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

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#### **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

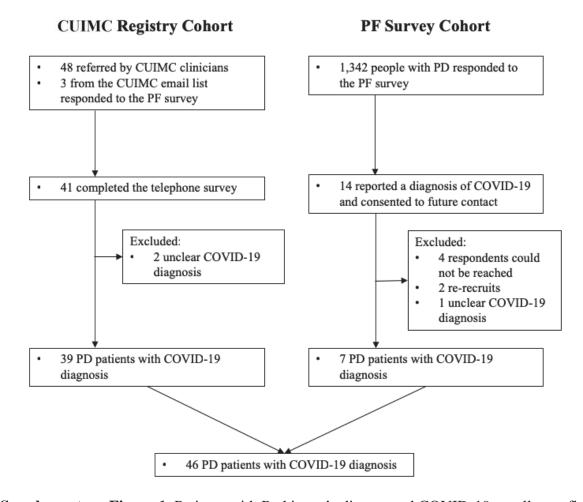
PF survey cohort

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

N (Yes, developed this symptom)	N (Total responses received) *	Percentage (yes/total)
31	38	81.6%
31	45	68.9%
24	36	66.7%
28	44	63.6%
16	35	45.7%
14	35	40.0%
13	34	38.2%
13	35	37.1%
14	39	35.9%
10	35	28.6%
10	36	27.8%
10	36	27.8%
9	36	25.0%
8	35	22.9%
8	36	22.2%
5	27	18.5%
5	35	14.3%
5	35	14.3%
4	35	11.4%
3	35	8.6%
3	35	8.6%
2	35	5.7%
20	35	57.1%
11	25	44.0%
13	34	38.2%
9	25	36.0%
11	37	29.7%
10	35	28.6%
	this symptom)  31 31 24 28 16 14 13 13 14 10 10 10 9 8 8 8 5 5 5 4 3 3 2 20 11 13 9 11	this symptom)     received)*       31     38       31     45       24     36       28     44       16     35       14     35       13     34       13     35       14     39       10     36       10     36       9     36       8     35       8     36       5     27       5     35       4     35       3     35       3     35       3     35       3     35       2     35       11     25       13     34       9     25       11     37

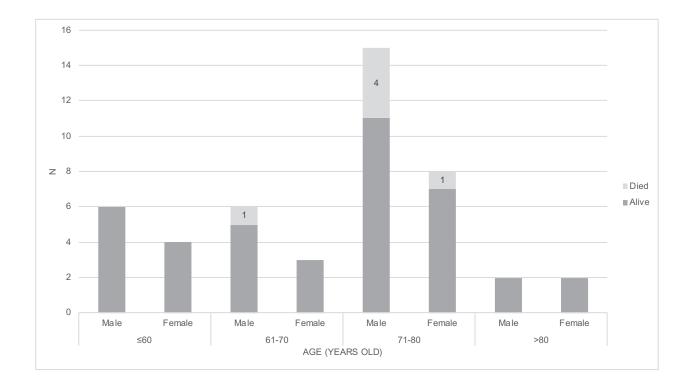
Ataxia	6	24	25.0%
Anxiety	6	25	24.0%
Apathy	6	25	24.0%
Visual changes	8	34	23.5%
Rigidity	5	25	20.0%
Constipation	5	25	20.0%
Pain	5	25	20.0%
OFF time	4	24	16.7%
Memory Loss	4	25	16.0%
Falls	4	26	15.4%
Numbness/tingling	3	25	12.0%
Tremor	3	25	12.0%
Dyskinesia	3	25	12.0%
Double vision	3	34	8.8%
Hallucinations	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%

<sup>\*</sup>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** 

# CUINIC registry conort

# **Movement Disorder COVID-19 Questionnaire (AAAT1585)**

 A Project Home
 Image: Project Setup
 Imag

# **■** Data Dictionary Codebook

11/02/2020 4:00pm

▲ Collapse all instruments

			^ Collapse all instruments
#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Insti	rument: 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	text
		Year of Birth	
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	radio, Required
		Do you think you've been infected with coronavirus?	1 Yes
			2 No
			3 Unsure
13	covid_1_1	When did you start having symptoms that you think were	text (date_mdy)
	Show the field ONLY if:	caused by the	
	[covid_1] = "1" or [covid_1] =	coronavirus?	
	"3"		

14	covid_1_2	How long did those symptoms last (days)?	text (number)
	Show the field ONLY if:	S are since symptomic doctorys,	
	[covid_1] = "1" or [covid_1] = "3"		
15	covid_1_3	Have you been tested for the coronavirus? If so, what was the	radio
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =	result?	1   I have been tested and I tested positive (I had coronavirus)
	"3"		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	How were you tested?	checkbox
	Show the field ONLY if:		1 covid_1_3_11 Nose swab (PCR)
	[covid_1_3] = "1" OR [covid_1_ 3] = "2" OR [covid_1_3] = "3"		2 covid_1_3_12 Mouth swab (PCR) 3 covid_1_3_13 Blood test (serology)
17	covid_1_4	Whether or not you have had a coronavirus test, has a doctor or another healthcare	radio
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =	professional diagnosed you as having or probably having the	1 Yes
	"3"	coronavirus?	2 No 3 Unsure
18	covid_1_5	Have you contacted anyone, (other than the medical	radio
	Show the field ONLY if:	professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?	1 Yes
	[covid_1] = "1" or [covid_1] = "3"		2 No
19	covid_1_6	Who have you contacted to let them know that you think you	checkbox
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =	have coronavirus? Please check all that apply.	1 covid_1_61 A local health departments or hotline
	"3"		2 covid_1_62 Hospital or emergency room
			3 covid_1_63 My primary care doctor or another doctor
			4 covid_1_64 My employer, supervisor or school
			5 covid_1_65 Community or religious leaders
			6 covid_1_66 Family or friends
			7 covid_1_67 Online social contacts such as people on Facebook or Twitter
20	covid_1_7	Whether or not you have been tested, or diagnosed, have you	yesno
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =	sought medical care for coronavirus?	1 Yes
	"3"		0 No
21	covid_1_7_1	Where did you first seek medical care for coronavirus?	radio
	Show the field ONLY if: [covid_1_7] = "1"		1 Hospital or emergency room
	[covid_1_/] = 1		2 Urgent care  3 My primary care doctor or another doctor
			4 A local health department
			5 Other
22	covid_1_7_1_1	Other: please specify	text
	Show the field ONLY if: [covid_1_7_1] = "5"		
23	covid_1_8	Why did you not seek care?	radio
	Show the field ONLY if:		1 No insurance
	[covid_1_7] = "0"		2 No access
			3 Did not think necessary
			4 Was advised not to seek care by family
			5 Other

24	covid_1_8_1	Other (Please specify)	tex	v <del>†</del>
24		Other (Flease specify	lex	
	Show the field ONLY if: [covid_1_8] = "5"			
25	covid_1_7_1_2		rac	dio
	Show the field ONLY if:	you obtain care?	1	Yes, in person
	[covid_1_7_1] = "1"		2	Yes, phone or video care
			3	Did not obtain care (follow up with a why? Question)
26	covid_1_7_1_2_1	Why?	tex	t
	Show the field ONLY if: [covid_1_7_1_2] = "3"			
27	covid_1_7_1_3	When you sought care from 'Urgent care', did you obtain care?	rac	dio
	Show the field ONLY if:		1	Yes, in person
	[covid_1_7_1] = "2"		2	Yes, phone or video care
			3	Did not obtain care (follow up with a why? Question)
28	covid_1_7_1_3_1	Why?	tex	xt
	Show the field ONLY if: [covid_1_7_1_3] = "3"			
29	covid_1_7_1_4	When you sought care from 'My primary care doctor or another	rac	dio
	Show the field ONLY if:	doctor', did you obtain care?	1	Yes, in person
	[covid_1_7_1] = "3"		2	Yes, phone or video care
			3	1
			L	Question)
30	covid_1_7_1_4_1	Why?	tex	rt .
	Show the field ONLY if: [covid_1_7_1_4] = "3"			
31	covid_1_7_1_5	When you sought care from 'A local health department', did you obtain care?	rac	lio
	Show the field ONLY if:		1	Yes, in person
	[covid_1_7_1] = "4"		2	Yes, phone or video care
			3	Did not obtain care (follow up with a why? Question)
32	covid_1_7_1_5_1	Why?	tex	rt
	Show the field ONLY if: [covid_1_7_1_5] = "3"			
33	covid_1_7_1_6	When you sought care from 'Other', did you obtain care?	rac	dio
	Show the field ONLY if:		1	Yes, in person
	[covid_1_7_1] = "5"		2	Yes, phone or video care
			3	Did not obtain care (follow up with a why? Question)
34	covid_1_7_1_6_1	Why?	tex	t
	Show the field ONLY if: [covid_1_7_1_6] = "3"			
35	covid_1_9	Were you hospitalized for COVID?	rac	dio
	Show the field ONLY if:		1	Not hospitalized
	[covid_1] = "1" or [covid_1] = "3"		2	Hospitalized
	3		3	Hospitalized and received Mechanical ventilation
36	covid_1_9_1	Which hospital?	tex	ct
	Show the field ONLY if: [covid_1_9] = "2" OR [covid_1_ 9] = "3"			
37	covid_1_9_2	Further details on hospitalization. (If deceased, full	tex	xt
	Show the field ONLY if: [covid_1_9] = "2" OR [covid_1_ 9] = "3"	code/DNR/DNI?)		

38	covid_1_10 Show the field ONLY if:	How would you describe the severity of your COVID/COVID-like illness?	radio 1 Asymptomatic
	[covid_1] = "1" or [covid_1] = "3"		2 Mild
			3 Moderate 4 Severe
39	covid_1_11	Did this person die due to COVID-19 or a COVID-19 related complication?	radio
	Show the field ONLY if: [dem_9] = "2"	Complications	1 Yes 2 No
40	covid_1_12	What was the cause of death?	text
	Show the field ONLY if: [covid_1_11] = "1"		
41	sympt_1	Section Header: (COVID symptoms) Have you experienced any of the following new symptoms during your COVID/ COVID-like illness? Common	radio
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =	Fever or chills	0 0=no, 1 1=mild
	"3"		2 2=moderate
			3 3=severe
42	sympt_1_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	(Fever and chills)	
43	sympt_1_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if: [sympt_1] = "1" or [sympt_1] =	symptom in more	
	"2" or [sympt_1] = "3"	detail?) (Fever and chills)	
44	sympt_2	Body Temperature higher than 100.4 F or 38.0 C	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Utall 100.4 F 01 36.0 C	0 Yes 1 No
45	sympt_2_2	Duration of Symptom	text (number)
	Show the field ONLY if: [sympt_2] = "0"	(in days) (Body Temperature higher than 100.4 F or 38.0 C)	
46	sympt_2_3	Details of the symptom	notes
	Show the field ONLY if: [sympt_2] = "0"	(Can you describe the symptom in more detail?)	
		(Body Temperature higher than 100.4 F or 38.0 C)	
47	sympt_3	Fatigue or Tiredness	radio
	Show the field ONLY if:		0 0=no,
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
			2 2=moderate 3 3=severe
48	sympt_3_2	Duration of Symptom	text (number)
	Show the field ONLY if: [sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	(in days) (Fatigue or Tiredness)	
49	sympt_3_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if: [sympt_3] = "1" OR [sympt_3]	symptom in more	
	= "2" OR [sympt_3] = "3"	detail?) (Fatigue or Tiredness)	

		T	
50	sympt_4	Runny or stuffy nose	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
51	sympt_4_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_4] = "1" OR [sympt_4]		
	= "2" OR [sympt_4] = "3"	(Runny or stuffy nose)	
52	sympt_4_3	Details of the symptom	notes
52	,	(Can you describe the	
	Show the field ONLY if: [sympt_4] = "1" OR [sympt_4]	symptom in more	
	= "2" OR [sympt_4] = "3"	detail?)	
		(Runny or stuffy nose)	
53	sympt_5	Sneezing	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
54	sympt_5_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_5] = "1" OR [sympt_5]		
	= "2" OR [sympt_5] = "3"	(Sneezing)	
55	sympt_5_3	Details of the symptom	notes
		(Can you describe the	
	Show the field ONLY if: [sympt_5] = "1" OR [sympt_5]	symptom in more	
	= "2" OR [sympt_5] = "3"	detail?)	
		(Sneezing)	
56	sympt_6	Temporary loss of smell	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
L			3 3=severe
57	sympt_6_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_6] = "1" OR [sympt_6]	(Temporary loss of smell)	
	= "2" OR [sympt_6] = "3"	(Temporary 1033 of smell)	
58	sympt_6_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_6] = "1" OR [sympt_6]	symptom in more detail?)	
	= "2" OR [sympt_6] = "3"	, deta,	
L		(Temporary loss of smell)	
59	sympt_7	Sore throat	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
60	sympt_7_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_7] = "1" OR [sympt_7]		
	= "2" OR [sympt_7] = "3"	(Sore throat)	
	1	1	1

Sympt_7_3   Show the field ONLY if: [sympt_7] = "1" OR [sympt_7] = "3"   Details of the symptom (Can you describe the symptom in more detail?)	
[sympt_7] = "1" OR [sympt_7]	
62	
62	
Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  63 sympt_8_2    Duration of Symptom (in days)	
Show the field ONE file	
2 2=moderate 3 3=severe  63 sympt_8_2 Duration of Symptom (in days)	
63 sympt_8_2 Duration of Symptom text (number)	
(in days)	
[sympt_8] = "1" OR [sympt_8]	
Cough   Coug	
Show the field ONLY if:  Symptom in more	
[sympt_8] = "1" OR [sympt_8] = "3"   detail?)	
(Cough)	
65 sympt_9 Shortness of breath radio 0 0=no	
"3" 2 2=moderate	
3 3=severe	
66 sympt_9_2 Duration of Symptom text (number)	
Show the field ONLY if:   [sympt_9] = "1" OR [sympt_9]	
= "2" OR [sympt_9] = "3"  (Shortness of breath)	
67 sympt_9_3 Details of the symptom notes	
Show the field ONLY if:  [sympt_9] = "1" OR [sympt_9]  (Can you describe the symptom in more described the sy	
= "2" OR [sympt_9] = "3"   detail?)	
(Chartness of breath)	
(Shortness of breath)  68 sympt_10 Chest congestion radio	
Show the field ONLY if:	
[covid_1] = "1" OR [covid_1] =	
2   2=moderate     3   3=severe	
69 sympt_10_2 Duration of Symptom text (number)	
Show the field ONLY if: [sympt_10] = "1" OR [sympt_1] (in days)	
0] = "2" OR [sympt_10] = "3" (Chest congestion)	
70 sympt_10_3 Details of the symptom (Can you describe the	
Show the field ONLY if:  [Gympt 10] - "1" OP Gympt 1  symptom in more	
0] = "2" OR [sympt_10] = "3"   detail?)	
(Chest congestion)	

Temporary loss of taste   Show the field ONLY if.   Found (1) = "1" OR (covid.1) = "2"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "1" OR (covid.1) = "3"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "3"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "3"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "3"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "3"   Temporary loss of taste   Show the field ONLY if.   Found (1) = "1" OR (covid.1) = "3"   Show the field ONLY if.   Show the field				
	71	sympt_11	Temporary loss of taste	l <del></del>
2   2   2   2   2   2   2   2   2   2		Show the field ONLY if:		0 0=no
2   2   2   2   2   3   3   3   3   3				1 1=mild
22   sympt.11.2   Show the field ONLY is   sympt.11   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.11   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.11   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.11   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.11   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.12   = "1" OR [sympt.1] = "3"   Show the field ONLY is   sympt.12   "3"   Show the field ONLY is   sympt.13   "1" OR [sympt.13   "3"   Show the field ONLY is   sympt.13   "1" OR [sympt.13   "3"   Show the field ONLY is   sympt.13   "3"   Show the field ONLY is   sympt.14   Show the		"3"		2 2-moderate
				<del>                                    </del>
Show the field ONLY If   (Pemporary loss of taste)   (Pe				3 3=severe
Show the field ONLY If   (Pemporary loss of taste)   (Pe	72	sympt 11 2	Duration of Symptom	text (number)
Sympt_113			I	
1   = 7 \cdot Rympt_11   = 7				
Sympt_11_3   Sympt_11] = "" OR [sympt_1]   Sympt_1   S			(Temporary loss of taste)	
Show the field ONLY if:   sympt_1   1 = "1" OR (sympt_1")   1 = "1" OR (symp	73		Details of the symptom	notes
Some Content of Content   11 = "1" OR [sympt_1]   11 = "2" OR [sympt_1]   11 = "3"   11 = "1" OR [sympt_1]   12   3   3   3   3   3   3   3   3   3	, ,			THOSE S
1] = 12" OR [sympt_11] = "3"   Temporary loss of taste)				
Temporary loss of taste)   Temporary loss of t			detail?)	
74   Sympt_12   Show the field ONLY IF   [Covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "3"   Duration of Symptom (in days)   Show the field ONLY IF   Sympt_12_3   Show the field ONLY IF   Sympt_12_3   Show the field ONLY IF   Sympt_12_3   Show the field ONLY IF   Sympt_12_3 = "1" OR [covid_1] = "3"		, = on(e),,,p=1,,	(Tamparany loss of tasta)	
Show the field ONLY if:   [covid_1] = "1" OR [covid_1] = "3"   Sympt_12_2				
1   1   1   1   1   1   1   1   1   1	74	sympt_12	Nausea	
"3"   2   2   2   2   3   3   3   3   3   3				0 0=no
2   2				1 1=mild
3   3-severe     3   3-severe     3   3-severe     3   3-severe     5   5   5   5   5   5   5   5   5		"3"		2 2=moderate
Duration of Symptom (in days)   Symptom (in days)				
Show the field ONLY if: [sympt_12] = "1" OR [sympt_12] = "3"   (Nausea)				
Show the field ONLY if	75	sympt_12_2		text (number)
Esympt_12  = "1" OR [sympt_1] = "3"   (Nausea)		Show the field ONLY if:	(in days)	
Mousear   Mous				
Details of the symptom (Can you describe the symptom (Can you describe the symptom in more detail?)   Details of the symptom (Can you describe the symptom in more detail?)		2] = "2" OR [sympt_12] = "3"	(Nausea)	
Show the field ONLY if: [sympt_12] = "1" OR [sympt_1] 2] = "2" OR [sympt_12] = "3"  (Nausea)  77 sympt_13 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  78 sympt_13_2 Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] = "3"  79 sympt_13_3 Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] = "3"  79 sympt_13_3 = "3" Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] = "3"  80 sympt_13_1 = "1" OR [sympt_1] = "3"  81 sympt_14_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  82 sympt_14_2 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  83 sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [covid_1] = "3"  84 sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] Sympt_14_2 = "1" OR [sympt_1	76	sympt 12.2		notos
Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_13   "" OR [sympt_1] = "3"   Show the field ONLY if:   Sympt_14   "" OR [sympt_1]   Show the field ONLY if:   Sympt_14   "" OR [sympt_1]   Show the field ONLY if:   Sympt_14   "" OR [sympt_14	/6		· ·	notes
			I =	
(Nausea)				
77		2]		
77				
77			(Nausea)	
Show the field ONLY if:	77	cumpt 12		radio
Town the field ONLY if:	//		Vorniting	
"3"				
2   2=moderate   3   3=severe				1 1=mild
Sympt_13_2   Show the field ONLY if:   [sympt_13] = "1" OR [sympt_1]   Show the field ONLY if:   [sympt_13] = "3"   (vomiting)		3		2 2=moderate
Sympt_13_2   Show the field ONLY if:   [sympt_13] = "1" OR [sympt_1]   Show the field ONLY if:   [sympt_13] = "3"   (vomiting)				3 3=severe
Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] 3] = "2" OR [sympt_13] = "3"  79		. 10.6		
Show the field ONLY if: [sympt_13] = "1" OR [sympt_1]     3] = "2" OR [sympt_13] = "3"     5how the field ONLY if: [sympt_13] = "3"     6	/8	sympt_13_2	_ ·	text (number)
3] = "2" OR [sympt_13] = "3"			(III uays)	
Sympt_13_3   Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] = "3"   Details of the symptom (Can you describe the symptom in more detail?)				
Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] 3] = "2" OR [sympt_13] = "3"  ((Can you describe the symptom in more detail?)  ((Vomiting)  80  sympt_14   Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  81  sympt_14_2   Show the field ONLY if: [sympt_14] = "1" OR [sympt_1]  (Can you describe the symptom in more detail?)  ((Vomiting)  Diarrhea  radio  0  0=no 1  1=mild 2  2=moderate 3  3=severe  text (number)		3] = "2" OK [sympt_13] = "3"	(Vomiting)	
Show the field ONLY if: [sympt_13] = "1" OR [sympt_1] 3] = "2" OR [sympt_13] = "3"  ((Can you describe the symptom in more detail?)  ((Vomiting)  80  sympt_14   Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  81  sympt_14_2   Show the field ONLY if: [sympt_14] = "1" OR [sympt_1]  (Can you describe the symptom in more detail?)  ((Vomiting)  Diarrhea  radio  0  0=no 1  1=mild 2  2=moderate 3  3=severe  text (number)	79	sympt_13_3	Details of the symptom	notes
[sympt_13] = "1" OR [sympt_1]		,	(Can you describe the	
3] = "2" OR [sympt_13] = "3"			* '	
Solution   Sympt_14   Show the field ONLY if:			detail?)	
80       sympt_14         Show the field ONLY if:       [covid_1] = "1" OR [covid_1] = "3"         81       sympt_14_2         Show the field ONLY if:       [sympt_14] = "1" OR [sympt_1]         [sympt_14] = "1" OR [sympt_1]       (Diarrhea)     radio  0 0=no  1 1=mild  2 2=moderate  3 3=severe  text (number)				
80       sympt_14         Show the field ONLY if:       [covid_1] = "1" OR [covid_1] = "3"         81       sympt_14_2         Show the field ONLY if:       [sympt_14] = "1" OR [sympt_1]         [sympt_14] = "1" OR [sympt_1]       (Diarrhea)     radio  0 0=no  1 1=mild  2 2=moderate  3 3=severe  text (number)			(Vomiting)	
Show the field ONLY if:  [covid_1] = "1" OR [covid_1] = "3"  81	80	sympt 14		radio
Show the field ONLY if:   Sympt_14_2				
"3"   2   2=moderate   3   3=severe				<del>                                    </del>
2 2=moderate 3 3=severe  81 sympt_14_2 Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] (Diarrhoa)				
81 sympt_14_2 Duration of Symptom (in days)  Show the field ONLY if: [sympt_14] = "1" OR [sympt_1] (Diarrhea)				2 2=moderate
Show the field ONLY if: [sympt_14] = "1" OR [sympt_1 (Diarrhoa)				3 3=severe
Show the field ONLY if: [sympt_14] = "1" OR [sympt_1 (Diarrhoa)	01	cumpt 14.2	Duration of Cumptom	tout (number)
Show the field UNLY II:   [sympt_14] = "1" OR [sympt_1 (Diarrhag)	δl		_ ·	text (number)
			(iii days)	
4] - 2   OK [SYITIPL [14] = 3			(Diarrhea)	
		4] = "2" OK [SYMPt_14] = "3"		

82	sympt_14_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_14] = "1" OR [sympt_1	symptom in more	
	4] = "2" OR [sympt_14] = "3"	detail?)	
		(Diarrhea)	
83	sympt_15	Abdominal discomfort	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
84	sympt_15_2	Duration of Symptom	text (number)
0-		(in days)	text (number)
	Show the field ONLY if:	( 22)2)	
	[sympt_15] = "1" OR [sympt_1		
	5] = "2" OR [sympt_15] = "3"	(Abdominal discomfort)	
85	sympt_15_3	Details of the symptom	notes
		(Can you describe the	
	Show the field ONLY if:	symptom in more	
	[sympt_15] = "1" OR [sympt_1 5] = "2" OR [sympt_15] = "3"	detail?)	
	5] - 2 OK [SYMPL_13] - 3		
		(Ale descriped discours four)	
L		(Abdominal discomfort)	
86	sympt_16	Muscle or body ache/pain	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
87	sympt_16_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_16] = "1" OR [sympt_1	(Muscle or body ache/pain)	
	6] = "2" OR [sympt_16] = "3"	(mastic of sody defret pain)	
88	sympt_16_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_16] = "1" OR [sympt_1	symptom in more	
	6] = "2" OR [sympt_16] = "3"	detail?)	
		(Muscle or body ache/pain)	
89	sympt_17	Dry skin	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
90	sympt_17_2	Duration of Symptom	text (number)
) ) )	, . – –	(in days)	text (number)
	Show the field ONLY if:	( ) ( )	
	[sympt_17] = "1" OR [sympt_1		
	7] = "2" OR [sympt_17] = "3"	(Dry skin)	
91	sympt_17_3	Details of the symptom	notes
		(Can you describe the	
	Show the field ONLY if:	symptom in more	
	[sympt_17] = "1" OR [sympt_1 7] = "2" OR [sympt_17] = "3"	detail?)	
	7, 2 OK [Sympt_17] - 3		
		(Dryckin)	
		(Dry skin)	
92	sympt_18	Skin rash	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
l	I	I	

93	sympt_18_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_18] = "1" OR [sympt_1		
	8] = "2" OR [sympt_18] = "3"	(Skin rash)	
94	sympt_18_3	Details of the symptom	notes
) -	- '	(Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[sympt_18] = "1" OR [sympt_1 8] = "2" OR [sympt_18] = "3"	detail?)	
	o, 2 o.v.[sypto, s		
		(Skin rash)	
95	sympt_19	Hair loss	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
96	sympt_19_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_19] = "1" OR [sympt_1		
	9] = "2" OR [sympt_19] = "3"	(Hair loss)	
97	sympt 10.2		notes
9/	sympt_19_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[sympt_19] = "1" OR [sympt_1 9] = "2" OR [sympt_19] = "3"	detail?)	
	5, 2 On [3ympt [3] - 3		
		(Hair loss)	
98	sympt_20	Headache	radio
ا ا	- '	Treaddelle	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		1 1=mild
			2 2=moderate
			3 3=severe
99	sympt_20_2	Duration of Symptom	text (number)
		(in days)	, , , , , ,
	Show the field ONLY if: [sympt_20] = "1" OR [sympt_2		
	0] = "2" OR [sympt_20] = "3"	(Headache)	
100	sympt_20_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_20] = "1" OR [sympt_2	symptom in more	
	0] = "2" OR [sympt_20] = "3"	detail?)	
		(Headache)	
101	sympt_21	Weight loss	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			I <del>I -                                  </del>
			3 3=severe
102	sympt_21_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_21] = "1" OR [sympt_2	(Weight loss)	
	1] = "2" OR [sympt_21] = "3"	(1.5.g., 1.1053)	
103	sympt_21_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_21] = "1" OR [sympt_2	symptom in more detail?)	
	1] = "2" OR [sympt_21] = "3"	,	
		?lb	
		(Maight loss)	
l		(Weight loss)	

		<b>.</b>	
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_2 2] = "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_2 2] = "2" OR [sympt_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Urinary issues)	checkbox  1 sympt_22_31 incontinence 2 sympt_22_32 urgency 3 sympt_22_33 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=n0 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_31 head spinning 2 neuro_1_32 waviness 3 neuro_1_33 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)

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115	neuro_3_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_3] = "1" OR [neuro_3] = "2" OR [neuro_3] = "3"	detail?)	
	- 2 OK [Neuro_5] - 3	(The three FD) and a signal a	
		(Tinnitus [Ringing in the ears])	
116	neuro_4	Visual changes	radio
110		visual changes	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		
			2 2=moderate
			3 3=severe
117	neuro_4_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_4] = "1" OR [neuro_4]		
	= "2" OR [neuro_4] = "3"	(Visual changes)	
118	neuro_4_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_4] = "1" OR [neuro_4]	symptom in more detail?)	
	= "2" OR [neuro_4] = "3"	details	
		(Visual changes)	
119	neuro_5	Double vision	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			3 3=severe
120	neuro_5_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_5] = "1" OR [neuro_5]		
	= "2" OR [neuro_5] = "3"	(Double vision)	
121	neuro_5_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_5] = "1" OR [neuro_5]	detail?)	
	= "2" OR [neuro_5] = "3"		
		(Double vision)	
122	neuro_6	Facial twitches	radio
122		Taciai (witches	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		<del>                                    </del>
			2 2=moderate
L			3 3=severe
123	neuro_6_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_6] = "1" OR [neuro_6]	(Facial twitches)	
	= "2" OR [neuro_6] = "3"		
124	neuro_6_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	detail?)	
	- 2 OK [Hedro_0] - 3		
		(Facial twitches)	
l l	I	1,	I

	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?)	notes
		(Body/Arms/Leg twitches)	
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_1 0] = "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_1 0] = "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	Memory Loss	radio
137	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
138	neuro_11_2	Duration of Symptom	text (number)
	Show the field ONLY if: [neuro_11] = "1" OR [neuro_1 1] = "2" OR [neuro_11] = "3"	(in days) (Memory loss)	
139	neuro_11_3	Details of the symptom	radio
	Show the field ONLY if: [neuro_11] = "1" OR [neuro_1 1] = "2" OR [neuro_11] = "3"	(Can you describe the symptom in more detail?)  (Memory loss)	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	Duration of Symptom	text (number)
	Show the field ONLY if: [neuro_12] = "1" OR [neuro_1 2] = "2" OR [neuro_12] = "3"	(in days) (Hallucinations)	
142	neuro_12_3 Show the field ONLY if: [neuro_12] = "1" OR [neuro_1 2] = "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	Nerve pain	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
144	neuro_13_2	Duration of Symptom	text (number)
	Show the field ONLY if: [neuro_13] = "1" OR [neuro_1 3] = "2" OR [neuro_13] = "3"	(in days) (Nerve pain)	
145	neuro_13_3 Show the field ONLY if: [neuro_13] = "1" OR [neuro_1 3] = "2" OR [neuro_13] = "3"	Details of the symptom (Can you describe the symptom in more detail?) (Nerve pain)	notes
146	neuro_14	Numbness/tingling	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe

147	neuro_14_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(III uays)	
	[neuro_14] = "1" OR [neuro_1 4] = "2" OR [neuro_14] = "3"	(Numbness/tingling)	
148	neuro_14_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_14] = "1" OR [neuro_1	detail?)	
	4] = "2" OR [neuro_14] = "3"	(Numbross/tingling)	
1.40		(Numbness/tingling)	us dis
149	neuro_15	Loss of sensation	radio 0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		
			2 2=moderate
			3 3=severe
150	neuro_15_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_15] = "1" OR [neuro_1 5] = "2" OR [neuro_15] = "3"	(Loss of sensation)	
151	neuro_15_3	Details of the symptom	checkbox
	Show the field ONLY if:	(Can you describe the	1 neuro_15_31 Pain
	[neuro_15] = "1" OR [neuro_1	symptom in more detail?)	2 neuro_15_32 Touch
	5] = "2" OR [neuro_15] = "3"	uetaii:)	3 neuro_15_33 Temp
Ш		(Loss of sensation)	
152	neuro_16	Weakness	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	, <u>J</u>		2 2=moderate
			3 3=severe
153	neuro_16_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(iii dayə)	
	[neuro_16] = "1" OR [neuro_1 6] = "2" OR [neuro_16] = "3"	(Weakness)	
154	neuro_16_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_16] = "1" OR [neuro_1	symptom in more detail?)	
	6] = "2" OR [neuro_16] = "3"	(Where?)	
		(Weakness)	
155	neuro 17	Tremor	radio
-5	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
156	neuro_17_2	Duration of Symptom	text (number)
.50	Show the field ONLY if:	(in days)	
	[neuro_17] = "1" OR [neuro_1	(Tromor)	
	7] = "2" OR [neuro_17] = "3"	(Tremor)	
157	neuro_17_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_17] = "1" OR [neuro_1 7] = "2" OR [neuro_17] = "3"	detail?)	
	7] - 2 OK[HedIO_17] - 3	(Tremor)	
		(Tremor)	

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_1 8] = "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_1 8] = "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_1 9] = "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_1 9] = "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_2 0] = "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_2 0] = "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_2 1] = "2" OR [neuro_21] = "3"	Duration of Symptom (in days) (Falls)	text (number)

		T	T
169	neuro_21_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_21] = "1" OR [neuro_2	detail?)	
	1] = "2" OR [neuro_21] = "3"	account,	
		(Falls)	
170	neuro_22	Bradykinesia (slowness in movement)	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
171	neuro_22_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_22] = "1" OR [neuro_2		
	2] = "2" OR [neuro_22] = "3"	(Bradykinesia (slowness in movement))	
172	neuro_22_3	Details of the symptom	notes
-		(Can you describe the	
	Show the field ONLY if: [neuro_22] = "1" OR [neuro_2	symptom in more	
	2] = "2" OR [neuro_22] = "3"	detail?)	
		(Bradykinesia (slowness in movement))	
172	nouro 22	-	radio
1/3	neuro_23	Freezing of gait	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
174	neuro_23_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(Freezing of gait)	
	[neuro_23] = "1" OR [neuro_2	(Treezing of gailt)	
	3] = "2" OR [neuro_23] = "3"		
175	neuro_23_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_23] = "1" OR [neuro_2	symptom in more detail?)	
	3] = "2" OR [neuro_23] = "3"	deta,	
		(Freezing of gait)	
176	neuro_24	Dyskinesias	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
177	neuro_24_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:		
	[neuro_24] = "1" OR [neuro_2	(Dyskinesias)	
	4] = "2" OR [neuro_24] = "3"		
178	neuro 24 2	Details of the symptom	notes
		(Can you describe the	
	Show the field ONLY if: [neuro_24] = "1" OR [neuro_2	symptom in more	
	4] = "2" OR [neuro_24] = "3"	detail?)	
		(Dyskinesias)	
179	neuro_25	Dystonia	radio
-	_	ĺ	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		1 1=mild
			2 2=moderate
			3 3=severe
1		1	

100	25.4	Donation of Computer (in June)	to the formula of
180	neuro_25_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_25] = "1" OR [neuro_2 5] = "2" OR [neuro_25] = "3"	(Dystonia)	
181	neuro_25_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_25] = "1" OR [neuro_2 5] = "2" OR [neuro_25] = "3"	(Can you describe the symptom in more detail?)	
		(Dystonia)	
182	neuro_26	Sleep- Insomnia	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
183	neuro_26_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_26] = "1" OR [neuro_2 6] = "2" OR [neuro_26] = "3"	(Sleep- Insomnia)	
184	neuro_26_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_26] = "1" OR [neuro_2 6] = "2" OR [neuro_26] = "3"	(Can you describe the symptom in more detail?)	
		(Sleep- Insomnia)	
185	neuro_27	Anxiety	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
186	neuro_27_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_27] = "1" OR [neuro_2 7] = "2" OR [neuro_27] = "3"	(Anxiety)	
187	neuro_27_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_27] = "1" OR [neuro_2 7] = "2" OR [neuro_27] = "3"	(Can you describe the symptom in more detail?)	
		(Anxiety)	
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	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_28] = "1" OR [neuro_2 8] = "2" OR [neuro_28] = "3"	(Apathy)	
190	neuro_28_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_28] = "1" OR [neuro_2 8] = "2" OR [neuro_28] = "3"	(Can you describe the symptom in more detail?)	
		(Apathy)	

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191	neuro_29	Constipation	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
			2 2=moderate
			3 3=severe
192	neuro_29_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:		
	[neuro_29] = "1" OR [neuro_2 9] = "2" OR [neuro_29] = "3"	(Constipation)	
193	neuro_29_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_29] = "1" OR [neuro_2 9] = "2" OR [neuro_29] = "3"	detail?)	
		(Constipation)	
194	neuro_30	Pain	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
195	neuro_30_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(Pain)	
	[neuro_30] = "1" OR [neuro_3 0] = "2" OR [neuro_30] = "3"		
196	neuro_30_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_30] = "1" OR [neuro_3 0] = "2" OR [neuro_30] = "3"	detail?)	
	0] = 2	(Pain)	
197	neuro_31	OFF time	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
198	neuro_31_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(OFF time)	
	[neuro_31] = "1" OR [neuro_3 1] = "2" OR [neuro_31] = "3"		
199	neuro_31_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_31] = "1" OR [neuro_3	symptom in more detail?)	
	1] = "2" OR [neuro_31] = "3"		
		(OFF time)	
200	neuro_32	Other	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
201	neuro_32_1	Duration of Symptom (in days)	text (number)
201		Surgery of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_32] = "1" OR [neuro_3	(Other)	
	2] = "2" OR [neuro_32] = "3"		
	1	i e e e e e e e e e e e e e e e e e e e	ı

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202	neuro_32_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_32] = "1" OR [neuro_3	detail?)	
	2] = "2" OR [neuro_32] = "3"		
		(Other)	
203	medhist_1_1	Section Header: (Past Medical History) Have you been Diagnosed with any of	radio (Matrix)
	Show the field ONLY if:	the following conditions before COVID?	1 Yes
	[covid_1] = "1" OR [covid_1] =	Hypertension (HIgh Blood Pressure)	2 No
	"3"		
204	medhist_1_2	Diabetes Mellitus (Childhood onset)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
205	medhist_1_3	Diabetes Mellitus (Adult onset)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
206		Myocardial infarct (Heart Attach)	radio (Matrix)
200	medhist_1_4	myocardiar imarce (rieart Attacti)	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		2 No
207	medhist_1_5	Congestive heart Failure	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
208	medhist_1_6	Arrhythmia/ Atrial Fibrillation	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
209	medhist_1_7	Hypercholesterolemia (High Cholesterol)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
210	medhist_1_8	Hearing Loss	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
211	medhist 1 9	Loss of smell	radio (Matrix)
411		2033 OF STREET	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		2 No
212	medhist_1_10	Lung disease (including emphysema)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		-1
213	medhist_1_11	Thyroid disease (not cancer, including Grave's disease)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
214	medhist_1_12	Liver disease	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
215	medhist_1_13	Renal insufficiency (kidney disease)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
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216	medhist_1_14	Peptic ulcer disease	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		2 No
217	medhist_1_15	Peripheral vascular disease	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
218	medhist_1_16	Stroke mini stroke, CVA (cerebrovascular accident) or TIA	radio (Matrix)
210	Show the field ONLY if:	(transient ischemic	radio (Matrix)
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
219	medhist_1_17	Seizure, fit, convulsion or unexplained loss of consciousness	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
220	medhist_1_18	Arthritis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
224	"3"	Uta Faratana	us dis (Marris)
221	medhist_1_19	Hip Fracture	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		[2].0
222	medhist_1_20	Gout	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
223	medhist_1_21	Recreational drug use	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
224	"3"	Coughandiago	undia (Manuis)
224	medhist_1_22	Gaucher disease	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		
225	medhist_1_23	Multiple sclerosis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
226	medhist_1_24	B12 deficiency	radio (Matrix)
	Show the field ONLY if:	-	1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
227	"3"	Normal process budracaphalus	radio (Matrix)
227	medhist_1_25	Normal pressure hydrocephalus	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		[-1]
228	medhist_1_26	Peripheral neuropathy	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
229	medhist_1_27	Crohn's disease/ Ulcerative colitis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
222	"3"	Connection	radio (Matrix)
230	medhist_1_28	Cancer	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		

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

248	meds_5	Amantadine (Symmetrel)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes 0 No
	"3"		[2]
249	meds_5_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_5] ="1"	(Amantadine [Symmetrel])	
250	meds_5_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_5] ="1"	(Amantadine [Symmetrel])	
251	meds_6	Artane (trihexyphenidyl)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
252	meds_6_1	Dose (mg)	text
	Show the field ONLY if: [meds_6] = "1"	(Artane [trihexyphenidyl])	
253	meds_6_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_6] = "1"	(Artane [trihexyphenidyl])	
254	meds_7	Azilect (rasagiline)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		0 No
255	meds_7_1	Dose (mg)	text
	Show the field ONLY if: [meds_7] = "1"	(Azilect [rasagiline])	
256	meds_7_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_7] = "1"	(Azilect [rasagiline])	
257	meds_8	Comtan (entacapone)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
258	meds_8_1	Dose (mg)	text (number)
	Show the field ONLY if:	(Comtan [entacapone])	, ,
259	[meds_8] = "1" meds_8_2	Frequency (times per day)	text (number)
233	Show the field ONLY if:		con (named)
	[meds_8] = "1"	(Comtan [entacapone])	
260	meds_9	Eldepryl (selegiline)	yesno 1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
261	meds_9_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_9] = "1"	(Eldepryl [selegiline])	
262	meds_9_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_9] = "1"	(Eldepryl [selegiline])	
263	meds_10	Parcopa	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
264	meds_10_1	Dose (mg)	text (number)
	Show the field ONLY if:	(Parcopa)	
	[meds_10] = "1"		

265	d- 10 2	Francisco de Minora de de A	tout (number)
265		Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_10] = "1"	(Parcopa)	
266	meds_11	Aricept (donepezil)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
267	meds_11_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_11] = "1"	(Aricept [donepezil])	
268	meds_11_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_11] = "1"	(Aricept [donepezil])	
269	meds_12	Clozaril (clozapine)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
270	meds_12_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_12] = "1"	(Clozaril [clozapine])	
271	meds_12_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_12] = "1"	(Clozaril [clozapine])	
272	meds_13	Cogentin (benztropine)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
273	meds_13_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_13] = "1"	(Cogentin [benztropine])	
274	meds_13_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_13] = "1"	(Cogentin [benztropine])	
275	meds_14	Klonopin (clonazepam)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 No
276	meds_14_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_14] = "1"	(Klonopin [clonazepam])	
277	meds_14_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_14] = "1"	(Klonopin [clonazepam])	
278	meds_15	Seroquel (quietapine fumurate)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
279	meds_15_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_15] = "1"	(Seroquel [quietapine fumurate])	
280	meds_15_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_15] = "1"	(Seroquel [quietapine fumurate])	
281	meds_16	Valium (lorazepam)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
		l e e e e e e e e e e e e e e e e e e e	Į.

202	mode 16 1	Dose (mg)	tout (number)
282	meds_16_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_16] = "1"	(Valium [lorazepam])	
283	meds_16_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_16] = "1"	(Valium [lorazepam])	
284	meds_17	Neupro (rotigitine)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
285	meds_17_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_17] = "1"	(Neupro [rotigitine])	
286	meds_17_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_17] = "1"	(Neupro [rotigitine])	
287	meds_18	Rytary	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
288	meds_18_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_18] = "1"	(Rytary)	
289	meds_18_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_18] = "1"	(Rytary)	
290	meds_19	Duopa	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
291	meds_19_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_19] = "1"	(Duopa)	
292	meds_19_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_19] = "1"	(Duopa)	
293	meds_20	Other PD meds	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes 0 No
294	meds_20_1	Other PD meds	text
	Show the field ONLY if: [meds_20] = "1"		
295	meds_20_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_20] = "1"	(Other PD meds)	
296	meds_20_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_20] = "1"	(Other PD meds)	
297	meds_21	Section Header: Other non-PD medications (name, dose, frequency)	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Antidepressants  Celexa, Lexapro, Luvox, Paxil, Prozac, Serzone, Zoloft	1 Yes 0 No

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

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

227	d- 21 2	Fuerciana (timae non de A	tout (numbers)
337	meds_31_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_31] = "1"	(Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	
338	meds_32	Indocin, Indomethacin, Clinoril, Sulindac,	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Lodine, Voltaren, Cataflam or Diclofenac	1 Yes 0 No
339	meds_32_1	Indocin, Indomethacin, Clinoril, Sulindac,	text
333	Show the field ONLY if: [meds_32] = "1"	Lodine, Voltaren, Cataflam or Diclofenac	
340	meds_32_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_32] = "1"	(Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	
341	meds_32_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_32] = "1"	(Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	
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	Celebrex, Vioxx, Bextra or Relafen	text
	Show the field ONLY if: [meds_33] = "1"		
344	meds_33_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_33] = "1"	(Celebrex, Vioxx, Bextra or Relafen)	
345	meds_33_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_33] = "1"	(Celebrex, Vioxx, Bextra or Relafen)	
346	meds_34	Statins	yesno
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)	1 Yes 0 No
347	meds 34_1	Linitar Zarar Prayarhal Laccal Crastor	toyt
34/	Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)	text
348	meds_34_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)][	

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349	meds_34_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)][	
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	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_35] = "1"	(Ginko Biloba)	
352	meds_35_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_35] = "1"	(Ginko Biloba)	
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	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_36] = "1"	(Coenzyme Q10)	
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	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_37] = "1"	[Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	
359	meds_37_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_37] = "1"	[Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	

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360	meds_38	Vitamin C	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		0 No
	"3"		
261			l tout
361	meds_38_1	Dose (specify unit of measurement)	text
	Show the field ONLY if:	(Vitamin C)	
	[meds_38] = "1"		
362	meds_38_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:	(Vitamin C)	
	[meds_38] = "1"	(Vitariiii C)	
363	meds_39	Vitamin E	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		0 No
	"3"		
364	meds_39_1	Dose (specify unit of measurement)	text
	Show the field ONLY if:	(Vitamin E)	
	[meds_39] = "1"	(Vitamin E)	
365	meds_39_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:		
	[meds_39] = "1"	(Vitamin E)	
366	meds_40	B Complex	Vacno
300		B Complex	yesno 1 Yes
	Show the field ONLY if:		
	[covid_1] = "1" OR [covid_1] = "3"		0 No
	3		
367	meds_40_1	Dose (specify unit of measurement)	text
	Show the field ONLY if:		
	[meds_40] = "1"	(B Complex)	
368	meds_40_2	Frequency (specify times per day/week/month)	text
		, (opening arries per say/week/month)	
	Show the field ONLY if: [meds_40] = "1"	(B Complex)	
265		71	
369			yesno
1	meds_41	Zinc	1 <del></del>
	Show the field ONLY if:	Zinc	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =	Zinc	1 <del></del>
	Show the field ONLY if:	ZINC	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =	ZINC	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =	ZINC	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =	ZINC	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =	ZINC	1 Yes
370	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		1 Yes
370	Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  meds_41_1	Dose (specify unit of measurement)	1 Yes 0 No
370	Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  meds_41_1  Show the field ONLY if:		1 Yes 0 No
	Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  meds_41_1  Show the field ONLY if:  [meds_41] = "1"	Dose (specify unit of measurement) (Zinc)	1 Yes 0 No text
370	Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  meds_41_1  Show the field ONLY if:	Dose (specify unit of measurement)	1 Yes 0 No
	Show the field ONLY if:  [covid_1] = "1" OR [covid_1] = "3"  meds_41_1  Show the field ONLY if:  [meds_41] = "1"  meds_41_2  Show the field ONLY if:	Dose (specify unit of measurement) (Zinc) Frequency (specify times per day/week/month)	1 Yes 0 No text
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  meds_41_1 Show the field ONLY if: [meds_41] = "1"  meds_41_2	Dose (specify unit of measurement) (Zinc)	1 Yes 0 No text

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372	meds_42	Other I.	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		0 No
373	meds_42_1	Other I.	text
	Show the field ONLY if:		
	[meds_42] = "1"		
374	meds_42_2	Dose (specify unit of measurement)	text
	Show the field ONLY if:	(Other I)	
	[meds_42] = "1"	(Other I.)	
375	meds_42_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:	(Other I.)	
	[meds_42] = "1"	(Galler II)	
376	meds_43	Other II.	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		0 No
377	meds_43_1	Other II.	text
377	Show the field ONLY if:	otier ii.	text
	[meds_43] = "1"		
378	meds_43_2	Dose (specify unit of measurement)	text
	Show the field ONLY if:		
	[meds_43] = "1"	(Other II.)	
379	meds_43_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:	(Other II.)	
	[meds_43] = "1"	(Other II.)	
380	meds_44	Other III.	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		0 No
201		Other III.	tovt
201	meds_44_1	Other III.	text
	Show the field ONLY if: [meds_44] = "1"		
382	meds_44_2	Dose (specify unit of measurement)	text
552	Show the field ONLY if:		
	[meds_44] = "1"	(Other III.)	
383	meds_44_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:	(OI)	
	[meds_44] = "1"	(Other III.)	
384	meds_45	Other IV.	yesno
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		0 No
205	"3"	Others IV	1
385	meds_45_1	Other IV.	text
	Show the field ONLY if: [meds_45] = "1"		
386	meds_45_2	Dose (specify unit of measurement)	text
300		Dose (specify unit of measurement)	i cat
	Show the field ONLY if: [meds_45] = "1"	(Other IV.)	
387	meds_45_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if:		
	[meds_45] = "1"	(Other IV.)	
I	ı	1	I .

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

404	pdcovidsympt_1_2	Section Header: (Motor symptom changes) Has any of the following symptoms	radio (Matrix)
404	Show the field ONLY if:	changed because of COVID?	0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"	Bradykinesia (slowness in movement)	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	Rigidity (stiffness)	radio (Matrix)
403		rigiuity (stiffless)	0 0=Never present
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		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	Balance	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Dyskinesias	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Dystonia	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	OFF time	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Details (Bradykinesia (slowness in movement))	notes
	Show the field ONLY if: [pdcovidsympt_1_2] = "1" OR [pdcovidsympt_1_2] = "2" OR [pdcovidsympt_1_2] = "4"		
411	pdcovidsympt_1_3_1	Details (Rigidity (stiffness))	notes
	Show the field ONLY if: [pdcovidsympt_1_3] = "1" OR [pdcovidsympt_1_3] = "2" OR [pdcovidsympt_1_3] = "4"		

412	pdcovidsympt_1_7_1	Details (Balance)	notes
	Show the field ONLY if: [pdcovidsympt_1_7] = "1" OR [pdcovidsympt_1_7] = "2" OR [pdcovidsympt_1_7] = "4"		
413	pdcovidsympt_1_8_1	Details (Dyskinesias)	notes
	Show the field ONLY if: [pdcovidsympt_1_8] = "1" OR [pdcovidsympt_1_8] = "2" OR [pdcovidsympt_1_8] = "4"		
414	pdcovidsympt_1_9_1	Details (Dystonia)	notes
	Show the field ONLY if: [pdcovidsympt_1_9] = "1" OR [pdcovidsympt_1_9] = "2" OR [pdcovidsympt_1_9] = "4"		
415	pdcovidsympt_1_10_1	Details (OFF time)	notes
	Show the field ONLY if: [pdcovidsympt_1_10] = "1" OR [pdcovidsympt_1_10] = "2" OR [pdcovidsympt_1_10] = "4"		
416	updrs_1_1	Section Header: (Nonmotor) UPDRS Part I & II (Has any of the following	radio (Matrix)
	Show the field ONLY if:	symptoms changed because of COVID?)  1. Mentation	0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"	1. Welladon	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	2. Thought Disorder	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	3. Depression	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	4.Motivation/Initiative	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	5. Speech	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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
			——————————————————————————————————————

Bow   Deliver   Present   Deliver   Present   Deliver	421	updrs_1_6	6. Salivation	rac	lio (Matrix)
		·		0	0=Never present
422		[covid_1] = "1" OR [covid_1] =		1	
1				2	2=Present before COVID, Less severe
422   updrs_1_2   podrs_1_1   2   podrs_1_1   3   2   podrs_1_1   3   2   podrs_1_1   3   3   podrs_1_1   3				3	3=Present before COVID, Unchanged
Show the field ONLY IF (covid_1] = "1" OR (covid_				4	4=Present before COVID, More severe
Show the field ONLY if	422	updrs 1 7	7. Swallowing	rac	dio (Matrix)
3		•			
Base				1	1 ' ' '   11
424   Aprecant before COVID, More severe				2	2=Present before COVID, Less severe
428				3	3=Present before COVID, Unchanged
Show the field ONLY If:   [covid_1] = "1" OR [cov				4	4=Present before COVID, More severe
Show the field ONLY If:   [covid_1] = "1" OR [cov	423	updrs 1 8	8. Handwriting	rac	dio (Matrix)
1   Never present before COVID, present after COVID   Present af					
August   A		[covid_1] = "1" OR [covid_1] =		1	
August   A				2	2=Present before COVID, Less severe
424   updrs_1.9   Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"   1.0   Dessing   1.0   Dessing   1.0   Descent before COVID, More severe   1.0   Descent before COVID, Descent after   COVID   Descent before COVID, More severe   1.0   Descent before COVID, Descent defer				3	3=Present before COVID, Unchanged
Show the field ONLY if:				4	4=Present before COVID, More severe
Show the field ONLY if:	424	updrs 1 9	9. Cutting food	rac	lio (Matrix)
Covid_1] = "1" OR [covid_1] = "3"   "1" OR [covid_1] = "3" OR [covid_1] = "3" OR [covid_1] = "3"   "1" OR [covid_1] = "3" OR [covid					
According to the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   1. Hygiene		[covid_1] = "1" OR [covid_1] =		1	
425 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  426 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  429 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  429 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_10  421 updrs_1_11  422 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  423 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  424 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  425 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  426 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  429 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  429 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] =				2	2=Present before COVID, Less severe
425 updrs_1_10 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  426 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  429 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "2"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_1 = "1" OR [covid_1] = "3"  429 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "3"  420 updrs_1_1 = "1" OR [covid_1] = "3"  421 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "3"  422 updrs_1_1 = "1" OR [covid_1] = "3"  423 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "3"  424 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "3"  425 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "3"  426 updrs_1_1 = "1" OR [covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_1 = "1" OR [covid_1] = "2" OR [covid_1] = "3" OR [covid_1] = "3" OR [covid_1] = "3" OR [covid_1] = "3" OR [covid_1] = "4" OR [covid_1] = "4" OR [covid_1] = "4" OR [covid_1] = "5" OR [covid_1] = "5" OR [covid_1] = "5" OR [covid_1] = "6" OR [covid_1] = "7" OR [covid_1] = "8" OR				3	3=Present before COVID, Unchanged
Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"  426  426  427  428  428  429   429   420				4	4=Present before COVID, More severe
Covid_1] = "1" OR [covid_1] = "3"   1	425	updrs_1_10	10. Dressing	rac	lio (Matrix)
Total Covid		Show the field ONLY if:		0	0=Never present
3   3=Present before COVID, Unchanged   4   4=Present before COVID, More severe				1	1 '
426 updrs_1_11 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  428 updrs_1_19  429 updrs_1_19  420 updrs_1_19  420 updrs_1_19  420 updrs_1_19  421 updrs_1_19  422 updrs_1_19  423 updrs_1_19  424 e-Present before COVID, Less severe  425 updrs_1_19  426 updrs_1_19  427 updrs_1_19  428 updrs_1_19  429 updrs_1_19  420 updrs_1_19  420 updrs_1_19  420 updrs_1_19  421 updrs_1_19  422 updrs_1_19  423 updrs_1_19  424 e-Present before COVID, Less severe  425 updrs_1_19  426 updrs_1_19  427 updrs_1_19  428 updrs_1_19  429 updrs_1_19  420 up				2	2=Present before COVID, Less severe
426   Updrs_1_11   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "1" OR [covid_1] = "3"   Show the field ONLY if: [Covid_1] = "3"   Show				3	3=Present before COVID, Unchanged
Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  427 updrs_1_12 Show the field ONLY if:  [covid_1] = "1" OR [covid_1] =  "3"  12. Turning in bed  43. Turning in bed  44. Tresent before COVID, More severe  55. To O = Never present before COVID, Less severe  67. Table (Matrix)  68. Table (Matrix)  69. O = Never present before COVID, More severe  70. O = Never present before COVID, Unchanged  80. Table (Matrix)  81. Turning in bed  82. Table (Matrix)  83. Table (Table (Matrix))  84. Table (Table (Matrix))  85. Table (Matrix)  86. Table (Matrix)  87. Table (Matrix)  87. Table (Matrix)  88. Table (Matrix)  89. Table (Matrix)  90.				4	4=Present before COVID, More severe
Covid_1] = "1" OR [covid_1] = "2"   Covid_1] = "3"   1   1   1   1   1   1   1   1   1	426	updrs_1_11	11. Hygiene	rac	lio (Matrix)
Covid_1] = "1" OR [covid_1] = "3"		Show the field ONLY if:		0	0=Never present
427 updrs_1_12 show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  427 updrs_1_12				1	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
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				2	2=Present before COVID, Less severe
427 updrs_1_12 Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"  12. Turning in bed  12. Turning in bed  1 1= Never present 1 1= Never present before COVID, present after COVID 2 2=Present before COVID, Less severe 3 3=Present before COVID, Unchanged				3	3=Present before COVID, Unchanged
Show the field ONLY if:  [covid_1] = "1" OR [covid_1] = "3"    0				4	4=Present before COVID, More severe
[covid_1] = "1" OR [covid_1] = "	427	updrs_1_12	12. Turning in bed	rac	dio (Matrix)
"3"  COVID  2 2=Present before COVID, Less severe  3 3=Present before COVID, Unchanged		Show the field ONLY if:		0	0=Never present
3 3=Present before COVID, Unchanged				1	1
				2	2=Present before COVID, Less severe
				3	3=Present before COVID, Unchanged
4 4=Present before COVID, More severe				4	4=Present before COVID, More severe

428	updrs_1_13	13. Falling	rac	dio (Matrix)
420		15. Falling		0=Never present
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		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	1 4 4 4	44.5	屵	
429	updrs_1_14	14. Freezing		dio (Matrix)  0=Never present
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1	1= Never present before COVID, present after
	"3"		Ľ	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	15. Walking	rac	dio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	16. Tremor	rac	dio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	17. Sensory symptoms	rac	dio (Matrix)
	Show the field ONLY if:	, , ,		0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Section Header: (Non-motor symptom) Has any of the following symptoms	rac	dio (Matrix)
	Show the field ONLY if:	changed because of COVID?	0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"	Sleep- Insomnia	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	Anxiety	rac	dio (Matrix)
-,5-	Show the field ONLY if:	,	0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		1	1= Never present before COVID, present after COVID
	-		-	
				2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe

435	pdnonmotorsymp_1_3	Constipation	rac	lio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Pain	rac	lio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Urinary issues	rac	lio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[covid_1] = "1" OR [covid_1] = "3"		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	Specify	che	eckbox
	Show the field ONLY if:	(Urinary issues)	1	pdnonmotorsymp_1_5_11 incontinence
	[pdnonmotorsymp_1_5] = "1" OR [pdnonmotorsymp_1_5] =	(Officially issues)	2	pdnonmotorsymp_1_5_12 urgency
	"2" OR [pdnonmotorsymp_1_		3	pdnonmotorsymp_1_5_13 frequency
	5] = "3" OR [pdnonmotorsymp _1_5] = "4"			
439	telephone_survey_complete	Section Header: Form Status		ppdown
		Complete?	0	Incomplete
			1	Unverified
			2	Complete

## rr survey conort

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

A Project Home	≆≣ Project Setup	Online Designer	Data Dictionary	<b>■</b> Codebook
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## **■** 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.)
Instr	rument: Follow-up Telepho	one Survey (followup_telephone_survey) 🔊 Enabled as su	rvey
1	record_id	Record ID	text
2	subject_id	Subject ID	text, Required
3	demo_1	Section Header: I. Demographics	text
		Year of Birth	
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	At what age did the motor symptoms begin?	text (number)
	Show the field ONLY if: [dem_7] = "1"		
11	dem_7_2	At what age was Parkinson's disease diagnosis?	text (number)
	Show the field ONLY if: [dem_7] = "1"		
12	dem_7_3	What neurological disease/diagnosis does the patient have?	text
	Show the field ONLY if: [dem_7] = "2"		
13	dem_7_4	At what age was that diagnosed?	text (number)
	Show the field ONLY if: [dem_7] = "2"		

14	covid_1	Section Header: <i>II. COVID-19 Questions</i> 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_61 A local health departments or hotline  2 covid_1_62 Hospital or emergency room  3 covid_1_63 My primary care doctor or another doctor  4 covid_1_64 My employer, supervisor or school  5 covid_1_65 Community or religious leaders  6 covid_1_66 Family or friends  7 covid_1_67 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	Other: please specify	text
24		other, please specify	text
	Show the field ONLY if: [covid_1_7_1] = "5"		
25	covid_1_8	Why did you not seek care?	radio
	Show the field ONLY if:		1 No insurance
	[covid_1_7] = "0"		2 No access
			3 Did not think necessary
			4 Was advised not to seek care by family
			5 Other
26	covid_1_8_1	Other (Please specify)	text
	Show the field ONLY if: [covid_1_8] = "5"		
27	covid_1_7_1_2	When you sought care from 'Hospital or Emergency Room', did	radio
	Show the field ONLY if:	you obtain care?	1 Yes, in person
i	[covid_1_7_1] = "1"		2 Yes, phone or video care
			3 Did not obtain care (follow up with a why? Question)
28	covid_1_7_1_2_1	Why?	text
	Show the field ONLY if: [covid_1_7_1_2] = "3"		
29	covid_1_7_1_3	When you sought care from 'Urgent care', did you obtain care?	radio
	Show the field ONLY if:		1 Yes, in person
	[covid_1_7_1] = "2"		2 Yes, phone or video care
			3 Did not obtain care (follow up with a why? Question)
30	covid_1_7_1_3_1	Why?	text
	Show the field ONLY if: [covid_1_7_1_3] = "3"		
31	covid_1_7_1_4	When you sought care from 'My primary care doctor or another	radio
	Show the field ONLY if:	doctor', did you obtain care?	1 Yes, in person
	[covid_1_7_1] = "3"		2 Yes, phone or video care
			3 Did not obtain care (follow up with a why?
			Question)
32	covid_1_7_1_4_1	Why?	text
	Show the field ONLY if: [covid_1_7_1_4] = "3"		
33	covid_1_7_1_5	When you sought care from 'A local health department', did you	radio
	Show the field ONLY if:	obtain care?	1 Yes, in person
	[covid_1_7_1] = "4"		2 Yes, phone or video care
			3 Did not obtain care (follow up with a why?
			Question)
34	covid_1_7_1_5_1	Why?	text
	Show the field ONLY if: [covid_1_7_1_5] = "3"		
35	covid_1_7_1_6	When you sought care from 'Other', did you obtain care?	radio
	Show the field ONLY if:		1 Yes, in person
	[covid_1_7_1] = "5"		2 Yes, phone or video care
			3 Did not obtain care (follow up with a why?
			Question)
36	covid_1_7_1_6_1	Why?	text
	Show the field ONLY if:		
	[covid_1_7_1_6] = "3"		

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37	covid_1_9	Were you hospitalized for COVID?	radio 1 Not hospitalized
	Show the field ONLY if: [covid_1] = "1" or [covid_1] =		<del>                                    </del>
	"3"		2 Hospitalized
$\sqsubseteq$			3 Hospitalized and received Mechanical ventilation
38	covid_1_9_1	Which hospital?	text
	Show the field ONLY if:		
	[covid_1_9] = "2" OR [covid_1_ 9] = "3"		
39	covid_1_10	How would you describe the severity of your COVID/COVID-like	radio
	Show the field ONLY if:	illness?	1 Asymptomatic
	[covid_1] = "1" or [covid_1] =		2 Mild
	"3"		3 Moderate
			4 Severe
40	sympt_1	Section Header: (COVID symptoms) Have you experienced any of the following	radio
	Show the field ONLY if:	new symptoms during your COVID/ COVID-like illness? Common	0 0=no,
	[covid_1] = "1" or [covid_1] =	Fever or chills	1 1=mild,
	"3"		2 2=moderate
			3 3=severe
41	sympt 1 2	Duration of Symptom	
41	sympt_1_2	(in days)	text (number)
	Show the field ONLY if: [sympt_1] = "1" or [sympt_1] =	(Fever and chills)	
	"2" or [sympt_1] = "3"		
42	sympt_1_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_1] = "1" or [sympt_1] = "2" or [sympt_1] = "3"	detail?)	
40		(Fever and chills)	
43	sympt_2	Body Temperature higher than 100.4 F or 38.0 C	radio 0 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		1 No
44	sympt_2_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days) (Body Temperature higher	
	[sympt_2] = "0"	than 100.4 F or 38.0 C)	
45	sympt_2_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if: [sympt_2] = "0"	symptom in more	
	[5]pc_2] 0	detail?)	
		(Body Temperature higher	
		than 100.4 F or 38.0 C)	
46	sympt_3	Fatigue or Tiredness	radio
-13	Show the field ONLY if:		0 0=no,
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
47	sympt_3_2	Duration of Symptom	text (number)
4/	- '	(in days)	teat (number)
	Show the field ONLY if: [sympt_3] = "1" OR [sympt_3]	(Fatigue or Tiredness)	
	= "2" OR [sympt_3] = "3"		
48	sympt_3_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_3] = "1" OR [sympt_3] = "2" OR [sympt_3] = "3"	detail?)	
	_ Ov [5]b(_3] _ 3	(Fatigue or Tiredness)	
1			I

49	sympt_4	Runny or stuffy nose	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
50	sympt_4_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	text (number)
	[sympt_4] = "1" OR [sympt_4]		
	= "2" OR [sympt_4] = "3"	(Runny or stuffy nose)	
51	sympt_4_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_4] = "1" OR [sympt_4]	symptom in more detail?)	
	= "2" OR [sympt_4] = "3"	detail:)	
		(Runny or stuffy nose)	
52	sympt_5	Sneezing	radio
52		STICE IN S	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
53	sympt_5_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"		
	- 2 OK [Sympt_3] - 3	(Sneezing)	
54	sympt_5_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[sympt_5] = "1" OR [sympt_5] = "2" OR [sympt_5] = "3"	detail?)	
	17 1-2		
		(Sneezing)	
55	sympt_6	Temporary loss of smell	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
56	sympt_6_2	Duration of Symptom	text (number)
]	Show the field ONLY if:	(in days)	continuity
	[sympt_6] = "1" OR [sympt_6]	(Tempover, less of emall)	
	= "2" OR [sympt_6] = "3"	(Temporary loss of smell)	
57	sympt_6_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_6] = "1" OR [sympt_6] = "2" OR [sympt_6] = "3"	detail?)	
	- 2 OK [SYMPL_0] = "3"	(Temperanylogs of small)	
-	. 7	(Temporary loss of smell)	
58	sympt_7	Sore throat	radio 0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		1 1=mild
			2 2=moderate
			3 3=severe
59	sympt_7_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_7] = "1" OR [sympt_7]		
	= "2" OR [sympt_7] = "3"	(Sore throat)	

60	sympt_7_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if: [sympt_7] = "1" OR [sympt_7]	symptom in more	
	= "2" OR [sympt_7] = "3"	detail?)	
		(Sore throat)	
		(Sole till oat)	
61	sympt_8	Cough	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
			2 2=moderate
			3 3=severe
62	sympt_8_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_8] = "1" OR [sympt_8]		
	= "2" OR [sympt_8] = "3"	(Cough)	
63	sympt_8_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_8] = "1" OR [sympt_8] = "2" OR [sympt_8] = "3"	detail?)	
	- 2 OK [Sympt_0] - 3		
		(Cough)	
64	sympt_9	Shortness of breath	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
			2 2=moderate
			3 3=severe
65	sympt_9_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_9] = "1" OR [sympt_9] = "2" OR [sympt_9] = "3"		
	- 2 OK [SyIIIpt_9] - 3	(Shortness of breath)	
66	sympt 0.2	Details of the symptom	Inotos
00	sympt_9_3	(Can you describe the	notes
	Show the field ONLY if: [sympt_9] = "1" OR [sympt_9]	symptom in more	
	= "2" OR [sympt_9] = "3"	detail?)	
		(Shortness of breath)	
67	sympt_10	Chest congestion	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
68	sympt_10_2	Duration of Symptom	text (number)
00		(in days)	text (nulliber)
	Show the field ONLY if: [sympt_10] = "1" OR [sympt_1		
	0] = "2" OR [sympt_10] = "3"	(Chest congestion)	
69	sympt_10_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_10] = "1" OR [sympt_1	symptom in more detail?)	
	0] = "2" OR [sympt_10] = "3"	deam.	
		(Chast congection)	
I		(Chest congestion)	I

70	sympt_11	Temporary loss of taste	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
			3 3-severe
71	sympt_11_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_11] = "1" OR [sympt_1	(Temporary loss of taste)	
	1] = "2" OR [sympt_11] = "3"	( · p · · ) · · · · · · · · · · · · · · ·	
72	sympt_11_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_11] = "1" OR [sympt_1	detail?)	
	1] = "2" OR [sympt_11] = "3"	,	
		(Temporary loss of taste)	
73	sympt_12	Nausea	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			<del>                                    </del>
L_			3 3=severe
74	sympt_12_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_12] = "1" OR [sympt_1		
	2] = "2" OR [sympt_12] = "3"	(Nausea)	
75	sympt_12_3	Details of the symptom	notes
'3		(Can you describe the	Tioles
	Show the field ONLY if:	symptom in more	
	[sympt_12] = "1" OR [sympt_1 2] = "2" OR [sympt_12] = "3"	detail?)	
	2] 2 OK [39111pt_12] 3		
		(Nausea)	
76	sympt_13	Vomiting	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
77	sympt_13_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_13] = "1" OR [sympt_1		
	3] = "2" OR [sympt_13] = "3"	(Vomiting)	
78	sympt_13_3	Details of the symptom	notes
, ,		(Can you describe the	11000
	Show the field ONLY if:	symptom in more	
	[sympt_13] = "1" OR [sympt_1 3] = "2" OR [sympt_13] = "3"	detail?)	
	2 - 2-3 -16-2-1-3		
		(Vomiting)	
79	sympt_14	Diarrhea	radio
			0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
80	sympt_14_2	Duration of Symptom	text (number)
		(in days)	
	Show the field ONLY if:		
	[symnt 14] = "1" OP [symnt 1		
	[sympt_14] = "1" OR [sympt_1 4] = "2" OR [sympt_14] = "3"	(Diarrhea)	

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81	sympt_14_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[sympt_14] = "1" OR [sympt_1 4] = "2" OR [sympt_14] = "3"	detail?)	
	+ - 2 On [SyIIIPL_14] - 3"		
		(Diarrhea)	
00			l vadia
82	sympt_15	Abdominal discomfort	radio 0 0=no
	Show the field ONLY if:		
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
02	numer 15 2	Duration of Computers	taut (augabau)
83	sympt_15_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	( 33)3)	
	[sympt_15] = "1" OR [sympt_1 5] = "2" OR [sympt_15] = "3"		
	5] 2 OK [5] IIIPC 15] 5	(Abdominal discomfort)	
84	sympt_15_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_15] = "1" OR [sympt_1	detail?)	
	5] = "2" OR [sympt_15] = "3"	,	
		(Abdominal discomfort)	
85	sympt_16	Muscle or body ache/pain	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
			3 3-Severe
86	sympt_16_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_16] = "1" OR [sympt_1	(Muscle or body ache/pain)	
	6] = "2" OR [sympt_16] = "3"	,, ,	
87	sympt_16_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_16] = "1" OR [sympt_1	detail?)	
	6] = "2" OR [sympt_16] = "3"	,	
		(Marala and a du a da a fair)	
		(Muscle or body ache/pain)	
88	sympt_17	Dry skin	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
89	sympt_17_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_17] = "1" OR [sympt_1		
L	7] = "2" OR [sympt_17] = "3"	(Dry skin)	
90	sympt_17_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_17] = "1" OR [sympt_1	symptom in more	
	7] = "2" OR [sympt_17] = "3"	detail?)	
		(Dry skin)	
91	sympt_18	Skin rash	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
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92	sympt_18_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_18] = "1" OR [sympt_1		
	8] = "2" OR [sympt_18] = "3"	(Skin rash)	
93	sympt_18_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[sympt_18] = "1" OR [sympt_1	symptom in more detail?)	
	8] = "2" OR [sympt_18] = "3"	detail?)	
		(Skin rash)	
94	sympt_19	Hair loss	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	"3"		2 2=moderate
			3 3=severe
65		Duration of Grands and	
95	sympt_19_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(m. 9039)	
	[sympt_19] = "1" OR [sympt_1 9] = "2" OR [sympt_19] = "3"		
	2, 2 Or [3ympt_13] - 3	(Hair loss)	
96	sympt_19_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[sympt_19] = "1" OR [sympt_1	detail?)	
	9] = "2" OR [sympt_19] = "3"		
		(Hair loss)	
07	a		us di s
97	sympt_20	Headache	radio 0 0=no
	Show the field ONLY if:		
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
98	sympt_20_2	Duration of Symptom	text (number)
50		(in days)	text (number)
	Show the field ONLY if: [sympt_20] = "1" OR [sympt_2		
	0] = "2" OR [sympt_20] = "3"	(Headache)	
99	sympt_20_3	Details of the symptom	notes
-	Show the field ONLY if:	(Can you describe the	
	[sympt_20] = "1" OR [sympt_2	symptom in more	
	0] = "2" OR [sympt_20] = "3"	detail?)	
		(Headache)	
100	sympt_21	Weight loss	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
101	sympt_21_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[sympt_21] = "1" OR [sympt_2	(Weight loss)	
465	1] = "2" OR [sympt_21] = "3"		
102	sympt_21_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[sympt_21] = "1" OR [sympt_2 1] = "2" OR [sympt_21] = "3"	detail?)	
	1] - Z OK [Sympt_Z1] - 3	alla	
		?lb	
		(Weight loss)	
	ı	!	ı

	sympt_22 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_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_2 2] = "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_2 2] = "2" OR [sympt_22] = "3"	Details of the symptom (Can you describe the symptom in more detail?)  (Urinary issues)	checkbox  1 sympt_22_31 incontinence 2 sympt_22_32 urgency 3 sympt_22_33 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_31 head spinning 2 neuro_1_32 waviness 3 neuro_1_33 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=n0 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)

	T	Т	Г
114	neuro_3_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_3] = "1" OR [neuro_3]	detail?)	
	= "2" OR [neuro_3] = "3"		
		(Tinnitus [Ringing in the	
		ears])	
115	neuro_4	Visual changes	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
116	neuro_4_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_4] = "1" OR [neuro_4]		
	= "2" OR [neuro_4] = "3"	(Visual changes)	
117	neuro_4_3	Details of the symptom	notes
' ' '		(Can you describe the	notes
	Show the field ONLY if: [neuro_4] = "1" OR [neuro_4]	symptom in more	
	= "2" OR [neuro_4] = "3"	detail?)	
	2 011[110010_1]		
		(Visual changes)	
118	neuro_5	Double vision	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
119	neuro_5_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_5] = "1" OR [neuro_5]		
	= "2" OR [neuro_5] = "3"	(Double vision)	
420			
120	neuro_5_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_5] = "1" OR [neuro_5] = "2" OR [neuro_5] = "3"	detail?)	
	- 2 OK [Heuro_5] - 3		
		(Double vision)	
121	neuro 6	Facial twitches	radio
121	neuro_6	raciai twitties	<del>                                    </del>
	Show the field ONLY if:		
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
			2 2=moderate
			3 3=severe
122	nouro 6 2	Duration of Symptom	
122	neuro_6_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	( 30,3)	
	[neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	(Facial twitches)	
		Design of	
123	neuro_6_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_6] = "1" OR [neuro_6] = "2" OR [neuro_6] = "3"	detail?)	
	- 2 Or [neuro_o] = 3		
		(Facial twitches)	
1	I	(i aciai twittiles)	I

_		r	
124	neuro_7	Body/Arms/Leg twitches	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			3 3=severe
125	neuro_7_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_7] = "1" OR [neuro_7]	(Dady) (Arman) and tryitalana)	
	= "2" OR [neuro_7] = "3"	(Body/Arms/Leg twitches)	
126	neuro_7_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_7] = "1" OR [neuro_7]	symptom in more	
	= "2" OR [neuro_7] = "3"	detail?)	
		(Body/Arms/Leg twitches)	
127	neuro_8	Seizure	radio
	_		0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		1 1=mild
			2 2=moderate
			3 3=severe
128	neuro_8_2	Duration of Symptom	text (number)
120		(in days)	text (number)
	Show the field ONLY if:	( a say sy	
	[neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	(Seizure)	
420		Data lla afeta a sussenta su	
129	neuro_8_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_8] = "1" OR [neuro_8] = "2" OR [neuro_8] = "3"	detail?)	
	- 2 Ok [neuro_o] - 3		
		(Seizure)	
130	neuro_9	Loss of consciousness	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		2 2=moderate
			<del>                                    </del>
			3 3=severe
131	neuro_9_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_9] = "1" OR [neuro_9]	(Loss of consciousness)	
	= "2" OR [neuro_9] = "3"	(2000 of Controlled Process)	
132	neuro_9_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_9] = "1" OR [neuro_9]	symptom in more detail?)	
	= "2" OR [neuro_9] = "3"	uetan: j	
		(Loss of consciousness)	
133	neuro_10	Confusion	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] =		1 1=mild
	"3"		
			2 2=moderate
			3 3=severe
134	neuro_10_2	Duration of Symptom	text (number)
134		(in days)	concentration (
	Show the field ONLY if: [neuro_10] = "1" OR [neuro_1		
	0] = "2" OR [neuro_10] = "3"	(Confusion)	
l	-, _ = 0[caro_10] 5		

135	neuro_10_3	Details of the symptom (Can you describe the	radio
	Show the field ONLY if:	symptom in more	1 Intermittent
	[neuro_10] = "1" OR [neuro_1	detail?)	2 Constant during illness
	0] = "2" OR [neuro_10] = "3"		
		(Confusion)	
136	neuro_11	Memory Loss	radio
	Show the field ONLY if:		0 0=no
	[dem_7] = "2" AND [covid_1] =		1 1=mild
	"1" OR [dem_7] = "2" AND [cov id_1] = "3"		2 2=moderate
	10_11 5		3 3=severe
13/	neuro_11_2	Duration of Symptom (in days)	text (number)
	Show the field ONLY if:	(iii days)	
	[neuro_11] = "1" OR [neuro_1 1] = "2" OR [neuro_11] = "3"	(Memory loss)	
120		Dataila of the aurentana	us di s
138	neuro_11_3	Details of the symptom (Can you describe the	radio
	Show the field ONLY if:	symptom in more	1 Temporary
	[neuro_11] = "1" OR [neuro_1 1] = "2" OR [neuro_11] = "3"	detail?)	2 Since
	, = 1[	(Memory loss)	
120	nouro 12	-	radio
	neuro_12	Hallucinations	radio
	Show the field ONLY if:		
	[dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov		1 1=mild
	id_1] = "3"		2 2=moderate
			3 3=severe
140	neuro_12_2	Duration of Symptom	text (number)
140		(in days)	text (number)
	Show the field ONLY if: [neuro_12] = "1" OR [neuro_1		
	2] = "2" OR [neuro_12] = "3"	(Hallucinations)	
		<u>'</u>	
141	neuro_12_3	Details of the symptom (Can you describe the	notes
	Show the field ONLY if:	symptom in more	
	[neuro_12] = "1" OR [neuro_1 2] = "2" OR [neuro_12] = "3"	detail?)	
	Zj Z OK[Hedro_12] S	(Type of hallucinations)	
		(Hallucinations)	
142	neuro_13	Nerve pain	radio
	_	p	0 0=no
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		<del>                                    </del>
	"3"		1 1=mild
			2 2=moderate
			3 3=severe
143	neuro_13_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_13] = "1" OR [neuro_1	(Nerve pain)	
	3] = "2" OR [neuro_13] = "3"	(iterve pully	
144	neuro_13_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the	
	[neuro_13] = "1" OR [neuro_1	symptom in more detail?)	
	3] = "2" OR [neuro_13] = "3"		
		(Nerve pain)	
145	neuro_14	Numbness/tingling	radio
	Show the field ONLY if:		0 0=no
	[dem_7] = "2" AND [covid_1] =		1 1=mild
	"1" OR [dem_7] = "2" AND [cov		2 2=moderate
	id_1] = "3"		3 3=severe
! <u>[</u>			

		[	
146	neuro_14_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_14] = "1" OR [neuro_1 4] = "2" OR [neuro_14] = "3"	(Numbness/tingling)	
147	neuro_14_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_14] = "1" OR [neuro_1	detail?)	
	4] = "2" OR [neuro_14] = "3"		
		(Numbness/tingling)	
148	neuro_15	Loss of sensation	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
149	neuro_15_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_15] = "1" OR [neuro_1		
	5] = "2" OR [neuro_15] = "3"	(Loss of sensation)	
150	neuro_15_3	Details of the symptom	checkbox
	Show the field ONLY if:	(Can you describe the	1 neuro_15_31 Pain
	[neuro_15] = "1" OR [neuro_1	symptom in more detail?)	2 neuro_15_32 Touch
	5] = "2" OR [neuro_15] = "3"		3 neuro_15_33 Temp
		(Loss of sensation)	[s] man s_rs_ss [ ramp]
151	neuro_16	Weakness	radio
	Show the field ONLY if:		0 0=no
	[covid_1] = "1" OR [covid_1] = "3"		1 1=mild
	3		2 2=moderate
			3 3=severe
152	neuro_16_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_16] = "1" OR [neuro_1	(Weakness)	
	6] = "2" OR [neuro_16] = "3"		
153	neuro_16_3	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_16] = "1" OR [neuro_1	detail?)	
	6] = "2" OR [neuro_16] = "3"	(Where?)	
		(Weakness)	
154	neuro 17	Tremor	radio
'54	_		0 0=no
	Show the field ONLY if: [dem_7] = "2" AND [covid_1] =		1 1=mild
	"1" OR [dem_7] = "2" AND [cov		
	id_1] = "3"		2 2=moderate
			3 3=severe
155	neuro_17_2	Duration of Symptom	text (number)
	Show the field ONLY if:	(in days)	
	[neuro_17] = "1" OR [neuro_1 7] = "2" OR [neuro_17] = "3"	(Tremor)	
156	neuro_17_3	Details of the symptom	notes
סכו		(Can you describe the	THORES
	Show the field ONLY if: [neuro_17] = "1" OR [neuro_1	symptom in more	
	7] = "2" OR [neuro_17] = "3"	detail?)	
	<b>-</b>	(Tremor)	
I I		[, - · · /	I

157	neuro_18  Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_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_1 8] = "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_1 8] = "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 [cov id_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_1 9] = "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_1 9] = "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 [cov id_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_2 0] = "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_2 0] = "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 [cov id_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_2 1] = "2" OR [neuro_21] = "3"	Duration of Symptom (in days) (Falls)	text (number)

Decay   Deca				1
Second the Held ONLY if   Feeting 2   1 = "2" OR (neuro, 2)   1 = "2" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "2" AND (covid. 1) = "1" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "2" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "2" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "2" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "2" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "3" OR (neuro, 2)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "3" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   1 = "3"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   2 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   2 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4" OR (neuro, 2)   3 = "5"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "4"   Second the Held ONLY if   General 7 = "4" AND (covid. 1)   3 = "	168	neuro_21_3		notes
		Show the field ONLY if:		
150   Neuro 2.2   17   28   Falls		[neuro_21] = "1" OR [neuro_2		
		1] = "2" OR [neuro_21] = "3"	detain:)	
Show the field ONLY if			(Falls)	
Show the field ONLY if	169	neuro 22	Bradykinesia (slowness in movement)	radio
				0 0=no
"1" OR (Jem. 7] = "2" AND (cov   1   2   2   2   2   2   2   2   2   2				1 1-mild
170   neuro_22_2   neuro_22_3				
To		id_1] = "3"		2 2=moderate
Show the field ONLY if:				3 3=severe
Show the field ONLY if:	170	neuro 22 2	Duration of Symptom	text (number)
Part			I	
2   2   2   2   3   2   3   3   3   3				
Show the field ONLY if: [neuro_22] = "3" or			(Bradykinesia (slowness in movement))	
Show the field ONLY if: [neuro_22] = "3" or	171	neuro 22 3	Details of the symptom	notes
Show the field ONLY if	' '		I	
2] = "2" OR [neuro_22] = "3"   Okayiknesia (slowness in movement))   Okayiknesia (slowness in movement))				
172   neuro_23   neuro_23   Freezing of gait   Freezing of gait			detail?)	
172   neuro_28   Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "3"   Duration of Symptom (in days)		. = .	(Bradykinesia (slowness in movement))	
Show the field ONLY if: [dem_7] = "2" AND [covd_1] = "1" OR [neuro_2] = "1" OR [neuro_2] = "3" OR	172	nouro 22		radio
1   1   1   1   1   1   1   1   1   1	1/2		Freezing of gait	
"" OR [dem_7] = "2" AND [cov id_1] = "3"				
id_1] = "3"				1 1=mild
173   neuro_23_1				2 2=moderate
Duration of Symptom (in days)   Text (number)				3 3=severe
Show the field ONLY if:				
Terezing or gait   Freezing or	173	neuro_23_1	Duration of Symptom (in days)	text (number)
Ineuro_23  = "1" OR (neuro_23  = "3"			(Freezing of gait)	
Details of the symptom (Can you describe the symptom in more detail?)   Details of the symptom (Can you describe the symptom in more detail?)   Details of the symptom in more detail?)   Details of the symptom (Can you describe the symptom (Can				
Show the field ONLY if: [neuro_23] = "1" OR [neuro_23] = "3"    Freezing of gait)   Freezing of gait)   Freezing of gait				
Show the field ONLY if:	174	neuro_23_2		notes
Ineuro_23] = "1" OR [neuro_2   detail?)				
175   neuro_24   Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"				
Total   Tota		3] = "2" OR [neuro_23] = "3"		
Total   Tota			(Freezing of gait)	
Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [covid_1] = "3"				
Table   Tabl	1/5	neuro_24	Dyskinesias	
"1" OR [dem_7] = "2" AND [cov id_1] = "3"				
id_1] = "3"		[dem_7] = "2" AND [covid_1] =		1 1=mild
176   neuro_24_1   Duration of Symptom (in days)   text (number)				2 2=moderate
176   neuro_24_1   "1" OR [neuro_2   "3"   Details of the symptom (in days)   Text (number)     177   neuro_24_2   "1" OR [neuro_2   "3"   Details of the symptom (Can you describe the symptom in more detail?)     178   neuro_25   Show the field ONLY if: [neuro_24] = "3"   Dystonia   Temple   Templ		14_11 5		3 3=severe
Show the field ONLY if:				
[neuro_24] = "1" OR [neuro_2 d] = "3"  177	176	neuro_24_1	Duration of Symptom (in days)	text (number)
[neuro_24] = "1" OR [neuro_2]			(Dyskinesias)	
177 neuro_24_2 Show the field ONLY if: [neuro_24] = "1" OR [neuro_2 4] = "2" OR [neuro_24] = "3"  (Dyskinesias)  178 neuro_25 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] =			(= /5	
Show the field ONLY if: [neuro_24] = "1" OR [neuro_2] 4] = "2" OR [neuro_24] = "3"  (Dyskinesias)  178				
Show the field ONLY if:	177	neuro_24_2		notes
[neuro_24] = "1" OR [neuro_2]   detail?)		Show the field ONLY if:		
4] = "2" OR [neuro_24] = "3"				
178		4] = "2" OR [neuro_24] = "3"		
178			(Dyskinosias)	
Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"  0 0=no 1 1=mild 2 2=moderate	4	25		
I	178	neuro_25	Dystonia	
"1" OR [dem_7] = "2" AND [cov id_1] = "3"				U U=no
id_1] = "3"				1 1=mild
N1] - S				2 2=moderate
		102.1		

179	neuro_25_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_25] = "1" OR [neuro_2 5] = "2" OR [neuro_25] = "3"	(Dystonia)	
180	neuro_25_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_25] = "1" OR [neuro_2 5] = "2" OR [neuro_25] = "3"	(Can you describe the symptom in more detail?)	
		(Dystonia)	
181	neuro_26	Sleep- Insomnia	radio
	Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
182	neuro_26_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_26] = "1" OR [neuro_2 6] = "2" OR [neuro_26] = "3"	(Sleep- Insomnia)	
183	neuro_26_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_26] = "1" OR [neuro_2 6] = "2" OR [neuro_26] = "3"	(Can you describe the symptom in more detail?)	
		(Sleep- Insomnia)	
184	neuro_27 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"	Anxiety	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
185	neuro_27_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_27] = "1" OR [neuro_2 7] = "2" OR [neuro_27] = "3"	(Anxiety)	
186	neuro_27_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_27] = "1" OR [neuro_2 7] = "2" OR [neuro_27] = "3"	(Can you describe the symptom in more detail?)	
		(Anxiety)	
187	neuro_28 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"	Apathy	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
188	neuro_28_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_28] = "1" OR [neuro_2 8] = "2" OR [neuro_28] = "3"	(Apathy)	
189	neuro_28_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_28] = "1" OR [neuro_2 8] = "2" OR [neuro_28] = "3"	(Can you describe the symptom in more detail?)	
		(Apathy)	

190	neuro_29 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"	Constipation	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
191	neuro_29_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_29] = "1" OR [neuro_2 9] = "2" OR [neuro_29] = "3"	(Constipation)	
192	neuro_29_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_29] = "1" OR [neuro_2 9] = "2" OR [neuro_29] = "3"	(Can you describe the symptom in more detail?)	
		(Constipation)	
193	neuro_30 Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"	Pain	radio 0 0=no 1 1=mild 2 2=moderate 3 3=severe
194	neuro_30_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_30] = "1" OR [neuro_3 0] = "2" OR [neuro_30] = "3"	(Pain)	
195	neuro_30_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_30] = "1" OR [neuro_3 0] = "2" OR [neuro_30] = "3"	(Can you describe the symptom in more detail?)  (Pain)	
196	neuro_31	OFF time	radio
.50	Show the field ONLY if: [dem_7] = "2" AND [covid_1] = "1" OR [dem_7] = "2" AND [cov id_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
197	neuro_31_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_31] = "1" OR [neuro_3 1] = "2" OR [neuro_31] = "3"	(OFF time)	
198	neuro_31_2	Details of the symptom	notes
	Show the field ONLY if: [neuro_31] = "1" OR [neuro_3 1] = "2" OR [neuro_31] = "3"	(Can you describe the symptom in more detail?)	
		(OFF time)	
199	neuro_32	Other	radio
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] = "3"		0 0=no 1 1=mild 2 2=moderate 3 3=severe
200	neuro_32_1	Duration of Symptom (in days)	text (number)
	Show the field ONLY if: [neuro_32] = "1" OR [neuro_3 2] = "2" OR [neuro_32] = "3"	(Other)	

201	neuro_32_2	Details of the symptom	notes
	Show the field ONLY if:	(Can you describe the symptom in more	
	[neuro_32] = "1" OR [neuro_3 2] = "2" OR [neuro_32] = "3"	detail?)	
	2   - 2   OK [Heuro_52] - 5	(Other)	
202	medhist_1_1	(Other) Section Header: (Past Medical History) Have you been Diagnosed with any of	radio (Matrix)
	Show the field ONLY if:	the following conditions before COVID?	1 Yes
	[covid_1] = "1" OR [covid_1] =	Hypertension (Hlgh Blood Pressure)	2 No
	"3"		[-1]
203	medhist_1_2	Diabetes Mellitus (Childhood onset)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
204	medhist_1_3	Diabetes Mellitus (Adult onset)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
205	medhist_1_4	Myocardial infarct (Heart Attach)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
206	medhist_1_5	Congestive heart Failure	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
26-	"3"	A L d C (A) C EU W	
207	medhist_1_6	Arrhythmia/ Atrial Fibrillation	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		2 No
208	medhist_1_7	Hypercholesterolemia (High Cholesterol)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
209	medhist_1_8	Hearing Loss	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
210	medhist_1_9	Loss of smell	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
211	medhist_1_10	Lung disease (including emphysema)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
212	medhist_1_11	Thyroid disease (not cancer, including Grave's disease)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
213	"3" medhist_1_12	Liver disease	radio (Matrix)
د، ۲		Liver disease	1 Yes
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		2100
214	medhist_1_13	Renal insufficiency (kidney disease)	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
	J	l	ı

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215	medhist_1_14	Peptic ulcer disease	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		2 No
216	medhist_1_15	Peripheral vascular disease	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
217	medhist_1_16	Stroke mini stroke, CVA (cerebrovascular accident) or TIA	radio (Matrix)
	Show the field ONLY if:	(transient ischemic	1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
218	medhist_1_17	Seizure, fit, convulsion or unexplained loss of consciousness	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		2 No
219	medhist_1_18	Arthritis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
220	medhist_1_19	Hip Fracture	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
221	medhist_1_20	Gout	radio (Matrix)
221	Show the field ONLY if:	dout	1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
	"3"		
222	medhist_1_21	Recreational drug use	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		2 No
223	medhist_1_22	Gaucher disease	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
224	medhist_1_23	Multiple sclerosis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] =		2 No
225	"3"	P12 deficiency	
225	medhist_1_24	B12 deficiency	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		
226	medhist_1_25	Normal pressure hydrocephalus	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		1 Yes
	"3"		2 No
227	medhist_1_26	Peripheral neuropathy	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
228	medhist_1_27	Crohn's disease/ Ulcerative colitis	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
220		Cancer	radio (Matrix)
229	medhist_1_28	Cancer	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		2 No
	"3"		

230	medhist_1_29	Brain surgery	radio (Matrix)
	Show the field ONLY if:		1 Yes
	[covid_1] = "1" OR [covid_1] = "3"		2 No
221		Other	radio (Matrix)
231	medhist_1_30	Other	radio (Matrix)
	Show the field ONLY if: [covid_1] = "1" OR [covid_1] =		
	"3"		2 No
232	medhist_1_29_1	If yes to brain surgery, was that DBS? When (age)?	text (number)
	Show the field ONLY if:		
	[medhist_1_29] = "1"		
233	medhist_1_10_2	Specify Lung Disease	text
	Show the field ONLY if:		
	[medhist_1_10] = "1"		
234	medhist_1_30_1	Specify Other	text
	Show the field ONLY if:		
	[medhist_1_30] = "1"		
235	meds_1	Section Header: III. (IF a PD/Parkinsonism patient) PD/Parkinsonism specific questions What medications are you currently taking? (Name, dose, frequency)	radio
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =	PD	1 Yes
	"1" OR [dem_7] = "1" AND [cov	Sinemet	0 No
	id_1] = "3"		
236	meds_1_1	Dose (mg)	text (number)
	Show the field ONLY if:	(Sinemet)	
	[meds_1] = "1"		
237	meds_1_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_1] = "1"	(Sinemet)	
238	meds_2	Stalevo	Vocas
230	_	Stalevo	yesno 1 Yes
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov		
	id_1] = "3"		
239	meds_2_1	Dose (mg)	text (number)
	Show the field ONLY if:	(Stalevo)	
	[meds_2] = "1"		
240	meds_2_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_2] = "1"	(Stalevo)	
241	meds_3	Mirapex	Vocno
241	_	INIII apex	yesno 1 Yes
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov		
_	id_1] = "3"		
242	meds_3_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_3] = "1"	(Mirapex)	
243	meds_3_2	Frequency (times per day)	text (number)
5	Show the field ONLY if:		
	[meds_3] = "1"	(Mirapex)	
244	meds_4	Requip	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov id_1] = "3"		
245	meds_4_1	Dose (mg)	text (number)
2+3		5555 (11)6/	cove (normber)
	Show the field ONLY if: [meds_4] ="1"	(Requip)	
1	E - SEE N		I

		[	
246	meds_4_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_4] ="1"	(Requip)	
247	meds_5	Amantadine (Symmetrel)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		0 No
248	meds_5_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_5] ="1"	(Amantadine [Symmetrel])	
249	meds_5_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_5] ="1"	(Amantadine [Symmetrel])	
250	meds_6	Artane (trihexyphenidyl)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
251	meds_6_1	Dose (mg)	text
	Show the field ONLY if: [meds_6] = "1"	(Artane [trihexyphenidyl])	
252	meds_6_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_6] = "1"	(Artane [trihexyphenidyl])	
253	meds_7	Azilect (rasagiline)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
254	meds_7_1	Dose (mg)	text
	Show the field ONLY if: [meds_7] = "1"	(Azilect [rasagiline])	
255	meds_7_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_7] = "1"	(Azilect [rasagiline])	
256	meds_8	Comtan (entacapone)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
257	meds_8_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_8] = "1"	(Comtan [entacapone])	
258	meds_8_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_8] = "1"	(Comtan [entacapone])	
259	meds_9	Eldepryl (selegiline)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
260	meds_9_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_9] = "1"	(Eldepryl [selegiline])	
261	meds_9_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_9] = "1"	(Eldepryl [selegiline])	

262	meds_10	Parcopa	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		0 No
	id_1] = "3"		
263	meds_10_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_10] = "1"	(Parcopa)	
264	meds_10_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_10] = "1"	(Parcopa)	
265	meds_11	Aricept (donepezil)	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov id_1] = "3"		
266	meds_11_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_11] = "1"	(Aricept [donepezil])	
267	meds_11_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_11] = "1"	(Aricept [donepezil])	
268	meds_12	Clozaril (clozapine)	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		0 No
	id_1] = "3"		
269	meds_12_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_12] = "1"	(Clozaril [clozapine])	
270	meds_12_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_12] = "1"	(Clozaril [clozapine])	
271	meds_13	Cogentin (benztropine)	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		0 No
	id_1] = "3"		
272	meds_13_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_13] = "1"	(Cogentin [benztropine])	
273	meds_13_2	Frequency (times per day)	text
	Show the field ONLY if: [meds_13] = "1"	(Cogentin [benztropine])	
274	meds_14	Klonopin (clonazepam)	yesno
	Show the field ONLY if:		1 Yes
	[dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov id_1] = "3"		
275	meds_14_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_14] = "1"	(Klonopin [clonazepam])	
276	meds_14_2	Frequency (times per day)	text (number)
	Show the field ONLY if:	(Klonopin [clonazepam])	
	[meds_14] = "1"		

277	meds_15 Show the field ONLY if:	Seroquel (quietapine fumurate)	yesno 1 Yes
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		0 No
278	meds_15_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_15] = "1"	(Seroquel [quietapine fumurate])	
279	meds_15_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_15] = "1"	(Seroquel [quietapine fumurate])	
280	meds_16	Valium (lorazepam)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
281	meds_16_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_16] = "1"	(Valium [lorazepam])	
282	meds_16_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_16] = "1"	(Valium [lorazepam])	
283	meds_17	Neupro (rotigitine)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
284	meds_17_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_17] = "1"	(Neupro [rotigitine])	
285	meds_17_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_17] = "1"	(Neupro [rotigitine])	
286	meds_18	Rytary	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
287	meds_18_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_18] = "1"	(Rytary)	
288	meds_18_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_18] = "1"	(Rytary)	
289	meds_19	Duopa	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
290	meds_19_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_19] = "1"	(Duopa)	
291	meds_19_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_19] = "1"	(Duopa)	

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292	meds_20	Other PD meds	yesno 1 Yes
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		0 No
	"1" OR [dem_7] = "1" AND [cov id_1] = "3"		
293	meds_20_1	Other PD meds	text
	Show the field ONLY if: [meds_20] = "1"		
294	meds_20_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_20] = "1"	(Other PD meds)	
295	meds_20_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_20] = "1"	(Other PD meds)	
296	meds_21	OTHER MEDICATIONS Antidepressants	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		1 Yes 0 No
	"1" OR [dem_7] = "1" AND [cov	Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft	[ O   NO ]
	id_1] = "3"		
297	meds_21_1	Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft	text
	Show the field ONLY if: [meds_21] = "1"	201011	
298	meds_21_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_21] = "1"	(Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	
299	meds_21_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_21] = "1"	(Celexa, Lexapro, Luvox, Paxil, Prozac Serzone, Zoloft)	
300	meds_22	Wellbutrin	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		1 Yes
	"1" OR [dem_7] = "1" AND [cov		0 No
204	id_1] = "3"	Description (note)	And to see here
301	meds_22_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_22] = "1"	(Wellbutrin)	
302	meds_22_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_22] = "1"	(Wellbutrin)	
303	meds_23	Effexor	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		1 Yes 0 No
	"1" OR [dem_7] = "1" AND [cov		O NO
304	id_1] = "3" meds_23_1	Dose (mg)	text (number)
	Show the field ONLY if:	(Effexor)	
205	[meds_23] = "1"		toxt (number)
305	meds_23_2 Show the field ONLY if:	Frequency (times per day)	text (number)
	[meds_23] = "1"	(Effexor)	
306	meds_24	Cymbalta	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		1 Yes 0 No
	"1" OR [dem_7] = "1" AND [cov		
l	id_1] = "3"		I

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307	meds_24_1	Dose (mg)	text (number)
	Show the field ONLY if: [meds_24] = "1"	(Cymbalta)	
308	meds_24_2	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_24] = "1"	(Cymbalta)	
309	meds_25	MAO inhibitor (Parnate, Nardil, Marplan)	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
310	meds_25_1	MAO inhibitor (Parnate, Nardil, Marplan)	text
	Show the field ONLY if: [meds_25] = "1"		
311	meds_25_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_25] = "1"	(MAO inhibitor [Parnate, Nardil, Marplan])	
312	meds_25_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_25] = "1"	(MAO inhibitor [Parnate, Nardil, Marplan])	
313	meds_26	Amitrityline (Elavil, Vanatrip), Clomipramine (Anafranil), Desipramine (Norpramin), Doxepin	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =	(Sinequan), Imipramine (Tofranil),	1 Yes
	"1" OR [dem_7] = "1" AND [cov	Nortriptyline (Aventyl, Pamelor), Protryptyline (Vivactil), Trimipramine (Surmontil)	0 No
	id_1] = "3"	(22)	
314	meds_26_1	Amitrityline (Elavil, Vanatrip), Clomipramine	text
	Show the field ONLY if:	(Anafranil), Desipramine (Norpramin), Doxepin	
	[meds_26] = "1"	(Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline	
		(Vivactil), Trimipramine (Surmontil)	
315	meds_26_2	Dose (mg)	text (number)
	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)]	
316	meds_26_3	Frequency (times per day)	text (number)
	Show the field ONLY if:	[Amitrityline (Elavil, Vanatrip), Clomipramine	
	[meds_26] = "1"	(Anafranil), Desipramine (Norpramin), Doxepin	
		(Sinequan), Imipramine (Tofranil), Nortriptyline (Aventyl, Pamelor), Protryptyline	
		(Vivactil), Trimipramine (Surmontil)]	
317	meds_27	Neuroleptics/antipsychotics	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =	Chlorpromazine (Thorazine), Fluphenazine	1 Yes 0 No
	"1" OR [dem_7] = "1" AND [cov	(Prolixin), Haloperidol (Haldol), Thiothixene (Navane),	
	id_1] = "3"	Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)	
		(mellaril)	
318	meds_27_1	Chlorpromazine (Thorazine), Fluphenazine	text
	Show the field ONLY if:	(Prolixin), Haloperidol (Haldol), Thiothixene (Navane),	
	[meds_27] = "1"	Trifluoperazine (Stelazine), Perphenazine	
		(Trilafon), and Thioridazine (Mellaril)	

319	meds_27_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_27] = "1"	[Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	
320	meds_27_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_27] = "1"	[Chlorpromazine (Thorazine), Fluphenazine (Prolixin), Haloperidol (Haldol), Thiothixene (Navane), Trifluoperazine (Stelazine), Perphenazine (Trilafon), and Thioridazine (Mellaril)]	
321	meds_28  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (mg)	text (number)
	Show the field ONLY if: [meds_28] = "1"	[Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	
324	meds_28_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_28] = "1"	[Aripiprazole (Abilify), Risperidone (Risperdal), Olanzapine (Zyprexa), and Ziprasidone (Geodon)]	
325	meds_29  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (mg)	text (number)
	Show the field ONLY if: [meds_29] = "1"	[Clozapine (Clozaril), Quetiapine (Seroquel)]	
328	meds_29_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_29] = "1"	[Clozapine (Clozaril), Quetiapine (Seroquel)]	
329	meds_30	Aspirin or NSAIDS	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	Aspirin, Ecotrin, Excedrin, Anacin	1 Yes 0 No
330	meds_30_1	Aspirin, Ecotrin, Excedrin, Anacin	text
	Show the field ONLY if: [meds_30] = "1"		

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331	meds_30_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_30] = "1"	(Aspirin, Ecotrin, Excedrin, Anacin)	
332	meds_30_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_30] = "1"	(Aspirin, Ecotrin, Excedrin, Anacin)	
333	meds_31	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	or Toradol	1 Yes 0 No
334	meds_31_1 Show the field ONLY if:	Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro	text
	[meds_31] = "1"	or Toradol	
335	meds_31_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_31] = "1"	(Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	
336	meds_31_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_31] = "1"	(Orudis, Ketoprofen, Oruvail, Ansaid, Naprosyn, Anaprox, Naproxen, Naprolan, Aleve, Daypro or Toradol)	
337	meds_32 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (mg)	text (number)
	Show the field ONLY if: [meds_32] = "1"	(Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	
340	meds_32_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_32] = "1"	(Indocin, Indomethacin, Clinoril, Sulindac, Lodine, Voltaren, Cataflam or Diclofenac)	
341	meds_33	Celebrex, Vioxx, Bextra or Relafen	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
342	meds_33_1	Celebrex, Vioxx, Bextra or Relafen	text
	Show the field ONLY if: [meds_33] = "1"		
343	meds_33_2	Dose (mg)	text (number)
	Show the field ONLY if: [meds_33] = "1"	(Celebrex, Vioxx, Bextra or Relafen)	

344	meds_33_3	Frequency (times per day)	text (number)
344	Show the field ONLY if:		text (rumber)
	[meds_33] = "1"	(Celebrex, Vioxx, Bextra or Relafen)	
345	meds_34  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (mg)	text (number)
	Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)][	
348	meds_34_3	Frequency (times per day)	text (number)
	Show the field ONLY if: [meds_34] = "1"	Lipitor, Zocor, Pravachol, Lescol, Crestor, Mevacor (statin)][	
349	meds_35  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	Other SUPPLEMENTS Ginko Biloba	yesno 1 Yes 0 No
350	meds_35_1	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_35] = "1"	(Ginko Biloba)	
351	meds_35_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_35] = "1"	(Ginko Biloba)	
352	meds_36  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	Coenzyme Q10	yesno 1 Yes 0 No
353	meds_36_1	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_36] = "1"	(Coenzyme Q10)	
354	meds_36_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_36] = "1"	(Coenzyme Q10)	

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355	meds_37  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_37] = "1"	[Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	
358	meds_37_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_37] = "1"	[Mutivitamin (such as One-a-day, stress tabs, theragram, centrum, generic multivitamins)]	
359	meds_38	Vitamin C	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
360	meds_38_1	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_38] = "1"	(Vitamin C)	
361	meds_38_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_38] = "1"	(Vitamin C)	
362	meds_39  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	Vitamin E	yesno
363	meds_39_1	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_39] = "1"	(Vitamin E)	
364	meds_39_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_39] = "1"	(Vitamin E)	
365	meds_40	B Complex	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
366	meds_40_1	Dose (specify unit of measurement)	text
	Show the field ONLY if:	(B Complex)	
	[meds_40] = "1"	F	

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367	meds_40_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_40] = "1"	(B Complex)	
368	meds_41  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"	Zinc	yesno 1 Yes 0 No
369	meds_41_1	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_41] = "1"	(Zinc)	
370	meds_41_2	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_41] = "1"	(Zinc)	
371	meds_42 Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_42] = "1"	(Other I.)	
375	meds_43  Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_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	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_43] = "1"	(Other II.)	
378	meds_43_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_43] = "1"	(Other II.)	
379	meds_44	Other III.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		0 No
380	meds_44_1	Other III.	text
	Show the field ONLY if: [meds_44] = "1"		

381	meds_44_2	Dose (specify unit of measurement)	text
301	meas_44_2 Show the field ONLY if:		LEAL
	[meds_44] = "1"	(Other III.)	
382	meds_44_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_44] = "1"	(Other III.)	
383	meds_45	Other IV.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
384	meds_45_1	Other IV.	text
	Show the field ONLY if: [meds_45] = "1"		
385	meds_45_2	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_45] = "1"	(Other IV.)	
386	meds_45_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_45] = "1"	(Other IV.)	
387	meds_46	Other V.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		0 No
388	meds_46_1	Other V.	text
	Show the field ONLY if: [meds_46] = "1"		
389	meds_46_2	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_46] = "1"	(Other V.)	
390	meds_46_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_46] = "1"	(Other V.)	
391	meds_47	Other VI.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
392	meds_47_1	Other VI.	text
	Show the field ONLY if: [meds_47] = "1"		
393	meds_47_2	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_47] = "1"	(Other VI.)	
394	meds_47_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_47] = "1"	(Other VI.)	
395	meds_48	Other VII.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 Yes 0 No
396	meds_48_1	Other VII.	text
	Show the field ONLY if: [meds_48] = "1"		

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397	meds_48_2	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_48] = "1"	(Other VII.)	
398	meds_48_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_48] = "1"	(Other VII.)	
399	meds_49	Other VIII.	yesno
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		0 No
400	meds_49_1	Other VIII.	text
	Show the field ONLY if: [meds_49] = "1"		
401	meds_49_2	Dose (specify unit of measurement)	text
	Show the field ONLY if: [meds_49] = "1"	(Other VIII.)	
402	meds_49_3	Frequency (specify times per day/week/month)	text
	Show the field ONLY if: [meds_49] = "1"	(Other VIII.)	
403	pdcovidsympt_1_2	Section Header: (Motor symptom changes) Has any of the following symptoms changed because of COVID?	radio (Matrix)
	Show the field ONLY if:	Bradykinesia (slowness in movement)	0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id 1] = "3"		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	Rigidity (stiffness)	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1 1= Never present before COVID, present after COVID
	1921		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
405	pdcovidsympt_1_7	Balance	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id 1] = "3"		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	Dyskinesias	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		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
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407	pdcovidsympt_1_9	Dystonia		lio (Matrix)
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	0=Never present  1= Never present before COVID, present after COVID
	id_1] = "3"			
			3	2=Present before COVID, Less severe
			I⊢	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
408	pdcovidsympt_1_10	OFF time		lio (Matrix)
	Show the field ONLY if:  [dem_7] = "1" AND [covid_1] =  "4" OR [dear 73, "4" AND [see		1	0=Never present  1= Never present before COVID, present after
	"1" OR [dem_7] = "1" AND [cov id_1] = "3"		_	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))	not	tes
410	pdcovidsympt_1_3_1	Details (Rigidity (stiffness))	not	tes
	Show the field ONLY if: [pdcovidsympt_1_3] = "1" OR [pdcovidsympt_1_3] = "2" OR [pdcovidsympt_1_3] = "4"			
411	pdcovidsympt_1_7_1	Details (Balance)	not	tes
	Show the field ONLY if: [pdcovidsympt_1_7] = "1" OR [pdcovidsympt_1_7] = "2" OR [pdcovidsympt_1_7] = "4"			
412	pdcovidsympt_1_8_1	Details (Dyskinesias)	notes	
	Show the field ONLY if: [pdcovidsympt_1_8] = "1" OR [pdcovidsympt_1_8] = "2" OR [pdcovidsympt_1_8] = "4"			
413	pdcovidsympt_1_9_1	Details (Dystonia)	not	tes
	Show the field ONLY if: [pdcovidsympt_1_9] = "1" OR [pdcovidsympt_1_9] = "2" OR [pdcovidsympt_1_9] = "4"			
414	pdcovidsympt_1_10_1	Details (OFF time)	notes	
	Show the field ONLY if: [pdcovidsympt_1_10] = "1" OR [pdcovidsympt_1_10] = "2" OR [pdcovidsympt_1_10] = "4"			
415	updrs_1_1	Section Header: (Nonmotor) UPDRS Part I & II (Has any of the following symptoms changed because of COVID?)		lio (Matrix)
	Show the field ONLY if:	Mentation	0	0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		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	2. Thought Disorder	rad	lio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
			1	•

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417	updrs_1_3	3. Depression	radio (Matrix)
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		0 0=Never present  1 1= Never present before COVID, present after
	id_1] = "3"		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	4.Motivation/Initiative	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov id_1] = "3"		1   1= Never present before COVID, present after COVID
	Iu_I] - 3		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
419	updrs_1_5	5. Speech	radio (Matrix)
	Show the field ONLY if:		0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1 1= Never present before COVID, present after COVID
	id_1] = "3"		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
420	updrs_1_6	6. Salivation	radio (Matrix)
420	Show the field ONLY if:	U. Salivation	0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1 1= Never present before COVID, present after COVID
	id_1] = "3"		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
421	updrs_1_7	7. Swallowing	radio (Matrix)
72.1	Show the field ONLY if:	7.3	0 0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1 1= Never present before COVID, present after COVID
	id_1] = "3"		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
422	undre 1 8	& Handwriting	
422		8. Handwriting	radio (Matrix) 0 0=Never present
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1 1= Never present before COVID, present after COVID
	id_1] = "3"		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
400	Lucador 4 O	O Couries food	<u>'</u>
423	updrs_1_9	9. Cutting food	radio (Matrix) 0 0=Never present
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] =		
	"1" OR [dem_7] = "1" AND [cov		1   1= Never present before COVID, present after   COVID
	id_1] = "3"		2 2=Present before COVID, Less severe
			3 3=Present before COVID, Unchanged
			4 4=Present before COVID, More severe
1	I		

424	updrs_1_10	10. Dressing	rac	lio (Matrix)
	Show the field ONLY if:		$\overline{}$	0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
425	updrs_1_11	11. Hygiene	rac	lio (Matrix)
	Show the field ONLY if:	,		0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
426	updrs_1_12	12. Turning in bed	rac	dio (Matrix)
120	Show the field ONLY if:	12. Turning in Sea		0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
427	updrs_1_13	13. Falling	rac	lio (Matrix)
,	Show the field ONLY if:	137.5		0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
428	updrs_1_14	14. Freezing	rac	lio (Matrix)
	Show the field ONLY if:		0	0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
429	updrs_1_15	15. Walking	rac	lio (Matrix)
	Show the field ONLY if:			0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
430	updrs_1_16	16. Tremor	rac	dio (Matrix)
	Show the field ONLY if:			0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
			ш	,

424	I	47.6		I. (A4 )
431	updrs_1_17	17. Sensory symptoms		dio (Matrix)
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	0=Never present  1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
			드	· · · · · · · · · · · · · · · · · · ·
432	pdnonmotorsymp_1_1	Section Header: (Non-motor symptom) Has any of the following symptoms changed because of COVID?		lio (Matrix)
	Show the field ONLY if: [dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov	Sleep- Insomnia	1	0=Never present  1= Never present before COVID, present after
	id_1] = "3"		2	COVID  2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
433	pdnonmotorsymp_1_2	Anxiety	rac	lio (Matrix)
433		Anxiety		0=Never present
	Show the field ONLY if:  [dem 7] = "1" AND [covid 1] =		1	1= Never present before COVID, present after
	"1" OR [dem_7] = "1" AND [cov		'	COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
434	pdnonmotorsymp_1_3	Constipation	rac	lio (Matrix)
	Show the field ONLY if:	'		0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
435	pdnonmotorsymp_1_4	Pain	radio (Matrix)	
	Show the field ONLY if:			0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		2	2=Present before COVID, Less severe
			3	3=Present before COVID, Unchanged
			4	4=Present before COVID, More severe
436	pdnonmotorsymp_1_5	Urinary issues	rac	lio (Matrix)
	Show the field ONLY if:			0=Never present
	[dem_7] = "1" AND [covid_1] = "1" OR [dem_7] = "1" AND [cov		1	1= Never present before COVID, present after COVID
	id_1] = "3"		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	Specify	che	eckbox
	Show the field ONLY if:		1	pdnonmotorsymp_1_5_11 incontinence
	[pdnonmotorsymp_1_5] = "1"	(Urinary issues)	2	
	OR [pdnonmotorsymp_1_5] = "2" OR [pdnonmotorsymp_1_ 5] = "3" OR [pdnonmotorsymp		l <del></del>	pdnonmotorsymp_1_5_13 frequency
	_1_5] = "4"			
438	followup_telephone_survey_c	Section Header: Form Status	dro	ppdown
	omplete	Complete?	0	Incomplete
			1	Unverified
			2	Complete
oxdot			٢	<u> </u>