_18 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Rigidity	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
158	neuro_18_2 Show the field ONLY if: [neuro_18] = "1" OR [neuro_18] = "2" OR [neuro_18] = "3"	Duration of Symptom (in days) (Rigidity)	text (number)
159	neuro_18_3 Show the field ONLY if: [neuro_18] = "1" OR [neuro_18] = "2" OR [neuro_18] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Rigidity)	notes
160	neuro_19 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Difficulty walking	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
161	neuro_19_2 Show the field ONLY if: [neuro_19] = "1" OR [neuro_19] = "2" OR [neuro_19] = "3"	Duration of Symptom (in days) (Difficulty walking)	text (number)
162	neuro_19_3 Show the field ONLY if: [neuro_19] = "1" OR [neuro_19] = "2" OR [neuro_19] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Difficulty walking)	notes
163	neuro_20 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	(Ataxia) Difficulty with balance	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
164	neuro_20_2 Show the field ONLY if: [neuro_20] = "1" OR [neuro_20] = "2" OR [neuro_20] = "3"	Duration of Symptom (in days) [(Ataxia) Difficulty with balance]	text (number)
165	neuro_20_3 Show the field ONLY if: [neuro_20] = "1" OR [neuro_20] = "2" OR [neuro_20] = "3"	Details of the symptom (Can you describe the symptom in more detail?) [(Ataxia) Difficulty with balance]	notes
166	neuro_21 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Falls	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
167	neuro_21_2 Show the field ONLY if: [neuro_21] = "1" OR [neuro_21] = "2" OR [neuro_21] = "3"	Duration of Symptom (in days) (Falls)	text (number)

168	neuro_21_3 Show the field ONLY if: [neuro_21] = "1" OR [neuro_21] = "2" OR [neuro_21] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Falls)	notes
169	neuro_22 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Bradykinesia (slowness in movement)	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
170	neuro_22_2 Show the field ONLY if: [neuro_22] = "1" OR [neuro_22] = "2" OR [neuro_22] = "3"	Duration of Symptom (in days) (Bradykinesia (slowness in movement))	text (number)
171	neuro_22_3 Show the field ONLY if: [neuro_22] = "1" OR [neuro_22] = "2" OR [neuro_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Bradykinesia (slowness in movement))	notes
172	neuro_23 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Freezing of gait	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
173	neuro_23_1 Show the field ONLY if: [neuro_23] = "1" OR [neuro_23] = "2" OR [neuro_23] = "3"	Duration of Symptom (in days) (Freezing of gait)	text (number)
174	neuro_23_2 Show the field ONLY if: [neuro_23] = "1" OR [neuro_23] = "2" OR [neuro_23] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Freezing of gait)	notes
175	neuro_24 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Dyskinesias	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe
176	neuro_24_1 Show the field ONLY if: [neuro_24] = "1" OR [neuro_24] = "2" OR [neuro_24] = "3"	Duration of Symptom (in days) (Dyskinesias)	text (number)
177	neuro_24_2 Show the field ONLY if: [neuro_24] = "1" OR [neuro_24] = "2" OR [neuro_24] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dyskinesias)	notes
178	neuro_25 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Dystonia	radio 0, 0=no 1, 1=mild 2, 2=moderate 3, 3=severe

179	neuro_25_1 Show the field ONLY if: [neuro_25] = "1" OR [neuro_25] = "2" OR [neuro_25] = "3"	Duration of Symptom (in days) (Dystonia)	text (number)
180	neuro_25_2 Show the field ONLY if: [neuro_25] = "1" OR [neuro_25] = "2" OR [neuro_25] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Dystonia)	notes
181	neuro_26 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Sleep- Insomnia	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
182	neuro_26_1 Show the field ONLY if: [neuro_26] = "1" OR [neuro_26] = "2" OR [neuro_26] = "3"	Duration of Symptom (in days) (Sleep- Insomnia)	text (number)
183	neuro_26_2 Show the field ONLY if: [neuro_26] = "1" OR [neuro_26] = "2" OR [neuro_26] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Sleep- Insomnia)	notes
184	neuro_27 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Anxiety	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
185	neuro_27_1 Show the field ONLY if: [neuro_27] = "1" OR [neuro_27] = "2" OR [neuro_27] = "3"	Duration of Symptom (in days) (Anxiety)	text (number)
186	neuro_27_2 Show the field ONLY if: [neuro_27] = "1" OR [neuro_27] = "2" OR [neuro_27] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Anxiety)	notes
187	neuro_28 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Apathy	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
188	neuro_28_1 Show the field ONLY if: [neuro_28] = "1" OR [neuro_28] = "2" OR [neuro_28] = "3"	Duration of Symptom (in days) (Apathy)	text (number)
189	neuro_28_2 Show the field ONLY if: [neuro_28] = "1" OR [neuro_28] = "2" OR [neuro_28] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Apathy)	notes

190	neuro_29 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Constipation	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
191	neuro_29_1 Show the field ONLY if: [neuro_29] = "1" OR [neuro_29] = "2" OR [neuro_29] = "3"	Duration of Symptom (in days) (Constipation)	text (number)
192	neuro_29_2 Show the field ONLY if: [neuro_29] = "1" OR [neuro_29] = "2" OR [neuro_29] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Constipation)	notes
193	neuro_30 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	Pain	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
194	neuro_30_1 Show the field ONLY if: [neuro_30] = "1" OR [neuro_30] = "2" OR [neuro_30] = "3"	Duration of Symptom (in days) (Pain)	text (number)
195	neuro_30_2 Show the field ONLY if: [neuro_30] = "1" OR [neuro_30] = "2" OR [neuro_30] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Pain)	notes
196	neuro_31 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"	OFF time	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
197	neuro_31_1 Show the field ONLY if: [neuro_31] = "1" OR [neuro_31] = "2" OR [neuro_31] = "3"	Duration of Symptom (in days) (OFF time)	text (number)
198	neuro_31_2 Show the field ONLY if: [neuro_31] = "1" OR [neuro_31] = "2" OR [neuro_31] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (OFF time)	notes
199	neuro_32 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
200	neuro_32_1 Show the field ONLY if: [neuro_32] = "1" OR [neuro_32] = "2" OR [neuro_32] = "3"	Duration of Symptom (in days) (Other)	text (number)

201	neuro_32_2 Show the field ONLY if: [neuro_32] = "1" OR [neuro_32] = "2" OR [neuro_32] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Other)	notes
202	medhist_1_1 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Section Header: *(Past Medical History) Have you been Diagnosed with any of the following conditions before COVID?* Hypertension (HIgh Blood Pressure)	radio (Matrix) 1 Yes 2 No
203	medhist_1_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diabetes Mellitus (Childhood onset)	radio (Matrix) 1 Yes 2 No
204	medhist_1_3 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Diabetes Mellitus (Adult onset)	radio (Matrix) 1 Yes 2 No
205	medhist_1_4 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Myocardial infarct (Heart Attach)	radio (Matrix) 1 Yes 2 No
206	medhist_1_5 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Congestive heart Failure	radio (Matrix) 1 Yes 2 No
207	medhist_1_6 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Arrhythmia/ Atrial Fibrillation	radio (Matrix) 1 Yes 2 No
208	medhist_1_7 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hypercholesterolemia (High Cholesterol)	radio (Matrix) 1 Yes 2 No
209	medhist_1_8 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hearing Loss	radio (Matrix) 1 Yes 2 No
210	medhist_1_9 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Loss of smell	radio (Matrix) 1 Yes 2 No
211	medhist_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Lung disease (including emphysema)	radio (Matrix) 1 Yes 2 No
212	medhist_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Thyroid disease (not cancer, including Grave's disease)	radio (Matrix) 1 Yes 2 No
213	medhist_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Liver disease	radio (Matrix) 1 Yes 2 No
214	medhist_1_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Renal insufficiency (kidney disease)	radio (Matrix) 1 Yes 2 No

215	medhist_1_14 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peptic ulcer disease	radio (Matrix) 1 Yes 2 No
216	medhist_1_15 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peripheral vascular disease	radio (Matrix) 1 Yes 2 No
217	medhist_1_16 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Stroke mini stroke, CVA (cerebrovascular accident) or TIA (transient ischemic	radio (Matrix) 1 Yes 2 No
218	medhist_1_17 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Seizure, fit, convulsion or unexplained loss of consciousness	radio (Matrix) 1 Yes 2 No
219	medhist_1_18 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Arthritis	radio (Matrix) 1 Yes 2 No
220	medhist_1_19 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Hip Fracture	radio (Matrix) 1 Yes 2 No
221	medhist_1_20 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Gout	radio (Matrix) 1 Yes 2 No
222	medhist_1_21 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Recreational drug use	radio (Matrix) 1 Yes 2 No
223	medhist_1_22 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Gaucher disease	radio (Matrix) 1 Yes 2 No
224	medhist_1_23 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Multiple sclerosis	radio (Matrix) 1 Yes 2 No
225	medhist_1_24 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	B12 deficiency	radio (Matrix) 1 Yes 2 No
226	medhist_1_25 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Normal pressure hydrocephalus	radio (Matrix) 1 Yes 2 No
227	medhist_1_26 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Peripheral neuropathy	radio (Matrix) 1 Yes 2 No
228	medhist_1_27 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Crohn's disease/ Ulcerative colitis	radio (Matrix) 1 Yes 2 No
229	medhist_1_28 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Cancer	radio (Matrix) 1 Yes 2 No

230	medhist_1_29 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Brain surgery	radio (Matrix) 1 Yes 2 No
231	medhist_1_30 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Other	radio (Matrix) 1 Yes 2 No
232	medhist_1_29_1 Show the field ONLY if: [medhist_1_29] = "1"	If yes to brain surgery, was that DBS? When (age)?	text (number)
233	medhist_1_10_2 Show the field ONLY if: [medhist_1_10] = "1"	Specify Lung Disease	text
234	medhist_1_30_1 Show the field ONLY if: [medhist_1_30] = "1"	Specify Other	text
235	meds_1 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Section Header: *III. (IF a PD/Parkinsonism patient) PD/Parkinsonism specific questions What medications are you currently taking? (Name, dose, frequency) PD* Sinemet	radio 1 Yes 0 No
236	meds_1_1 Show the field ONLY if: [meds_1] = "1"	Dose (mg) (Sinemet)	text (number)
237	meds_1_2 Show the field ONLY if: [meds_1] = "1"	Frequency (times per day) (Sinemet)	text (number)
238	meds_2 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Stalevo	yesno 1 Yes 0 No
239	meds_2_1 Show the field ONLY if: [meds_2] = "1"	Dose (mg) (Stalevo)	text (number)
240	meds_2_2 Show the field ONLY if: [meds_2] = "1"	Frequency (times per day) (Stalevo)	text (number)
241	meds_3 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Mirapex	yesno 1 Yes 0 No
242	meds_3_1 Show the field ONLY if: [meds_3] = "1"	Dose (mg) (Mirapex)	text (number)
243	meds_3_2 Show the field ONLY if: [meds_3] = "1"	Frequency (times per day) (Mirapex)	text (number)
244	meds_4 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Requip	yesno 1 Yes 0 No
245	meds_4_1 Show the field ONLY if: [meds_4] ="1"	Dose (mg) (Requip)	text (number)

246	meds_4_2 Show the field ONLY if: [meds_4] ="1"	Frequency (times per day) (Requip)	text (number)
247	meds_5 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Amantadine (Symmetrel)	yesno 1 Yes 0 No
248	meds_5_1 Show the field ONLY if: [meds_5] ="1"	Dose (mg) (Amantadine [Symmetrel])	text (number)
249	meds_5_2 Show the field ONLY if: [meds_5] ="1"	Frequency (times per day) (Amantadine [Symmetrel])	text (number)
250	meds_6 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Artane (trihexyphenidyl)	yesno 1 Yes 0 No
251	meds_6_1 Show the field ONLY if: [meds_6] = "1"	Dose (mg) (Artane [trihexyphenidyl])	text
252	meds_6_2 Show the field ONLY if: [meds_6] = "1"	Frequency (times per day) (Artane [trihexyphenidyl])	text
253	meds_7 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Azilect (rasagiline)	yesno 1 Yes 0 No
254	meds_7_1 Show the field ONLY if: [meds_7] = "1"	Dose (mg) (Azilect [rasagiline])	text
255	meds_7_2 Show the field ONLY if: [meds_7] = "1"	Frequency (times per day) (Azilect [rasagiline])	text
256	meds_8 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Comtan (entacapone)	yesno 1 Yes 0 No
257	meds_8_1 Show the field ONLY if: [meds_8] = "1"	Dose (mg) (Comtan [entacapone])	text (number)
258	meds_8_2 Show the field ONLY if: [meds_8] = "1"	Frequency (times per day) (Comtan [entacapone])	text (number)
259	meds_9 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Eldepryl (selegiline)	yesno 1 Yes 0 No
260	meds_9_1 Show the field ONLY if: [meds_9] = "1"	Dose (mg) (Eldepryl [selegiline])	text (number)
261	meds_9_2 Show the field ONLY if: [meds_9] = "1"	Frequency (times per day) (Eldepryl [selegiline])	text (number)

262	meds_10 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Parcopa	yesno 1 Yes 0 No
263	meds_10_1 Show the field ONLY if: [meds_10] = "1"	Dose (mg) (Parcopa)	text (number)
264	meds_10_2 Show the field ONLY if: [meds_10] = "1"	Frequency (times per day) (Parcopa)	text (number)
265	meds_11 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Aricept (donepezil)	yesno 1 Yes 0 No
266	meds_11_1 Show the field ONLY if: [meds_11] = "1"	Dose (mg) (Aricept [donepezil])	text (number)
267	meds_11_2 Show the field ONLY if: [meds_11] = "1"	Frequency (times per day) (Aricept [donepezil])	text (number)
268	meds_12 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Clozaril (clozapine)	yesno 1 Yes 0 No
269	meds_12_1 Show the field ONLY if: [meds_12] = "1"	Dose (mg) (Clozaril [clozapine])	text (number)
270	meds_12_2 Show the field ONLY if: [meds_12] = "1"	Frequency (times per day) (Clozaril [clozapine])	text (number)
271	meds_13 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Cogentin (benztropine)	yesno 1 Yes 0 No
272	meds_13_1 Show the field ONLY if: [meds_13] = "1"	Dose (mg) (Cogentin [benztropine])	text (number)
273	meds_13_2 Show the field ONLY if: [meds_13] = "1"	Frequency (times per day) (Cogentin [benztropine])	text
274	meds_14 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Klonopin (clonazepam)	yesno 1 Yes 0 No
275	meds_14_1 Show the field ONLY if: [meds_14] = "1"	Dose (mg) (Klonopin [clonazepam])	text (number)
276	meds_14_2 Show the field ONLY if: [meds_14] = "1"	Frequency (times per day) (Klonopin [clonazepam])	text (number)

277	meds_15 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Seroquel (quietapine fumurate)	yesno 1 Yes 0 No
278	meds_15_1 Show the field ONLY if: [meds_15] = "1"	Dose (mg) (Seroquel [quietapine fumurate])	text (number)
279	meds_15_2 Show the field ONLY if: [meds_15] = "1"	Frequency (times per day) (Seroquel [quietapine fumurate])	text (number)
280	meds_16 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Valium (lorazepam)	yesno 1 Yes 0 No
281	meds_16_1 Show the field ONLY if: [meds_16] = "1"	Dose (mg) (Valium [lorazepam])	text (number)
282	meds_16_2 Show the field ONLY if: [meds_16] = "1"	Frequency (times per day) (Valium [lorazepam])	text (number)
283	meds_17 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Neupro (rotigitine)	yesno 1 Yes 0 No
284	meds_17_1 Show the field ONLY if: [meds_17] = "1"	Dose (mg) (Neupro [rotigitine])	text (number)
285	meds_17_2 Show the field ONLY if: [meds_17] = "1"	Frequency (times per day) (Neupro [rotigitine])	text (number)
286	meds_18 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Rytary	yesno 1 Yes 0 No
287	meds_18_1 Show the field ONLY if: [meds_18] = "1"	Dose (mg) (Rytary)	text (number)
288	meds_18_2 Show the field ONLY if: [meds_18] = "1"	Frequency (times per day) (Rytary)	text (number)
289	meds_19 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Duopa	yesno 1 Yes 0 No
290	meds_19_1 Show the field ONLY if: [meds_19] = "1"	Dose (mg) (Duopa)	text (number)
291	meds_19_2 Show the field ONLY if: [meds_19] = "1"	Frequency (times per day) (Duopa)	text (number)

292	meds_20 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other PD meds	yesno 1 Yes 0 No
293	meds_20_1 Show the field ONLY if: [meds_20] = "1"	Other PD meds	text
294	meds_20_2 Show the field ONLY if: [meds_20] = "1"	Dose (mg) (Other PD meds)	text (number)
295	meds_20_3 Show the field ONLY if: [meds_20] = "1"	Frequency (times per day) (Other PD meds)	text (number)
296	meds_21 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	OTHER MEDICATIONS Antidepressants Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft	yesno 1 Yes 0 No
297	meds_21_1 Show the field ONLY if: [meds_21] = "1"	Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft	text
298	meds_21_2 Show the field ONLY if: [meds_21] = "1"	Dose (mg) (Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	text (number)
299	meds_21_3 Show the field ONLY if: [meds_21] = "1"	Frequency (times per day) (Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	text (number)
300	meds_22 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Wellbutrin	yesno 1 Yes 0 No
301	meds_22_1 Show the field ONLY if: [meds_22] = "1"	Dose (mg) (Wellbutrin)	text (number)
302	meds_22_2 Show the field ONLY if: [meds_22] = "1"	Frequency (times per day) (Wellbutrin)	text (number)
303	meds_23 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Effexor	yesno 1 Yes 0 No
304	meds_23_1 Show the field ONLY if: [meds_23] = "1"	Dose (mg) (Effexor)	text (number)
305	meds_23_2 Show the field ONLY if: [meds_23] = "1"	Frequency (times per day) (Effexor)	text (number)
306	meds_24 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Cymbalta	yesno 1 Yes 0 No

307	meds_24_1 Show the field ONLY if: [meds_24] = "1"	Dose (mg) (Cymbalta)	text (number)
308	meds_24_2 Show the field ONLY if: [meds_24] = "1"	Frequency (times per day) (Cymbalta)	text (number)
309	meds_25 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	MAO inhibitor (Parnate, Nardil, Marplan)	yesno 1 Yes 0 No
310	meds_25_1 Show the field ONLY if: [meds_25] = "1"	MAO inhibitor (Parnate, Nardil, Marplan)	text
311	meds_25_2 Show the field ONLY if: [meds_25] = "1"	Dose (mg) (MAO inhibitor [Parnate, Nardil, Marplan])	text (number)
312	meds_25_3 Show the field ONLY if: [meds_25] = "1"	Frequency (times per day) (MAO inhibitor [Parnate, Nardil, Marplan])	text (number)
313	meds_26 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)	yesno 1 Yes 0 No
314	meds_26_1 Show the field ONLY if: [meds_26] = "1"	Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)	text
315	meds_26_2 Show the field ONLY if: [meds_26] = "1"	Dose (mg) [Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)]	text (number)
316	meds_26_3 Show the field ONLY if: [meds_26] = "1"	Frequency (times per day) [Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)]	text (number)
317	meds_27 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Neuroleptics/antipsychotics Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)	yesno 1 Yes 0 No
318	meds_27_1 Show the field ONLY if: [meds_27] = "1"	Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)	text

319	meds_27_2 Show the field ONLY if: [meds_27] = "1"	Dose (mg) [Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	text (number)
320	meds_27_3 Show the field ONLY if: [meds_27] = "1"	Frequency (times per day) [Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	text (number)
321	meds_28 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)	yesno 1 Yes 0 No
322	meds_28_1 Show the field ONLY if: [meds_28] = "1"	Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)	text
323	meds_28_2 Show the field ONLY if: [meds_28] = "1"	Dose (mg) [Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	text (number)
324	meds_28_3 Show the field ONLY if: [meds_28] = "1"	Frequency (times per day) [Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	text (number)
325	meds_29 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Clozapine (Clozaril), Quetiapine (Seroquel)	yesno 1 Yes 0 No
326	meds_29_1 Show the field ONLY if: [meds_29] = "1"	Clozapine (Clozaril), Quetiapine (Seroquel)	text
327	meds_29_2 Show the field ONLY if: [meds_29] = "1"	Dose (mg) [Clozapine (Clozaril), Quetiapine (Seroquel)]	text (number)
328	meds_29_3 Show the field ONLY if: [meds_29] = "1"	Frequency (times per day) [Clozapine (Clozaril), Quetiapine (Seroquel)]	text (number)
329	meds_30 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Aspirin or NSAIDS Aspirin, Ecotrin, Excedrin, Anacin	yesno 1 Yes 0 No
330	meds_30_1 Show the field ONLY if: [meds_30] = "1"	Aspirin, Ecotrin, Excedrin, Anacin	text

331	meds_30_2 Show the field ONLY if: [meds_30] = "1"	Dose (mg) (Aspirin, Ecotrin, Excedrin, Anacin)	text (number)
332	meds_30_3 Show the field ONLY if: [meds_30] = "1"	Frequency (times per day) (Aspirin, Ecotrin, Excedrin, Anacin)	text (number)
333	meds_31 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol	yesno 1 Yes 0 No
334	meds_31_1 Show the field ONLY if: [meds_31] = "1"	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol	text
335	meds_31_2 Show the field ONLY if: [meds_31] = "1"	Dose (mg) (Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	text (number)
336	meds_31_3 Show the field ONLY if: [meds_31] = "1"	Frequency (times per day) (Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	text (number)
337	meds_32 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac	yesno 1 Yes 0 No
338	meds_32_1 Show the field ONLY if: [meds_32] = "1"	Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac	text
339	meds_32_2 Show the field ONLY if: [meds_32] = "1"	Dose (mg) (Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	text (number)
340	meds_32_3 Show the field ONLY if: [meds_32] = "1"	Frequency (times per day) (Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	text (number)
341	meds_33 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Celebrex, Vioxx, Bextra or Relafen	yesno 1 Yes 0 No
342	meds_33_1 Show the field ONLY if: [meds_33] = "1"	Celebrex, Vioxx, Bextra or Relafen	text
343	meds_33_2 Show the field ONLY if: [meds_33] = "1"	Dose (mg) (Celebrex, Vioxx, Bextra or Relafen)	text (number)

344	meds_33_3 Show the field ONLY if: [meds_33] = "1"	Frequency (times per day) (Celebrex, Vioxx, Bextra or Relafen)	text (number)
345	meds_34 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Statins Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)	yesno 1 Yes 0 No
346	meds_34_1 Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)	text
347	meds_34_2 Show the field ONLY if: [meds_34] = "1"	Dose (mg) Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)][	text (number)
348	meds_34_3 Show the field ONLY if: [meds_34] = "1"	Frequency (times per day) Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (--statin)][	text (number)
349	meds_35 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other SUPPLEMENTS Ginko Biloba	yesno 1 Yes 0 No
350	meds_35_1 Show the field ONLY if: [meds_35] = "1"	Dose (specify unit of measurement) (Ginko Biloba)	text
351	meds_35_2 Show the field ONLY if: [meds_35] = "1"	Frequency (specify times per day/week/month) (Ginko Biloba)	text
352	meds_36 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Coenzyme Q10	yesno 1 Yes 0 No
353	meds_36_1 Show the field ONLY if: [meds_36] = "1"	Dose (specify unit of measurement) (Coenzyme Q10)	text
354	meds_36_2 Show the field ONLY if: [meds_36] = "1"	Frequency (specify times per day/week/month) (Coenzyme Q10)	text

355	meds_37 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)	yesno 1 Yes 0 No
356	meds_37_1 Show the field ONLY if: [meds_37] = "1"	Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)	text
357	meds_37_2 Show the field ONLY if: [meds_37] = "1"	Dose (specify unit of measurement) [Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	text
358	meds_37_3 Show the field ONLY if: [meds_37] = "1"	Frequency (specify times per day/week/month) [Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	text
359	meds_38 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Vitamin C	yesno 1 Yes 0 No
360	meds_38_1 Show the field ONLY if: [meds_38] = "1"	Dose (specify unit of measurement) (Vitamin C)	text
361	meds_38_2 Show the field ONLY if: [meds_38] = "1"	Frequency (specify times per day/week/month) (Vitamin C)	text
362	meds_39 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Vitamin E	yesno 1 Yes 0 No
363	meds_39_1 Show the field ONLY if: [meds_39] = "1"	Dose (specify unit of measurement) (Vitamin E)	text
364	meds_39_2 Show the field ONLY if: [meds_39] = "1"	Frequency (specify times per day/week/month) (Vitamin E)	text
365	meds_40 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	B Complex	yesno 1 Yes 0 No
366	meds_40_1 Show the field ONLY if: [meds_40] = "1"	Dose (specify unit of measurement) (B Complex)	text

367	meds_40_2 Show the field ONLY if: [meds_40] = "1"	Frequency (specify times per day/week/month) (B Complex)	text
368	meds_41 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Zinc	yesno 1, Yes 0, No
369	meds_41_1 Show the field ONLY if: [meds_41] = "1"	Dose (specify unit of measurement) (Zinc)	text
370	meds_41_2 Show the field ONLY if: [meds_41] = "1"	Frequency (specify times per day/week/month) (Zinc)	text
371	meds_42 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other I.	yesno 1, Yes 0, No
372	meds_42_1 Show the field ONLY if: [meds_42] = "1"	Other I.	text
373	meds_42_2 Show the field ONLY if: [meds_42] = "1"	Dose (specify unit of measurement) (Other I.)	text
374	meds_42_3 Show the field ONLY if: [meds_42] = "1"	Frequency (specify times per day/week/month) (Other I.)	text
375	meds_43 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other II.	yesno 1, Yes 0, No
376	meds_43_1 Show the field ONLY if: [meds_43] = "1"	Other II.	text
377	meds_43_2 Show the field ONLY if: [meds_43] = "1"	Dose (specify unit of measurement) (Other II.)	text
378	meds_43_3 Show the field ONLY if: [meds_43] = "1"	Frequency (specify times per day/week/month) (Other II.)	text
379	meds_44 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other III.	yesno 1, Yes 0, No
380	meds_44_1 Show the field ONLY if: [meds_44] = "1"	Other III.	text

381	meds_44_2 Show the field ONLY if: [meds_44] = "1"	Dose (specify unit of measurement) (Other III.)	text
382	meds_44_3 Show the field ONLY if: [meds_44] = "1"	Frequency (specify times per day/week/month) (Other III.)	text
383	meds_45 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other IV.	yesno 1 Yes 0 No
384	meds_45_1 Show the field ONLY if: [meds_45] = "1"	Other IV.	text
385	meds_45_2 Show the field ONLY if: [meds_45] = "1"	Dose (specify unit of measurement) (Other IV.)	text
386	meds_45_3 Show the field ONLY if: [meds_45] = "1"	Frequency (specify times per day/week/month) (Other IV.)	text
387	meds_46 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other V.	yesno 1 Yes 0 No
388	meds_46_1 Show the field ONLY if: [meds_46] = "1"	Other V.	text
389	meds_46_2 Show the field ONLY if: [meds_46] = "1"	Dose (specify unit of measurement) (Other V.)	text
390	meds_46_3 Show the field ONLY if: [meds_46] = "1"	Frequency (specify times per day/week/month) (Other V.)	text
391	meds_47 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other VI.	yesno 1 Yes 0 No
392	meds_47_1 Show the field ONLY if: [meds_47] = "1"	Other VI.	text
393	meds_47_2 Show the field ONLY if: [meds_47] = "1"	Dose (specify unit of measurement) (Other VI.)	text
394	meds_47_3 Show the field ONLY if: [meds_47] = "1"	Frequency (specify times per day/week/month) (Other VI.)	text
395	meds_48 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other VII.	yesno 1 Yes 0 No
396	meds_48_1 Show the field ONLY if: [meds_48] = "1"	Other VII.	text

397	meds_48_2 Show the field ONLY if: [meds_48] = "1"	Dose (specify unit of measurement) (Other VII.)	text
398	meds_48_3 Show the field ONLY if: [meds_48] = "1"	Frequency (specify times per day/week/month) (Other VII.)	text
399	meds_49 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Other VIII.	yesno 1 Yes 0 No
400	meds_49_1 Show the field ONLY if: [meds_49] = "1"	Other VIII.	text
401	meds_49_2 Show the field ONLY if: [meds_49] = "1"	Dose (specify unit of measurement) (Other VIII.)	text
402	meds_49_3 Show the field ONLY if: [meds_49] = "1"	Frequency (specify times per day/week/month) (Other VIII.)	text
403	pdcovidsympt_1_2 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Section Header: *(Motor symptom changes) Has any of the following symptoms changed because of COVID?* Bradykinesia (slowness in movement)	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
404	pdcovidsympt_1_3 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Rigidity (stiffness)	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
405	pdcovidsympt_1_7 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Balance	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe
406	pdcovidsympt_1_8 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Dyskinesias	radio (Matrix) 0 0=Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged 4 4=Present before COVID, More severe

407	pdcovidsympt_1_9 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Dystonia	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
408	pdcovidsympt_1_10 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	OFF time	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
409	pdcovidsympt_1_2_1 Show the field ONLY if: [pdcovidsympt_1_2] = "1" OR [pdcovidsympt_1_2] = "2" OR [pdcovidsympt_1_2] = "4"	Details (Bradykinesia (slowness in movement))	notes
410	pdcovidsympt_1_3_1 Show the field ONLY if: [pdcovidsympt_1_3] = "1" OR [pdcovidsympt_1_3] = "2" OR [pdcovidsympt_1_3] = "4"	Details (Rigidity (stiffness))	notes
411	pdcovidsympt_1_7_1 Show the field ONLY if: [pdcovidsympt_1_7] = "1" OR [pdcovidsympt_1_7] = "2" OR [pdcovidsympt_1_7] = "4"	Details (Balance)	notes
412	pdcovidsympt_1_8_1 Show the field ONLY if: [pdcovidsympt_1_8] = "1" OR [pdcovidsympt_1_8] = "2" OR [pdcovidsympt_1_8] = "4"	Details (Dyskinesias)	notes
413	pdcovidsympt_1_9_1 Show the field ONLY if: [pdcovidsympt_1_9] = "1" OR [pdcovidsympt_1_9] = "2" OR [pdcovidsympt_1_9] = "4"	Details (Dystonia)	notes
414	pdcovidsympt_1_10_1 Show the field ONLY if: [pdcovidsympt_1_10] = "1" OR [pdcovidsympt_1_10] = "2" OR [pdcovidsympt_1_10] = "4"	Details (OFF time)	notes
415	updrs_1_1 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Section Header: *(Nonmotor) UPDRS Part I & II (Has any of the following symptoms changed because of COVID?)* 1. Mentation	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
416	updrs_1_2 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	2. Thought Disorder	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe

417	updrs_1_3 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	3. Depression	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
418	updrs_1_4 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	4.Motivation/Initiative	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
419	updrs_1_5 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	5. Speech	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
420	updrs_1_6 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	6. Salivation	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
421	updrs_1_7 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	7. Swallowing	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
422	updrs_1_8 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	8. Handwriting	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
423	updrs_1_9 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	9. Cutting food	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe

424	updrs_1_10 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	10. Dressing	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
425	updrs_1_11 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	11. Hygiene	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
426	updrs_1_12 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	12. Turning in bed	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
427	updrs_1_13 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	13. Falling	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
428	updrs_1_14 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	14. Freezing	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
429	updrs_1_15 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	15. Walking	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe
430	updrs_1_16 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	16. Tremor	radio (Matrix) 0 | 0=Never present 1 | 1= Never present before COVID, present after COVID 2 | 2=Present before COVID, Less severe 3 | 3=Present before COVID, Unchanged 4 | 4=Present before COVID, More severe

431	updrs_1_17 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	17. Sensory symptoms	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
432	pdnonmotorsymp_1_1 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Section Header: *(Non-motor symptom) Has any of the following symptoms changed because of COVID?* Sleep- Insomnia	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
433	pdnonmotorsymp_1_2 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Anxiety	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
434	pdnonmotorsymp_1_3 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Constipation	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
435	pdnonmotorsymp_1_4 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Pain	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
436	pdnonmotorsymp_1_5 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [covid_1] = "3"	Urinary issues	radio (Matrix) 0 = 0=Never present 1 = 1= Never present before COVID, present after COVID 2 = 2=Present before COVID, Less severe 3 = 3=Present before COVID, Unchanged 4 = 4=Present before COVID, More severe
437	pdnonmotorsymp_1_5_1 Show the field ONLY if: [pdnonmotorsymp_1_5] = "1" OR [pdnonmotorsymp_1_5] = "2" OR [pdnonmotorsymp_1_5] = "3" OR [pdnonmotorsymp_1_5] = "4"	Specify (Urinary issues)	checkbox 1 = pdnonmotorsymp_1_5_1___1 = incontinence 2 = pdnonmotorsymp_1_5_1___2 = urgency 3 = pdnonmotorsymp_1_5_1___3 = frequency
438	followup_telephone_survey_complete	Section Header: *Form Status* Complete?	dropdown 0 = Incomplete 1 = Unverified 2 = Complete