Data Dictionary Codebook

05/05/2022 2:27pm

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: PT Survey (pt_survey)			**Enabled as survey**	
	1	[record_id]	Record ID	text
	2	[consent]	Section Header: *[If you are an adult or a minor child who will complete the survey, 'you' means 'you'. If you are a parent/guardian completing the survey for your child, 'you' means 'your child'] We are inviting you to participate in a research study. The purpose of the study is to determine which types of airway clearance you use and why you may or may not use them routinely. We are inviting you to be in this study because you have cystic fibrosis. Approximately 200 people will take part in this study at the University of Iowa. If you agree to participate, we would like you to complete the following survey, which will take about 10 minutes. If you do not want to participate, you may exit the survey. You are free to skip any questions you would prefer not to answer. The information you provide may be used in separate future research studies. We will keep the information you provide confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research. None of the information we collect will be able to identify you individually and we will not maintain a link between you and your data. This data can be used for future research, but again, you will not be able to be individually identified. If we write a report about this study we will do so in such a way that you cannot be identified. There are no known risks from being in this study, and you will not benefit personally. However, we hope that others may benefit in the future from what we learn as a result of this study. You will not have any costs for being in this research study. You will not be paid for being in this research study. Taking part in this research study is completely voluntary. If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify. If you have any questions about the research study itself, please contact Anthony Fischer at 319-356-6992. If you experience a research-related injury, please contact: Anthony Fischer at 319-356-6992. If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA 52242-1098, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above. Thank you very much for your consideration. Sincerely, Anthony Fischer, MD* Do you agree to participate in this survey? You may withdraw your participation at any time during the survey.	yesno 1, Yes 0, No Stop actions on 0
	3	[who_filled_out]	Section Header: *Who is filling out this survey?* Are you the patient or the caregiver (parent / legal guardian)?	radio 1, Patient (17 years or younger) 2, Patient (18 years or older) 3, Parent / Legal Guardian
	4	[year_of_birth]	Section Header: *Demographics* Patient's Year of Birth	text (integer, Min: 1920, Max: 2020), Identifier
	5	[patient_current_age]	Patient's age in years (whole number) example: if you are 12.5, enter 12	text (integer, Min: 0, Max: 100), Identifier Custom alignment: RH
	6	[gender]	Patient's Gender	radio, Identifier 1, Male 2, Female 3, Non-binary 4, Transgender female 5, Transgender male 6, Other 7, Prefer not to say

	7	[chest_binder] Show the field ONLY if: [gender] = '5'	Do you (THE PATIENT) currently use a chest binder?	yesno 1 Yes 0 No
	8	[disclaimer1]	For the duration of the survey, "you" or "your" or "I" refers to the patient	descriptive
	9	[time_on_treatments]	Section Header: *Over the last two weeks:* How much time do you spend each day on your treatments?	radio 1 Less than 30 minutes 2 30 minutes to 59 minutes 3 1 to 2 hours 4 More than 2 hours 5 I don't take my treatments 6 I don't take my treatments unless I'm sick 7 I don't know
	10	[doing_treatments]	How difficult is it for you to do your treatments (including medications and airway clearance) each day?	radio 1 Not at all 2 A little 3 Moderately 4 Very
	11	[treatments_daily_life]	How much do your treatments make your daily life more difficult?	radio 1 Not at all 2 A little 3 Moderately 4 A lot
	12	[overall_health]	How is your overall health?	radio 1 Excellent 2 Good 3 Fair 4 Poor
	13	[fev_known]	Do you know your percent predicted forced expiratory volume (ppFEV1)?	yesno 1 Yes 0 No
	14	[fev] Show the field ONLY if: [fev_known] = '1'	What is your percent predicted forced expiratory volume (ppFEV1)?	text (number)
	15	[ever_used]	Section Header: *Airway Clearance* In your life, which forms of airway clearance have you EVER USED? Select ALL that apply	checkbox 1 ever_used___1 Manual Percussion (Chest PT) 2 ever_used___2 Intrapulmonary Percussive Ventilation (IPV) 3 ever_used___3 High Frequency Chest Wall Oscillation (Vest) 4 ever_used___4 Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella 5 ever_used___5 Vigorous Exercise e.g. running 6 ever_used___6 Huff Coughing 7 ever_used___7 Other 8 ever_used___8 I don't know

	16	[clearance_forms]	Which forms of airway clearance have you used in the PAST 30 DAYS? Select ALL that apply	checkbox 1, clearance_forms___1, Manual Percussion (Chest PT) 2, clearance_forms___2, Intrapulmonary Percussive Ventilation (IPV) 3, clearance_forms___3, High Frequency Chest Wall Oscillation (Vest) 4, clearance_forms___4, Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella 5, clearance_forms___5, Vigorous Exercise e.g. running 6, clearance_forms___6, Huff Coughing 7, clearance_forms___7, None 8, clearance_forms___8, Other 9, clearance_forms___9, I don't know
	17	[why_no_like] Show the field ONLY if: [clearance_forms(7)] = '1'	Why don't you perform any of these airway clearance techniques? Select ALL that apply	checkbox 1, why_no_like___1, I get short of breath 2, why_no_like___2, They take too much time 3, why_no_like___3, They are painful 4, why_no_like___4, They are uncomfortable 5, why_no_like___5, They are less effective than medicine 6, why_no_like___6, They do not coordinate easily with other treatments 7, why_no_like___7, They are unpleasant or embarrassing 8, why_no_like___8, I do not like them 9, why_no_like___9, Other 10, why_no_like___10, I don't know
	18	[chest_pt_like] Show the field ONLY if: [ever_used(1)] = '1'	What do you LIKE about Manual Percussion (Chest PT)? Select ALL that apply	checkbox 1, chest_pt_like___1, It takes little time 2, chest_pt_like___2, It is comfortable 3, chest_pt_like___3, It works well with my other treatments 4, chest_pt_like___4, It is more effective than other forms of airway clearance 5, chest_pt_like___5, It feels good or is healthy 6, chest_pt_like___6, Nothing 7, chest_pt_like___7, Other 8, chest_pt_like___8, I don't know
	19	[other_like_chest_pt] Show the field ONLY if: [chest_pt_like(7)] = '1'	Please explain what you LIKE about Manual Percussion (Chest PT)	notes

	20	[ipv_like] Show the field ONLY if: [ever_used(2)] = '1'	What do you LIKE about Intrapulmonary Percussive Ventilation (IPV)? Select ALL that apply	checkbox 1, ipv_like___1, It takes little time 2, ipv_like___2, It is comfortable 3, ipv_like___3, It works well with my other treatments 4, ipv_like___4, It is more effective than other forms of airway clearance 5, ipv_like___5, It feels good or is healthy 6, ipv_like___6, Nothing 7, ipv_like___7, Other 8, ipv_like___8, I don't know
	21	[other_like_ipv] Show the field ONLY if: [ipv_like(7)] = '1'	Please explain what you LIKE about Intrapulmonary Percussive Ventilation (IPV)	notes
	22	[vest_like] Show the field ONLY if: [ever_used(3)] = '1'	What do you LIKE about High Frequency Chest Wall Oscillation (Vest)? Select ALL that apply	checkbox 1, vest_like___1, It takes little time 2, vest_like___2, It is comfortable 3, vest_like___3, It works well with my other treatments 4, vest_like___4, It is more effective than other forms of airway clearance 5, vest_like___5, It feels good or is healthy 6, vest_like___6, Nothing 7, vest_like___7, Other 8, vest_like___8, I don't know
	23	[other_like_vest] Show the field ONLY if: [vest_like(7)] = '1'	Please explain what you LIKE about High Frequency Chest Wall Oscillation (Vest)	notes
	24	[pep_like] Show the field ONLY if: [ever_used(4)] = '1'	What do you LIKE about Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella? Select ALL that apply	checkbox 1, pep_like___1, It takes little time 2, pep_like___2, It is comfortable 3, pep_like___3, It works well with my other treatments 4, pep_like___4, It is more effective than other forms of airway clearance 5, pep_like___5, It feels good or is healthy 6, pep_like___6, Nothing 7, pep_like___7, Other 8, pep_like___8, I don't know
	25	[other_like_pep] Show the field ONLY if: [pep_like(7)] = '1'	Please explain what you LIKE about Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella	notes

	26	[exercise_like] Show the field ONLY if: [ever_used(5)] = '1'	What do you LIKE about Vigorous Aerobic Exercise? Select ALL that apply	checkbox 1, exercise_like___1, It takes little time 2, exercise_like___2, It is comfortable 3, exercise_like___3, It works well with my other treatments 4, exercise_like___4, It is more effective than other forms of airway clearance 5, exercise_like___5, It feels good or is healthy 6, exercise_like___6, Nothing 7, exercise_like___7, Other 8, exercise_like___8, I don't know
	27	[other_like_exercise] Show the field ONLY if: [exercise_like(7)] = '1'	Please explain what you LIKE about Vigorous Aerobic Exercise	notes
	28	[huff_cough_like] Show the field ONLY if: [ever_used(6)] = '1'	What do you LIKE about Huff Coughing? Select ALL that apply	checkbox 1, huff_cough_like___1, It takes little time 2, huff_cough_like___2, It is comfortable 3, huff_cough_like___3, It works well with my other treatments 4, huff_cough_like___4, It is more effective than other forms of airway clearance 5, huff_cough_like___5, It feels good or is healthy 6, huff_cough_like___6, Nothing 7, huff_cough_like___7, Other 8, huff_cough_like___8, I don't know
	29	[other_like_huff_cough] Show the field ONLY if: [huff_cough_like(7)] = '1'	Please explain what you LIKE about Huff Coughing	notes
	30	[chest_pt_dislike] Show the field ONLY if: [ever_used(1)] = '1'	What do you DISLIKE about Manual Percussion (Chest PT)? Select ALL that apply	checkbox 1, chest_pt_dislike___1, I get short of breath 2, chest_pt_dislike___2, It takes too long 3, chest_pt_dislike___3, It is painful 4, chest_pt_dislike___4, It is uncomfortable 5, chest_pt_dislike___5, It is less effective than other forms of airway clearance 6, chest_pt_dislike___6, It does not work well with my other treatments 7, chest_pt_dislike___7, It is unpleasant or embarrassing 8, chest_pt_dislike___8, Nothing 9, chest_pt_dislike___9, I don't know
	31	[chest_pt_follow_up] Show the field ONLY if: [chest_pt_dislike(3)] = '1' or [chest_pt_dislike(4)] = '1' or [chest_pt_dislike(7)] = '1'	Why is Manual Percussion (Chest PT) painful, uncomfortable or unpleasant?	text

	32	[chest_pt_where] Show the field ONLY if: [chest_pt_dislike(3)] = '1' or [chest_pt_dislike(4)] = '1' or [chest_pt_dislike(7)] = '1'	Where on your body does Manual Percussion (Chest PT) bother you? Select ALL that apply	checkbox 1, chest_pt_where___1, head 2, chest_pt_where___2, mouth 3, chest_pt_where___3, throat 4, chest_pt_where___4, neck 5, chest_pt_where___5, back 6, chest_pt_where___6, chest 7, chest_pt_where___7, armpits 8, chest_pt_where___8, breasts 9, chest_pt_where___9, stomach/abdomen 10, chest_pt_where___10, my port or PICC line 11, chest_pt_where___11, my arms or legs 12, chest_pt_where___12, other
	33	[ipv_dislike] Show the field ONLY if: [ever_used(2)] = '1'	What do you DISLIKE about Intrapulmonary Percussive Ventilation (IPV)? Select ALL that apply	checkbox 1, ipv_dislike___1, I get short of breath 2, ipv_dislike___2, It takes too long 3, ipv_dislike___3, It is painful 4, ipv_dislike___4, It is uncomfortable 5, ipv_dislike___5, It is less effective than other forms of airway clearance 6, ipv_dislike___6, It does not work well with my other treatments 7, ipv_dislike___7, It is unpleasant or embarrassing 8, ipv_dislike___8, Nothing 9, ipv_dislike___9, I don't know
	34	[ipv_follow_up] Show the field ONLY if: [ipv_dislike(3)] = '1' or [ipv_dislike(4)] = '1' or [ipv_dislike(7)] = '1'	Why is Intrapulmonary Percussive Ventilation (IPV) painful, uncomfortable or unpleasant?	text
	35	[ipv_where] Show the field ONLY if: [ipv_dislike(3)] = '1' or [ipv_dislike(4)] = '1' or [ipv_dislike(7)] = '1'	Where on your body does Intrapulmonary Percussive Ventilation (IPV) bother you? Select ALL that apply	checkbox 1, ipv_where___1, head 2, ipv_where___2, mouth 3, ipv_where___3, throat 4, ipv_where___4, neck 5, ipv_where___5, back 6, ipv_where___6, chest 7, ipv_where___7, armpits 8, ipv_where___8, breasts 9, ipv_where___9, stomach/abdomen 10, ipv_where___10, my port or PICC line 11, ipv_where___11, my arms or legs 12, ipv_where___12, other

	36	[vest_dislike] Show the field ONLY if: [ever_used(3)] = '1'	What do you DISLIKE about High Frequency Chest Wall Oscillation (Vest)? Select ALL that apply	checkbox

1	vest_dislike___1	I get short of breath
2	vest_dislike___2	It takes too long
3	vest_dislike___3	It is painful
4	vest_dislike___4	It is uncomfortable
5	vest_dislike___5	It is less effective than other forms of airway clearance
6	vest_dislike___6	It does not work well with my other treatments
7	vest_dislike___7	It is unpleasant or embarrassing
8	vest_dislike___8	Nothing
9	vest_dislike___9	I don't know

	37	[vest_follow_up] Show the field ONLY if: [vest_dislike(3)] = '1' or [vest_dislike(4)] = '1' or [vest_dislike(7)] = '1'	Why is the High Frequency Chest Wall Oscillation (Vest) painful, uncomfortable or unpleasant?	text
	38	[vest_where] Show the field ONLY if: [vest_dislike(3)] = '1' or [vest_dislike(4)] = '1' or [vest_dislike(7)] = '1'	Where on your body does High Frequency Chest Wall Oscillation (Vest) bother you? Select ALL that apply	checkbox

1	vest_where___1	head
2	vest_where___2	mouth
3	vest_where___3	throat
4	vest_where___4	neck
5	vest_where___5	back
6	vest_where___6	chest
7	vest_where___7	armpits
8	vest_where___8	breasts
9	vest_where___9	stomach/abdomen
10	vest_where___10	my port or PICC line
11	vest_where___11	my arms or legs
12	vest_where___12	other

	39	[pep_dislike] Show the field ONLY if: [ever_used(4)] = '1'	What do you DISLIKE about Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella? Select ALL that apply	checkbox

1	pep_dislike___1	I get short of breath
2	pep_dislike___2	It takes too long
3	pep_dislike___3	It is painful
4	pep_dislike___4	It is uncomfortable
5	pep_dislike___5	It is less effective than other forms of airway clearance
6	pep_dislike___6	It does not work well with my other treatments
7	pep_dislike___7	It is unpleasant or embarrassing
8	pep_dislike___8	Nothing
9	pep_dislike___9	I don't know

	40	[pep_follow_up] Show the field ONLY if: [pep_dislike(3)] = '1' or [pep_dislike(4)] = '1' or [pep_dislike(7)] = '1'	Why is Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella painful, uncomfortable or unpleasant?	text

	41	[pep_where] Show the field ONLY if: [pep_dislike(3)] = '1' or [pep_dislike(4)] = '1' or [pep_dislike(7)] = '1'	Where on your body does Oscillating Positive Expiratory Pressure (PEP), e.g. Aerobika or Acapella bother you? Select ALL that apply	checkbox 1, pep_where___1, head 2, pep_where___2, mouth 3, pep_where___3, throat 4, pep_where___4, neck 5, pep_where___5, back 6, pep_where___6, chest 7, pep_where___7, armpits 8, pep_where___8, breasts 9, pep_where___9, stomach/abdomen 10, pep_where___10, my port or PICC line 11, pep_where___11, my arms or legs 12, pep_where___12, other
	42	[exercise_dislike] Show the field ONLY if: [ever_used(5)] = '1'	What do you DISLIKE about Vigorous Aerobic Exercise? Select ALL that apply	checkbox 1, exercise_dislike___1, I get short of breath 2, exercise_dislike___2, It takes too long 3, exercise_dislike___3, It is painful 4, exercise_dislike___4, It is uncomfortable 5, exercise_dislike___5, It is less effective than other forms of airway clearance 6, exercise_dislike___6, It does not work well with my other treatments 7, exercise_dislike___7, It is unpleasant or embarrassing 8, exercise_dislike___8, Nothing 9, exercise_dislike___9, I don't know
	43	[exercise_follow_up] Show the field ONLY if: [exercise_dislike(3)] = '1' or [exercise_dislike(4)] = '1' or [exercise_dislike(7)] = '1'	Why is Vigorous Aerobic Exercise painful, uncomfortable or unpleasant?	text
	44	[exercise_where] Show the field ONLY if: [exercise_dislike(3)] = '1' or [exercise_dislike(4)] = '1' or [exercise_dislike(7)] = '1'	Where on your body does Vigorous Aerobic Exercise bother you? Select ALL that apply	checkbox 1, exercise_where___1, head 2, exercise_where___2, mouth 3, exercise_where___3, throat 4, exercise_where___4, neck 5, exercise_where___5, back 6, exercise_where___6, chest 7, exercise_where___7, armpits 8, exercise_where___8, breasts 9, exercise_where___9, stomach/abdomen 10, exercise_where___10, my port or PICC line 11, exercise_where___11, my arms or legs 12, exercise_where___12, other

	45	[huff_cough_dislike] Show the field ONLY if: [ever_used(6)] = '1'	What do you DISLIKE about Huff Coughing? Select ALL that apply	checkbox

1	huff_cough_dislike___1	I get short of breath
2	huff_cough_dislike___2	It takes too long
3	huff_cough_dislike___3	It is painful
4	huff_cough_dislike___4	It is uncomfortable
5	huff_cough_dislike___5	It is less effective than other forms of airway clearance
6	huff_cough_dislike___6	It does not work well with my other treatments
7	huff_cough_dislike___7	It is unpleasant or embarrassing
8	huff_cough_dislike___8	Nothing
9	huff_cough_dislike___9	I don't know

	46	[huff_cough_follow_up] Show the field ONLY if: [huff_cough_dislike(3)] = '1' or [huff_cough_dislike(4)] = '1' or [huff_cough_dislike(7)] = '1'	Why is Huff Coughing painful, uncomfortable or unpleasant?	text
	47	[huff_cough_where] Show the field ONLY if: [huff_cough_dislike(3)] = '1' or [huff_cough_dislike(4)] = '1' or [huff_cough_dislike(7)] = '1'	Where on your body does Huff Coughing bother you? Select ALL that apply	checkbox

1	huff_cough_where___1	head
2	huff_cough_where___2	mouth
3	huff_cough_where___3	throat
4	huff_cough_where___4	neck
5	huff_cough_where___5	back
6	huff_cough_where___6	chest
7	huff_cough_where___7	armpits
8	huff_cough_where___8	breasts
9	huff_cough_where___9	stomach/abdomen
10	huff_cough_where___10	my port or PICC line
11	huff_cough_where___11	my arms or legs
12	huff_cough_where___12	other

	48	[treatments_maintain]	Section Header: *My CF Treatments* Which treatments do you currently use to maintain your health? Select ALL that apply	checkbox

1	treatments_maintain___1	Inhaled Antibiotics: e.g. Tobramycin (TOBI), Aztreonam (Cayston), etc.
2	treatments_maintain___2	Oral Antibiotics: e.g. Azithromycin, Augmentin, Bactrim, Cephalexin, Ciprofloxacin, etc.
3	treatments_maintain___3	Mucus thinners: e.g. Hypertonic Saline, Dornase Alfa (Pulmozyme), etc.
4	treatments_maintain___4	None of these

	49	[pt_effects]	How does airway clearance affect your health?	radio

1	It improves it
2	It does not change / no effect
3	It worsens it

	50	[theratype]	Do you currently take any of these medications?	radio 1 ivacaftor (kalydeco) 2 lumacaftor/ivacaftor (orkambi) 3 tezacaftor/ivacaftor (symdeko) 4 elexacaftor/tezacaftor/ivacaftor (trikafta) 5 None of these
	51	[clearance_perform1] Show the field ONLY if: [theratype] = '1'	Which statement best describes your current airway clearance use since starting ivacaftor (kalydeco)?	radio 1 I perform more airway clearance now 2 I perform the same amount of airway clearance now 3 I perform less airway clearance now
	52	[clearance_perform2] Show the field ONLY if: [theratype] = '2'	Which statement best describes your current airway clearance use since starting lumacaftor/ivacaftor (orkambi)?	radio 1 I perform more airway clearance now 2 I perform the same amount of airway clearance now 3 I perform less airway clearance now
	53	[clearance_perform3] Show the field ONLY if: [theratype] = '3'	Which statement best describes your current airway clearance use since starting tezacaftor/ivacaftor (symdeko)?	radio 1 I perform more airway clearance now 2 I perform the same amount of airway clearance now 3 I perform less airway clearance now
	54	[clearance_perform4] Show the field ONLY if: [theratype] = '4'	Which statement best describes your current airway clearance use since starting elexacaftor/tezacaftor/ivacaftor (trikafta)?	radio 1 I perform more airway clearance now 2 I perform the same amount of airway clearance now 3 I perform less airway clearance now
	55	[mod_clearance_more] Show the field ONLY if: [clearance_perform1] = '1' or [clearance_perform2] = '1' or [clearance_perform3] = '1' or [clearance_perform4] = '1'	Why do you perform more airway clearance now?	notes
	56	[mod_clearance_same] Show the field ONLY if: [clearance_perform1] = '2' or [clearance_perform2] = '2' or [clearance_perform3] = '2' or [clearance_perform4] = '2'	Why do you perform the same amount of airway clearance now as you did prior to starting your modulator?	notes
	57	[mod_clearance_less] Show the field ONLY if: [clearance_perform1] = '3' or [clearance_perform2] = '3' or [clearance_perform3] = '3' or [clearance_perform4] = '3'	Why do you perform less airway clearance now?	notes
	58	[ranking_modulators] Show the field ONLY if: [theratype] = '1' or [theratype] = '2' or [theratype] = '3' or [theratype] = '4'	Section Header: *Please indicate how important each of the following are for maintaining your health:* CFTR Modulators Kalydeco, Orkambi, Symdeko or Trikafta	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	59	[ranking_inhaled_anti] Show the field ONLY if: [treatments_maintain(1)] = '1'	Inhaled Antibiotics e.g. Tobramycin (TOBI), Aztreonam (Cayston), etc.	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	60	[ranking_oral_anti] Show the field ONLY if: [treatments_maintain(2)] = '1'	Oral Antibiotics e.g. Azithromycin, Augmentin, Bactrim, Cephalexin, Ciprofloxacin, etc.	slider Slider labels: Least Important, , Most Important Custom alignment: RH

	61	[ranking_mucus] Show the field ONLY if: [treatments_maintain(3)] = '1'	Mucus thinners e.g. Hypertonic Saline or Dornase Alfa (Pulmozyme), etc.	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	62	[ranking_airway]	Airway clearance techniques e.g. Manual Chest PT, IPV, Vest, or PEP (aerobika or acapella)	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	63	[ranking_exercise]	Exercise	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	64	[ranking_nutrition]	Nutrition	slider Slider labels: Least Important, , Most Important Custom alignment: RH
	65	[race] Show the field ONLY if: [who_filled_out] = '1' or [who_filled_out] = '2'	Section Header: *Demographics* What is your race? Select ALL that apply	checkbox 1, race___1, American Indian or Alaska Native 2, race___2, Asian 3, race___3, Black or African American 4, race___4, Hispanic or Latino 5, race___5, Native Hawaiian or Other Pacific Islander 6, race___6, White 7, race___7, Other (not represented above) 8, race___8, Prefer not to answer
	66	[race2] Show the field ONLY if: [who_filled_out] = '3'	What is THE PATIENT'S race? Select ALL that apply	checkbox 1, race2___1, American Indian or Alaska Native 2, race2___2, Asian 3, race2___3, Black or African American 4, race2___4, Hispanic or Latino 5, race2___5, Native Hawaiian or Other Pacific Islander 6, race2___6, White 7, race2___7, Other (not represented above) 8, race2___8, Prefer not to answer
	67	[patient_household_size]	How many people are currently living in your household, including yourself?	text
	68	[patient_household_children]	How many children ≤18 years old live in your house, including yourself?	text
	69	[patient_education] Show the field ONLY if: [who_filled_out] = '1' or [who_filled_out] = '2'	What is the highest grade you have completed?	radio 1, Preschool or Younger 2, Elementary (Kindergarten - 5th Grade) 3, Middle School (6th - 8th Grade) 4, High School: (9th - 12th grade) 5, College/Junior College 6, Graduate School or Beyond
	70	[patient_education_2] Show the field ONLY if: [who_filled_out] = '3'	What is the highest grade your child (THE PATIENT) has completed?	radio 1, Preschool or Younger 2, Elementary (Kindergarten - 5th Grade) 3, Middle School (6th - 8th Grade) 4, High School: (9th - 12th grade) 5, College/Junior College 6, Graduate School or Beyond

	71	[parent_degree_2] Show the field ONLY if: [who_filled_out] = '1'	What is the highest degree your parent or caregiver has earned?	radio 1 Some high school or less 2 High school diploma or equivalency (GED) 3 Associate degree (junior college) or vocational degree/license 4 Bachelor's degree 5 Master's degree 6 Doctorate, Professional (MD, JD, DDS, PhD, etc) 7 None of the above
	72	[parent_degree] Show the field ONLY if: [who_filled_out] = '3'	What is the highest degree you (THE PARENT/CAREGIVER) earned?	radio 1 Some high school or less 2 High school diploma or equivalency (GED) 3 Associate degree (junior college) or vocational degree/license 4 Bachelor's degree 5 Master's degree 6 Doctorate, Professional (MD, JD, DDS, PhD, etc) 7 None of the above
	73	[work_status] Show the field ONLY if: [who_filled_out] = '1' or [who_filled_out] = '2'	What is your current work or school status?	radio 1 Attending school outside the home 2 Attending classes from home 3 Working full or part time (either outside the home or at a home-based business) 4 Not attending school or working due to my health 5 Not working for other reasons 6 Too young for school, attending day care outside of home 7 Too young for school, attending day care within the home
	74	[work_status_2] Show the field ONLY if: [who_filled_out] = '3'	What is your child's (THE PATIENT'S) current work or school status?	radio 1 Attending school outside the home 2 Attending classes from home 3 Working full or part time (either outside the home or at a home-based business) 4 Not attending school or working due to my health 5 Not working for other reasons 6 Too young for school, attending day care outside of home 7 Too young for school, attending day care within the home
	75	[who_completed]	Who completed this survey? Select ALL that apply	checkbox 1 who_completed___1 Patient 2 who_completed___2 Patient's Parent / Caregiver 3 who_completed___3 Patient's Spouse 4 who_completed___4 Other
	76	[pt_survey_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete