

868	[p1f1q62a2_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Location	text																		
869	[p1f1q62a2_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Stage	text (number, Min: 1, Max: 4)																		
870	[p1f1q62a2_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Age at Dx	text (number, Min: 1, Max: 99)																		
871	[p1f1q62a2_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Date Diagnosed <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": "99" }																		
872	[p1f1q63] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: 63. What kind of health insurance or health care coverage does the subject have at the time of enrollment?(Choose all that apply)	checkbox, Required <table border="1"> <tr> <td>98</td> <td>p1f1q63__98</td> <td>None</td> </tr> <tr> <td>1</td> <td>p1f1q63__1</td> <td>Private health insurance</td> </tr> <tr> <td>2</td> <td>p1f1q63__2</td> <td>Medicare</td> </tr> <tr> <td>3</td> <td>p1f1q63__3</td> <td>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td> </tr> <tr> <td>4</td> <td>p1f1q63__4</td> <td>TRICARE or other military health care, including VA health care</td> </tr> <tr> <td>5</td> <td>p1f1q63__5</td> <td>Other type of health insurance, specify</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=98	98	p1f1q63__98	None	1	p1f1q63__1	Private health insurance	2	p1f1q63__2	Medicare	3	p1f1q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	p1f1q63__4	TRICARE or other military health care, including VA health care	5	p1f1q63__5	Other type of health insurance, specify
98	p1f1q63__98	None																			
1	p1f1q63__1	Private health insurance																			
2	p1f1q63__2	Medicare																			
3	p1f1q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.																			
4	p1f1q63__4	TRICARE or other military health care, including VA health care																			
5	p1f1q63__5	Other type of health insurance, specify																			
873	[p1f1q63a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q63 (5)]= '1'	Other, specify	text, Required																		
874	[p1f1q64] Show the field ONLY if: [p1f1q04b(1)]= '0'	64. Year of first visit in medical record:	radio, Required <table border="1"> <tr> <td>1</td> <td>Subject not seen at this institution</td> </tr> <tr> <td>2</td> <td>Years - enter below</td> </tr> </table>	1	Subject not seen at this institution	2	Years - enter below														
1	Subject not seen at this institution																				
2	Years - enter below																				
875	[p1f1q64a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q64] = '2'	Year	text (integer, Min: 1910, Max: 2019), Required																		
876	[p1f1q64b]	PI review and sign-off:	text, Required																		
877	[medical_record_abstraction_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Laboratory Reporting Form (laboratory_reporting_form)																					
878	[p1f2q0]	FORM COMPLETE, LABRATORY RECORDS NOT AVAILABLE	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q0__1</td> </tr> </table>	1	p1f2q0__1																
1	p1f2q0__1																				
879	[p1f2q1] Show the field ONLY if: [p1f2q0(1)] = "0"	1. Nucleated RBC	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q1__1</td> <td>NA</td> </tr> </table>	1	p1f2q1__1	NA															
1	p1f2q1__1	NA																			
880	[p1f2q1_1] Show the field ONLY if: [p1f2q1(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>10³/mm³</i>	text (number), Required																		

881	[p1f2q1_1b]	Unit	radio <table border="1"> <tr> <td>1</td> <td>10³/mm³</td> </tr> <tr> <td>2</td> <td>/100 WC</td> </tr> </table> Field Annotation: @DEFAULTCHOICE=1	1	10 ³ /mm ³	2	/100 WC
1	10 ³ /mm ³						
2	/100 WC						
882	[p1f2q1_2] Show the field ONLY if: [p1f2q1(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
883	[p1f2q2] Show the field ONLY if: [p1f2q0(1)] = "0"	2. White Blood Cells	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q2__1</td> <td>NA</td> </tr> </table>	1	p1f2q2__1	NA	
1	p1f2q2__1	NA					
884	[p1f2q2_1] Show the field ONLY if: [p1f2q2(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(3.0-15) x 10³/mm³</i>	text (number, Min: 3, Max: 15), Required				
885	[p1f2q2_2] Show the field ONLY if: [p1f2q2(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
886	[p1f2q3] Show the field ONLY if: [p1f2q0(1)] = "0"	3. RBC	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q3__1</td> <td>NA</td> </tr> </table>	1	p1f2q3__1	NA	
1	p1f2q3__1	NA					
887	[p1f2q3_1] Show the field ONLY if: [p1f2q3(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(4.3-5.9) x 10⁶/mm³</i>	text (number, Min: 4.3, Max: 5.9), Required				
888	[p1f2q3_2] Show the field ONLY if: [p1f2q3(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
889	[p1f2q4] Show the field ONLY if: [p1f2q0(1)] = "0"	4. Hemoglobin	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q4__1</td> <td>NA</td> </tr> </table>	1	p1f2q4__1	NA	
1	p1f2q4__1	NA					
890	[p1f2q4_1] Show the field ONLY if: [p1f2q4(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(6 -20) g/dL</i>	text (number, Min: 6, Max: 20), Required				
891	[p1f2q4_2] Show the field ONLY if: [p1f2q4(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
892	[p1f2q5] Show the field ONLY if: [p1f2q0(1)] = "0"	5. Hematocrit	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q5__1</td> <td>NA</td> </tr> </table>	1	p1f2q5__1	NA	
1	p1f2q5__1	NA					
893	[p1f2q5_1] Show the field ONLY if: [p1f2q5(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(33-49)%</i>	text (number, Min: 33, Max: 49), Required				
894	[p1f2q5_2] Show the field ONLY if: [p1f2q5(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
895	[p1f2q6] Show the field ONLY if: [p1f2q0(1)] = "0"	6. MCV	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q6__1</td> <td>NA</td> </tr> </table>	1	p1f2q6__1	NA	
1	p1f2q6__1	NA					

896	[p1f2q6_1] Show the field ONLY if: [p1f2q6(1)]= '0' and [p1f2q0(1)] = "0"	Test results (60 - 120) micrometer ³	text (number, Min: 60, Max: 120), Required			
897	[p1f2q6_2] Show the field ONLY if: [p1f2q6(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }			
898	[p1f2q7] Show the field ONLY if: [p1f2q0(1)] = "0"	7. MCH	checkbox <table border="1"><tr><td>1</td><td>p1f2q7__1</td><td>NA</td></tr></table>	1	p1f2q7__1	NA
1	p1f2q7__1	NA				
899	[p1f2q7_1] Show the field ONLY if: [p1f2q7(1)]= '0' and [p1f2q0(1)] = "0"	Test results (26.5 - 34) pg	text (number, Min: 26.5, Max: 34), Required			
900	[p1f2q7_2] Show the field ONLY if: [p1f2q7(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }			
901	[p1f2q8] Show the field ONLY if: [p1f2q0(1)] = "0"	8. MCHC	checkbox <table border="1"><tr><td>1</td><td>p1f2q8__1</td><td>NA</td></tr></table>	1	p1f2q8__1	NA
1	p1f2q8__1	NA				
902	[p1f2q8_1] Show the field ONLY if: [p1f2q8(1)]= '0' and [p1f2q0(1)] = "0"	Test results (32 -36) g/dL	text (number, Min: 32, Max: 36), Required			
903	[p1f2q8_2] Show the field ONLY if: [p1f2q8(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }			
904	[p1f2q9] Show the field ONLY if: [p1f2q0(1)] = "0"	9. Platelets	checkbox <table border="1"><tr><td>1</td><td>p1f2q9__1</td><td>NA</td></tr></table>	1	p1f2q9__1	NA
1	p1f2q9__1	NA				
905	[p1f2q9_1] Show the field ONLY if: [p1f2q9(1)]= '0' and [p1f2q0(1)] = "0"	Test results (120 - 600) x 10 ³ /mm ³	text (number, Min: 120, Max: 600), Required			
906	[p1f2q9_2] Show the field ONLY if: [p1f2q9(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }			
907	[p1f2q10] Show the field ONLY if: [p1f2q0(1)] = "0"	10. Neutrophils (segmented and band together)	checkbox <table border="1"><tr><td>1</td><td>p1f2q10__1</td><td>NA</td></tr></table>	1	p1f2q10__1	NA
1	p1f2q10__1	NA				
908	[p1f2q10_1] Show the field ONLY if: [p1f2q10(1)]= '0' and [p1f2q0(1)] = "0"	Test results (37-80)%	text (number, Min: 37, Max: 80), Required			
909	[p1f2q10_2] Show the field ONLY if: [p1f2q10(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }			
910	[p1f2q11] Show the field ONLY if: [p1f2q0(1)] = "0"	11. Lymphocytes	checkbox <table border="1"><tr><td>1</td><td>p1f2q11__1</td><td>NA</td></tr></table>	1	p1f2q11__1	NA
1	p1f2q11__1	NA				
911	[p1f2q11_1] Show the field ONLY if: [p1f2q11(1)]= '0' and [p1f2q0(1)] = "0"	Test results (10-50)%	text (number, Min: 10, Max: 50), Required			

912	[p1f2q11_2] Show the field ONLY if: [p1f2q11(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
913	[p1f2q12] Show the field ONLY if: [p1f2q0(1)] = "0"	12. Monocytes	checkbox <table border="1"><tr><td>1</td><td>p1f2q12__1</td><td>NA</td></tr></table>	1	p1f2q12__1	NA
1	p1f2q12__1	NA				
914	[p1f2q12_1] Show the field ONLY if: [p1f2q12(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0-12)%</i>	text (number, Min: 0, Max: 12), Required			
915	[p1f2q12_2] Show the field ONLY if: [p1f2q12(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
916	[p1f2q13] Show the field ONLY if: [p1f2q0(1)] = "0"	13. Reticulocytes	checkbox <table border="1"><tr><td>1</td><td>p1f2q13__1</td><td>NA</td></tr></table>	1	p1f2q13__1	NA
1	p1f2q13__1	NA				
917	[p1f2q13_1] Show the field ONLY if: [p1f2q13(1)]= '0' and [p1f2q0(1)]="0"	Test results %	text (number)			
918	[p1f2q13_4] Show the field ONLY if: [p1f2q13(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>10³ /microliter</i>	text (number)			
919	[p1f2q13_3] Show the field ONLY if: [p1f2q13(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
920	[p1f2q14] Show the field ONLY if: [p1f2q0(1)] = "0"	14. Serum BUN	checkbox <table border="1"><tr><td>1</td><td>p1f2q14__1</td><td>NA</td></tr></table>	1	p1f2q14__1	NA
1	p1f2q14__1	NA				
921	[p1f2q14_1] Show the field ONLY if: [p1f2q14(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(7-21)mg/dL</i>	text (number, Min: 7, Max: 21), Required			
922	[p1f2q14_2] Show the field ONLY if: [p1f2q14(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
923	[p1f2q15] Show the field ONLY if: [p1f2q0(1)] = "0"	15. Serum Creatinine	checkbox <table border="1"><tr><td>1</td><td>p1f2q15__1</td><td>NA</td></tr></table>	1	p1f2q15__1	NA
1	p1f2q15__1	NA				
924	[p1f2q15_1] Show the field ONLY if: [p1f2q15(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0.3-1.9)mg/dL</i>	text (number, Min: 0.3, Max: 1.9), Required			
925	[p1f2q15_2] Show the field ONLY if: [p1f2q15(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
926	[p1f2q16] Show the field ONLY if: [p1f2q0(1)] = "0"	16. Estimated GFR	checkbox <table border="1"><tr><td>1</td><td>p1f2q16__1</td><td>NA</td></tr></table> Field Annotation: @HIDDEN	1	p1f2q16__1	NA
1	p1f2q16__1	NA				

927	[p1f2q16_1] Show the field ONLY if: [p1f2q16(1)]= '0' and [p1f2q0(1)]="0"	Test results (90-120)mL/min/1.73m ²	text (number, Min: 90, Max: 120), Required Field Annotation: @HIDDEN			
928	[p1f2q16_2] Show the field ONLY if: [p1f2q16(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= { "mode": "MDY", "unknown_value": 99 } @HIDDEN			
929	[p1f2q17] Show the field ONLY if: [p1f2q0(1)] = "0"	17. Estimated creatinine clearance	checkbox <table border="1"><tr><td>1</td><td>p1f2q17__1</td><td>NA</td></tr></table>	1	p1f2q17__1	NA
1	p1f2q17__1	NA				
930	[p1f2q17_1] Show the field ONLY if: [p1f2q17(1)]= '0' and [p1f2q0(1)]="0"	Test results (88-137)mL/min	text (number, Min: 88, Max: 137), Required			
931	[p1f2q17_2] Show the field ONLY if: [p1f2q17(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= { "mode": "MDY", "unknown_value": 99 }			
932	[p1f2q18] Show the field ONLY if: [p1f2q0(1)] = "0"	18. Total Cholesterol	checkbox <table border="1"><tr><td>1</td><td>p1f2q18__1</td><td>NA</td></tr></table>	1	p1f2q18__1	NA
1	p1f2q18__1	NA				
933	[p1f2q18_1] Show the field ONLY if: [p1f2q18(1)]= '0' and [p1f2q0(1)]="0"	Test results (0 - 200) mg/dL	text (number, Min: 0, Max: 200), Required			
934	[p1f2q18_2] Show the field ONLY if: [p1f2q18(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= { "mode": "MDY", "unknown_value": 99 }			
935	[p1f2q19] Show the field ONLY if: [p1f2q0(1)] = "0"	19. Non-Fasting HDL	checkbox <table border="1"><tr><td>1</td><td>p1f2q19__1</td><td>NA</td></tr></table>	1	p1f2q19__1	NA
1	p1f2q19__1	NA				
936	[p1f2q19_1] Show the field ONLY if: [p1f2q19(1)]= '0' and [p1f2q0(1)]="0"	Test results (40-200)mg/dL	text (number, Min: 40, Max: 200), Required			
937	[p1f2q19_2] Show the field ONLY if: [p1f2q19(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= { "mode": "MDY", "unknown_value": 99 }			
938	[p1f2q20] Show the field ONLY if: [p1f2q0(1)] = "0"	20. Fasting HDL	checkbox <table border="1"><tr><td>1</td><td>p1f2q20__1</td><td>NA</td></tr></table>	1	p1f2q20__1	NA
1	p1f2q20__1	NA				
939	[p1f2q20_1] Show the field ONLY if: [p1f2q20(1)]= '0' and [p1f2q0(1)]="0"	Test results (40-200)mg/dL	text (number, Min: 40, Max: 200), Required			
940	[p1f2q20_2] Show the field ONLY if: [p1f2q20(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= { "mode": "MDY", "unknown_value": 99 }			
941	[p1f2q21] Show the field ONLY if: [p1f2q0(1)] = "0"	21. Non-Fasting LDL	checkbox <table border="1"><tr><td>1</td><td>p1f2q21__1</td><td>NA</td></tr></table>	1	p1f2q21__1	NA
1	p1f2q21__1	NA				
942	[p1f2q21_1] Show the field ONLY if: [p1f2q21(1)]= '0' and [p1f2q0(1)]="0"	Test results (0-100)mg/dL	text (number, Min: 0, Max: 100), Required			

943	[p1f2q21_2] Show the field ONLY if: [p1f2q21(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
944	[p1f2q22] Show the field ONLY if: [p1f2q0(1)] = "0"	22. Fasting LDL	checkbox <input type="checkbox"/> 1 p1f2q22__1 <input type="checkbox"/> NA
945	[p1f2q22_1] Show the field ONLY if: [p1f2q22(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0-100)mg/dL</i>	text (number, Min: 0, Max: 100), Required
946	[p1f2q22_2] Show the field ONLY if: [p1f2q22(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
947	[p1f2q23] Show the field ONLY if: [p1f2q0(1)] = "0"	23. Triglyceride	checkbox <input type="checkbox"/> 1 p1f2q23__1 <input type="checkbox"/> NA
948	[p1f2q23_1] Show the field ONLY if: [p1f2q23(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0-150)mg/dL</i>	text (number, Min: 0, Max: 150), Required
949	[p1f2q23_2] Show the field ONLY if: [p1f2q23(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
950	[p1f2q24] Show the field ONLY if: [p1f2q0(1)] = "0"	24. Non-Fasting Blood Glucose	checkbox <input type="checkbox"/> 1 p1f2q24__1 <input type="checkbox"/> NA
951	[p1f2q24_1] Show the field ONLY if: [p1f2q24(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(70-140)mg/dL</i>	text (number, Min: 70, Max: 140), Required
952	[p1f2q24_2] Show the field ONLY if: [p1f2q24(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
953	[p1f2q25] Show the field ONLY if: [p1f2q0(1)] = "0"	25. Fasting Blood Glucose	checkbox <input type="checkbox"/> 1 p1f2q25__1 <input type="checkbox"/> NA
954	[p1f2q25_1] Show the field ONLY if: [p1f2q25(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(70-140)mg/dL</i>	text (number, Min: 70, Max: 140), Required
955	[p1f2q25_2] Show the field ONLY if: [p1f2q25(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
956	[p1f2q26] Show the field ONLY if: [p1f2q0(1)] = "0"	26. CRP	checkbox <input type="checkbox"/> 1 p1f2q26__1 <input type="checkbox"/> NA
957	[p1f2q26_1] Show the field ONLY if: [p1f2q26(1)]= '0' and [p1f2q0(1)]="0"	Test results	text (number), Required

958	[p1f2q26_1a] Show the field ONLY if: [p1f2q26(1)]= '0' and [p1f2q0(1)]="0"	Unit	radio <table border="1"> <tr> <td>1</td> <td>mg/dL</td> </tr> <tr> <td>2</td> <td>mg/L</td> </tr> </table> Field Annotation: @DEFAULTCHOICE=1	1	mg/dL	2	mg/L
1	mg/dL						
2	mg/L						
959	[p1f2q26_2] Show the field ONLY if: [p1f2q26(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
960	[p1f2q27] Show the field ONLY if: [p1f2q0(1)] = "0"	27. Bilirubin serum, total	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q27__1</td> <td>NA</td> </tr> </table>	1	p1f2q27__1	NA	
1	p1f2q27__1	NA					
961	[p1f2q27_1] Show the field ONLY if: [p1f2q27(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0.2- 40)mg/dL</i>	text (number, Min: 0.2, Max: 40), Required				
962	[p1f2q27_2] Show the field ONLY if: [p1f2q27(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
963	[p1f2q28] Show the field ONLY if: [p1f2q0(1)] = "0"	28. Bilirubin, serum, direct	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q28__1</td> <td>NA</td> </tr> </table>	1	p1f2q28__1	NA	
1	p1f2q28__1	NA					
964	[p1f2q28_1] Show the field ONLY if: [p1f2q28(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(0-12)mg/dL</i>	text (number, Min: 0, Max: 12), Required				
965	[p1f2q28_2] Show the field ONLY if: [p1f2q28(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
966	[p1f2q29] Show the field ONLY if: [p1f2q0(1)] = "0"	29. AST	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q29__1</td> <td>NA</td> </tr> </table>	1	p1f2q29__1	NA	
1	p1f2q29__1	NA					
967	[p1f2q29_1] Show the field ONLY if: [p1f2q29(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(8-48)U/L</i>	text (number, Min: 8, Max: 48), Required				
968	[p1f2q29_2] Show the field ONLY if: [p1f2q29(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
969	[p1f2q30] Show the field ONLY if: [p1f2q0(1)] = "0"	30. ALT	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q30__1</td> <td>NA</td> </tr> </table>	1	p1f2q30__1	NA	
1	p1f2q30__1	NA					
970	[p1f2q30_1] Show the field ONLY if: [p1f2q30(1)]= '0' and [p1f2q0(1)]="0"	Test results <i>(7-55)U/L</i>	text (number, Min: 7, Max: 55), Required				
971	[p1f2q30_2] Show the field ONLY if: [p1f2q30(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
972	[p1f2q31] Show the field ONLY if: [p1f2q0(1)] = "0"	31. Alkaline Phosphatase	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q31__1</td> <td>NA</td> </tr> </table>	1	p1f2q31__1	NA	
1	p1f2q31__1	NA					

973	[p1f2q31_1] Show the field ONLY if: [p1f2q31(1)]= '0' and [p1f2q0(1)]="0"	Test results (50-100)U/L	text (number, Min: 50, Max: 100), Required
974	[p1f2q31_2] Show the field ONLY if: [p1f2q31(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
975	[p1f2q32] Show the field ONLY if: [p1f2q0(1)] = "0"	32. Total Protein (plasma)	checkbox <input type="checkbox"/> 1 p1f2q32__1 <input type="checkbox"/> NA
976	[p1f2q32_1] Show the field ONLY if: [p1f2q32(1)]= '0' and [p1f2q0(1)]="0"	Test results (5.0-9.0)g/dL	text (number, Min: 5, Max: 9), Required
977	[p1f2q32_2] Show the field ONLY if: [p1f2q32(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
978	[p1f2q33] Show the field ONLY if: [p1f2q0(1)] = "0"	33. Albumin	checkbox <input type="checkbox"/> 1 p1f2q33__1 <input type="checkbox"/> NA
979	[p1f2q33_1] Show the field ONLY if: [p1f2q33(1)]= '0' and [p1f2q0(1)]="0"	Test results (3.0-7.0)g/dL	text (number, Min: 3, Max: 7), Required
980	[p1f2q33_2] Show the field ONLY if: [p1f2q33(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
981	[p1f2q34] Show the field ONLY if: [p1f2q0(1)] = "0"	34. LDH (serum)	checkbox <input type="checkbox"/> 1 p1f2q34__1 <input type="checkbox"/> NA
982	[p1f2q34_1] Show the field ONLY if: [p1f2q34(1)]= '0' and [p1f2q0(1)]="0"	Test results (50-200)U/L	text (number, Min: 50, Max: 200), Required
983	[p1f2q34_2] Show the field ONLY if: [p1f2q34(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
984	[p1f2q35] Show the field ONLY if: [p1f2q0(1)] = "0"	35. NT-pro-BNP	checkbox <input type="checkbox"/> 1 p1f2q35__1 <input type="checkbox"/> NA
985	[p1f2q35_1] Show the field ONLY if: [p1f2q35(1)]= '0' and [p1f2q0(1)]="0"	Test results (0-450)pg/mL	text (number, Min: 0, Max: 450), Required
986	[p1f2q35_2] Show the field ONLY if: [p1f2q35(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
987	[p1f2q36] Show the field ONLY if: [p1f2q0(1)] = "0"	36. BNP	checkbox <input type="checkbox"/> 1 p1f2q36__1 <input type="checkbox"/> NA
988	[p1f2q36_1] Show the field ONLY if: [p1f2q36(1)]= '0' and [p1f2q0(1)]="0"	Test results (0.5-30)pg/mL	text (number, Min: 0.5, Max: 30), Required

989	[p1f2q36_2] Show the field ONLY if: [p1f2q36(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}				
990	[p1f2q37] Show the field ONLY if: [p1f2q0(1)] = "0"	37. Serum iron	checkbox <table border="1"><tr><td>1</td><td>p1f2q37__1</td><td>NA</td></tr></table>	1	p1f2q37__1	NA	
1	p1f2q37__1	NA					
991	[p1f2q37_1] Show the field ONLY if: [p1f2q37(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>(30-180) ug/dL</i>	text (number, Min: 30, Max: 180), Required				
992	[p1f2q37_2] Show the field ONLY if: [p1f2q37(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}				
993	[p1f2q38] Show the field ONLY if: [p1f2q0(1)] = "0"	38. Total iron binding capacity (TIBC)	checkbox <table border="1"><tr><td>1</td><td>p1f2q38__1</td><td>NA</td></tr></table>	1	p1f2q38__1	NA	
1	p1f2q38__1	NA					
994	[p1f2q38_1] Show the field ONLY if: [p1f2q38(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>(250-370)ug/dL</i>	text (number, Min: 250, Max: 370), Required				
995	[p1f2q38_2] Show the field ONLY if: [p1f2q38(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}				
996	[p1f2q39] Show the field ONLY if: [p1f2q0(1)] = "0"	39. Serum transferrin	checkbox <table border="1"><tr><td>1</td><td>p1f2q39__1</td><td>NA</td></tr></table>	1	p1f2q39__1	NA	
1	p1f2q39__1	NA					
997	[p1f2q39_1] Show the field ONLY if: [p1f2q39(1)]= '0' and [p1f2q0(1)] = "0"	Test results	text, Required				
998	[p1f2q39_1a] Show the field ONLY if: [p1f2q39(1)]= '0' and [p1f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>mg/dl</td></tr><tr><td>2</td><td>% saturation</td></tr></table> Field Annotation: @DEFAULTCHOICE=1	1	mg/dl	2	% saturation
1	mg/dl						
2	% saturation						
999	[p1f2q39_2] Show the field ONLY if: [p1f2q39(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}				
1000	[p1f2q40] Show the field ONLY if: [p1f2q0(1)] = "0"	40. Ferritin	checkbox <table border="1"><tr><td>1</td><td>p1f2q40__1</td><td>NA</td></tr></table>	1	p1f2q40__1	NA	
1	p1f2q40__1	NA					
1001	[p1f2q40_1] Show the field ONLY if: [p1f2q40(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>(12-400) ng/mL</i>	text (number, Min: 12, Max: 400), Required				
1002	[p1f2q40_2] Show the field ONLY if: [p1f2q40(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}				
1003	[p1f2q41] Show the field ONLY if: [p1f2q0(1)] = "0"	41. 25-Hydroxy Vitamin D	checkbox <table border="1"><tr><td>1</td><td>p1f2q41__1</td><td>NA</td></tr></table>	1	p1f2q41__1	NA	
1	p1f2q41__1	NA					

1004	[p1f2q41_1] Show the field ONLY if: [p1f2q41(1)]= '0' and [p1f2q0(1)] = "0"	Test results (5-75)ng/mL	text (number, Min: 5, Max: 75), Required						
1005	[p1f2q41_2] Show the field ONLY if: [p1f2q41(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }						
1006	[p1f2q42] Show the field ONLY if: [p1f2q0(1)] = "0"	42. Erythropoietin (EPO)	checkbox <table border="1"><tr><td>1</td><td>p1f2q42__1</td><td>NA</td></tr></table>	1	p1f2q42__1	NA			
1	p1f2q42__1	NA							
1007	[p1f2q42_1] Show the field ONLY if: [p1f2q42(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>mU/ml</i>	text (number), Required						
1008	[p1f2q42_2] Show the field ONLY if: [p1f2q42(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }						
1009	[p1f2q43] Show the field ONLY if: [p1f2q0(1)] = "0"	43. Urine albumin	checkbox <table border="1"><tr><td>1</td><td>p1f2q43__1</td><td>NA</td></tr></table>	1	p1f2q43__1	NA			
1	p1f2q43__1	NA							
1010	[p1f2q43_1] Show the field ONLY if: [p1f2q43(1)]= '0' and [p1f2q0(1)] = "0"	Test results	text (number), Required						
1011	[p1f2q43_1a] Show the field ONLY if: [p1f2q43(1)]= '0' and [p1f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>mg/g</td></tr><tr><td>2</td><td>mg/dl</td></tr><tr><td>3</td><td>mg/l</td></tr></table> Field Annotation: @DEFAULTCHOICE=1	1	mg/g	2	mg/dl	3	mg/l
1	mg/g								
2	mg/dl								
3	mg/l								
1012	[p1f2q43_2] Show the field ONLY if: [p1f2q43(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }						
1013	[p1f2q44] Show the field ONLY if: [p1f2q0(1)] = "0"	44. Urine albumin / creatinine	checkbox <table border="1"><tr><td>1</td><td>p1f2q44__1</td><td>NA</td></tr></table>	1	p1f2q44__1	NA			
1	p1f2q44__1	NA							
1014	[p1f2q44_1] Show the field ONLY if: [p1f2q44(1)]= '0' and [p1f2q0(1)] = "0"	Test results (0-30)mcg/mg	text (number, Min: 0, Max: 30), Required						
1015	[p1f2q44_2] Show the field ONLY if: [p1f2q44(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }						
1016	[p1f2q45] Show the field ONLY if: [p1f2q0(1)] = "0"	45. Urine protein (dipstick)	checkbox <table border="1"><tr><td>1</td><td>p1f2q45__1</td><td>NA</td></tr></table>	1	p1f2q45__1	NA			
1	p1f2q45__1	NA							

1017	[p1f2q45_1] Show the field ONLY if: [p1f2q45(1)]= '0' and [p1f2q0(1)]="0"	Test results	radio, Required <table border="1"> <tr><td>1</td><td>0/Negative</td></tr> <tr><td>2</td><td>trace</td></tr> <tr><td>3</td><td>1+</td></tr> <tr><td>4</td><td>2+</td></tr> <tr><td>5</td><td>3+</td></tr> <tr><td>6</td><td>4+</td></tr> <tr><td>7</td><td>Positive</td></tr> </table>	1	0/Negative	2	trace	3	1+	4	2+	5	3+	6	4+	7	Positive
1	0/Negative																
2	trace																
3	1+																
4	2+																
5	3+																
6	4+																
7	Positive																
1018	[p1f2q45_2] Show the field ONLY if: [p1f2q45(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
1019	[p1f2q46] Show the field ONLY if: [p1f2q0(1)] = "0"	46. Urine protein/creatinine	checkbox <table border="1"> <tr><td>1</td><td>p1f2q46__1</td><td>NA</td></tr> </table>	1	p1f2q46__1	NA											
1	p1f2q46__1	NA															
1020	[p1f2q46_1] Show the field ONLY if: [p1f2q46(1)]= '0' and [p1f2q0(1)]="0"	Test results	text, Required														
1021	[p1f2q46_2] Show the field ONLY if: [p1f2q46(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
1022	[p1f2q47] Show the field ONLY if: [p1f2q0(1)] = "0"	47. Urine dipstick heme	checkbox <table border="1"> <tr><td>1</td><td>p1f2q47__1</td><td>NA</td></tr> </table>	1	p1f2q47__1	NA											
1	p1f2q47__1	NA															
1023	[p1f2q47_1] Show the field ONLY if: [p1f2q47(1)]= '0' and [p1f2q0(1)]="0"	Test results	radio, Required <table border="1"> <tr><td>1</td><td>0/Negative</td></tr> <tr><td>2</td><td>trace</td></tr> <tr><td>3</td><td>1+</td></tr> <tr><td>4</td><td>2+</td></tr> <tr><td>5</td><td>3+</td></tr> <tr><td>6</td><td>4+</td></tr> <tr><td>7</td><td>Positive</td></tr> </table>	1	0/Negative	2	trace	3	1+	4	2+	5	3+	6	4+	7	Positive
1	0/Negative																
2	trace																
3	1+																
4	2+																
5	3+																
6	4+																
7	Positive																
1024	[p1f2q47_2] Show the field ONLY if: [p1f2q47(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
1025	[p1f2q48] Show the field ONLY if: [p1f2q0(1)] = "0"	48. Urine microscopic RBCs	checkbox <table border="1"> <tr><td>1</td><td>p1f2q48__1</td><td>NA</td></tr> </table>	1	p1f2q48__1	NA											
1	p1f2q48__1	NA															
1026	[p1f2q48_1r] Show the field ONLY if: [p1f2q48_unit] = '1' or [p1f2q48_unit]= '2'	Test results	text (number, Min: 0, Max: 100) Custom alignment: RH														
1027	[p1f2q48_unit] Show the field ONLY if: [p1f2q48(1)]= '0' and [p1f2q0(1)]="0"	Unit	radio <table border="1"> <tr><td>1</td><td>10³/mm³</td></tr> <tr><td>2</td><td>#/HPF</td></tr> </table> Field Annotation: @DEFAULTCHOICE=1	1	10 ³ /mm ³	2	#/HPF										
1	10 ³ /mm ³																
2	#/HPF																
1028	[p1f2q48_1r_2] Show the field ONLY if: [p1f2q48_unit] = '1'		checkbox <table border="1"> <tr><td>1</td><td>p1f2q48_1r_2__1</td><td>>100 10³/mm³</td></tr> </table> Custom alignment: RH	1	p1f2q48_1r_2__1	>100 10 ³ /mm ³											
1	p1f2q48_1r_2__1	>100 10 ³ /mm ³															

1029	[p1f2q48_2] Show the field ONLY if: [p1f2q48(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }				
1030	[p1f2q49] Show the field ONLY if: [p1f2q0(1)] = "0"	49. Urine microscopic WBCs	checkbox <table border="1"><tr><td>1</td><td>p1f2q49__1</td><td>NA</td></tr></table>	1	p1f2q49__1	NA	
1	p1f2q49__1	NA					
1031	[p1f2q49_1r] Show the field ONLY if: [p1f2q49_unit] = '1' or [p1f2q49_unit]= '2'	Test results	text (number, Min: 0, Max: 100) Custom alignment: RH				
1032	[p1f2q49_unit] Show the field ONLY if: [p1f2q49(1)]= '0' and [p1f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>10^3/mm^3</td></tr><tr><td>2</td><td>#/HPF</td></tr></table> Field Annotation: @DEFAULTCHOICE=1	1	10^3/mm^3	2	#/HPF
1	10^3/mm^3						
2	#/HPF						
1033	[p1f2q49_1r_2] Show the field ONLY if: [p1f2q49_unit] = '1'		checkbox <table border="1"><tr><td>1</td><td>p1f2q49_1r_2__1</td><td>>100 10^3/mm^3</td></tr></table> Custom alignment: RH	1	p1f2q49_1r_2__1	>100 10^3/mm^3	
1	p1f2q49_1r_2__1	>100 10^3/mm^3					
1034	[p1f2q49_2] Show the field ONLY if: [p1f2q49(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MDY", "unknown_value": 99 }				
1035	[p1f2q50] Show the field ONLY if: [p1f2q0(1)] = "0"	50. Hemoglobin fractionation, baseline(before HU use)	checkbox <table border="1"><tr><td>1</td><td>p1f2q50__1</td><td>NA</td></tr></table>	1	p1f2q50__1	NA	
1	p1f2q50__1	NA					
1036	[p1f2q50_1] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb A %	text (number)				
1037	[p1f2q50_2] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb A2 <i>(0.7-3.1)%</i>	text (number, Min: 0.7, Max: 3.1)				
1038	[p1f2q50_3] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb C %	text (number)				
1039	[p1f2q50_4] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb D %	text (number)				
1040	[p1f2q50_5] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb E %	text (number)				
1041	[p1f2q50_6] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb F %	text (number)				
1042	[p1f2q50_7] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb O %	text (number)				
1043	[p1f2q50_8] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)] = "0"	Hb S %	text (number)				

1044	[p1f2q50_9] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)]="0"	Specify other	text			
1045	[p1f2q50_10] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)]="0" and [p1f2q50_9] <> "	Other %	text (number), Required			
1046	[p1f2q50_11] Show the field ONLY if: [p1f2q50(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
1047	[p1f2q51] Show the field ONLY if: [p1f2q0(1)] = "0"	51. Hemoglobin fractionation, most recent	checkbox <table border="1" style="display: inline-table;"><tr><td>1</td><td>p1f2q51__1</td><td>NA</td></tr></table>	1	p1f2q51__1	NA
1	p1f2q51__1	NA				
1048	[p1f2q51_1] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb A %	text (number)			
1049	[p1f2q51_2] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb A2 <i>(0.7-3.1)%</i>	text (number, Min: 0.7, Max: 3.1)			
1050	[p1f2q51_3] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb C %	text (number)			
1051	[p1f2q51_4] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb D %	text (number)			
1052	[p1f2q51_5] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb E %	text (number)			
1053	[p1f2q51_6] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb F %	text (number)			
1054	[p1f2q51_7] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb O %	text (number)			
1055	[p1f2q51_8] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Hb S %	text (number)			
1056	[p1f2q51_9] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Specify other	text			
1057	[p1f2q51_10] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0" and [p1f2q51_9] <> "	Other %	text (number), Required			
1058	[p1f2q51_11] Show the field ONLY if: [p1f2q51(1)]= '0' and [p1f2q0(1)]="0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			

1059	[p1f2q52] Show the field ONLY if: [p1f2q0(1)] = "0"	52. Hemoglobin fractionation, maximum dose HU	checkbox 1 p1f2q52__1 NA
1060	[p1f2q52_1] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb A %	text (number)
1061	[p1f2q52_2] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb A2 (0.7-3.1)%	text (number, Min: 0.7, Max: 3.1)
1062	[p1f2q52_3] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb C %	text (number)
1063	[p1f2q52_4] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb D %	text (number)
1064	[p1f2q52_5] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb E %	text (number)
1065	[p1f2q52_6] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb F %	text (number)
1066	[p1f2q52_7] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb O %	text (number)
1067	[p1f2q52_8] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Hb S %	text (number)
1068	[p1f2q52_9] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Specify other	text
1069	[p1f2q52_10] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0" and [p1f2q52_9] <> "	Other %	text (number), Required
1070	[p1f2q52_11] Show the field ONLY if: [p1f2q52(1)]= '0' and [p1f2q0(1)] = "0"	Date of Most Recent <i>mm/dd/yyyy (enter 99/99/9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}
1071	[laboratory_reporting_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Renal Form (renal_form)

1072	[p1f8q00] Show the field ONLY if: [p1f1q35] = 1 or [p1f1q36] = 1	Section Header: <i>This form should be completed if YES to either Q35 (chronic kidney disease) or Q36 (end stage renal disease) on the enrollment Medical Record Abstraction Form.</i> DATE FORM COMPLETED	text (date_mdy), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}
1073	[p1f8label1] Show the field ONLY if: [p1f1q35] = 1 or [p1f1q36] = 1	1. Albuminuria	descriptive

513	[p1f6q02] Show the field ONLY if: [p1f6q00_c]= '1'	2. Race (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>p1f6q02__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>p1f6q02__2</td><td>Asian</td></tr> <tr><td>3</td><td>p1f6q02__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>p1f6q02__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>p1f6q02__5</td><td>White</td></tr> </table>	1	p1f6q02__1	American Indian or Alaska Native	2	p1f6q02__2	Asian	3	p1f6q02__3	Black or African American	4	p1f6q02__4	Native Hawaiian or Pacific Islander	5	p1f6q02__5	White
1	p1f6q02__1	American Indian or Alaska Native																
2	p1f6q02__2	Asian																
3	p1f6q02__3	Black or African American																
4	p1f6q02__4	Native Hawaiian or Pacific Islander																
5	p1f6q02__5	White																
514	[p1f6q03] Show the field ONLY if: [p1f6q00_c]= '1'	3. Ethnicity (check one)	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Not Hispanic or Latino</td></tr> </table>	1	Hispanic or Latino	2	Not Hispanic or Latino											
1	Hispanic or Latino																	
2	Not Hispanic or Latino																	
515	[p1f6q04] Show the field ONLY if: [p1f6q00_c]= '1'	4. Sex	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>0</td><td>Female</td></tr> </table>	1	Male	0	Female											
1	Male																	
0	Female																	
516	[p1f6q05] Show the field ONLY if: [p1f6q00_c]= '1'	5. Zip code of primary residence	text (zipcode), Required, Identifier															
517	[p1f6q06] Show the field ONLY if: [p1f6q00_c]= '1'	Section Header: <i>Unaffiliated patients have NOT been seen by a sickle cell provider (non-acute setting) as an outpatient in the past 2 years [for new patients, this excludes the visit during which they were enrolled].</i> 6. Is this patient unaffiliated?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
518	[patient_registration_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	

Instrument: Medical Record Abstraction Form (medical_record_abstraction_form)

519	[p1f1q00]	Name of Abtractor	text, Required																
520	[p1f1q01]	1. DATE OF ENROLLMENT: <i>MM-DD-YYYY</i>	text (date_mdy, Min: 2017-08-01, Max: 2020-08-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}																
521	[p1f1q02]	2. Location where person enrolled:	dropdown, Required <table border="1"> <tr><td>1</td><td>Routine visit--main SCDIC center</td></tr> <tr><td>2</td><td>Routine visit--satellite SCDIC center</td></tr> <tr><td>3</td><td>Emergency Department</td></tr> <tr><td>4</td><td>Acute Pain Center</td></tr> <tr><td>5</td><td>Hospital in-patient</td></tr> <tr><td>6</td><td>Primary Care offices</td></tr> <tr><td>7</td><td>Community event (eg. SCD walk)</td></tr> <tr><td>8</td><td>Other</td></tr> </table>	1	Routine visit--main SCDIC center	2	Routine visit--satellite SCDIC center	3	Emergency Department	4	Acute Pain Center	5	Hospital in-patient	6	Primary Care offices	7	Community event (eg. SCD walk)	8	Other
1	Routine visit--main SCDIC center																		
2	Routine visit--satellite SCDIC center																		
3	Emergency Department																		
4	Acute Pain Center																		
5	Hospital in-patient																		
6	Primary Care offices																		
7	Community event (eg. SCD walk)																		
8	Other																		
522	[p1f1q02a] Show the field ONLY if: [p1f1q02] = '8'	Other specify	text, Required																
523	[p1f1q03]	3. Confirmed enrollment diagnosis: (CHECK ONLY ONE). DIAGNOSIS MUST BE SUPPORTED BY SOURCE DOCUMENTATION.	dropdown, Required <table border="1"> <tr><td>1</td><td>Hb SS or sickle cell anemia</td></tr> <tr><td>2</td><td>Hb SC disease</td></tr> <tr><td>3</td><td>Hb S beta0 thalassemia</td></tr> <tr><td>4</td><td>Hb S beta+ thalassemia</td></tr> <tr><td>5</td><td>Hb S hereditary persistence of fetal Hb (S/HPFH)</td></tr> <tr><td>6</td><td>Hb SE</td></tr> <tr><td>7</td><td>Hb SD</td></tr> <tr><td>8</td><td>Hb SO</td></tr> </table>	1	Hb SS or sickle cell anemia	2	Hb SC disease	3	Hb S beta0 thalassemia	4	Hb S beta+ thalassemia	5	Hb S hereditary persistence of fetal Hb (S/HPFH)	6	Hb SE	7	Hb SD	8	Hb SO
1	Hb SS or sickle cell anemia																		
2	Hb SC disease																		
3	Hb S beta0 thalassemia																		
4	Hb S beta+ thalassemia																		
5	Hb S hereditary persistence of fetal Hb (S/HPFH)																		
6	Hb SE																		
7	Hb SD																		
8	Hb SO																		

524	[p1f1q03a]	a. What was the basis for diagnosis?	radio, Required <table border="1"> <tr><td>1</td><td>Newborn screening</td></tr> <tr><td>2</td><td>Hemoglobin fractionation</td></tr> <tr><td>3</td><td>Hemoglobin electrophoresis</td></tr> <tr><td>4</td><td>DNA sequencing</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table>	1	Newborn screening	2	Hemoglobin fractionation	3	Hemoglobin electrophoresis	4	DNA sequencing	5	Don't know
1	Newborn screening												
2	Hemoglobin fractionation												
3	Hemoglobin electrophoresis												
4	DNA sequencing												
5	Don't know												
525	[p1f1q04]	4. Approximate age of first diagnosis (physician confirmed)	radio, Required <table border="1"> <tr><td>1</td><td>Age in Years - enter below</td></tr> <tr><td>2</td><td>Newborn screening</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Age in Years - enter below	2	Newborn screening	99	Unknown				
1	Age in Years - enter below												
2	Newborn screening												
99	Unknown												
526	[p1f1q04a] Show the field ONLY if: [p1f1q04] = 1	Age in Years	text (integer, Min: 1, Max: 45), Required Custom alignment: RH										
527	[p1f1q04a_1]	Section Header: <i>For subjects age 15-25 at time of enrollment</i> 4a. Date of most recent visit to pediatric sickle cell provider	text (date_mdy)										
528	[p1f4q04a_1a]		checkbox <table border="1"> <tr><td>1</td><td>p1f4q04a_1a__1</td><td>DATE UNAVAILABLE</td></tr> </table>	1	p1f4q04a_1a__1	DATE UNAVAILABLE							
1	p1f4q04a_1a__1	DATE UNAVAILABLE											
529	[p1f1q04a_2]	Date of first visit to adult sickle cell provider	text (date_mdy)										
530	[p1f4q04a_2a]		checkbox <table border="1"> <tr><td>1</td><td>p1f4q04a_2a__1</td><td>DATE UNAVAILABLE</td></tr> <tr><td>2</td><td>p1f4q04a_2a__2</td><td>HAS NOT SEEN ADULT PROVIDER</td></tr> </table>	1	p1f4q04a_2a__1	DATE UNAVAILABLE	2	p1f4q04a_2a__2	HAS NOT SEEN ADULT PROVIDER				
1	p1f4q04a_2a__1	DATE UNAVAILABLE											
2	p1f4q04a_2a__2	HAS NOT SEEN ADULT PROVIDER											
531	[p1f1q04b]	FORM COMPLETE, MEDICAL RECORDS NOT AVAILABLE	checkbox <table border="1"> <tr><td>1</td><td>p1f1q04b__1</td><td></td></tr> </table>	1	p1f1q04b__1								
1	p1f1q04b__1												
532	[p1f1q05] Show the field ONLY if: [p1f1q04b(1)] = 0	5. Ever tested for alpha-thalassemia?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes-single alpha globin gene deleted</td></tr> <tr><td>2</td><td>Yes-two alpha globin genes deleted</td></tr> <tr><td>3</td><td>Yes-negative</td></tr> <tr><td>4</td><td>No-not evaluated</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes-single alpha globin gene deleted	2	Yes-two alpha globin genes deleted	3	Yes-negative	4	No-not evaluated	99	Unknown
1	Yes-single alpha globin gene deleted												
2	Yes-two alpha globin genes deleted												
3	Yes-negative												
4	No-not evaluated												
99	Unknown												
533	[p1f1q06] Show the field ONLY if: [p1f1q04b(1)] = 0	6. Height (CM)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q06__1</td><td>Not in record</td></tr> </table>	1	p1f1q06__1	Not in record							
1	p1f1q06__1	Not in record											
534	[p1f1q06_1] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q06(1)] = '0'	Measurements	text (number, Min: 100, Max: 198), Required										
535	[p1f1q06_2] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q06(1)] = '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={"mode":"MY","unknown_value":99}										
536	[p1f1q06_3] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q06(1)] = '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes												
0	No												
537	[p1f1q07] Show the field ONLY if: [p1f1q04b(1)] = 0	7. Weight(KG)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q07__1</td><td>Not in record</td></tr> </table>	1	p1f1q07__1	Not in record							
1	p1f1q07__1	Not in record											
538	[p1f1q07_1] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q07(1)] = '0'	Measurements	text (number, Min: 20, Max: 122), Required										

539	[p1f1q07_2] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q07(1)]= '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
540	[p1f1q07_3] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q07(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
541	[p1f1q08] Show the field ONLY if: [p1f1q04b(1)]= 0	8. Temperature (Celsius)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q08__1</td><td>Not in record</td></tr> </table>	1	p1f1q08__1	Not in record	
1	p1f1q08__1	Not in record					
542	[p1f1q08_1] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q08(1)]= '0'	Measurements	text (number, Min: 30, Max: 43), Required				
543	[p1f1q08_2] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q08(1)]= '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
544	[p1f1q08_3] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q08(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
545	[p1f1q09] Show the field ONLY if: [p1f1q04b(1)]= 0	9. Heart Rate (Beats/Minute)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q09__1</td><td>Not in record</td></tr> </table>	1	p1f1q09__1	Not in record	
1	p1f1q09__1	Not in record					
546	[p1f1q09_1] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q09(1)]= '0'	Measurements	text (number, Min: 40, Max: 120), Required				
547	[p1f1q09_2] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q09(1)]= '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
548	[p1f1q09_3] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q09(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
549	[p1f1q10] Show the field ONLY if: [p1f1q04b(1)]= '0'	10. Respiration Rate (Breaths/Minute)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q10__1</td><td>Not in record</td></tr> </table>	1	p1f1q10__1	Not in record	
1	p1f1q10__1	Not in record					
550	[p1f1q10_1] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q10(1)]= '0'	Measurements	text (number, Min: 8, Max: 30), Required				
551	[p1f1q10_2] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q10(1)]= '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
552	[p1f1q10_3] Show the field ONLY if: [p1f1q04b(1)]= 0 and [p1f1q10(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						

553	[p1f1q11] Show the field ONLY if: [p1f1q04b(1)]= '0'	11. Oxygen Saturation Level (SpO2)	checkbox 1 p1f1q11__1 Not in record
554	[p1f1q11_1] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q11(1)] = '0'	Measurements %	text (number, Min: 70, Max: 100), Required
555	[p1f1q11_2] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q11(1)] = '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
556	[p1f1q11_3] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q11(1)] = '0'	Steady state?	yesno, Required 1 Yes 0 No Custom alignment: RH
557	[p1f1q12] Show the field ONLY if: [p1f1q04b(1)] = '0'	12. Blood Pressure	checkbox 1 p1f1q12__1 Not in record
558	[p1f11b1] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	Measurements	descriptive
559	[p1f1q12_1] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	Systolic	text (number, Min: 40, Max: 180), Required
560	[p1f1q12_2] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	Diastolic	text (number, Min: 40, Max: 180), Required
561	[p1f1q12_3] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	ON ANTI-HYPERTENSIVE MEDS?	yesno 1 Yes 0 No Custom alignment: RH
562	[p1f1q12_5] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
563	[p1f1q12_6] Show the field ONLY if: [p1f1q04b(1)] = 0 and [p1f1q12(1)] = '0'	Steady state?	yesno, Required 1 Yes 0 No Custom alignment: RH
564	[p1f1q13] Show the field ONLY if: [p1f1q04b(1)] = '0'	13. Has the subject ever used hydroxyurea?	radio 1 Yes 0 No 2 Unknown Custom alignment: RH
565	[p1f1q13a] Show the field ONLY if: [p1f1q04b(1)] = '0' and [p1f1q13] = '1'	a. Start date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }

566	[p1f1q13b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q13] = '1'	b. Stop/last date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
567	[p1f1q13c] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q13] = '1'	c. Total duration of use <i>Enter 0 if unknown</i>	text (number, Min: 0, Max: 45), Required				
568	[p1f1q13c1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q13] = '1' and [p1f1q13c] > 0	Unit	radio, Required <table border="1"> <tr><td>1</td><td>Months</td></tr> <tr><td>2</td><td>Years</td></tr> </table> Custom alignment: RH	1	Months	2	Years
1	Months						
2	Years						
569	[p1f1q13d] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q13] = '1'	d. Current dose <i>Enter 0 if unknown</i>	text (number, Min: 0), Required				
570	[p1f1q13d_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q13] = '1' and [p1f1q13d] > 0	Dose unit	radio, Required <table border="1"> <tr><td>1</td><td>mg/kg</td></tr> <tr><td>2</td><td>mg</td></tr> </table> Custom alignment: RH	1	mg/kg	2	mg
1	mg/kg						
2	mg						
571	[p1f1q14] Show the field ONLY if: [p1f1q04b(1)]= '0'	14. Please list all medications the subject is currently taking (at time of enrollment).	checkbox <table border="1"> <tr><td>1</td><td>p1f1q14__1</td><td>NONE CURRENTLY BEING USED</td></tr> </table>	1	p1f1q14__1	NONE CURRENTLY BEING USED	
1	p1f1q14__1	NONE CURRENTLY BEING USED					
572	[p1f11b1_1] Show the field ONLY if: [p1f1q14(1)]= '0' and [p1f1q04b(1)]= '0'	Name of Medication	descriptive				
573	[p1f1q14_1] Show the field ONLY if: [p1f1q14(1)]= '0' and [p1f1q04b(1)]= '0'	Medication 1	text				
574	[p1f1q14_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 2	text				
575	[p1f1q14_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 3	text				
576	[p1f1q14_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 4	text				
577	[p1f1q14_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 5	text				
578	[p1f1q14_6] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 6	text				
579	[p1f1q14_7] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 7	text				

580	[p1f1q14_8] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 8	text
581	[p1f1q14_9] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 9	text
582	[p1f1q14_10] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 10	text
583	[p1f1q14_11] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 11	text
584	[p1f1q14_12] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 12	text
585	[p1f1q14_13] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 13	text
586	[p1f1q14_14] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 14	text
587	[p1f1q14_15] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 15	text
588	[p1f1q14_16] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 16	text
589	[p1f1q14_17] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 17	text
590	[p1f1q14_18] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 18	text
591	[p1f1q14_19] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 19	text
592	[p1f1q14_20] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 20	text
593	[p1f1q14_21] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 21	text
594	[p1f1q14_22] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 22	text

595	[p1f1q14_23] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 23	text			
596	[p1f1q14_24] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 24	text			
597	[p1f1q14_25] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 25	text			
598	[p1f1q14_26] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 26	text			
599	[p1f1q14_27] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 27	text			
600	[p1f1q14_28] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 28	text			
601	[p1f1q14_29] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 29	text			
602	[p1f1q14_30] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 30	text			
603	[p1f1q14_31] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 31	text			
604	[p1f1q14_32] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 32	text			
605	[p1f1q14_33] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 33	text			
606	[p1f1q14_34] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 34	text			
607	[p1f1q14_35] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q14(1)]= '0'	Medication 35	text			
608	[p1f1q15] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Most recent visit to ...</i> 15. Acute Pain/Infusion Center (not admitted)	checkbox <table border="1"> <tr> <td>1</td> <td>p1f1q15__1</td> <td>Not in record</td> </tr> </table>	1	p1f1q15__1	Not in record
1	p1f1q15__1	Not in record				
609	[p1f1q15_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q15(1)]= '0'	Visit/Admission Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			

610	[p1f1q15_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q15(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
611	[p1f1q15_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q15(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 1, Max: 30), Required				
612	[p1f1q16] Show the field ONLY if: [p1f1q04b(1)]= '0'	16. Emergency Department (not admitted)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q16__1</td><td>Not in record</td></tr> </table>	1	p1f1q16__1	Not in record	
1	p1f1q16__1	Not in record					
613	[p1f1q16_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q16(1)]= '0'	Visit/Admission Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
614	[p1f1q16_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q16(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
615	[p1f1q16_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q16(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 1, Max: 30), Required				
616	[p1f1q17] Show the field ONLY if: [p1f1q04b(1)]= '0'	17. Hospitalization	checkbox <table border="1"> <tr><td>1</td><td>p1f1q17__1</td><td>Not in record</td></tr> </table>	1	p1f1q17__1	Not in record	
1	p1f1q17__1	Not in record					
617	[p1f1q17_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q17(1)]= '0'	Visit/Admission Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
618	[p1f1q17_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q17(1)]= '0'	Length of stay (in days)	text (integer, Min: 1, Max: 400), Required				
619	[p1f1q17_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q17(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
620	[p1f1q17_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q17(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 1, Max: 30), Required				
621	[p1f1q18] Show the field ONLY if: [p1f1q04b(1)]= '0'	18. Primary care physician (i. e. family/internal medicine, pediatrician)	checkbox <table border="1"> <tr><td>1</td><td>p1f1q18__1</td><td>Not in record</td></tr> </table>	1	p1f1q18__1	Not in record	
1	p1f1q18__1	Not in record					
622	[p1f1q18_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q18(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
623	[p1f1q19] Show the field ONLY if: [p1f1q04b(1)]= '0'	19. Behavioral medicine/psychiatrist	checkbox <table border="1"> <tr><td>1</td><td>p1f1q19__1</td><td>Not in record</td></tr> </table>	1	p1f1q19__1	Not in record	
1	p1f1q19__1	Not in record					
624	[p1f1q19_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q19(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				

625	[p1f1q20] Show the field ONLY if: [p1f1q04b(1)]= '0'	20. Hematologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q20__1</td><td>Not in record</td></tr></table>	1	p1f1q20__1	Not in record
1	p1f1q20__1	Not in record				
626	[p1f1q20_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q20(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
627	[p1f1q21] Show the field ONLY if: [p1f1q04b(1)]= '0'	21. Orthopedic surgeon	checkbox <table border="1"><tr><td>1</td><td>p1f1q21__1</td><td>Not in record</td></tr></table>	1	p1f1q21__1	Not in record
1	p1f1q21__1	Not in record				
628	[p1f1q21_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q21(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
629	[p1f1q22] Show the field ONLY if: [p1f1q04b(1)]= '0'	22. Nephrologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q22__1</td><td>Not in record</td></tr></table>	1	p1f1q22__1	Not in record
1	p1f1q22__1	Not in record				
630	[p1f1q22_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q22(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
631	[p1f1q23] Show the field ONLY if: [p1f1q04b(1)]= '0'	23. Ophthalmologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q23__1</td><td>Not in record</td></tr></table>	1	p1f1q23__1	Not in record
1	p1f1q23__1	Not in record				
632	[p1f1q23_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q23(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
633	[p1f1q24] Show the field ONLY if: [p1f1q04b(1)]= '0'	24. Cardiologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q24__1</td><td>Not in record</td></tr></table>	1	p1f1q24__1	Not in record
1	p1f1q24__1	Not in record				
634	[p1f1q24_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q24(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
635	[p1f1q25] Show the field ONLY if: [p1f1q04b(1)]= '0'	25. Neurologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q25__1</td><td>Not in record</td></tr></table>	1	p1f1q25__1	Not in record
1	p1f1q25__1	Not in record				
636	[p1f1q25_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q25(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
637	[p1f1q26] Show the field ONLY if: [p1f1q04b(1)]= '0'	26. Pulmonologist	checkbox <table border="1"><tr><td>1</td><td>p1f1q26__1</td><td>Not in record</td></tr></table>	1	p1f1q26__1	Not in record
1	p1f1q26__1	Not in record				
638	[p1f1q26_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q26(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			
639	[p1f1q27] Show the field ONLY if: [p1f1q04b(1)]= '0'	27. OB/GYN	checkbox <table border="1"><tr><td>1</td><td>p1f1q27__1</td><td>Not in record</td></tr></table>	1	p1f1q27__1	Not in record
1	p1f1q27__1	Not in record				
640	[p1f1q27_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q27(1)]= '0'	Visit Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			

641	[p1f1q28] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Transfusion History at Clinic Site</i> 28. Episodic, simple	checkbox 1 p1f1q28__1 None
642	[p1f1q28_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q28(1)]= '0'	# ever had <i>range (1 - 480)</i>	text (integer, Min: 1, Max: 480), Required
643	[p1f1q28_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q28(1)]= '0'	# total units <i>range (1 -800)</i>	text (number, Min: 1, Max: 800), Required
644	[p1f1q28_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q28(1)]= '0'	First time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
645	[p1f1q28_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q28(1)]= '0'	Last time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
646	[p1f1q28_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q28(1)]= '0'	Frequency	dropdown, Required 1 Less than once/year 2 About once a year 3 More than once/year 99 Unknown
647	[p1f1q29] Show the field ONLY if: [p1f1q04b(1)]= '0'	29. Chronic, simple	checkbox 1 p1f1q29__1 None
648	[p1f1q29_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	# ever had <i>range (1- 480)</i>	text (integer, Min: 1, Max: 480), Required
649	[p1f1q29_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	# total units <i>range (1-960)</i>	text (number, Min: 1, Max: 960), Required
650	[p1f1q29_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	First time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
651	[p1f1q29_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	Last time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
652	[p1f1q29_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	Reason stopped	radio 1 Hemochromatosis 2 Alloimmunization 3 Other 99 Unknown
653	[p1f1q29_6] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q29(1)]= '0'	Frequency	dropdown, Required 1 Once every 4 weeks 2 Once every 6 weeks 3 Once every 8 weeks 99 Unknown
654	[p1f1q30] Show the field ONLY if: [p1f1q04b(1)]= '0'	30. Episodic, exchange	checkbox 1 p1f1q30__1 None

655	[p1f1q30_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q30(1)]= '0'	# ever had	text (integer), Required								
656	[p1f1q30_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q30(1)]= '0'	First time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }								
657	[p1f1q30_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q30(1)]= '0'	Last time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }								
658	[p1f1q30_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q30(1)]= '0'	Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than once/year</td></tr> <tr><td>2</td><td>About once a year</td></tr> <tr><td>3</td><td>More than once/year</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Less than once/year	2	About once a year	3	More than once/year	99	Unknown
1	Less than once/year										
2	About once a year										
3	More than once/year										
99	Unknown										
659	[p1f1q30_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q30(1)]= '0'	Type	radio, Required <table border="1"> <tr><td>1</td><td>Automated</td></tr> <tr><td>2</td><td>Manual</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Automated	2	Manual	99	Unknown		
1	Automated										
2	Manual										
99	Unknown										
660	[p1f1q31] Show the field ONLY if: [p1f1q04b(1)]= '0'	31. Chronic, exchange	checkbox <table border="1"> <tr><td>1</td><td>p1f1q31__1</td><td>None</td></tr> </table>	1	p1f1q31__1	None					
1	p1f1q31__1	None									
661	[p1f1q31_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	# ever had	text, Required								
662	[p1f1q31_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	First time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }								
663	[p1f1q31_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	Last time <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }								
664	[p1f1q31_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	Reason stopped	radio <table border="1"> <tr><td>1</td><td>Hemochromatosis</td></tr> <tr><td>2</td><td>Alloimmunization</td></tr> <tr><td>3</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Hemochromatosis	2	Alloimmunization	3	Other	99	Unknown
1	Hemochromatosis										
2	Alloimmunization										
3	Other										
99	Unknown										
665	[p1f1q31_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Once every 4 weeks</td></tr> <tr><td>2</td><td>Once every 6 weeks</td></tr> <tr><td>3</td><td>Once every 8 weeks</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Once every 4 weeks	2	Once every 6 weeks	3	Once every 8 weeks	99	Unknown
1	Once every 4 weeks										
2	Once every 6 weeks										
3	Once every 8 weeks										
99	Unknown										
666	[p1f1q31_6] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q31(1)]= '0'	Type	radio, Required <table border="1"> <tr><td>1</td><td>Automated</td></tr> <tr><td>2</td><td>Manual</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Automated	2	Manual	99	Unknown		
1	Automated										
2	Manual										
99	Unknown										
667	[p1f11b1_2] Show the field ONLY if: [p1f1q04b(1)]= '0'	SCD Complications Indicate whether the subject has ever had each condition and the date it was most recently diagnosed.	descriptive								

668	[p1f1q32] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Musculoskeletal</i> 32. Avascular necrosis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
669	[p1f11b1_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	When diagnosed?	descriptive						
670	[p1f1q32_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	Age	text (number, Min: 1, Max: 99)						
671	[p1f1q32_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
672	[p1f1q32a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	a. Hip	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
673	[p1f1q32a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32a]= '1'	Age	text (number, Min: 1, Max: 99)						
674	[p1f1q32a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
675	[p1f1q32b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	b. Shoulder	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
676	[p1f1q32b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32b]= '1'	Age	text (number, Min: 1, Max: 99)						
677	[p1f1q32b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
678	[p1f1q32c] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32] = '1'	c. Knee	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
679	[p1f1q32c_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32c]= '1'	Age	text (number, Min: 1, Max: 99)						

680	[p1f1q32c_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q32c]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
681	[p1f1q33] Show the field ONLY if: [p1f1q04b(1)]= '0'	33. Dactylitis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
682	[p1f11b1_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q33]= '1'	When diagnosed?	descriptive						
683	[p1f1q33_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q33]= '1'	Age	text (number, Min: 1, Max: 99)						
684	[p1f1q33_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q33]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
685	[p1f1q34] Show the field ONLY if: [p1f1q04b(1)]= '0'	34. Osteomyelitis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
686	[p1f11b1_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q34]= '1'	When diagnosed?	descriptive						
687	[p1f1q34_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q34]= '1'	Age	text (number, Min: 1, Max: 99)						
688	[p1f1q34_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q34]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
689	[p1f1q35] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Genitourinary</i> 35. Chronic kidney disease	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
690	[renal_form_reminder] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q35]= '1'	Remember to fill out the supplementary Renal Form	descriptive						
691	[p1f11b1_6] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q35]= '1'	When diagnosed?	descriptive						
692	[p1f1q35_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q35]= '1'	Age	text (number, Min: 1, Max: 99)						

693	[p1f1q35_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q35] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
694	[p1f1q36] Show the field ONLY if: [p1f1q04b(1)]= '0'	36. End stage renal disease	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
695	[renal_form_reminder_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36] = '1'	Remember to fill out the supplementary Renal Form	descriptive						
696	[p1f1l1b1_7] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36] = '1'	When diagnosed?	descriptive						
697	[p1f1q36_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36] = '1'	Age	text (number, Min: 1, Max: 99)						
698	[p1f1q36_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
699	[p1f1q36a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36] = '1'	a. Kidney transplant	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
700	[p1f1q36a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36 a]= '1'	Age	text (number, Min: 1, Max: 99)						
701	[p1f1q36a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q36 a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
702	[p1f1q37] Show the field ONLY if: [p1f1q04b(1)]= '0'	37. Priapism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
703	[p1f1l1b1_8] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q37] = '1'	When diagnosed?	descriptive						
704	[p1f1q37_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q37] = '1'	Age	text (number, Min: 1, Max: 99)						
705	[p1f1q37_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q37] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						

706	[p1f1q38] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Nervous system</i> 38. Stroke (check all that apply)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
707	[p1f11b1_9] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	When diagnosed?	descriptive						
708	[p1f1q38_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	Age	text (number, Min: 1, Max: 99)						
709	[p1f1q38_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
710	[p1f1q38a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	a. Ischemic	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
711	[p1f1q38a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38a]= '1'	Age	text (number, Min: 1, Max: 99)						
712	[p1f1q38a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
713	[p1f1q38b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	b. Hemorrhagic	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
714	[p1f1q38b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38b]= '1'	Age	text (number, Min: 1, Max: 99)						
715	[p1f1q38b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
716	[p1f1q38c] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38] = '1'	c. Transient ischemic attack (TIA)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
717	[p1f1q38c_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38c]= '1'	Age	text (number, Min: 1, Max: 99)						

718	[p1f1q38c_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38c]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
719	[p1f1q38d] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38d]= '1'	d. Silent	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
720	[p1f1q38d_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38d]= '1'	Age	text (number, Min: 1, Max: 99)						
721	[p1f1q38d_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q38d]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
722	[p1f1q39] Show the field ONLY if: [p1f1q04b(1)]= '0'	39. Intracranial bleeding	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
723	[p1f1l1b1_10] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q39]= '1'	When diagnosed?	descriptive						
724	[p1f1q39_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q39]= '1'	Age	text (number, Min: 1, Max: 99)						
725	[p1f1q39_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q39]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
726	[p1f1q40] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Cardiovascular</i> 40. Pulmonary arterial hypertension	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
727	[pulmonary_form_reminder] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40]= '1'	Remember to fill out the supplementary Pulmonary Form	descriptive						
728	[p1f1l1b1_11] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40]= '1'	When diagnosed?	descriptive						
729	[p1f1q40_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40]= '1'	Age	text (number, Min: 1, Max: 99)						
730	[p1f1q40_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

731	[p1f1q40a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40] = '1'	a. Mean pulmonary artery pressure > or = to 25 mm Hg	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
732	[p1f1q40a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40a]= '1'	Age	text (number, Min: 1, Max: 99)						
733	[p1f1q40a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
734	[p1f1q40b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40] = '1'	b. Tricuspid regurgitation velocity (TRV) > or = to 3.0 m/sec	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
735	[p1f1q40b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40b]= '1'	Age	text (number, Min: 1, Max: 99)						
736	[p1f1q40b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q40b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
737	[p1f1q41] Show the field ONLY if: [p1f1q04b(1)]= '0'	41. Left ventricular dysfunction	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
738	[pulmonary_form_reminder_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q41] = '1'	Remember to fill out the supplementary Pulmonary Form	descriptive						
739	[p1f11b1_12] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q41] = '1'	When diagnosed?	descriptive						
740	[p1f1q41_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q41] = '1'	Age	text (number, Min: 1, Max: 99)						
741	[p1f1q41_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q41] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
742	[p1f1q42] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Respiratory</i> 42. Acute chest syndrome	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								

743	[p1f11b1_13] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q42] = '1'	When diagnosed?	descriptive						
744	[p1f1q42_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q42] = '1'	Age	text (number, Min: 1, Max: 99)						
745	[p1f1q42_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q42] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
746	[p1f1q43] Show the field ONLY if: [p1f1q04b(1)]= '0'	43. Asthma	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
747	[p1f11b1_14] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q43] = '1'	When diagnosed?	descriptive						
748	[p1f1q43_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q43] = '1'	Age	text (number, Min: 1, Max: 99)						
749	[p1f1q43_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q43] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
750	[p1f1q44] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Digestive</i> 44. Gallstones/cholelithiasis, cholecystitis	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
751	[p1f11b1_15] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q44] = '1'	When diagnosed?	descriptive						
752	[p1f1q44_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q44] = '1'	Age	text (number, Min: 1, Max: 99)						
753	[p1f1q44_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q44] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
754	[p1f1q45] Show the field ONLY if: [p1f1q04b(1)]= '0'	45. Splenomegaly (check all that apply)	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
755	[p1f11b1_16] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45] = '1'	When diagnosed?	descriptive						

756	[p1f1q45_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45]= '1'	Age	text (number, Min: 1, Max: 99)						
757	[p1f1q45_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
758	[p1f1q45a] Show the field ONLY if: [p1f1q04b(1)]= '0'	a. Splenic sequestration	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
759	[p1f1q45a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45a]= '1'	Age	text (number, Min: 1, Max: 99)						
760	[p1f1q45a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
761	[p1f1q45b] Show the field ONLY if: [p1f1q04b(1)]= '0'	b. Splenic infarcts	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
762	[p1f1q45b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45b]= '1'	Age	text (number, Min: 1, Max: 99)						
763	[p1f1q45b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
764	[p1f1q45c] Show the field ONLY if: [p1f1q04b(1)]= '0'	c. Hypersplenism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
765	[p1f1q45c_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45c]= '1'	Age	text (number, Min: 1, Max: 99)						
766	[p1f1q45c_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45c]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
767	[p1f1q45d] Show the field ONLY if: [p1f1q04b(1)]= '0'	d. Splenectomy	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								

768	[p1f1q45d_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45d]= '1'	Age	text (number, Min: 1, Max: 99)						
769	[p1f1q45d_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q45d]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
770	[p1f1q46] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Other Autoimmune/Inflammatory</i> 46. Deep vein thrombosis (DVT)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
771	[p1f11b1_17] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46]= '1'	When diagnosed?	descriptive						
772	[p1f1q46_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46]= '1'	Age	text (number, Min: 1, Max: 99)						
773	[p1f1q46_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
774	[p1f1q46a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46]= '1'	a. Pulmonary embolism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
775	[p1f1q46a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46a]= '1'	Age	text (number, Min: 1, Max: 99)						
776	[p1f1q46a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
777	[p1f1q46b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46]= '1'	b. Venous thromboembolism (VTE)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
778	[p1f1q46b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46b]= '1'	Age	text (number, Min: 1, Max: 99)						
779	[p1f1q46b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q46b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

780	[p1f1q47] Show the field ONLY if: [p1f1q04b(1)]= '0'	47. Lupus	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
781	[p1f11b1_18] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q47] = '1'	When diagnosed?	descriptive						
782	[p1f1q47_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q47] = '1'	Age	text (number, Min: 1, Max: 99)						
783	[p1f1q47_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q47] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
784	[p1f1q48] Show the field ONLY if: [p1f1q04b(1)]= '0'	48. Rheumatoid arthritis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
785	[p1f11b1_19] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q48] = '1'	When diagnosed?	descriptive						
786	[p1f1q48_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q48] = '1'	Age	text (number, Min: 1, Max: 99)						
787	[p1f1q48_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q48] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
788	[p1f1q49] Show the field ONLY if: [p1f1q04b(1)]= '0'	49. Gout	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
789	[p1f11b1_20] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q49] = '1'	When diagnosed?	descriptive						
790	[p1f1q49_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q49] = '1'	Age	text (number, Min: 1, Max: 99)						
791	[p1f1q49_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q49] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

792	[p1f1q50] Show the field ONLY if: [p1f1q04b(1)]= '0'	50. Sarcoidosis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
793	[p1f11b1_21] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q50] = '1'	When diagnosed?	descriptive						
794	[p1f1q50_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q50] = '1'	Age	text (number, Min: 1, Max: 99)						
795	[p1f1q50_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q50] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
796	[p1f1q51] Show the field ONLY if: [p1f1q04b(1)]= '0'	51. Other autoimmune or inflammatory, specify:	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
797	[p1f1q51_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q51] = '1'	Specify	text, Required						
798	[p1f11b1_22] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q51] = '1'	When diagnosed?	descriptive						
799	[p1f1q51_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q51] = '1'	Age	text (number, Min: 1, Max: 99)						
800	[p1f1q51_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q51] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
801	[p1f1q52] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: <i>Other Conditions</i> 52. Multi-organ failure (check all that apply)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
802	[p1f11b1_23] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	When diagnosed?	descriptive						
803	[p1f1q52_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	Age	text (number, Min: 1, Max: 99)						
804	[p1f1q52_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						

805	[p1f1q52a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	a. ICU	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
806	[p1f1q52a_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52a]= '1'	Age	text (number, Min: 1, Max: 99)						
807	[p1f1q52a_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52a]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
808	[p1f1q52b] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	b. Intubation	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
809	[p1f1q52b_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52b]= '1'	Age	text (number, Min: 1, Max: 99)						
810	[p1f1q52b_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52b]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
811	[p1f1q52c] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	c. Simple transfusion	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
812	[p1f1q52c_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52c]= '1'	Age	text (number, Min: 1, Max: 99)						
813	[p1f1q52c_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52c]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
814	[p1f1q52d] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52] = '1'	d. Exchange transfusion	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
815	[p1f1q52d_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52d]= '1'	Age	text (number, Min: 1, Max: 99)						
816	[p1f1q52d_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52d]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						


817	[p1f1q52e] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52e]= '1'	e. Hemodialysis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
818	[p1f1q52e_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52e]= '1'	Age	text (number, Min: 1, Max: 99)						
819	[p1f1q52e_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52e]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
820	[p1f1q52f] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52f]= '1'	f. Peritoneal dialysis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
821	[p1f1q52f_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52f]= '1'	Age	text (number, Min: 1, Max: 99)						
822	[p1f1q52f_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q52f]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
823	[p1f1q53] Show the field ONLY if: [p1f1q04b(1)]= '0'	53. Pneumococcal sepsis (Pulmonary)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
824	[p1f11b1_24] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q53]= '1'	When diagnosed?	descriptive						
825	[p1f1q53_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q53]= '1'	Age	text (number, Min: 1, Max: 99)						
826	[p1f1q53_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q53]= '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
827	[p1f1q54] Show the field ONLY if: [p1f1q04b(1)]= '0'	54. Skin ulcers (Integumentary)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
828	[p1f11b1_25] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q54]= '1'	When diagnosed?	descriptive						

829	[p1f1q54_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q54] = '1'	Age	text (number, Min: 1, Max: 99)						
830	[p1f1q54_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q54] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
831	[p1f1q55] Show the field ONLY if: [p1f1q04b(1)]= '0'	55. Retinopathy (Ocular)	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
832	[p1f11b1_26] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q55] = '1'	When diagnosed?	descriptive						
833	[p1f1q55_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q55] = '1'	Age	text (number, Min: 1, Max: 99)						
834	[p1f1q55_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q55] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
835	[p1f1q56] Show the field ONLY if: [p1f1q04b(1)]= '0'	56. Diabetes mellitus (other systemic)	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
836	[p1f11b1_27] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q56] = '1'	When diagnosed?	descriptive						
837	[p1f1q56_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q56] = '1'	Age	text (number, Min: 1, Max: 99)						
838	[p1f1q56_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q56] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
839	[p1f1q57] Show the field ONLY if: [p1f1q04b(1)]= '0'	57. Iron overload (Other)	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
840	[p1f11b1_28] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q57] = '1'	When diagnosed?	descriptive						
841	[p1f1q57_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q57] = '1'	Age	text (number, Min: 1, Max: 99)						

842	[p1f1q57_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q57] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
843	[p1f1q58] Show the field ONLY if: [p1f1q04b(1)]= '0'	58. Chronic refractory pain (Other)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
844	[p1f11b1_29] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q58] = '1'	When diagnosed?	descriptive						
845	[p1f1q58_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q58] = '1'	Age	text (number, Min: 1, Max: 99)						
846	[p1f1q58_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q58] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
847	[p1f1q59] Show the field ONLY if: [p1f1q04b(1)]= '0'	59. Anxiety (Mental health)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
848	[p1f11b1_30] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q59] = '1'	When diagnosed?	descriptive						
849	[p1f1q59_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q59] = '1'	Age	text (number, Min: 1, Max: 99)						
850	[p1f1q59_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q59] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
851	[p1f1q60] Show the field ONLY if: [p1f1q04b(1)]= '0'	60. Depression (Mental health)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
852	[p1f11b1_31] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q60] = '1'	When diagnosed?	descriptive						
853	[p1f1q60_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q60] = '1'	Age	text (number, Min: 1, Max: 99)						
854	[p1f1q60_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q60] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						

855	[p1f1q61] Show the field ONLY if: [p1f1q04b(1)]= '0'	61. Other psychiatric disorder (Mental health)	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
856	[p1f1q61_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q61] = '1'	Specify:	text, Required						
857	[p1f11b1_32] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q61] = '1'	When diagnosed?	descriptive						
858	[p1f1q61_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q61] = '1'	Age	text (number, Min: 1, Max: 99)						
859	[p1f1q61_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q61] = '1'	Date <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
860	[p1f1q62] Show the field ONLY if: [p1f1q04b(1)]= '0'	62. Has the subject ever been diagnosed with cancer?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	99	Don't know
1	Yes								
0	No								
99	Don't know								
861	[p1f1q62a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	a. IF YES: For each primary cancer, complete a row in the table:	descriptive						
862	[p1f1q62a1_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Section Header: <i>Primary cancer 1</i> Cancer Type	text, Required						
863	[p1f1q62a1_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Location	text, Required						
864	[p1f1q62a1_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Stage	text (number, Min: 1, Max: 4), Required						
865	[p1f1q62a1_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Age at Dx	text (number, Min: 1, Max: 99)						
866	[p1f1q62a1_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Date Diagnosed <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
867	[p1f1q62a2_1] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Section Header: <i>Primary cancer 2</i> Cancer Type	text						

868	[p1f1q62a2_2] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Location	text																		
869	[p1f1q62a2_3] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Stage	text (number, Min: 1, Max: 4)																		
870	[p1f1q62a2_4] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Age at Dx	text (number, Min: 1, Max: 99)																		
871	[p1f1q62a2_5] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q62] = '1'	Date Diagnosed <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": "99" }																		
872	[p1f1q63] Show the field ONLY if: [p1f1q04b(1)]= '0'	Section Header: 63. What kind of health insurance or health care coverage does the subject have at the time of enrollment?(Choose all that apply)	checkbox, Required <table border="1"> <tr> <td>98</td> <td>p1f1q63__98</td> <td>None</td> </tr> <tr> <td>1</td> <td>p1f1q63__1</td> <td>Private health insurance</td> </tr> <tr> <td>2</td> <td>p1f1q63__2</td> <td>Medicare</td> </tr> <tr> <td>3</td> <td>p1f1q63__3</td> <td>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td> </tr> <tr> <td>4</td> <td>p1f1q63__4</td> <td>TRICARE or other military health care, including VA health care</td> </tr> <tr> <td>5</td> <td>p1f1q63__5</td> <td>Other type of health insurance, specify</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=98	98	p1f1q63__98	None	1	p1f1q63__1	Private health insurance	2	p1f1q63__2	Medicare	3	p1f1q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	p1f1q63__4	TRICARE or other military health care, including VA health care	5	p1f1q63__5	Other type of health insurance, specify
98	p1f1q63__98	None																			
1	p1f1q63__1	Private health insurance																			
2	p1f1q63__2	Medicare																			
3	p1f1q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.																			
4	p1f1q63__4	TRICARE or other military health care, including VA health care																			
5	p1f1q63__5	Other type of health insurance, specify																			
873	[p1f1q63a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q63 (5)]= '1'	Other, specify	text, Required																		
874	[p1f1q64] Show the field ONLY if: [p1f1q04b(1)]= '0'	64. Year of first visit in medical record:	radio, Required <table border="1"> <tr> <td>1</td> <td>Subject not seen at this institution</td> </tr> <tr> <td>2</td> <td>Years - enter below</td> </tr> </table>	1	Subject not seen at this institution	2	Years - enter below														
1	Subject not seen at this institution																				
2	Years - enter below																				
875	[p1f1q64a] Show the field ONLY if: [p1f1q04b(1)]= '0' and [p1f1q64] = '2'	Year	text (integer, Min: 1910, Max: 2019), Required																		
876	[p1f1q64b]	PI review and sign-off:	text, Required																		
877	[medical_record_abstraction_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Laboratory Reporting Form (laboratory_reporting_form)																					
878	[p1f2q0]	FORM COMPLETE, LABRATORY RECORDS NOT AVAILABLE	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q0__1</td> </tr> </table>	1	p1f2q0__1																
1	p1f2q0__1																				
879	[p1f2q1] Show the field ONLY if: [p1f2q0(1)] = "0"	1. Nucleated RBC	checkbox <table border="1"> <tr> <td>1</td> <td>p1f2q1__1</td> <td>NA</td> </tr> </table>	1	p1f2q1__1	NA															
1	p1f2q1__1	NA																			
880	[p1f2q1_1] Show the field ONLY if: [p1f2q1(1)]= '0' and [p1f2q0(1)] = "0"	Test results <i>10³/mm³</i>	text (number), Required																		

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																
Instrument: Patient Survey Mode (patient_survey_mode)			[collapsed]																
Instrument: Patient Enrollment Survey (patient_enrollment_survey)  Enabled as survey																			
4	[p1f5q]	We are interested in learning more about people who have sickle cell disease. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.	descriptive																
5	[p1f5q1]	1. What is today's date?	text (date_mdy, Min: 2017-01-01, Max: 2020-01-01)																
6	[p1f5q2]	2. What is your year of birth?	text (integer, Min: 1900, Max: 2017)																
7	[p1f5q3]	3. How old are you today? <i>Years</i>	text (integer, Min: 1, Max: 100)																
8	[p1f5q4]	4. How old were you when you were diagnosed with sickle cell disease? <i>Years</i>	text (integer, Min: 0, Max: 100)																
9	[p1f5q5r]	5. What type of healthcare professional has been providing the majority of care for your sickle cell disease in the past 2 years?	radio <table border="1"> <tr> <td>1</td> <td>Sickle cell specialist or hematologist (including all care providers in the SCD clinic)</td> </tr> <tr> <td>2</td> <td>Primary care or general practice</td> </tr> <tr> <td>3</td> <td>Emergency department</td> </tr> <tr> <td>4</td> <td>I don't currently receive care for my sickle cell disease</td> </tr> </table>	1	Sickle cell specialist or hematologist (including all care providers in the SCD clinic)	2	Primary care or general practice	3	Emergency department	4	I don't currently receive care for my sickle cell disease								
1	Sickle cell specialist or hematologist (including all care providers in the SCD clinic)																		
2	Primary care or general practice																		
3	Emergency department																		
4	I don't currently receive care for my sickle cell disease																		
10	[p1f5q6]	Section Header: A. YOUR PAIN HISTORY 6. Do you take pain medicine every day for your sickle cell disease?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No												
1	Yes																		
0	No																		
11	[p1f5q7]	7. In the past 12 months, how many sickle cell pain attacks (crises) did you have?	radio <table border="1"> <tr> <td>1</td> <td>I did not have a pain attack in the past 12 months</td> </tr> <tr> <td>2</td> <td>1</td> </tr> <tr> <td>3</td> <td>2</td> </tr> <tr> <td>4</td> <td>3</td> </tr> <tr> <td>5</td> <td>4 or more</td> </tr> </table>	1	I did not have a pain attack in the past 12 months	2	1	3	2	4	3	5	4 or more						
1	I did not have a pain attack in the past 12 months																		
2	1																		
3	2																		
4	3																		
5	4 or more																		
12	[p1f5q8]	8. When was your last pain attack (crisis)?	radio <table border="1"> <tr> <td>1</td> <td>I've never had a pain attack (crisis)</td> </tr> <tr> <td>2</td> <td>More than 5 years ago</td> </tr> <tr> <td>3</td> <td>1-5 years ago</td> </tr> <tr> <td>4</td> <td>7-11 months ago</td> </tr> <tr> <td>5</td> <td>1-6 months ago</td> </tr> <tr> <td>6</td> <td>1-3 weeks ago</td> </tr> <tr> <td>7</td> <td>Less than a week ago</td> </tr> <tr> <td>8</td> <td>I have one right now</td> </tr> </table>	1	I've never had a pain attack (crisis)	2	More than 5 years ago	3	1-5 years ago	4	7-11 months ago	5	1-6 months ago	6	1-3 weeks ago	7	Less than a week ago	8	I have one right now
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6	1-3 weeks ago																		
7	Less than a week ago																		
8	I have one right now																		

13	[p1f5q9]	9. How severe was your pain during your last pain attack (crisis)? Circle a number from 0 to 10 below, where 0 is no pain and 10 is the worst pain imaginable.	radio <table border="1" data-bbox="1065 33 1349 491"> <tr><td>0</td><td>0 No pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 The worst imaginable</td></tr> </table> Custom alignment: LH	0	0 No pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 The worst imaginable
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8	8																								
9	9																								
10	10 The worst imaginable																								
14	[p1f5q10]	10. How much did your last pain attack (crisis) interfere with your life?	radio <table border="1" data-bbox="1065 590 1594 888"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>Not at all, I did everything I usually do</td></tr> <tr><td>3</td><td>I had to cut down on some things I usually do</td></tr> <tr><td>4</td><td>I could not do most things I usually do</td></tr> <tr><td>5</td><td>I could not take care of myself and needed some help from family or friends</td></tr> <tr><td>6</td><td>I could not take care of myself and needed constant care from family, friends, doctors, or nurses</td></tr> </table>	1	I've never had a pain attack (crisis)	2	Not at all, I did everything I usually do	3	I had to cut down on some things I usually do	4	I could not do most things I usually do	5	I could not take care of myself and needed some help from family or friends	6	I could not take care of myself and needed constant care from family, friends, doctors, or nurses										
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15	[p1f5q11]	11. About how long did your most recent pain attack (crisis) last?	radio <table border="1" data-bbox="1065 936 1425 1262"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>Less than 1 hour</td></tr> <tr><td>3</td><td>1-12 hours</td></tr> <tr><td>4</td><td>13-23 hours</td></tr> <tr><td>5</td><td>1-3 days</td></tr> <tr><td>6</td><td>4-6 days</td></tr> <tr><td>7</td><td>1-2 weeks</td></tr> <tr><td>8</td><td>More than 2 weeks</td></tr> </table>	1	I've never had a pain attack (crisis)	2	Less than 1 hour	3	1-12 hours	4	13-23 hours	5	1-3 days	6	4-6 days	7	1-2 weeks	8	More than 2 weeks						
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16	[p1f51b1_2]	12. Think about your pain in the past 7 days, and answer the following questions.	descriptive																						
17	[p1f5q12a]	a. How often did you have very severe pain?	radio (Matrix) <table border="1" data-bbox="1065 1379 1214 1581"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always												
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18	[p1f5q12b]	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) <table border="1" data-bbox="1065 1629 1214 1831"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always												
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5	Always																								
19	[p1f51b1_3]	13. Now think about your pain in the past 6 months, and answer the following questions.	descriptive																						

20	[p1f5q13a]	a. How often did you have very severe pain?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																				
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21	[p1f5q13b]	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																				
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22	[p1f51b1_4]	14. Think about how your pain felt in the past 7 days, and answer the following questions.	descriptive																														
23	[p1f5q14a]	a. Did your pain feel like pins and needles?	radio (Matrix) <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	None	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much																				
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24	[p1f5q14b]	b. Did your pain feel sore?	radio (Matrix) <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	None	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much																				
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25	[p1f5q15]	Section Header: <i>B. YOUR HISTORY OF HYDROXYUREA USE</i> 15. Did a doctor ever suggest you take hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No																										
1	Yes																																
0	No																																
26	[p1f5q16]	16. What makes it difficult for you to take hydroxyurea or is there a reason why you do not take hydroxyurea? Please select one or more from the list below whether or not you have ever taken hydroxyurea.	checkbox <table border="1"> <tr><td>1</td><td>p1f5q16__1</td><td>I have no difficulties or concerns using hydroxyurea</td></tr> <tr><td>2</td><td>p1f5q16__2</td><td>I don't know enough about the medicine</td></tr> <tr><td>3</td><td>p1f5q16__3</td><td>Sometimes I forget to take the medicine</td></tr> <tr><td>4</td><td>p1f5q16__4</td><td>I am worried about side effects</td></tr> <tr><td>5</td><td>p1f5q16__5</td><td>I don't like the frequent blood tests or clinic visits</td></tr> <tr><td>6</td><td>p1f5q16__6</td><td>I'm feeling well and I don't think I need it</td></tr> <tr><td>7</td><td>p1f5q16__7</td><td>The cost is more than I can afford</td></tr> <tr><td>8</td><td>p1f5q16__8</td><td>I have heard that hydroxyurea may cause cancer</td></tr> <tr><td>9</td><td>p1f5q16__9</td><td>I have heard that hydroxyurea may cause problems with having healthy children</td></tr> <tr><td>10</td><td>p1f5q16__10</td><td>Other difficulty, specify</td></tr> </table>	1	p1f5q16__1	I have no difficulties or concerns using hydroxyurea	2	p1f5q16__2	I don't know enough about the medicine	3	p1f5q16__3	Sometimes I forget to take the medicine	4	p1f5q16__4	I am worried about side effects	5	p1f5q16__5	I don't like the frequent blood tests or clinic visits	6	p1f5q16__6	I'm feeling well and I don't think I need it	7	p1f5q16__7	The cost is more than I can afford	8	p1f5q16__8	I have heard that hydroxyurea may cause cancer	9	p1f5q16__9	I have heard that hydroxyurea may cause problems with having healthy children	10	p1f5q16__10	Other difficulty, specify
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10	p1f5q16__10	Other difficulty, specify																															
27	[p1f5q16a] Show the field ONLY if: [p1f5q16(10)] = '1'	Other, specify	text																														

28	[p1f5q17]	17. Have you ever taken hydroxyurea?	yesno <table border="1" style="display: inline-table;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No																										
1	Yes																																
0	No																																
29	[p1f5q18] Show the field ONLY if: [p1f5q17] = '1'	18. Have you experienced any side effects related to hydroxyurea?	yesno <table border="1" style="display: inline-table;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No																										
1	Yes																																
0	No																																
30	[p1f5q19] Show the field ONLY if: [p1f5q17] = '1' and [p1f5q18] = '1'	19. What side effects have you experienced while you were taking hydroxyurea?	checkbox <table border="1" style="display: inline-table;"> <tr><td>1</td><td>p1f5q19__1</td><td>Hair loss/thinning</td></tr> <tr><td>2</td><td>p1f5q19__2</td><td>Nail blackening or discoloration</td></tr> <tr><td>3</td><td>p1f5q19__3</td><td>Lowered blood counts (e.g., platelets, white count, hemoglobin)</td></tr> <tr><td>4</td><td>p1f5q19__4</td><td>Low sperm count or other fertility problems</td></tr> <tr><td>5</td><td>p1f5q19__5</td><td>Nausea/vomiting</td></tr> <tr><td>6</td><td>p1f5q19__6</td><td>Skin ulcers</td></tr> <tr><td>7</td><td>p1f5q19__7</td><td>Weight gain</td></tr> <tr><td>8</td><td>p1f5q19__8</td><td>Headaches or dizziness</td></tr> <tr><td>9</td><td>p1f5q19__9</td><td>Fatigue/drowsiness</td></tr> <tr><td>10</td><td>p1f5q19__10</td><td>Other, specify</td></tr> </table>	1	p1f5q19__1	Hair loss/thinning	2	p1f5q19__2	Nail blackening or discoloration	3	p1f5q19__3	Lowered blood counts (e.g., platelets, white count, hemoglobin)	4	p1f5q19__4	Low sperm count or other fertility problems	5	p1f5q19__5	Nausea/vomiting	6	p1f5q19__6	Skin ulcers	7	p1f5q19__7	Weight gain	8	p1f5q19__8	Headaches or dizziness	9	p1f5q19__9	Fatigue/drowsiness	10	p1f5q19__10	Other, specify
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31	[p1f5q19a] Show the field ONLY if: [p1f5q19(10)] = '1'	Other, specify	text																														
32	[p1f5q20] Show the field ONLY if: [p1f5q17] = '1'	20. Are you currently on hydroxyurea?	yesno <table border="1" style="display: inline-table;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
33	[p1f5q21] Show the field ONLY if: [p1f5q17] = '1' and [p1f5q20] = '1'	21. How many days did you take hydroxyurea in the PAST WEEK?	radio <table border="1" style="display: inline-table;"> <tr><td>0</td><td>0 days</td></tr> <tr><td>2</td><td>1 day</td></tr> <tr><td>3</td><td>2 days</td></tr> <tr><td>4</td><td>3 days</td></tr> <tr><td>5</td><td>4 days</td></tr> <tr><td>6</td><td>5 days</td></tr> <tr><td>7</td><td>6 days</td></tr> <tr><td>8</td><td>7 days</td></tr> </table>	0	0 days	2	1 day	3	2 days	4	3 days	5	4 days	6	5 days	7	6 days	8	7 days														
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8	7 days																																
34	[p1f5q22] Show the field ONLY if: [p1f5q17] = '1' and [p1f5q20] = '0'	22. What is the reason you discontinued or stopped taking hydroxyurea?	radio <table border="1" style="display: inline-table;"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Yours/your family's preference</td></tr> <tr><td>3</td><td>Other reason, specify</td></tr> </table>	1	Side effects	2	Yours/your family's preference	3	Other reason, specify																								
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35	[p1f5q22a] Show the field ONLY if: [p1f5q22] = '3'	Specify other	text																														
36	[p1f5q23]	Section Header: <i>C. YOUR HISTORY OF BLOOD TRANSFUSIONS</i> 23. Do you get regular blood transfusions for your sickle cell disease?	yesno <table border="1" style="display: inline-table;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No																										
1	Yes																																
0	No																																

37	[p1f5q24]	24. Estimate the number of units (pints) of blood that you have ever received.	radio <table border="1"> <tr><td>1</td><td>none</td></tr> <tr><td>2</td><td>1 to 10</td></tr> <tr><td>3</td><td>11 to 20</td></tr> <tr><td>4</td><td>21 to 50</td></tr> <tr><td>5</td><td>50-100</td></tr> <tr><td>6</td><td>more than 100</td></tr> <tr><td>99</td><td>Don't Know</td></tr> </table>	1	none	2	1 to 10	3	11 to 20	4	21 to 50	5	50-100	6	more than 100	99	Don't Know
1	none																
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3	11 to 20																
4	21 to 50																
5	50-100																
6	more than 100																
99	Don't Know																
38	[p1f5q25]	25. Are you on iron chelation treatment at this time?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No										
1	Yes																
0	No																
39	[p1f5q26]	26. Have you ever been told that it is difficult to find blood for you (i. e. , you have antibodies or react to other people's blood red blood cells)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Don't Know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	99	Don't Know								
1	Yes																
0	No																
99	Don't Know																
40	[p1f5q27]	27. Have you ever been referred for a bone marrow transplant?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No										
1	Yes																
0	No																
41	[p1f5q28]	Section Header: <i>D. YOUR MEDICAL HISTORY</i> 28. Has a doctor or nurse ever told you that you have or had any of the following conditions?	descriptive														
42	[p1f51b1_5b]	Please check YES or NO for each condition.	descriptive														
43	[p1f51b1_6]	Condition	descriptive														
44	[p1f5q28a]	a. Lung problems such as pneumonia or acute chest syndrome	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
45	[p1f5q28b]	b. Kidney damage	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
46	[p1f5q28c]	c. Eye damage called retinopathy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
47	[p1f5q28d]	d. Damage to your hip or shoulder due to sickle cell disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
48	[p1f5q28e]	e. High blood pressure in your lungs (also called pulmonary hypertension)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
49	[p1f5q28f]	f. Heart failure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
50	[p1f5q28g]	g. Blood clots in your legs or arms or that went to your lung	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																


51	[p1f5q28h]	h. A stroke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
52	[p1f5q28i]	i. Asthma	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
53	[p1f5q28j]	j. Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
54	[p1f5q29]	29. Have you ever had open sores on your legs or feet (leg ulcers)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
55	[p1f5q30]	30. Has your spleen either been removed or seriously damaged due to sickle cell disease?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
56	[p1f51b1_6b]	Section Header: <i>E. MEDICATIONS YOU ARE TAKING AT THE PRESENT TIME</i> 31. Please list all medications you are currently taking.	descriptive				
57	[p1f51b1_7]	Name of Medication	descriptive				
58	[p1f5q31_1]	Medication 1	text				
59	[p1f5q31_2]	Medication 2	text				
60	[p1f5q31_3]	Medication 3	text				
61	[p1f5q31_4]	Medication 4	text				
62	[p1f5q31_5]	Medication 5	text				
63	[p1f5q31_6]	Medication 6	text				
64	[p1f5q31_7]	Medication 7	text				
65	[p1f5q31_8]	Medication 8	text				
66	[p1f5q31_9]	Medication 9	text				
67	[p1f5q31_10]	Medication 10	text				
68	[p1f5q31_11] Show the field ONLY if: [p1f5q31_10] <> ""	Medication 11	text				
69	[p1f5q31_12] Show the field ONLY if: [p1f5q31_11] <> ""	Medication 12	text				
70	[p1f5q31_13] Show the field ONLY if: [p1f5q31_12] <> ""	Medication 13	text				
71	[p1f5q31_14] Show the field ONLY if: [p1f5q31_13] <> ""	Medication 14	text				
72	[p1f5q31_15] Show the field ONLY if: [p1f5q31_14] <> ""	Medication 15	text				
73	[p1f5q31_16] Show the field ONLY if: [p1f5q31_15] <> ""	Medication 16	text				
74	[p1f5q31_17] Show the field ONLY if: [p1f5q31_16] <> ""	Medication 17	text				

75	[p1f5q31_18] Show the field ONLY if: [p1f5q31_17] <> ""	Medication 18	text																																				
76	[p1f5q31_19] Show the field ONLY if: [p1f5q31_18] <> ""	Medication 19	text																																				
77	[p1f5q31_20] Show the field ONLY if: [p1f5q31_19] <> ""	Medication 20	text																																				
78	[p1f5q32]	Section Header: <i>F. BARRIERS TO YOUR MEDICAL CARE</i> 32. During the past 12 months, was there any time when you didn't get the medical care you needed or had delays in getting the care you needed?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No																																
1	Yes																																						
0	No																																						
79	[p1f5q33] Show the field ONLY if: [p1f5q32] = '1'	33. Did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons?	checkbox <table border="1"> <tr> <td>1</td> <td>p1f5q33__1</td> <td>Worry about the cost</td> </tr> <tr> <td>2</td> <td>p1f5q33__2</td> <td>The doctor or hospital wouldn't accept your health insurance</td> </tr> <tr> <td>3</td> <td>p1f5q33__3</td> <td>Your health plan wouldn't pay for the treatment</td> </tr> <tr> <td>4</td> <td>p1f5q33__4</td> <td>You couldn't get an appointment soon enough</td> </tr> <tr> <td>5</td> <td>p1f5q33__5</td> <td>You couldn't get there when the doctor's office or clinic was open</td> </tr> <tr> <td>6</td> <td>p1f5q33__6</td> <td>It takes too long to get to the doctor's office or clinic from your house or work</td> </tr> <tr> <td>7</td> <td>p1f5q33__7</td> <td>You couldn't get through on the telephone</td> </tr> <tr> <td>8</td> <td>p1f5q33__8</td> <td>You were too busy with work or other commitments to take the time</td> </tr> <tr> <td>9</td> <td>p1f5q33__9</td> <td>You didn't think the problem was serious enough</td> </tr> <tr> <td>10</td> <td>p1f5q33__10</td> <td>You had previous bad experiences with the health care system</td> </tr> <tr> <td>11</td> <td>p1f5q33__11</td> <td>People at the doctor's office or clinic don't speak the same language I do</td> </tr> <tr> <td>12</td> <td>p1f5q33__12</td> <td>Some other reason not listed above, please specify</td> </tr> </table>	1	p1f5q33__1	Worry about the cost	2	p1f5q33__2	The doctor or hospital wouldn't accept your health insurance	3	p1f5q33__3	Your health plan wouldn't pay for the treatment	4	p1f5q33__4	You couldn't get an appointment soon enough	5	p1f5q33__5	You couldn't get there when the doctor's office or clinic was open	6	p1f5q33__6	It takes too long to get to the doctor's office or clinic from your house or work	7	p1f5q33__7	You couldn't get through on the telephone	8	p1f5q33__8	You were too busy with work or other commitments to take the time	9	p1f5q33__9	You didn't think the problem was serious enough	10	p1f5q33__10	You had previous bad experiences with the health care system	11	p1f5q33__11	People at the doctor's office or clinic don't speak the same language I do	12	p1f5q33__12	Some other reason not listed above, please specify
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80	[p1f5q33a] Show the field ONLY if: [p1f5q33(12)]= '1'	Specify other reason	text																																				
81	[p1f51b1_8]	Section Header: <i>G. YOUR SOCIAL AND MENTAL HEALTH</i> 34. Think about your sleep in the past 7 days, and answer the following questions.	descriptive																																				
82	[p1f5q34a]	a. How often did you stay up most of the night because you could not fall asleep?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Rarely</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Often</td> </tr> <tr> <td>5</td> <td>Always</td> </tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																										
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83	[p1f5q34b]	b. How often did you have a lot of trouble falling asleep?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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4	Often												
5	Always												
84	[p1f51b1_11]	35. In the past 7 days, how often did the following happen?	descriptive										
85	[p1f5q35a]	a. I had to read something several times to understand it.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely(Once)</td></tr> <tr><td>3</td><td>Sometimes(2-3 times)</td></tr> <tr><td>4</td><td>Often(Once a day)</td></tr> <tr><td>5</td><td>Very often(several times a day)</td></tr> </table>	1	Never	2	Rarely(Once)	3	Sometimes(2-3 times)	4	Often(Once a day)	5	Very often(several times a day)
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5	Very often(several times a day)												
86	[p1f5q35b]	b. My thinking was slow.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely(Once)</td></tr> <tr><td>3</td><td>Sometimes(2-3 times)</td></tr> <tr><td>4</td><td>Often(Once a day)</td></tr> <tr><td>5</td><td>Very often(several times a day)</td></tr> </table>	1	Never	2	Rarely(Once)	3	Sometimes(2-3 times)	4	Often(Once a day)	5	Very often(several times a day)
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5	Very often(several times a day)												
87	[p1f5q35c]	c. I had to work really hard to pay attention or I would make a mistake.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely(Once)</td></tr> <tr><td>3</td><td>Sometimes(2-3 times)</td></tr> <tr><td>4</td><td>Often(Once a day)</td></tr> <tr><td>5</td><td>Very often(several times a day)</td></tr> </table>	1	Never	2	Rarely(Once)	3	Sometimes(2-3 times)	4	Often(Once a day)	5	Very often(several times a day)
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88	[p1f5q35d]	d. I had trouble concentrating.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely(Once)</td></tr> <tr><td>3</td><td>Sometimes(2-3 times)</td></tr> <tr><td>4</td><td>Often(Once a day)</td></tr> <tr><td>5</td><td>Very often(several times a day)</td></tr> </table>	1	Never	2	Rarely(Once)	3	Sometimes(2-3 times)	4	Often(Once a day)	5	Very often(several times a day)
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5	Very often(several times a day)												
89	[p1f51b1_12]	36. How much DIFFICULTY do you currently have doing the following things?	descriptive										
90	[p1f5q36a]	a. Reading and following complex instructions (e. g. , directions for a new medication)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
1	None												
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3	Somewhat												
4	A lot												
5	Cannot do												
91	[p1f5q36b]	b. Planning for and keeping appointments that are not part of your weekly routine (e. g. a therapy or doctor appointment, a social gathering with friends or family)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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3	Somewhat												
4	A lot												
5	Cannot do												

92	[p1f5q36c]	c. Managing your time to do most of your daily activities?	<table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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93	[p1f5q36d]	d. Learning new tasks or instructions?	radio (Matrix) <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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94	[p1f51b1_13]	37. Think about how you felt in the past 7 days, and respond to each question or statement.	descriptive										
95	[p1f5q37a]	a. I felt worthless.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
96	[p1f5q37b]	b. I felt helpless.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
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4	Often												
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97	[p1f5q37c]	c. I felt depressed.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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98	[p1f5q37d]	d. I felt hopeless.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
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3	Sometimes												
4	Often												
5	Always												
99	[p1f5q37e]	e. How often did you feel completely hopeless because of your health?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
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4	Often												
5	Always												
100	[p1f5q37f]	f. How often were you very worried about needing to go to the hospital?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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3	Sometimes												
4	Often												
5	Always												

101	[p1f5q37g]	g. I felt tired.	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much					
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5	Very much																	
102	[p1f5q38]	38. Have you ever been treated for depression?	radio <table border="1"> <tr><td>1</td><td>Yes, currently receiving treatment</td></tr> <tr><td>2</td><td>Yes, treated in the past but not now</td></tr> <tr><td>3</td><td>No, never received treatment</td></tr> </table>	1	Yes, currently receiving treatment	2	Yes, treated in the past but not now	3	No, never received treatment									
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103	[p1f5q39]	39. In the past 30 days, how much did the following happen?	descriptive															
104	[p1f5q39a]	a. How much did you rely on others to take care of you because of your health?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much					
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105	[p1f5q39b]	b. How much did your health make it hard for you to do things with your friends?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much					
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106	[p1f5q40]	Section Header: <i>H. TELL US ABOUT YOURSELF</i> 40. Are you male or female?	radio <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>0</td><td>Female</td></tr> </table>	1	Male	0	Female											
1	Male																	
0	Female																	
107	[p1f5q41]	41. Do you consider yourself Hispanic/Latino or not Hispanic/Latino?	radio <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Not Hispanic or Latino</td></tr> </table>	1	Hispanic or Latino	2	Not Hispanic or Latino											
1	Hispanic or Latino																	
2	Not Hispanic or Latino																	
108	[p1f5q42]	42. Which of the following five racial designations best describes you? More than one choice is acceptable.	checkbox <table border="1"> <tr><td>1</td><td>p1f5q42__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>p1f5q42__2</td><td>Asian</td></tr> <tr><td>3</td><td>p1f5q42__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>p1f5q42__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>p1f5q42__5</td><td>White</td></tr> </table>	1	p1f5q42__1	American Indian or Alaska Native	2	p1f5q42__2	Asian	3	p1f5q42__3	Black or African American	4	p1f5q42__4	Native Hawaiian or Pacific Islander	5	p1f5q42__5	White
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4	p1f5q42__4	Native Hawaiian or Pacific Islander																
5	p1f5q42__5	White																
109	[p1f5q43]	43. In what language do you feel most comfortable speaking with your doctor or nurse?	radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Another language</td></tr> </table>	1	English	2	Spanish	3	Another language									
1	English																	
2	Spanish																	
3	Another language																	
110	[p1f5q44]	44. What is your current marital status?	radio <table border="1"> <tr><td>1</td><td>Not Applicable (subject is a child)</td></tr> <tr><td>2</td><td>Married</td></tr> <tr><td>3</td><td>Living as married (including living with a partner)</td></tr> <tr><td>4</td><td>Divorced or separated or widowed</td></tr> <tr><td>5</td><td>#####</td></tr> <tr><td>6</td><td>Never married</td></tr> </table>	1	Not Applicable (subject is a child)	2	Married	3	Living as married (including living with a partner)	4	Divorced or separated or widowed	5	#####	6	Never married			
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5	#####																	
6	Never married																	
111	[p1f51b1_14]	45. How many children and adults, including yourself, live in your household at least 4 nights a week?	descriptive															
112	[p1f5q45a]	# of children	text (integer, Min: 0, Max: 15)															
113	[p1f5q45b]	# of adults	text (integer, Min: 1, Max: 15)															

114	[p1f5q46]	46. What is your approximate yearly household income? Include income from all sources.	radio <table border="1"> <tr><td>1</td><td>\$25,000 and under</td></tr> <tr><td>2</td><td>\$25,001 - \$50,000</td></tr> <tr><td>3</td><td>\$50,001 - \$75,000</td></tr> <tr><td>4</td><td>\$75,001 - \$100,000</td></tr> <tr><td>5</td><td>>\$100,000</td></tr> </table>	1	\$25,000 and under	2	\$25,001 - \$50,000	3	\$50,001 - \$75,000	4	\$75,001 - \$100,000	5	>\$100,000						
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4	\$75,001 - \$100,000																		
5	>\$100,000																		
115	[p1f5q47]	47. What is the highest grade or level of school you have completed or the highest degree you have received?	radio <table border="1"> <tr><td>1</td><td>Less than High School</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school graduate or GED equivalent</td></tr> <tr><td>4</td><td>Some college or vocational training</td></tr> <tr><td>5</td><td>College graduate</td></tr> <tr><td>6</td><td>Some graduate school or professional school</td></tr> <tr><td>7</td><td>Graduate or professional degree</td></tr> </table>	1	Less than High School	2	Some high school	3	High school graduate or GED equivalent	4	Some college or vocational training	5	College graduate	6	Some graduate school or professional school	7	Graduate or professional degree		
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6	Some graduate school or professional school																		
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116	[p1f5q48]	48. We would like to know about what you do -- are you working, looking for work, retired, keeping house, or what?	radio <table border="1"> <tr><td>1</td><td>Working now</td></tr> <tr><td>2</td><td>Only temporarily laid off, sick leave, or maternity leave</td></tr> <tr><td>3</td><td>Looking for work, unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, permanently or temporarily</td></tr> <tr><td>6</td><td>Keeping house</td></tr> <tr><td>7</td><td>Student</td></tr> <tr><td>8</td><td>Other (Specify)</td></tr> </table>	1	Working now	2	Only temporarily laid off, sick leave, or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, permanently or temporarily	6	Keeping house	7	Student	8	Other (Specify)
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117	[p1f5q48a] Show the field ONLY if: [p1f5q48] = '8'	Other, specify	text																
118	[patient_enrollment_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete										
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Instrument: Pregnancy And Conception For Female (pregnancy_and_conception_for_female)			 Enabled as survey																
119	[instructions1]	This form asks questions about pregnancies you have had.	descriptive																
120	[p1f3q01]	1. Have you ever been pregnant?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes												
0	No																		
1	Yes																		
121	[p1f31b11] Show the field ONLY if: [p1f3q01] = '1'	2. How many times have you been pregnant? Please be sure to include any pregnancies that ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.	descriptive																


2884	[p2f3q02a]	2. Of the statements in Section 2, HOW MANY apply to you? Write the total number in the box:	text (integer, Min: 0, Max: 9)						
2885	[p2f3q02]	Section 2. At any point before you were age 18: <ul style="list-style-type: none"> * You were in foster care * You experienced harassment or bullying at school * You lived with a parent or guardian who died * You were separated from your primary caregiver through deportation or immigration * You had a serious medical procedure or life threatening illness * You often saw or heard violence in the neighborhood or in your school neighborhood * You were detained, arrested or incarcerated * You were often treated badly because of race, sexual orientation, place of birth, disability or religion * You experienced verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend) 	descriptive						
2886	[aceq_suplimental_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Off Study Form (off_study_form)

2887	[label1]	Complete this form to document significant off-study events that have occurred to enrolled subjects. By reporting a significant event, the subject will not be considered for any scheduled follow-up activities.	descriptive														
2888	[p1f7q00]	In what phase did this event occur?	radio <table border="1"> <tr><td>1</td><td>Enrollment</td></tr> <tr><td>2</td><td>FU1</td></tr> <tr><td>3</td><td>FU2</td></tr> <tr><td>4</td><td>FU3</td></tr> <tr><td>5</td><td>FU4</td></tr> <tr><td>6</td><td>FU5</td></tr> </table>	1	Enrollment	2	FU1	3	FU2	4	FU3	5	FU4	6	FU5		
1	Enrollment																
2	FU1																
3	FU2																
4	FU3																
5	FU4																
6	FU5																
2889	[p1f7q01]	1. Event	dropdown <table border="1"> <tr><td>1</td><td>Ineligible (data will be destroyed)</td></tr> <tr><td>6</td><td>Ineligible due to age (data will be destroyed)</td></tr> <tr><td>2</td><td>Duplicate enrollment, delete/merge data for this ID number</td></tr> <tr><td>3</td><td>Withdrew from study</td></tr> <tr><td>4</td><td>Loss to follow-up</td></tr> <tr><td>5</td><td>Death</td></tr> <tr><td>6.</td><td>Removed from study due to transplant</td></tr> </table>	1	Ineligible (data will be destroyed)	6	Ineligible due to age (data will be destroyed)	2	Duplicate enrollment, delete/merge data for this ID number	3	Withdrew from study	4	Loss to follow-up	5	Death	6.	Removed from study due to transplant
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2890	[p1f7q01_3] Show the field ONLY if: [p1f7q01]='3'	Record REASON for withdrew from study	notes														
2891	[p1f7q01_3b] Show the field ONLY if: [p1f7q01]='3'	Date of withdrew	text (date_mdy)														
2892	[p1f7q01_4] Show the field ONLY if: [p1f7q01]='4'	Record REASON for loss to follow up	notes														
2893	[p1f7q01_4b] Show the field ONLY if: [p1f7q01]='4'	Date of loss to follow-up	text (date_mdy)														

2894	[p1f7q02] Show the field ONLY if: [p1f7q01]='3'	2. FOR WITHDRAWALS: Do data need to be destroyed?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: @HIDDEN	1	Yes	0	No																										
1	Yes																																
0	No																																
2895	[p1f7q03] Show the field ONLY if: [p1f7q01]='4'	3. Date last known alive <i>mm-dd-yyyy</i>	text (date_mdy)																														
2896	[p1f7q04] Show the field ONLY if: [p1f7q01]='5'	4. Date of death <i>mm-dd-yyyy</i>	text (date_mdy)																														
2897	[p1f7q05] Show the field ONLY if: [p1f7q01]='5'	5. Cause of Death on death certificate	checkbox <table border="1"> <tr> <td>1</td> <td>p1f7q05__1</td> <td>Death certificate Not Avilable</td> </tr> </table>	1	p1f7q05__1	Death certificate Not Avilable																											
1	p1f7q05__1	Death certificate Not Avilable																															
2898	[p1f7q05a] Show the field ONLY if: [p1f7q01]='5' and [p1f7q05(1)] = 0	Primary cause	text																														
2899	[p1f7q05b] Show the field ONLY if: [p1f7q01]='5' and [p1f7q05(1)] = 0	Secondary cause(s)	notes																														
2900	[p1f7q06] Show the field ONLY if: [p1f7q01]='5'	6. Other sources of Cause of Death (check all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>p1f7q06__1</td> <td>No Other Sources</td> </tr> <tr> <td>2</td> <td>p1f7q06__2</td> <td>Family Member</td> </tr> <tr> <td>3</td> <td>p1f7q06__3</td> <td>Medical Record</td> </tr> <tr> <td>4</td> <td>p1f7q06__4</td> <td>Autopsy Report</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f7q06__1	No Other Sources	2	p1f7q06__2	Family Member	3	p1f7q06__3	Medical Record	4	p1f7q06__4	Autopsy Report																		
1	p1f7q06__1	No Other Sources																															
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3	p1f7q06__3	Medical Record																															
4	p1f7q06__4	Autopsy Report																															
2901	[labe12] Show the field ONLY if: [p1f7q01]='5'	a. Cause of Death from other sources (identify in consultation with PI)	descriptive																														
2902	[p1f7q06a1] Show the field ONLY if: [p1f7q01]='5'	Primary/Immediate Cause(check one)	radio <table border="1"> <tr> <td>1</td> <td>Acute Chest Syndrome</td> </tr> <tr> <td>2</td> <td>Respiratory Failure</td> </tr> <tr> <td>3</td> <td>Sudden Death</td> </tr> <tr> <td>4</td> <td>Infection</td> </tr> <tr> <td>5</td> <td>Stroke, Ischemic</td> </tr> <tr> <td>6</td> <td>Stroke, Hemorrhagic</td> </tr> <tr> <td>7</td> <td>Cardiac Arrest</td> </tr> <tr> <td>8</td> <td>Sickle Cell Disease Multiorgan Failure Syndrome</td> </tr> <tr> <td>9</td> <td>Kidney Failure</td> </tr> <tr> <td>10</td> <td>Liver Failure</td> </tr> <tr> <td>11</td> <td>Pulmonary Embolism</td> </tr> <tr> <td>12</td> <td>Trauma</td> </tr> <tr> <td>13</td> <td>Cancer (specify type, location)</td> </tr> <tr> <td>14</td> <td>Other primary (specify)</td> </tr> <tr> <td>15</td> <td>Other secondary (specify)</td> </tr> </table>	1	Acute Chest Syndrome	2	Respiratory Failure	3	Sudden Death	4	Infection	5	Stroke, Ischemic	6	Stroke, Hemorrhagic	7	Cardiac Arrest	8	Sickle Cell Disease Multiorgan Failure Syndrome	9	Kidney Failure	10	Liver Failure	11	Pulmonary Embolism	12	Trauma	13	Cancer (specify type, location)	14	Other primary (specify)	15	Other secondary (specify)
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2903	[p1f7q06a1_13] Show the field ONLY if: [p1f7q06a1]='13'	Specify Cancer location	text																														
2904	[p1f7q06a1_14] Show the field ONLY if: [p1f7q06a1]='14'	Specify other primary	text																														

2905	[p1f7q06a1_15] Show the field ONLY if: [p1f7q06a1]= '15'	Specify other secondary	text																																													
2906	[p1f7q06a2] Show the field ONLY if: [p1f7q01]= '5'	Secondary/ Underlying or Comorbid Causes (check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>p1f7q06a2__1</td><td>Acute Chest Syndrome</td></tr> <tr><td>2</td><td>p1f7q06a2__2</td><td>Respiratory Failure</td></tr> <tr><td>3</td><td>p1f7q06a2__3</td><td>Sudden Death</td></tr> <tr><td>4</td><td>p1f7q06a2__4</td><td>Infection</td></tr> <tr><td>5</td><td>p1f7q06a2__5</td><td>Stroke, Ischemic</td></tr> <tr><td>6</td><td>p1f7q06a2__6</td><td>Stroke, Hemorrhagic</td></tr> <tr><td>7</td><td>p1f7q06a2__7</td><td>Cardiac Arrest</td></tr> <tr><td>8</td><td>p1f7q06a2__8</td><td>Sickle Cell Disease Multiorgan Failure Syndrome</td></tr> <tr><td>9</td><td>p1f7q06a2__9</td><td>Kidney Failure</td></tr> <tr><td>10</td><td>p1f7q06a2__10</td><td>Liver Failure</td></tr> <tr><td>11</td><td>p1f7q06a2__11</td><td>Pulmonary Embolism</td></tr> <tr><td>12</td><td>p1f7q06a2__12</td><td>Trauma</td></tr> <tr><td>13</td><td>p1f7q06a2__13</td><td>Cancer (specify type, location)</td></tr> <tr><td>14</td><td>p1f7q06a2__14</td><td>Other primary (specify)</td></tr> <tr><td>15</td><td>p1f7q06a2__15</td><td>Other secondary (specify)</td></tr> </table>	1	p1f7q06a2__1	Acute Chest Syndrome	2	p1f7q06a2__2	Respiratory Failure	3	p1f7q06a2__3	Sudden Death	4	p1f7q06a2__4	Infection	5	p1f7q06a2__5	Stroke, Ischemic	6	p1f7q06a2__6	Stroke, Hemorrhagic	7	p1f7q06a2__7	Cardiac Arrest	8	p1f7q06a2__8	Sickle Cell Disease Multiorgan Failure Syndrome	9	p1f7q06a2__9	Kidney Failure	10	p1f7q06a2__10	Liver Failure	11	p1f7q06a2__11	Pulmonary Embolism	12	p1f7q06a2__12	Trauma	13	p1f7q06a2__13	Cancer (specify type, location)	14	p1f7q06a2__14	Other primary (specify)	15	p1f7q06a2__15	Other secondary (specify)
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2907	[p1f7q06a2_13] Show the field ONLY if: [p1f7q06a2(13)]= '1'	Specify Cancer location	text																																													
2908	[p1f7q06a2_14] Show the field ONLY if: [p1f7q06a2(14)]= '1'	Specify other primary	text																																													
2909	[p1f7q06a2_15] Show the field ONLY if: [p1f7q06a2(15)]= '1'	Specify other secondary	text																																													
2910	[p1f7q07] Show the field ONLY if: [p1f7q01]= '5'	7. Is an autopsy report available? (copies of autopsy reports should be maintained locally)	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
2911	[p1f7q08] Show the field ONLY if: [user-dag-name] = "	Data Management Tasks Have been completed	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
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2912	[offstudy_today]	Off Study form completion date	text (date_mdy) Field Annotation: @HIDDEN @TODAY																																													
2913	[off_study_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																							
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1	Unverified																																															
2	Complete																																															
Instrument: Old Version Questions (old_version_questions)																																																
2914	[p1f5q5]	5. What type of healthcare professional is currently providing the majority of care for your sickle cell disease?	radio <table border="1"> <tr><td>1</td><td>Sickle cell specialist or hematologist</td></tr> <tr><td>2</td><td>Primary care or general practice doctor</td></tr> <tr><td>3</td><td>Nurse practitioner or physician's assistant</td></tr> <tr><td>4</td><td>I don't currently receive care for my sickle cell disease</td></tr> </table>	1	Sickle cell specialist or hematologist	2	Primary care or general practice doctor	3	Nurse practitioner or physician's assistant	4	I don't currently receive care for my sickle cell disease																																					
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2915	[p1f3q09a_1] Show the field ONLY if: [p1f3q09_1] = 1	If 'Yes', enter how many weeks early:	text (integer, Min: 0, Max: 15)																																													

114	[p1f5q46]	46. What is your approximate yearly household income? Include income from all sources.	radio <table border="1"> <tr><td>1</td><td>\$25,000 and under</td></tr> <tr><td>2</td><td>\$25,001 - \$50,000</td></tr> <tr><td>3</td><td>\$50,001 - \$75,000</td></tr> <tr><td>4</td><td>\$75,001 - \$100,000</td></tr> <tr><td>5</td><td>>\$100,000</td></tr> </table>	1	\$25,000 and under	2	\$25,001 - \$50,000	3	\$50,001 - \$75,000	4	\$75,001 - \$100,000	5	>\$100,000						
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4	\$75,001 - \$100,000																		
5	>\$100,000																		
115	[p1f5q47]	47. What is the highest grade or level of school you have completed or the highest degree you have received?	radio <table border="1"> <tr><td>1</td><td>Less than High School</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school graduate or GED equivalent</td></tr> <tr><td>4</td><td>Some college or vocational training</td></tr> <tr><td>5</td><td>College graduate</td></tr> <tr><td>6</td><td>Some graduate school or professional school</td></tr> <tr><td>7</td><td>Graduate or professional degree</td></tr> </table>	1	Less than High School	2	Some high school	3	High school graduate or GED equivalent	4	Some college or vocational training	5	College graduate	6	Some graduate school or professional school	7	Graduate or professional degree		
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116	[p1f5q48]	48. We would like to know about what you do -- are you working, looking for work, retired, keeping house, or what?	radio <table border="1"> <tr><td>1</td><td>Working now</td></tr> <tr><td>2</td><td>Only temporarily laid off, sick leave, or maternity leave</td></tr> <tr><td>3</td><td>Looking for work, unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, permanently or temporarily</td></tr> <tr><td>6</td><td>Keeping house</td></tr> <tr><td>7</td><td>Student</td></tr> <tr><td>8</td><td>Other (Specify)</td></tr> </table>	1	Working now	2	Only temporarily laid off, sick leave, or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, permanently or temporarily	6	Keeping house	7	Student	8	Other (Specify)
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118	[patient_enrollment_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete										
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Instrument: Pregnancy And Conception For Female (pregnancy_and_conception_for_female)			 Enabled as survey																
119	[instructions1]	This form asks questions about pregnancies you have had.	descriptive																
120	[p1f3q01]	1. Have you ever been pregnant?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes												
0	No																		
1	Yes																		
121	[p1f31b11] Show the field ONLY if: [p1f3q01] = '1'	2. How many times have you been pregnant? Please be sure to include any pregnancies that ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.	descriptive																

122	[p1f3q02] Show the field ONLY if: [p1f3q01] = '1'	total number of pregnancies in your lifetime	dropdown <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>More than 15</td></tr> </table> Custom alignment: RH	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	More than 15
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123	[p1f31b12] Show the field ONLY if: [p1f3q02] >= 1	INSTRUCTIONS	descriptive																																
124	[p1f31b13] Show the field ONLY if: [p1f3q02] >= 1	As you answer the questions blow, please think about each of the pregnancies that you have had. Start with the earliest pregnancy, listing it in the first column labeled "1st pregnancy". From there, work forward until you have provided information about all of the pregnancies you listed in question 2 above.	descriptive																																
125	[p1f3q03_1] Show the field ONLY if: [p1f3q02] >= 1	Section Header: <i>1st Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																																
126	[p1f3q04_1] Show the field ONLY if: [p1f3q02] >= 1	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant																						
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127	[p1f3q05_1] Show the field ONLY if: [p1f3q02] >= 1	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember																										
0	No																																		
1	Yes																																		
99	Don't remember																																		
128	[p1f3q06_1] Show the field ONLY if: [p1f3q02] >= 1	6. During this pregnancy were you taking hydroxyurea? <i>if 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_1__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_1__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_1__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_1__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_1__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_1__1	No, did not take HU	2	p1f3q06_1__2	Yes, during 1st trimester	3	p1f3q06_1__3	Yes, during 2nd trimester	4	p1f3q06_1__4	Yes, during 3rd trimester	99	p1f3q06_1__99	Don't remember																	
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129	[p1f3q07_1] Show the field ONLY if: [p1f3q02] >= 1	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																												
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130	[p1f31b14_1] Show the field ONLY if: [p1f3q04_1] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
131	[p1f3q08_1] Show the field ONLY if: [p1f3q04_1] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
132	[p1f3q09_1] Show the field ONLY if: [p1f3q04_1] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes																				
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133	[p1f3q09a_1r] Show the field ONLY if: [p1f3q09_1] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
134	[p1f3q10_1] Show the field ONLY if: [p1f3q04_1] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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135	[p1f3q11_1] Show the field ONLY if: [p1f3q04_1] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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136	[p1f3q11a_1] Show the field ONLY if: [p1f3q11_1] = 1	If 'Yes', what condition?	text																								
137	[p1f3q12_1] Show the field ONLY if: [p1f3q04_1] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q12_1__1</td> <td>No complications</td> </tr> <tr> <td>2</td> <td>p1f3q12_1__2</td> <td>Pain crisis</td> </tr> <tr> <td>3</td> <td>p1f3q12_1__3</td> <td>Acute chest syndrome</td> </tr> <tr> <td>4</td> <td>p1f3q12_1__4</td> <td>Preeclampsia</td> </tr> <tr> <td>5</td> <td>p1f3q12_1__5</td> <td>Maternal diabetes</td> </tr> <tr> <td>6</td> <td>p1f3q12_1__6</td> <td>Transfusion required</td> </tr> <tr> <td>7</td> <td>p1f3q12_1__7</td> <td>Blood clots</td> </tr> <tr> <td>8</td> <td>p1f3q12_1__8</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_1__1	No complications	2	p1f3q12_1__2	Pain crisis	3	p1f3q12_1__3	Acute chest syndrome	4	p1f3q12_1__4	Preeclampsia	5	p1f3q12_1__5	Maternal diabetes	6	p1f3q12_1__6	Transfusion required	7	p1f3q12_1__7	Blood clots	8	p1f3q12_1__8	Other
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138	[p1f3q12a_1] Show the field ONLY if: [p1f3q12_1(8)] = '1'	If 'Other', specify:	text																								
139	[p1f3q03_2] Show the field ONLY if: [p1f3q02] >= 2	Section Header: <i>2nd Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}																								
140	[p1f3q04_2] Show the field ONLY if: [p1f3q02] >= 2	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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141	[p1f3q05_2] Show the field ONLY if: [p1f3q02] >= 2	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
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142	[p1f3q06_2] Show the field ONLY if: [p1f3q02] >= 2	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_2__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_2__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_2__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_2__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_2__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_2__1	No, did not take HU	2	p1f3q06_2__2	Yes, during 1st trimester	3	p1f3q06_2__3	Yes, during 2nd trimester	4	p1f3q06_2__4	Yes, during 3rd trimester	99	p1f3q06_2__99	Don't remember									
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145	[p1f3q08_2] Show the field ONLY if: [p1f3q04_2] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
146	[p1f3q09_2] Show the field ONLY if: [p1f3q04_2] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
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147	[p1f3q09a_2r] Show the field ONLY if: [p1f3q09_2] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
148	[p1f3q10_2] Show the field ONLY if: [p1f3q04_2] = 1	10. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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152	[p1f3q12a_2] Show the field ONLY if: [p1f3q12_2(8)] = '1'	If 'Other', specify:	text																								
153	[p1f3q03_3] Show the field ONLY if: [p1f3q02] >= 3	Section Header: <i>3rd Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								

154	[p1f3q04_3] Show the field ONLY if: [p1f3q02] >= 3	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant					
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155	[p1f3q05_3] Show the field ONLY if: [p1f3q02] >= 3	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember									
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156	[p1f3q06_3] Show the field ONLY if: [p1f3q02] >= 3	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_3__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_3__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_3__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_3__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_3__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_3__1	No, did not take HU	2	p1f3q06_3__2	Yes, during 1st trimester	3	p1f3q06_3__3	Yes, during 2nd trimester	4	p1f3q06_3__4	Yes, during 3rd trimester	99	p1f3q06_3__99	Don't remember
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160	[p1f3q09_3] Show the field ONLY if: [p1f3q04_3] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes											
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161	[p1f3q09a_3r] Show the field ONLY if: [p1f3q09_3] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)															
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163	[p1f3q11_3] Show the field ONLY if: [p1f3q04_3] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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164	[p1f3q11a_3] Show the field ONLY if: [p1f3q11_3] = 1	If 'Yes', what condition?	text															

165	[p1f3q12_3] Show the field ONLY if: [p1f3q04_3] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q12_3__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_3__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_3__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_3__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_3__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_3__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_3__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_3__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_3__1	No complications	2	p1f3q12_3__2	Pain crisis	3	p1f3q12_3__3	Acute chest syndrome	4	p1f3q12_3__4	Preeclampsia	5	p1f3q12_3__5	Maternal diabetes	6	p1f3q12_3__6	Transfusion required	7	p1f3q12_3__7	Blood clots	8	p1f3q12_3__8	Other
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166	[p1f3q12a_3] Show the field ONLY if: [p1f3q12_3(8)] = '1'	If 'Other', specify:	text																								
167	[p1f3q03_4] Show the field ONLY if: [p1f3q02] >= 4	Section Header: <i>4th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								
168	[p1f3q04_4] Show the field ONLY if: [p1f3q02] >= 4	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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170	[p1f3q06_4] Show the field ONLY if: [p1f3q02] >= 4	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_4__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_4__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_4__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_4__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_4__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_4__1	No, did not take HU	2	p1f3q06_4__2	Yes, during 1st trimester	3	p1f3q06_4__3	Yes, during 2nd trimester	4	p1f3q06_4__4	Yes, during 3rd trimester	99	p1f3q06_4__99	Don't remember									
1	p1f3q06_4__1	No, did not take HU																									
2	p1f3q06_4__2	Yes, during 1st trimester																									
3	p1f3q06_4__3	Yes, during 2nd trimester																									
4	p1f3q06_4__4	Yes, during 3rd trimester																									
99	p1f3q06_4__99	Don't remember																									
171	[p1f3q07_4] Show the field ONLY if: [p1f3q02] >= 4	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
0	No																										
1	Yes																										
172	[p1f31b14_4] Show the field ONLY if: [p1f3q04_4] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
173	[p1f3q08_4] Show the field ONLY if: [p1f3q04_4] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
174	[p1f3q09_4] Show the field ONLY if: [p1f3q04_4] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
0	No, not born prematurely																										
1	Yes																										
175	[p1f3q09a_4r] Show the field ONLY if: [p1f3q09_4] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
176	[p1f3q10_4] Show the field ONLY if: [p1f3q04_4] = 1	10. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
0	No																										
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177	[p1f3q11_4] Show the field ONLY if: [p1f3q04_4] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio 0 No 1 Yes
178	[p1f3q11a_4] Show the field ONLY if: [p1f3q11_4] = 1	If 'Yes', what condition?	text
179	[p1f3q12_4] Show the field ONLY if: [p1f3q04_4] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox 1 p1f3q12_4__1 No complications 2 p1f3q12_4__2 Pain crisis 3 p1f3q12_4__3 Acute chest syndrome 4 p1f3q12_4__4 Preeclampsia 5 p1f3q12_4__5 Maternal diabetes 6 p1f3q12_4__6 Transfusion required 7 p1f3q12_4__7 Blood clots 8 p1f3q12_4__8 Other Field Annotation: @NONEOFTHEABOVE=1
180	[p1f3q12a_4] Show the field ONLY if: [p1f3q12_4(8)] = '1'	If 'Other', specify:	text
181	[p1f3q03_5] Show the field ONLY if: [p1f3q02] >= 5	Section Header: <i>5th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}
182	[p1f3q04_5] Show the field ONLY if: [p1f3q02] >= 5	4. What was the outcome of this pregnancy?	radio 1 Live birth 2 Still birth 3 Miscarriage 4 Abortion 5 Currently pregnant
183	[p1f3q05_5] Show the field ONLY if: [p1f3q02] >= 5	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio 0 No 1 Yes 99 Don't remember
184	[p1f3q06_5] Show the field ONLY if: [p1f3q02] >= 5	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox 1 p1f3q06_5__1 No, did not take HU 2 p1f3q06_5__2 Yes, during 1st trimester 3 p1f3q06_5__3 Yes, during 2nd trimester 4 p1f3q06_5__4 Yes, during 3rd trimester 99 p1f3q06_5__99 Don't remember Field Annotation: @NONEOFTHEABOVE=1
185	[p1f3q07_5] Show the field ONLY if: [p1f3q02] >= 5	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio 0 No 1 Yes
186	[p1f31b14_5] Show the field ONLY if: [p1f3q04_5] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive
187	[p1f3q08_5] Show the field ONLY if: [p1f3q04_5] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)
188	[p1f3q09_5] Show the field ONLY if: [p1f3q04_5] = 1	9. Was the baby (or babies) born prematurely?	radio 0 No, not born prematurely 1 Yes

189	[p1f3q09a_5r] Show the field ONLY if: [p1f3q09_5] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
190	[p1f3q10_5] Show the field ONLY if: [p1f3q04_5] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
0	No																										
1	Yes																										
191	[p1f3q11_5] Show the field ONLY if: [p1f3q04_5] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
0	No																										
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192	[p1f3q11a_5] Show the field ONLY if: [p1f3q11_5] = 1	If 'Yes', what condition?	text																								
193	[p1f3q12_5] Show the field ONLY if: [p1f3q04_5] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q12_5__1</td> <td>No complications</td> </tr> <tr> <td>2</td> <td>p1f3q12_5__2</td> <td>Pain crisis</td> </tr> <tr> <td>3</td> <td>p1f3q12_5__3</td> <td>Acute chest syndrome</td> </tr> <tr> <td>4</td> <td>p1f3q12_5__4</td> <td>Preeclampsia</td> </tr> <tr> <td>5</td> <td>p1f3q12_5__5</td> <td>Maternal diabetes</td> </tr> <tr> <td>6</td> <td>p1f3q12_5__6</td> <td>Transfusion required</td> </tr> <tr> <td>7</td> <td>p1f3q12_5__7</td> <td>Blood clots</td> </tr> <tr> <td>8</td> <td>p1f3q12_5__8</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_5__1	No complications	2	p1f3q12_5__2	Pain crisis	3	p1f3q12_5__3	Acute chest syndrome	4	p1f3q12_5__4	Preeclampsia	5	p1f3q12_5__5	Maternal diabetes	6	p1f3q12_5__6	Transfusion required	7	p1f3q12_5__7	Blood clots	8	p1f3q12_5__8	Other
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8	p1f3q12_5__8	Other																									
194	[p1f3q12a_5] Show the field ONLY if: [p1f3q12_5(8)] = '1'	If 'Other', specify:	text																								
195	[p1f3q03_6] Show the field ONLY if: [p1f3q02] >= 6	Section Header: <i>6th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}																								
196	[p1f3q04_6] Show the field ONLY if: [p1f3q02] >= 6	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
1	Live birth																										
2	Still birth																										
3	Miscarriage																										
4	Abortion																										
5	Currently pregnant																										
197	[p1f3q05_6] Show the field ONLY if: [p1f3q02] >= 6	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
0	No																										
1	Yes																										
99	Don't remember																										
198	[p1f3q06_6] Show the field ONLY if: [p1f3q02] >= 6	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q06_6__1</td> <td>No, did not take HU</td> </tr> <tr> <td>2</td> <td>p1f3q06_6__2</td> <td>Yes, during 1st trimester</td> </tr> <tr> <td>3</td> <td>p1f3q06_6__3</td> <td>Yes, during 2nd trimester</td> </tr> <tr> <td>4</td> <td>p1f3q06_6__4</td> <td>Yes, during 3rd trimester</td> </tr> <tr> <td>99</td> <td>p1f3q06_6__99</td> <td>Don't remember</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_6__1	No, did not take HU	2	p1f3q06_6__2	Yes, during 1st trimester	3	p1f3q06_6__3	Yes, during 2nd trimester	4	p1f3q06_6__4	Yes, during 3rd trimester	99	p1f3q06_6__99	Don't remember									
1	p1f3q06_6__1	No, did not take HU																									
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4	p1f3q06_6__4	Yes, during 3rd trimester																									
99	p1f3q06_6__99	Don't remember																									
199	[p1f3q07_6] Show the field ONLY if: [p1f3q02] >= 6	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
0	No																										
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200	[p1f31b14_6] Show the field ONLY if: [p1f3q04_6] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								

201	[p1f3q08_6] Show the field ONLY if: [p1f3q04_6] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
202	[p1f3q09_6] Show the field ONLY if: [p1f3q04_6] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes																				
0	No, not born prematurely																										
1	Yes																										
203	[p1f3q09a_6r] Show the field ONLY if: [p1f3q09_6] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
204	[p1f3q10_6] Show the field ONLY if: [p1f3q04_6] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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205	[p1f3q11_6] Show the field ONLY if: [p1f3q04_6] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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206	[p1f3q11a_6] Show the field ONLY if: [p1f3q11_6] = 1	If 'Yes', what condition?	text																								
207	[p1f3q12_6] Show the field ONLY if: [p1f3q04_6] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q12_6__1</td> <td>No complications</td> </tr> <tr> <td>2</td> <td>p1f3q12_6__2</td> <td>Pain crisis</td> </tr> <tr> <td>3</td> <td>p1f3q12_6__3</td> <td>Acute chest syndrome</td> </tr> <tr> <td>4</td> <td>p1f3q12_6__4</td> <td>Preeclampsia</td> </tr> <tr> <td>5</td> <td>p1f3q12_6__5</td> <td>Maternal diabetes</td> </tr> <tr> <td>6</td> <td>p1f3q12_6__6</td> <td>Transfusion required</td> </tr> <tr> <td>7</td> <td>p1f3q12_6__7</td> <td>Blood clots</td> </tr> <tr> <td>8</td> <td>p1f3q12_6__8</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_6__1	No complications	2	p1f3q12_6__2	Pain crisis	3	p1f3q12_6__3	Acute chest syndrome	4	p1f3q12_6__4	Preeclampsia	5	p1f3q12_6__5	Maternal diabetes	6	p1f3q12_6__6	Transfusion required	7	p1f3q12_6__7	Blood clots	8	p1f3q12_6__8	Other
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208	[p1f3q12a_6] Show the field ONLY if: [p1f3q12_6(8)] = '1'	If 'Other', specify:	text																								
209	[p1f3q03_7] Show the field ONLY if: [p1f3q02] >= 7	Section Header: <i>7th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								
210	[p1f3q04_7] Show the field ONLY if: [p1f3q02] >= 7	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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5	Currently pregnant																										
211	[p1f3q05_7] Show the field ONLY if: [p1f3q02] >= 7	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
0	No																										
1	Yes																										
99	Don't remember																										
212	[p1f3q06_7] Show the field ONLY if: [p1f3q02] >= 7	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q06_7__1</td> <td>No, did not take HU</td> </tr> <tr> <td>2</td> <td>p1f3q06_7__2</td> <td>Yes, during 1st trimester</td> </tr> <tr> <td>3</td> <td>p1f3q06_7__3</td> <td>Yes, during 2nd trimester</td> </tr> <tr> <td>4</td> <td>p1f3q06_7__4</td> <td>Yes, during 3rd trimester</td> </tr> <tr> <td>99</td> <td>p1f3q06_7__99</td> <td>Don't remember</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_7__1	No, did not take HU	2	p1f3q06_7__2	Yes, during 1st trimester	3	p1f3q06_7__3	Yes, during 2nd trimester	4	p1f3q06_7__4	Yes, during 3rd trimester	99	p1f3q06_7__99	Don't remember									
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99	p1f3q06_7__99	Don't remember																									

213	[p1f3q07_7] Show the field ONLY if: [p1f3q02] >= 7	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
0	No																										
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214	[p1f31b14_7] Show the field ONLY if: [p1f3q04_7] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
215	[p1f3q08_7] Show the field ONLY if: [p1f3q04_7] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
216	[p1f3q09_7] Show the field ONLY if: [p1f3q04_7] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
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217	[p1f3q09a_7r] Show the field ONLY if: [p1f3q09_7] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
218	[p1f3q10_7] Show the field ONLY if: [p1f3q04_7] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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219	[p1f3q11_7] Show the field ONLY if: [p1f3q04_7] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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220	[p1f3q11a_7] Show the field ONLY if: [p1f3q11_7] = 1	If 'Yes', what condition?	text																								
221	[p1f3q12_7] Show the field ONLY if: [p1f3q04_7] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q12_7__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_7__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_7__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_7__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_7__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_7__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_7__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_7__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_7__1	No complications	2	p1f3q12_7__2	Pain crisis	3	p1f3q12_7__3	Acute chest syndrome	4	p1f3q12_7__4	Preeclampsia	5	p1f3q12_7__5	Maternal diabetes	6	p1f3q12_7__6	Transfusion required	7	p1f3q12_7__7	Blood clots	8	p1f3q12_7__8	Other
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222	[p1f3q12a_7] Show the field ONLY if: [p1f3q12_7(8)] = '1'	If 'Other', specify:	text																								
223	[p1f3q03_8] Show the field ONLY if: [p1f3q02] >= 8	Section Header: <i>8th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}																								
224	[p1f3q04_8] Show the field ONLY if: [p1f3q02] >= 8	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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225	[p1f3q05_8] Show the field ONLY if: [p1f3q02] >= 8	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember																		
0	No																										
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99	Don't remember																										

226	[p1f3q06_8] Show the field ONLY if: [p1f3q02] >= 8	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_8__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_8__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_8__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_8__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_8__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_8__1	No, did not take HU	2	p1f3q06_8__2	Yes, during 1st trimester	3	p1f3q06_8__3	Yes, during 2nd trimester	4	p1f3q06_8__4	Yes, during 3rd trimester	99	p1f3q06_8__99	Don't remember									
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227	[p1f3q07_8] Show the field ONLY if: [p1f3q02] >= 8	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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228	[p1f31b14_8] Show the field ONLY if: [p1f3q04_8] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
229	[p1f3q08_8] Show the field ONLY if: [p1f3q04_8] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
230	[p1f3q09_8] Show the field ONLY if: [p1f3q04_8] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
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1	Yes																										
231	[p1f3q09a_8r] Show the field ONLY if: [p1f3q09_8] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
232	[p1f3q10_8] Show the field ONLY if: [p1f3q04_8] = 1	10. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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233	[p1f3q11_8] Show the field ONLY if: [p1f3q04_8] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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234	[p1f3q11a_8] Show the field ONLY if: [p1f3q11_8] = 1	If 'Yes', what condition?	text																								
235	[p1f3q12_8] Show the field ONLY if: [p1f3q04_8] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q12_8__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_8__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_8__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_8__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_8__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_8__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_8__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_8__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_8__1	No complications	2	p1f3q12_8__2	Pain crisis	3	p1f3q12_8__3	Acute chest syndrome	4	p1f3q12_8__4	Preeclampsia	5	p1f3q12_8__5	Maternal diabetes	6	p1f3q12_8__6	Transfusion required	7	p1f3q12_8__7	Blood clots	8	p1f3q12_8__8	Other
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236	[p1f3q12a_8] Show the field ONLY if: [p1f3q12_8(8)] = '1'	If 'Other', specify:	text																								
237	[p1f3q03_9] Show the field ONLY if: [p1f3q02] >= 9	Section Header: <i>9th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								

238	[p1f3q04_9] Show the field ONLY if: [p1f3q02] >= 9	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant					
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239	[p1f3q05_9] Show the field ONLY if: [p1f3q02] >= 9	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember									
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240	[p1f3q06_9] Show the field ONLY if: [p1f3q02] >= 9	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_9__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_9__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_9__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_9__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_9__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_9__1	No, did not take HU	2	p1f3q06_9__2	Yes, during 1st trimester	3	p1f3q06_9__3	Yes, during 2nd trimester	4	p1f3q06_9__4	Yes, during 3rd trimester	99	p1f3q06_9__99	Don't remember
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241	[p1f3q07_9] Show the field ONLY if: [p1f3q02] >= 9	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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242	[p1f3b14_9] Show the field ONLY if: [p1f3q04_9] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive															
243	[p1f3q08_9] Show the field ONLY if: [p1f3q04_9] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)															
244	[p1f3q09_9] Show the field ONLY if: [p1f3q04_9] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes											
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245	[p1f3q09a_9r] Show the field ONLY if: [p1f3q09_9] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)															
246	[p1f3q10_9] Show the field ONLY if: [p1f3q04_9] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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247	[p1f3q11_9] Show the field ONLY if: [p1f3q04_9] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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248	[p1f3q11a_9] Show the field ONLY if: [p1f3q11_9] = 1	If 'Yes', what condition?	text															

249	<p>[p1f3q12_9]</p> <p>Show the field ONLY if: [p1f3q04_9] = 1</p>	<p>12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i></p>	<p>checkbox</p> <table border="1" data-bbox="1062 31 1468 365"> <tr><td>1</td><td>p1f3q12_9__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_9__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_9__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_9__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_9__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_9__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_9__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_9__8</td><td>Other</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p1f3q12_9__1	No complications	2	p1f3q12_9__2	Pain crisis	3	p1f3q12_9__3	Acute chest syndrome	4	p1f3q12_9__4	Preeclampsia	5	p1f3q12_9__5	Maternal diabetes	6	p1f3q12_9__6	Transfusion required	7	p1f3q12_9__7	Blood clots	8	p1f3q12_9__8	Other
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250	<p>[p1f3q12a_9]</p> <p>Show the field ONLY if: [p1f3q12_9(8)] = '1'</p>	<p>If 'Other', specify:</p>	<p>text</p>																								
251	<p>[p1f3q03_10]</p> <p>Show the field ONLY if: [p1f3q02] >= 10</p>	<p>Section Header: <i>10th Pregnancy</i></p> <p>3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i></p>	<p>text, Identifier</p> <p>Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}</p>																								
252	<p>[p1f3q04_10]</p> <p>Show the field ONLY if: [p1f3q02] >= 10</p>	<p>4. What was the outcome of this pregnancy?</p>	<p>radio</p> <table border="1" data-bbox="1062 699 1284 905"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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253	<p>[p1f3q05_10]</p> <p>Show the field ONLY if: [p1f3q02] >= 10</p>	<p>5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?</p>	<p>radio</p> <table border="1" data-bbox="1062 951 1273 1073"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember																		
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254	<p>[p1f3q06_10]</p> <p>Show the field ONLY if: [p1f3q02] >= 10</p>	<p>6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i></p>	<p>checkbox</p> <table border="1" data-bbox="1062 1119 1528 1325"> <tr><td>1</td><td>p1f3q06_10__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_10__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_10__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_10__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_10__99</td><td>Don't remember</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p1f3q06_10__1	No, did not take HU	2	p1f3q06_10__2	Yes, during 1st trimester	3	p1f3q06_10__3	Yes, during 2nd trimester	4	p1f3q06_10__4	Yes, during 3rd trimester	99	p1f3q06_10__99	Don't remember									
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255	<p>[p1f3q07_10]</p> <p>Show the field ONLY if: [p1f3q02] >= 10</p>	<p>7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?</p>	<p>radio</p> <table border="1" data-bbox="1062 1423 1138 1503"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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257	<p>[p1f3q08_10]</p> <p>Show the field ONLY if: [p1f3q04_10] = 1</p>	<p>8. How many babies were born with this pregnancy?</p>	<p>text (integer, Min: 1, Max: 10)</p>																								
258	<p>[p1f3q09_10]</p> <p>Show the field ONLY if: [p1f3q04_10] = 1</p>	<p>9. Was the baby (or babies) born prematurely?</p>	<p>radio</p> <table border="1" data-bbox="1062 1774 1344 1854"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
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1	Yes																										
259	<p>[p1f3q09a_10r]</p> <p>Show the field ONLY if: [p1f3q09_10] = 1</p>	<p>Yes -- enter how many weeks of gestation</p>	<p>text (integer, Min: 0, Max: 50)</p>																								
260	<p>[p1f3q10_10]</p> <p>Show the field ONLY if: [p1f3q04_10] = 1</p>	<p>10. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?</p>	<p>radio</p> <table border="1" data-bbox="1062 2011 1138 2091"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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263	[p1f3q12_10] Show the field ONLY if: [p1f3q04_10] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q12_10__1</td> <td>No complications</td> </tr> <tr> <td>2</td> <td>p1f3q12_10__2</td> <td>Pain crisis</td> </tr> <tr> <td>3</td> <td>p1f3q12_10__3</td> <td>Acute chest syndrome</td> </tr> <tr> <td>4</td> <td>p1f3q12_10__4</td> <td>Preeclampsia</td> </tr> <tr> <td>5</td> <td>p1f3q12_10__5</td> <td>Maternal diabetes</td> </tr> <tr> <td>6</td> <td>p1f3q12_10__6</td> <td>Transfusion required</td> </tr> <tr> <td>7</td> <td>p1f3q12_10__7</td> <td>Blood clots</td> </tr> <tr> <td>8</td> <td>p1f3q12_10__8</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_10__1	No complications	2	p1f3q12_10__2	Pain crisis	3	p1f3q12_10__3	Acute chest syndrome	4	p1f3q12_10__4	Preeclampsia	5	p1f3q12_10__5	Maternal diabetes	6	p1f3q12_10__6	Transfusion required	7	p1f3q12_10__7	Blood clots	8	p1f3q12_10__8	Other
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265	[p1f3q03_11] Show the field ONLY if: [p1f3q02] >= 11	Section Header: 11th Pregnancy 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}																								
266	[p1f3q04_11] Show the field ONLY if: [p1f3q02] >= 11	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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267	[p1f3q05_11] Show the field ONLY if: [p1f3q02] >= 11	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
0	No																										
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99	Don't remember																										
268	[p1f3q06_11] Show the field ONLY if: [p1f3q02] >= 11	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q06_11__1</td> <td>No, did not take HU</td> </tr> <tr> <td>2</td> <td>p1f3q06_11__2</td> <td>Yes, during 1st trimester</td> </tr> <tr> <td>3</td> <td>p1f3q06_11__3</td> <td>Yes, during 2nd trimester</td> </tr> <tr> <td>4</td> <td>p1f3q06_11__4</td> <td>Yes, during 3rd trimester</td> </tr> <tr> <td>99</td> <td>p1f3q06_11__99</td> <td>Don't remember</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_11__1	No, did not take HU	2	p1f3q06_11__2	Yes, during 1st trimester	3	p1f3q06_11__3	Yes, during 2nd trimester	4	p1f3q06_11__4	Yes, during 3rd trimester	99	p1f3q06_11__99	Don't remember									
1	p1f3q06_11__1	No, did not take HU																									
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269	[p1f3q07_11] Show the field ONLY if: [p1f3q02] >= 11	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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270	[p1f31b14_11] Show the field ONLY if: [p1f3q04_11] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
271	[p1f3q08_11] Show the field ONLY if: [p1f3q04_11] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
272	[p1f3q09_11] Show the field ONLY if: [p1f3q04_11] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes																				
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273	[p1f3q09a_11r] Show the field ONLY if: [p1f3q09_11] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
274	[p1f3q10_11] Show the field ONLY if: [p1f3q04_11] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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275	[p1f3q11_11] Show the field ONLY if: [p1f3q04_11] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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276	[p1f3q11a_11] Show the field ONLY if: [p1f3q11_11] = 1	If 'Yes', what condition?	text																								
277	[p1f3q12_11] Show the field ONLY if: [p1f3q04_11] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q12_11__1</td> <td>No complications</td> </tr> <tr> <td>2</td> <td>p1f3q12_11__2</td> <td>Pain crisis</td> </tr> <tr> <td>3</td> <td>p1f3q12_11__3</td> <td>Acute chest syndrome</td> </tr> <tr> <td>4</td> <td>p1f3q12_11__4</td> <td>Preeclampsia</td> </tr> <tr> <td>5</td> <td>p1f3q12_11__5</td> <td>Maternal diabetes</td> </tr> <tr> <td>6</td> <td>p1f3q12_11__6</td> <td>Transfusion required</td> </tr> <tr> <td>7</td> <td>p1f3q12_11__7</td> <td>Blood clots</td> </tr> <tr> <td>8</td> <td>p1f3q12_11__8</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_11__1	No complications	2	p1f3q12_11__2	Pain crisis	3	p1f3q12_11__3	Acute chest syndrome	4	p1f3q12_11__4	Preeclampsia	5	p1f3q12_11__5	Maternal diabetes	6	p1f3q12_11__6	Transfusion required	7	p1f3q12_11__7	Blood clots	8	p1f3q12_11__8	Other
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278	[p1f3q12a_11] Show the field ONLY if: [p1f3q12_11(8)] = '1'	If 'Other', specify:	text																								
279	[p1f3q03_12] Show the field ONLY if: [p1f3q02] >= 12	Section Header: <i>12th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={"mode":"MY","grace_days":300}																								
280	[p1f3q04_12] Show the field ONLY if: [p1f3q02] >= 12	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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281	[p1f3q05_12] Show the field ONLY if: [p1f3q02] >= 12	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
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99	Don't remember																										
282	[p1f3q06_12] Show the field ONLY if: [p1f3q02] >= 12	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q06_12__1</td> <td>No, did not take HU</td> </tr> <tr> <td>2</td> <td>p1f3q06_12__2</td> <td>Yes, during 1st trimester</td> </tr> <tr> <td>3</td> <td>p1f3q06_12__3</td> <td>Yes, during 2nd trimester</td> </tr> <tr> <td>4</td> <td>p1f3q06_12__4</td> <td>Yes, during 3rd trimester</td> </tr> <tr> <td>99</td> <td>p1f3q06_12__99</td> <td>Don't remember</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_12__1	No, did not take HU	2	p1f3q06_12__2	Yes, during 1st trimester	3	p1f3q06_12__3	Yes, during 2nd trimester	4	p1f3q06_12__4	Yes, during 3rd trimester	99	p1f3q06_12__99	Don't remember									
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283	[p1f3q07_12] Show the field ONLY if: [p1f3q02] >= 12	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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284	[p1f3b14_12] Show the field ONLY if: [p1f3q04_12] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								

285	[p1f3q08_12] Show the field ONLY if: [p1f3q04_12] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
286	[p1f3q09_12] Show the field ONLY if: [p1f3q04_12] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes																				
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287	[p1f3q09a_12r] Show the field ONLY if: [p1f3q09_12] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
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289	[p1f3q11_12] Show the field ONLY if: [p1f3q04_12] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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292	[p1f3q12a_12] Show the field ONLY if: [p1f3q12_12(8)] = '1'	If 'Other', specify:	text																								
293	[p1f3q03_13] Show the field ONLY if: [p1f3q02] >= 13	Section Header: <i>13th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								
294	[p1f3q04_13] Show the field ONLY if: [p1f3q02] >= 13	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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295	[p1f3q05_13] Show the field ONLY if: [p1f3q02] >= 13	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
0	No																										
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296	[p1f3q06_13] Show the field ONLY if: [p1f3q02] >= 13	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr> <td>1</td> <td>p1f3q06_13__1</td> <td>No, did not take HU</td> </tr> <tr> <td>2</td> <td>p1f3q06_13__2</td> <td>Yes, during 1st trimester</td> </tr> <tr> <td>3</td> <td>p1f3q06_13__3</td> <td>Yes, during 2nd trimester</td> </tr> <tr> <td>4</td> <td>p1f3q06_13__4</td> <td>Yes, during 3rd trimester</td> </tr> <tr> <td>99</td> <td>p1f3q06_13__99</td> <td>Don't remember</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_13__1	No, did not take HU	2	p1f3q06_13__2	Yes, during 1st trimester	3	p1f3q06_13__3	Yes, during 2nd trimester	4	p1f3q06_13__4	Yes, during 3rd trimester	99	p1f3q06_13__99	Don't remember									
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297	[p1f3q07_13] Show the field ONLY if: [p1f3q02] >= 13	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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298	[p1f31b14_13] Show the field ONLY if: [p1f3q04_13] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive																								
299	[p1f3q08_13] Show the field ONLY if: [p1f3q04_13] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																								
300	[p1f3q09_13] Show the field ONLY if: [p1f3q04_13] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes																				
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301	[p1f3q09a_13r] Show the field ONLY if: [p1f3q09_13] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																								
302	[p1f3q10_13] Show the field ONLY if: [p1f3q04_13] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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303	[p1f3q11_13] Show the field ONLY if: [p1f3q04_13] = 1	11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes																				
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306	[p1f3q12a_13] Show the field ONLY if: [p1f3q12_13(8)] = '1'	If 'Other', specify:	text																								
307	[p1f3q03_14] Show the field ONLY if: [p1f3q02] >= 14	Section Header: <i>14th Pregnancy</i> 3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }																								
308	[p1f3q04_14] Show the field ONLY if: [p1f3q02] >= 14	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant														
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309	[p1f3q05_14] Show the field ONLY if: [p1f3q02] >= 14	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember																		
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310	<p>[p1f3q06_14]</p> <p>Show the field ONLY if: [p1f3q02] >= 14</p>	<p>6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i></p> <table border="1" data-bbox="1062 33 1528 243"> <tr><td>1</td><td>p1f3q06_14__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_14__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_14__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_14__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_14__99</td><td>Don't remember</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p1f3q06_14__1	No, did not take HU	2	p1f3q06_14__2	Yes, during 1st trimester	3	p1f3q06_14__3	Yes, during 2nd trimester	4	p1f3q06_14__4	Yes, during 3rd trimester	99	p1f3q06_14__99	Don't remember									
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311	<p>[p1f3q07_14]</p> <p>Show the field ONLY if: [p1f3q02] >= 14</p>	<p>7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?</p> <p>radio</p> <table border="1" data-bbox="1062 342 1138 422"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
0	No																									
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312	<p>[p1f31b14_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>Answer Questions 8 - 12 below only if the pregnancy ended in a live birth</p> <p>descriptive</p>																								
313	<p>[p1f3q08_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>8. How many babies were born with this pregnancy?</p> <p>text (integer, Min: 1, Max: 10)</p>																								
314	<p>[p1f3q09_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>9. Was the baby (or babies) born prematurely?</p> <p>radio</p> <table border="1" data-bbox="1062 688 1344 768"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																				
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315	<p>[p1f3q09a_14r]</p> <p>Show the field ONLY if: [p1f3q09_14] = 1</p>	<p>Yes -- enter how many weeks of gestation</p> <p>text (integer, Min: 0, Max: 50)</p>																								
316	<p>[p1f3q10_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>10. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?</p> <p>radio</p> <table border="1" data-bbox="1062 928 1138 1008"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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317	<p>[p1f3q11_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>11. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?</p> <p>radio</p> <table border="1" data-bbox="1062 1056 1138 1136"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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318	<p>[p1f3q11a_14]</p> <p>Show the field ONLY if: [p1f3q11_14] = 1</p>	<p>If 'Yes', what condition?</p> <p>text</p>																								
319	<p>[p1f3q12_14]</p> <p>Show the field ONLY if: [p1f3q04_14] = 1</p>	<p>12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i></p> <table border="1" data-bbox="1062 1293 1479 1619"> <tr><td>1</td><td>p1f3q12_14__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_14__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_14__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_14__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_14__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_14__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_14__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_14__8</td><td>Other</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p1f3q12_14__1	No complications	2	p1f3q12_14__2	Pain crisis	3	p1f3q12_14__3	Acute chest syndrome	4	p1f3q12_14__4	Preeclampsia	5	p1f3q12_14__5	Maternal diabetes	6	p1f3q12_14__6	Transfusion required	7	p1f3q12_14__7	Blood clots	8	p1f3q12_14__8	Other
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320	<p>[p1f3q12a_14]</p> <p>Show the field ONLY if: [p1f3q12_14(8)] = '1'</p>	<p>If 'Other', specify:</p> <p>text</p>																								
321	<p>[p1f3q03_15]</p> <p>Show the field ONLY if: [p1f3q02] >= 15</p>	<p>Section Header: 15th Pregnancy</p> <p>3. In what month and year did this pregnancy end (enter due date if currently pregnant)? <i>mm/yyyy, enter 99/9999 for unknown</i></p> <p>text, Identifier</p> <p>Field Annotation: @SMARTDATE= {"mode":"","MY","grace_days":300}</p>																								

322	[p1f3q04_15] Show the field ONLY if: [p1f3q02] >= 15	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant					
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323	[p1f3q05_15] Show the field ONLY if: [p1f3q02] >= 15	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember									
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324	[p1f3q06_15] Show the field ONLY if: [p1f3q02] >= 15	6. During this pregnancy were you taking hydroxyurea? <i>If 'Yes', check all trimesters that apply or that you can remember.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q06_15__1</td><td>No, did not take HU</td></tr> <tr><td>2</td><td>p1f3q06_15__2</td><td>Yes, during 1st trimester</td></tr> <tr><td>3</td><td>p1f3q06_15__3</td><td>Yes, during 2nd trimester</td></tr> <tr><td>4</td><td>p1f3q06_15__4</td><td>Yes, during 3rd trimester</td></tr> <tr><td>99</td><td>p1f3q06_15__99</td><td>Don't remember</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q06_15__1	No, did not take HU	2	p1f3q06_15__2	Yes, during 1st trimester	3	p1f3q06_15__3	Yes, during 2nd trimester	4	p1f3q06_15__4	Yes, during 3rd trimester	99	p1f3q06_15__99	Don't remember
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325	[p1f3q07_15] Show the field ONLY if: [p1f3q02] >= 15	7. Did you take any fertility drugs or receive any procedure from a health care worker to help you get pregnant with this pregnancy?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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326	[p1f3b14_15] Show the field ONLY if: [p1f3q04_15] = 1	Answer Questions 8 - 12 below only if the pregnancy ended in a live birth	descriptive															
327	[p1f3q08_15] Show the field ONLY if: [p1f3q04_15] = 1	8. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)															
328	[p1f3q09_15] Show the field ONLY if: [p1f3q04_15] = 1	9. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes											
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329	[p1f3q09a_15r] Show the field ONLY if: [p1f3q09_15] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)															
330	[p1f3q10_15] Show the field ONLY if: [p1f3q04_15] = 1	10. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes											
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332	[p1f3q11a_15] Show the field ONLY if: [p1f3q11_15] = 1	If 'Yes', what condition?	text															

333	[p1f3q12_15] Show the field ONLY if: [p1f3q04_15] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q12_15__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_15__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_15__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_15__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_15__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_15__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_15__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_15__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_15__1	No complications	2	p1f3q12_15__2	Pain crisis	3	p1f3q12_15__3	Acute chest syndrome	4	p1f3q12_15__4	Preeclampsia	5	p1f3q12_15__5	Maternal diabetes	6	p1f3q12_15__6	Transfusion required	7	p1f3q12_15__7	Blood clots	8	p1f3q12_15__8	Other
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334	[p1f3q12a_15] Show the field ONLY if: [p1f3q12_15(8)] = '1'	If 'Other', specify:	text																								
335	[p1f3q13]	Section Header: 13. Has there ever been a time in your life during which you didn't become pregnant despite 12 or more months of regular unprotected intercourse?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
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336	[p1f3q14] Show the field ONLY if: [p1f3q13] = 1	14. Did you ever go to a doctor or other medical care provider to talk about ways to help you have a baby?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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337	[p1f3q15] Show the field ONLY if: [p1f3q14] = 1	15. Which of the services did you have to help you have a baby? Check all that apply.	checkbox <table border="1"> <tr><td>1</td><td>p1f3q15__1</td><td>Advice</td></tr> <tr><td>2</td><td>p1f3q15__2</td><td>Infertility testing</td></tr> <tr><td>3</td><td>p1f3q15__3</td><td>Drugs to improve ovulation</td></tr> <tr><td>4</td><td>p1f3q15__4</td><td>Surgery to correct blocked tubes</td></tr> <tr><td>5</td><td>p1f3q15__5</td><td>Artificial insemination</td></tr> <tr><td>6</td><td>p1f3q15__6</td><td>Other types of medical help</td></tr> </table>	1	p1f3q15__1	Advice	2	p1f3q15__2	Infertility testing	3	p1f3q15__3	Drugs to improve ovulation	4	p1f3q15__4	Surgery to correct blocked tubes	5	p1f3q15__5	Artificial insemination	6	p1f3q15__6	Other types of medical help						
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338	[p1f3q16] Show the field ONLY if: ([p1f3q14] = 0 or [p1f3q14] = 1) and [p1f3q13] = 1	16. Has a doctor or other medical care provider ever told you that you had fibroid tumors or myomas in your uterus?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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339	[p1f3q17] Show the field ONLY if: [p1f3q13] = 1	17. Has a doctor or other medical care provider ever told you that you had endometriosis?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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340	[pregnancy_and_conception_for_female_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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Instrument: Pregnancy And Conception For Male (pregnancy_and_conception_for_male)			 Enabled as survey																								
341	[instructions2]	This form asks questions about pregnancies where you have been the father.	descriptive																								
342	[p1f4q01]	1. Have you ever fathered a baby?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	1	Yes																				
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343	[p1f41b11] Show the field ONLY if: [p1f4q01] = '1'	2. How many times have you fathered a baby? Please be sure to include any pregnancies that are current or ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.	descriptive																								

333	[p1f3q12_15] Show the field ONLY if: [p1f3q04_15] = 1	12. Did you have any significant medical complications during this pregnancy? <i>Check all that apply.</i>	checkbox <table border="1"> <tr><td>1</td><td>p1f3q12_15__1</td><td>No complications</td></tr> <tr><td>2</td><td>p1f3q12_15__2</td><td>Pain crisis</td></tr> <tr><td>3</td><td>p1f3q12_15__3</td><td>Acute chest syndrome</td></tr> <tr><td>4</td><td>p1f3q12_15__4</td><td>Preeclampsia</td></tr> <tr><td>5</td><td>p1f3q12_15__5</td><td>Maternal diabetes</td></tr> <tr><td>6</td><td>p1f3q12_15__6</td><td>Transfusion required</td></tr> <tr><td>7</td><td>p1f3q12_15__7</td><td>Blood clots</td></tr> <tr><td>8</td><td>p1f3q12_15__8</td><td>Other</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p1f3q12_15__1	No complications	2	p1f3q12_15__2	Pain crisis	3	p1f3q12_15__3	Acute chest syndrome	4	p1f3q12_15__4	Preeclampsia	5	p1f3q12_15__5	Maternal diabetes	6	p1f3q12_15__6	Transfusion required	7	p1f3q12_15__7	Blood clots	8	p1f3q12_15__8	Other
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0	No																										
1	Yes																										
343	[p1f41b11] Show the field ONLY if: [p1f4q01] = '1'	2. How many times have you fathered a baby? Please be sure to include any pregnancies that are current or ended in a live birth, miscarriage, stillbirth, or abortion. Enter the total number on the line below.	descriptive																								

344	<p>[p1f4q02]</p> <p>Show the field ONLY if: [p1f4q01] = '1'</p>	total number of pregnancies where you have been the father	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>More than 15</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	More than 15
1	1																																		
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14	14																																		
15	15																																		
16	More than 15																																		
345	<p>[p1f41b12]</p> <p>Show the field ONLY if: [p1f4q02] >= 1</p>	INSTRUCTIONS	descriptive																																
346	<p>[p1f41b13]</p> <p>Show the field ONLY if: [p1f4q02] >= 1</p>	As you answer the questions below, please think about each of the pregnancies where you have been the father. Start with the earliest pregnancy, listing it in the first column labeled "1st pregnancy". From there, work forward until you have provided information about all of the pregnancies you listed in question 2 above.	descriptive																																
347	<p>[p1f4q03_1]</p> <p>Show the field ONLY if: [p1f4q02] >= 1</p>	<p>Section Header: <i>1st Pregnancy</i></p> <p>3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i></p>	<p>text, Identifier</p> <p>Field Annotation: @SMARTDATE= {"mode":"MY","grace_days":300}</p>																																
348	<p>[p1f4q04_1]</p> <p>Show the field ONLY if: [p1f4q02] >= 1</p>	4. What was the outcome of this pregnancy?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant																						
1	Live birth																																		
2	Still birth																																		
3	Miscarriage																																		
4	Abortion																																		
5	Currently pregnant																																		
349	<p>[p1f4q05_1]</p> <p>Show the field ONLY if: [p1f4q02] >= 1</p>	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	<p>radio</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember																										
0	No																																		
1	Yes																																		
99	Don't remember																																		
350	<p>[p1f41b14_1]</p> <p>Show the field ONLY if: [p1f4q04_1] = 1</p>	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive																																
351	<p>[p1f4q06_1]</p> <p>Show the field ONLY if: [p1f4q04_1] = 1</p>	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)																																
352	<p>[p1f4q07_1]</p> <p>Show the field ONLY if: [p1f4q04_1] = 1</p>	7. Was the baby (or babies) born prematurely?	<p>radio</p> <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes																												
0	No, not born prematurely																																		
1	Yes																																		
353	<p>[p1f4q07a_1r]</p> <p>Show the field ONLY if: [p1f4q07_1] = 1</p>	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)																																

354	[p1f4q08_1] Show the field ONLY if: [p1f4q04_1] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
355	[p1f4q09_1] Show the field ONLY if: [p1f4q04_1] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
356	[p1f4q09a_1] Show the field ONLY if: [p1f4q09_1] = 1	If 'Yes', what condition?	text										
357	[p1f4q03_2] Show the field ONLY if: [p1f4q02] >= 2	Section Header: <i>2nd Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","grace_days":300}										
358	[p1f4q04_2] Show the field ONLY if: [p1f4q02] >= 2	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
359	[p1f4q05_2] Show the field ONLY if: [p1f4q02] >= 2	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
360	[p1f41b14_2] Show the field ONLY if: [p1f4q04_2] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
361	[p1f4q06_2] Show the field ONLY if: [p1f4q04_2] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
362	[p1f4q07_2] Show the field ONLY if: [p1f4q04_2] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
363	[p1f4q07a_2r] Show the field ONLY if: [p1f4q07_2] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
364	[p1f4q08_2] Show the field ONLY if: [p1f4q04_2] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
365	[p1f4q09_2] Show the field ONLY if: [p1f4q04_2] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
366	[p1f4q09a_2] Show the field ONLY if: [p1f4q09_2] = 1	If 'Yes', what condition?	text										
367	[p1f4q03_3] Show the field ONLY if: [p1f4q02] >= 3	Section Header: <i>3rd Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text Field Annotation: @SMARTDATE= {"mode":"MY","grace_days":300}										

368	[p1f4q04_3] Show the field ONLY if: [p1f4q02] >= 3	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
369	[p1f4q05_3] Show the field ONLY if: [p1f4q02] >= 3	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
370	[p1f41b14_3] Show the field ONLY if: [p1f4q04_3] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
371	[p1f4q06_3] Show the field ONLY if: [p1f4q04_3] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
372	[p1f4q07_3] Show the field ONLY if: [p1f4q04_3] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
373	[p1f4q07a_3r] Show the field ONLY if: [p1f4q07_3] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
374	[p1f4q08_3] Show the field ONLY if: [p1f4q04_3] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
375	[p1f4q09_3] Show the field ONLY if: [p1f4q04_3] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
376	[p1f4q09a_3] Show the field ONLY if: [p1f4q09_3] = 1	If 'Yes', what condition?	text										
377	[p1f4q03_4] Show the field ONLY if: [p1f4q02] >= 4	Section Header: <i>4th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY", "grace_days":300}										
378	[p1f4q04_4] Show the field ONLY if: [p1f4q02] >= 4	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
379	[p1f4q05_4] Show the field ONLY if: [p1f4q02] >= 4	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
380	[p1f41b14_4] Show the field ONLY if: [p1f4q04_4] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
381	[p1f4q06_4] Show the field ONLY if: [p1f4q04_4] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										

382	[p1f4q07_4] Show the field ONLY if: [p1f4q04_4] = 1	7. Was the baby (or babies) born prematurely?	radio 0 No, not born prematurely 1 Yes
383	[p1f4q07a_4r] Show the field ONLY if: [p1f4q07_4] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)
384	[p1f4q08_4] Show the field ONLY if: [p1f4q04_4] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio 0 No 1 Yes 99 Don't know
385	[p1f4q09_4] Show the field ONLY if: [p1f4q04_4] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio 0 No 1 Yes
386	[p1f4q09a_4] Show the field ONLY if: [p1f4q09_4] = 1	If 'Yes', what condition?	text
387	[p1f4q03_5] Show the field ONLY if: [p1f4q02] >= 5	Section Header: <i>5th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }
388	[p1f4q04_5] Show the field ONLY if: [p1f4q02] >= 5	4. What was the outcome of this pregnancy?	radio 1 Live birth 2 Still birth 3 Miscarriage 4 Abortion 5 Currently pregnant
389	[p1f4q05_5] Show the field ONLY if: [p1f4q02] >= 5	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio 0 No 1 Yes 99 Don't remember
390	[p1f41b14_5] Show the field ONLY if: [p1f4q04_5] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive
391	[p1f4q06_5] Show the field ONLY if: [p1f4q04_5] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)
392	[p1f4q07_5] Show the field ONLY if: [p1f4q04_5] = 1	7. Was the baby (or babies) born prematurely?	radio 0 No, not born prematurely 1 Yes
393	[p1f4q07a_5r] Show the field ONLY if: [p1f4q07_5] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)
394	[p1f4q08_5] Show the field ONLY if: [p1f4q04_5] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio 0 No 1 Yes 99 Don't know
395	[p1f4q09_5] Show the field ONLY if: [p1f4q04_5] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio 0 No 1 Yes
396	[p1f4q09a_5] Show the field ONLY if: [p1f4q09_5] = 1	If 'Yes', what condition?	text

397	[p1f4q03_6] Show the field ONLY if: [p1f4q02] >= 6	Section Header: <i>6th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","grace_days":300}										
398	[p1f4q04_6] Show the field ONLY if: [p1f4q02] >= 6	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
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4	Abortion												
5	Currently pregnant												
399	[p1f4q05_6] Show the field ONLY if: [p1f4q02] >= 6	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
400	[p1f41b14_6] Show the field ONLY if: [p1f4q04_6] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
401	[p1f4q06_6] Show the field ONLY if: [p1f4q04_6] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
402	[p1f4q07_6] Show the field ONLY if: [p1f4q04_6] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
403	[p1f4q07a_6r] Show the field ONLY if: [p1f4q07_6] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
404	[p1f4q08_6] Show the field ONLY if: [p1f4q04_6] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
405	[p1f4q09_6] Show the field ONLY if: [p1f4q04_6] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
406	[p1f4q09a_6] Show the field ONLY if: [p1f4q09_6] = 1	If 'Yes', what condition?	text										
407	[p1f4q03_7] Show the field ONLY if: [p1f4q02] >= 7	Section Header: <i>7th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","grace_days":300}										
408	[p1f4q04_7] Show the field ONLY if: [p1f4q02] >= 7	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
409	[p1f4q05_7] Show the field ONLY if: [p1f4q02] >= 7	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
410	[p1f41b14_7] Show the field ONLY if: [p1f4q04_7] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										

411	[p1f4q06_7] Show the field ONLY if: [p1f4q04_7] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
412	[p1f4q07_7] Show the field ONLY if: [p1f4q04_7] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
413	[p1f4q07a_7r] Show the field ONLY if: [p1f4q07_7] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
414	[p1f4q08_7] Show the field ONLY if: [p1f4q04_7] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
415	[p1f4q09_7] Show the field ONLY if: [p1f4q04_7] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
416	[p1f4q09a_7] Show the field ONLY if: [p1f4q09_7] = 1	If 'Yes', what condition?	text										
417	[p1f4q03_8] Show the field ONLY if: [p1f4q02] >= 8	Section Header: <i>8th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY", "grace_days":300}										
418	[p1f4q04_8] Show the field ONLY if: [p1f4q02] >= 8	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
419	[p1f4q05_8] Show the field ONLY if: [p1f4q02] >= 8	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
420	[p1f41b14_8] Show the field ONLY if: [p1f4q04_8] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
421	[p1f4q06_8] Show the field ONLY if: [p1f4q04_8] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
422	[p1f4q07_8] Show the field ONLY if: [p1f4q04_8] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
423	[p1f4q07a_8r] Show the field ONLY if: [p1f4q07_8] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
424	[p1f4q08_8] Show the field ONLY if: [p1f4q04_8] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
425	[p1f4q09_8] Show the field ONLY if: [p1f4q04_8] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												

426	[p1f4q09a_8] Show the field ONLY if: [p1f4q09_8] = 1	If 'Yes', what condition?	text										
427	[p1f4q03_9] Show the field ONLY if: [p1f4q02] >= 9	Section Header: <i>9th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }										
428	[p1f4q04_9] Show the field ONLY if: [p1f4q02] >= 9	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
429	[p1f4q05_9] Show the field ONLY if: [p1f4q02] >= 9	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
430	[p1f41b14_9] Show the field ONLY if: [p1f4q04_9] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
431	[p1f4q06_9] Show the field ONLY if: [p1f4q04_9] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
432	[p1f4q07_9] Show the field ONLY if: [p1f4q04_9] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
433	[p1f4q07a_9r] Show the field ONLY if: [p1f4q07_9] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
434	[p1f4q08_9] Show the field ONLY if: [p1f4q04_9] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
435	[p1f4q09_9] Show the field ONLY if: [p1f4q04_9] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
436	[p1f4q09a_9] Show the field ONLY if: [p1f4q09_9] = 1	If 'Yes', what condition?	text										
437	[p1f4q03_10] Show the field ONLY if: [p1f4q02] >= 10	Section Header: <i>10th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }										
438	[p1f4q04_10] Show the field ONLY if: [p1f4q02] >= 10	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
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3	Miscarriage												
4	Abortion												
5	Currently pregnant												
439	[p1f4q05_10] Show the field ONLY if: [p1f4q02] >= 10	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												

440	[p1f41b14_10] Show the field ONLY if: [p1f4q04_10] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
441	[p1f4q06_10] Show the field ONLY if: [p1f4q04_10] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
442	[p1f4q07_10] Show the field ONLY if: [p1f4q04_10] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
443	[p1f4q07a_10r] Show the field ONLY if: [p1f4q07_10] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
444	[p1f4q08_10] Show the field ONLY if: [p1f4q04_10] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
445	[p1f4q09_10] Show the field ONLY if: [p1f4q04_10] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
446	[p1f4q09a_10] Show the field ONLY if: [p1f4q09_10] = 1	If 'Yes', what condition?	text										
447	[p1f4q03_11] Show the field ONLY if: [p1f4q02] >= 11	Section Header: <i>11th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","grace_days":300}										
448	[p1f4q04_11] Show the field ONLY if: [p1f4q02] >= 11	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
449	[p1f4q05_11] Show the field ONLY if: [p1f4q02] >= 11	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
450	[p1f41b14_11] Show the field ONLY if: [p1f4q04_11] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
451	[p1f4q06_11] Show the field ONLY if: [p1f4q04_11] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
452	[p1f4q07_11] Show the field ONLY if: [p1f4q04_11] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
453	[p1f4q07a_11r] Show the field ONLY if: [p1f4q07_11] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
454	[p1f4q08_11] Show the field ONLY if: [p1f4q04_11] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												

455	[p1f4q09_11] Show the field ONLY if: [p1f4q04_11] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
456	[p1f4q09a_11] Show the field ONLY if: [p1f4q09_11] = 1	If 'Yes', what condition?	text										
457	[p1f4q03_12] Show the field ONLY if: [p1f4q02] >= 12	Section Header: <i>12th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "grace_days": 300 }										
458	[p1f4q04_12] Show the field ONLY if: [p1f4q02] >= 12	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
459	[p1f4q05_12] Show the field ONLY if: [p1f4q02] >= 12	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't remember</td> </tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
460	[p1f41b14_12] Show the field ONLY if: [p1f4q04_12] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
461	[p1f4q06_12] Show the field ONLY if: [p1f4q04_12] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
462	[p1f4q07_12] Show the field ONLY if: [p1f4q04_12] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr> <td>0</td> <td>No, not born prematurely</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
463	[p1f4q07a_12r] Show the field ONLY if: [p1f4q07_12] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
464	[p1f4q08_12] Show the field ONLY if: [p1f4q04_12] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>99</td> <td>Don't know</td> </tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
465	[p1f4q09_12] Show the field ONLY if: [p1f4q04_12] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
466	[p1f4q09a_12] Show the field ONLY if: [p1f4q09_12] = 1	If 'Yes', what condition?	text										
467	[p1f4q03_13] Show the field ONLY if: [p1f4q02] >= 13	Section Header: <i>13th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "grace_days": 300 }										
468	[p1f4q04_13] Show the field ONLY if: [p1f4q02] >= 13	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr> <td>1</td> <td>Live birth</td> </tr> <tr> <td>2</td> <td>Still birth</td> </tr> <tr> <td>3</td> <td>Miscarriage</td> </tr> <tr> <td>4</td> <td>Abortion</td> </tr> <tr> <td>5</td> <td>Currently pregnant</td> </tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
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5	Currently pregnant												

469	[p1f4q05_13] Show the field ONLY if: [p1f4q02] >= 13	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
470	[p1f41b14_13] Show the field ONLY if: [p1f4q04_13] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
471	[p1f4q06_13] Show the field ONLY if: [p1f4q04_13] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
472	[p1f4q07_13] Show the field ONLY if: [p1f4q04_13] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
473	[p1f4q07a_13r] Show the field ONLY if: [p1f4q07_13] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
474	[p1f4q08_13] Show the field ONLY if: [p1f4q04_13] = 1	8. Did any of the babies in this pregnancy weigh less than 5.5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
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475	[p1f4q09_13] Show the field ONLY if: [p1f4q04_13] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
476	[p1f4q09a_13] Show the field ONLY if: [p1f4q09_13] = 1	If 'Yes', what condition?	text										
477	[p1f4q03_14] Show the field ONLY if: [p1f4q02] >= 14	Section Header: <i>14th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "grace_days": 300 }										
478	[p1f4q04_14] Show the field ONLY if: [p1f4q02] >= 14	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
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5	Currently pregnant												
479	[p1f4q05_14] Show the field ONLY if: [p1f4q02] >= 14	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
480	[p1f41b14_14] Show the field ONLY if: [p1f4q04_14] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
481	[p1f4q06_14] Show the field ONLY if: [p1f4q04_14] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
482	[p1f4q07_14] Show the field ONLY if: [p1f4q04_14] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
483	[p1f4q07a_14r] Show the field ONLY if: [p1f4q07_14] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										

484	[p1f4q08_14] Show the field ONLY if: [p1f4q04_14] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
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485	[p1f4q09_14] Show the field ONLY if: [p1f4q04_14] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
486	[p1f4q09a_14] Show the field ONLY if: [p1f4q09_14] = 1	If 'Yes', what condition?	text										
487	[p1f4q03_15] Show the field ONLY if: [p1f4q02] >= 15	Section Header: <i>15th Pregnancy</i> 3. In what month and year did this pregnancy end (or due date if currently pregnancy)? <i>mm/yyyy, enter 99/9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY", "grace_days":300}										
488	[p1f4q04_15] Show the field ONLY if: [p1f4q02] >= 15	4. What was the outcome of this pregnancy?	radio <table border="1"> <tr><td>1</td><td>Live birth</td></tr> <tr><td>2</td><td>Still birth</td></tr> <tr><td>3</td><td>Miscarriage</td></tr> <tr><td>4</td><td>Abortion</td></tr> <tr><td>5</td><td>Currently pregnant</td></tr> </table>	1	Live birth	2	Still birth	3	Miscarriage	4	Abortion	5	Currently pregnant
1	Live birth												
2	Still birth												
3	Miscarriage												
4	Abortion												
5	Currently pregnant												
489	[p1f4q05_15] Show the field ONLY if: [p1f4q02] >= 15	5. Were you taking hydroxyurea at the time of conception (when the pregnancy started) or within the month before conception?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't remember</td></tr> </table>	0	No	1	Yes	99	Don't remember				
0	No												
1	Yes												
99	Don't remember												
490	[p1f41b14_15] Show the field ONLY if: [p1f4q04_15] = 1	** Answer Questions 6 - 9 below only if the pregnancy ended in a live birth	descriptive										
491	[p1f4q06_15] Show the field ONLY if: [p1f4q04_15] = 1	6. How many babies were born with this pregnancy?	text (integer, Min: 1, Max: 10)										
492	[p1f4q07_15] Show the field ONLY if: [p1f4q04_15] = 1	7. Was the baby (or babies) born prematurely?	radio <table border="1"> <tr><td>0</td><td>No, not born prematurely</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No, not born prematurely	1	Yes						
0	No, not born prematurely												
1	Yes												
493	[p1f4q07a_15r] Show the field ONLY if: [p1f4q07_15] = 1	Yes -- enter how many weeks of gestation	text (integer, Min: 0, Max: 50)										
494	[p1f4q08_15] Show the field ONLY if: [p1f4q04_15] = 1	8. Did any of the babies in this pregnancy weigh less than 5. 5 pounds at the time of birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	No	1	Yes	99	Don't know				
0	No												
1	Yes												
99	Don't know												
495	[p1f4q09_15] Show the field ONLY if: [p1f4q04_15] = 1	9. Did a doctor ever say a baby from this pregnancy had low birth weight, a birth defect, a genetic condition, or another serious medical problem related to birth?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
496	[p1f4q09a_15] Show the field ONLY if: [p1f4q09_15] = 1	If 'Yes', what condition?	text										
497	[p1f4q10]	Section Header: 10. Have you ever had a painful continuous erection, which is also called priapism?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
498	[p1f4q11]	11. Has there ever been a time in your life during which you weren't able to get your partner pregnant despite 12 or more months of regular unprotected intercourse?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes						
0	No												
1	Yes												

499	[p1f4q12] Show the field ONLY if: [p1f4q11] = 1	12. Did you ever go to a doctor or other medical care provider to talk about ways to help you father a baby?	radio 0 No 1 Yes
500	[p1f4q13] Show the field ONLY if: [p1f4q12] = 1	13. Which of the following services did you have to help you father a baby? Check all that apply.	checkbox 1 p1f4q13__1 Advice 2 p1f4q13__2 Infertility testing 3 p1f4q13__3 Surgery to reverse a vasectomy 4 p1f4q13__4 Treatment for varicocele 5 p1f4q13__5 Other types of medical help
501	[p1f4q14] Show the field ONLY if: [p1f4q12] = 1	14. When you went for medical help to father a baby, were you ever told that you had any of the following male infertility problems? Check all that apply.	checkbox 1 p1f4q14__1 Sperm or semen problems 2 p1f4q14__2 Varicocele 3 p1f4q14__3 Other 4 p1f4q14__4 None of the above
502	[pregnancy_and_conception_for_male_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Patient Registration Form (patient_registration_form)

503	[p1f6q00]	The subject provided signed consent to participate in the Registry on : <i>Date (mm/dd/yyyy)</i>	text (date_mdy, Min: 2016-05-01, Max: 2019-05-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}
504	[p1f6q00_r]	The subject registered to participate in the Registry on : <i>Date (mm/dd/yyyy)</i>	text (date_mdy, Min: 2016-05-01, Max: 2019-05-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}
505	[p1f6q00_a]		checkbox 1 p1f6q00_a__1 Assent form signed(minors only)
506	[p1f6q00_c]	Diagnosis Status:	radio, Required 1 Confirmed (with documentation) by newborn screening, hemoglobin fractionation, hemoglobin electrophoresis or DNA sequencing 2 Pending - DO NOT ENTER DEMOGRAPHICS INTO DMS UNTIL CONFIRMED 3 Unable to Confirm, subject not eligible - FORM COMPLETE
507	[p1f6q01] Show the field ONLY if: [p1f6q00_c]= '1'	Section Header: <i>Subject demographics for Confirmed Diagnoses Only</i> 1. Date of birth <i>mm/dd/yyyy between (15 -45) years</i>	text (date_mdy), Required, Identifier Field Annotation: @SMARTDATE @ENFORCEAGEFROMDOB= {"relative_to":"p1f6q00","min_age":15,"max_age":45}

499	[p1f4q12] Show the field ONLY if: [p1f4q11] = 1	12. Did you ever go to a doctor or other medical care provider to talk about ways to help you father a baby?	radio 0 No 1 Yes
500	[p1f4q13] Show the field ONLY if: [p1f4q12] = 1	13. Which of the following services did you have to help you father a baby? Check all that apply.	checkbox 1 p1f4q13__1 Advice 2 p1f4q13__2 Infertility testing 3 p1f4q13__3 Surgery to reverse a vasectomy 4 p1f4q13__4 Treatment for varicocele 5 p1f4q13__5 Other types of medical help
501	[p1f4q14] Show the field ONLY if: [p1f4q12] = 1	14. When you went for medical help to father a baby, were you ever told that you had any of the following male infertility problems? Check all that apply.	checkbox 1 p1f4q14__1 Sperm or semen problems 2 p1f4q14__2 Varicocele 3 p1f4q14__3 Other 4 p1f4q14__4 None of the above
502	[pregnancy_and_conception_for_male_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Patient Registration Form (patient_registration_form)

503	[p1f6q00]	The subject provided signed consent to participate in the Registry on : <i>Date (mm/dd/yyyy)</i>	text (date_mdy, Min: 2016-05-01, Max: 2019-05-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}
504	[p1f6q00_r]	The subject registered to participate in the Registry on : <i>Date (mm/dd/yyyy)</i>	text (date_mdy, Min: 2016-05-01, Max: 2019-05-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}
505	[p1f6q00_a]		checkbox 1 p1f6q00_a__1 Assent form signed(minors only)
506	[p1f6q00_c]	Diagnosis Status:	radio, Required 1 Confirmed (with documentation) by newborn screening, hemoglobin fractionation, hemoglobin electrophoresis or DNA sequencing 2 Pending - DO NOT ENTER DEMOGRAPHICS INTO DMS UNTIL CONFIRMED 3 Unable to Confirm, subject not eligible - FORM COMPLETE
507	[p1f6q01] Show the field ONLY if: [p1f6q00_c]= '1'	Section Header: <i>Subject demographics for Confirmed Diagnoses Only</i> 1. Date of birth <i>mm/dd/yyyy between (15 -45) years</i>	text (date_mdy), Required, Identifier Field Annotation: @SMARTDATE @ENFORCEAGEFROMDOB= {"relative_to":"p1f6q00","min_age":15,"max_age":45}

* rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461) - 365 * rounddown(
((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461) - 1)/365) + if(
datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461)=0, 1, 0))< 276, 11,
if(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461) - 1)/365) + if(
datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461)=0, 1, 0))< 307, 12,
if(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461) - 1)/365) + if(
datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461)=0, 1, 0))< 338, 1,
if(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461) - 1)/365) + if(
datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 *
rounddown(datediff("02-29-2000",
[p1f6q01],"d","mdy",true)/1461)=0, 1, 0))< 367,
2,99)))))))))))))
Field Annotation: @HIDDEN

			<pre> ((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 214, if([month_dob]=11, ((datediff("02-29-2000", [p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 365 * rounddown(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 245, if([month_dob]=12, ((datediff("02-29-2000", [p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 365 * rounddown(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 275, if([month_dob]=1, ((datediff("02-29-2000", [p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 365 * rounddown(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 306, if([month_dob]=2, if (rounddown(datediff("01-01-2000", [p1f6q01],"y","mdy",true) / 4) * 4 = datediff("01-01-2000", [p1f6q01],"y","mdy",true), ((datediff("02-29-2000", [p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 365 * rounddown(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 338, ((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 365 * rounddown(((datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)) - 1)/365) + if(datediff("02-29-2000",[p1f6q01],"d","mdy",true) - 1461 * rounddown(datediff("02-29-2000", [p1f6q01],"d","mdy",true)/1461)=0, 1, 0))- 337),99))))))))))) Field Annotation: @HIDDEN </pre>
510	[year_18]	Year of 18	<p>calc</p> <p>Calculation: rounddown(datediff("01-01-2000", [p1f6q01],"y","mdy",true)) + 2000+18</p> <p>Field Annotation: @HIDDEN</p>
511	[label_18years]	[month_dob]/[date_dob]/[year_18] will be 18 years old	<p>descriptive</p> <p>Show the field ONLY if: [p1f6q00_a(1)] = '1' and [p1f6q00_c]= '1'</p>
512	[no_aceq]	Don't include the ACE-Q questions in the Participant Follow-up survey even if participant is over 18	<p>checkbox</p> <p><input type="checkbox"/> 1 no_aceq__1</p>

513	[p1f6q02] Show the field ONLY if: [p1f6q00_c]= '1'	2. Race (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>p1f6q02__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>p1f6q02__2</td><td>Asian</td></tr> <tr><td>3</td><td>p1f6q02__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>p1f6q02__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>p1f6q02__5</td><td>White</td></tr> </table>	1	p1f6q02__1	American Indian or Alaska Native	2	p1f6q02__2	Asian	3	p1f6q02__3	Black or African American	4	p1f6q02__4	Native Hawaiian or Pacific Islander	5	p1f6q02__5	White
1	p1f6q02__1	American Indian or Alaska Native																
2	p1f6q02__2	Asian																
3	p1f6q02__3	Black or African American																
4	p1f6q02__4	Native Hawaiian or Pacific Islander																
5	p1f6q02__5	White																
514	[p1f6q03] Show the field ONLY if: [p1f6q00_c]= '1'	3. Ethnicity (check one)	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Not Hispanic or Latino</td></tr> </table>	1	Hispanic or Latino	2	Not Hispanic or Latino											
1	Hispanic or Latino																	
2	Not Hispanic or Latino																	
515	[p1f6q04] Show the field ONLY if: [p1f6q00_c]= '1'	4. Sex	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>0</td><td>Female</td></tr> </table>	1	Male	0	Female											
1	Male																	
0	Female																	
516	[p1f6q05] Show the field ONLY if: [p1f6q00_c]= '1'	5. Zip code of primary residence	text (zipcode), Required, Identifier															
517	[p1f6q06] Show the field ONLY if: [p1f6q00_c]= '1'	Section Header: <i>Unaffiliated patients have NOT been seen by a sickle cell provider (non-acute setting) as an outpatient in the past 2 years [for new patients, this excludes the visit during which they were enrolled].</i> 6. Is this patient unaffiliated?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
518	[patient_registration_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	

Instrument: Medical Record Abstraction Form (medical_record_abstraction_form)

519	[p1f1q00]	Name of Abstractor	text, Required																
520	[p1f1q01]	1. DATE OF ENROLLMENT: <i>MM-DD-YYYY</i>	text (date_mdy, Min: 2017-08-01, Max: 2020-08-01), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}																
521	[p1f1q02]	2. Location where person enrolled:	dropdown, Required <table border="1"> <tr><td>1</td><td>Routine visit--main SCDIC center</td></tr> <tr><td>2</td><td>Routine visit--satellite SCDIC center</td></tr> <tr><td>3</td><td>Emergency Department</td></tr> <tr><td>4</td><td>Acute Pain Center</td></tr> <tr><td>5</td><td>Hospital in-patient</td></tr> <tr><td>6</td><td>Primary Care offices</td></tr> <tr><td>7</td><td>Community event (eg. SCD walk)</td></tr> <tr><td>8</td><td>Other</td></tr> </table>	1	Routine visit--main SCDIC center	2	Routine visit--satellite SCDIC center	3	Emergency Department	4	Acute Pain Center	5	Hospital in-patient	6	Primary Care offices	7	Community event (eg. SCD walk)	8	Other
1	Routine visit--main SCDIC center																		
2	Routine visit--satellite SCDIC center																		
3	Emergency Department																		
4	Acute Pain Center																		
5	Hospital in-patient																		
6	Primary Care offices																		
7	Community event (eg. SCD walk)																		
8	Other																		
522	[p1f1q02a] Show the field ONLY if: [p1f1q02] = '8'	Other specify	text, Required																
523	[p1f1q03]	3. Confirmed enrollment diagnosis: (CHECK ONLY ONE). DIAGNOSIS MUST BE SUPPORTED BY SOURCE DOCUMENTATION.	dropdown, Required <table border="1"> <tr><td>1</td><td>Hb SS or sickle cell anemia</td></tr> <tr><td>2</td><td>Hb SC disease</td></tr> <tr><td>3</td><td>Hb S beta0 thalassemia</td></tr> <tr><td>4</td><td>Hb S beta+ thalassemia</td></tr> <tr><td>5</td><td>Hb S hereditary persistence of fetal Hb (S/HPFH)</td></tr> <tr><td>6</td><td>Hb SE</td></tr> <tr><td>7</td><td>Hb SD</td></tr> <tr><td>8</td><td>Hb SO</td></tr> </table>	1	Hb SS or sickle cell anemia	2	Hb SC disease	3	Hb S beta0 thalassemia	4	Hb S beta+ thalassemia	5	Hb S hereditary persistence of fetal Hb (S/HPFH)	6	Hb SE	7	Hb SD	8	Hb SO
1	Hb SS or sickle cell anemia																		
2	Hb SC disease																		
3	Hb S beta0 thalassemia																		
4	Hb S beta+ thalassemia																		
5	Hb S hereditary persistence of fetal Hb (S/HPFH)																		
6	Hb SE																		
7	Hb SD																		
8	Hb SO																		

1183	[p1f9q22_a] Show the field ONLY if: [p1f9q17_1(1)] = 0 and ([p1f1q40]=1 or [p1f1q41]=1)	22. Pulmonary capillary wedge pressure (PCWP or PAWP)	checkbox 1 p1f9q22_a__1 NA
1184	[p1f9q22_b] Show the field ONLY if: [p1f9q22_a(1)] = 0 and ([p1f9q17_1(1)] = 0) and ([p1f1q40]=1 or [p1f1q41]=1)	Pulmonary capillary wedge pressure (PCWP or PAWP) <i>(0.0-15.0)mmHg</i>	text (number, Min: 0, Max: 15), Required
1185	[p1f9q23_a] Show the field ONLY if: [p1f9q17_1(1)] = 0 and ([p1f1q40]=1 or [p1f1q41]=1)	23. Cardiac output and index	checkbox 1 p1f9q23_a__1 NA
1186	[p1f9q23_b] Show the field ONLY if: [p1f9q23_a(1)] = 0 and ([p1f9q17_1(1)] = 0) and ([p1f1q40]=1 or [p1f1q41]=1)	Cardiac output and index <i>(0.0-10.0)L/min</i>	text (number, Min: 0, Max: 10), Required
1187	[pulmonary_hypertension_and_1_v_dysfunction_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Patient Follow-up Survey** (patient_followup_survey)  Enabled as survey

1188	[p2f1_opt_out]	The patient has opted out of taking this survey	checkbox 1 p2f1_opt_out__1 Field Annotation: @HIDDEN-SURVEY
1189	[p2f1_opt_out_covid] Show the field ONLY if: [covid19_patient_impact_survey_complete] < '1'	The patient has opted out of taking the supplemental COVID-19 survey	checkbox 1 p2f1_opt_out_covid__1 Field Annotation: @HIDDEN-SURVEY
1190	[p2f1] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: <i>INSTRUCTIONS</i> We are interested in learning how you have been doing since we were last in touch with you. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.	descriptive
1191	[p2f1q00] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	What is today's date? <i>mm/dd/yyyy</i>	text (date_mdy) Field Annotation: @TODAY @FUTUREDATE= {"warn_msg!:"Can't_be_future_date!"}
1192	[p2f1q01] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: <i>A. YOUR RECENT PAIN</i> 1. Do you take pain medicine every day for your sickle cell disease?	yesno 1 Yes 0 No
1193	[p2f1q02] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	2. What pain medicines do you currently take for your sickle cell disease? On the list below, check the box next to the name of the pain medicines you take (even if not everyday).	checkbox 1 p2f1q02__1 Check here if you don't take pain medicines.

1194

[p2f1q02a]

Show the field ONLY if:
 [p2f1q02(1)] = '0' AND [p2f1_opt_out(1)] = '0'

checkbox

1	p2f1q02a__1	acetaminophen & codeine (Tylenol-Codeine #3 or #4)
2	p2f1q02a__2	acetaminophen & oxycodone (Percocet, Endocet)
3	p2f1q02a__3	acetaminophen & hydrocodone (Vicodin, Norco, Lortab)
4	p2f1q02a__4	acetaminophen (Tylenol)
5	p2f1q02a__5	amitriptyline/Elavil
6	p2f1q02a__6	aspirin (any brand)
7	p2f1q02a__7	buprenorphine/Belbuca/Butrans
8	p2f1q02a__8	butalbital, acetaminophen, and caffeine (Fioricet)
9	p2f1q02a__9	butalbital, aspirin, caffeine, & codeine (Ascomp-Codeine)
10	p2f1q02a__10	celecoxib (Celebrex)
11	p2f1q02a__11	diclofenac/Voltaren/Cambia/Solaraze
12	p2f1q02a__12	esomeprazole (Nexium)
13	p2f1q02a__13	Excedrin
14	p2f1q02a__14	fentanyl (Duragesic)
15	p2f1q02a__15	gabapentin (Neurontin)
16	p2f1q02a__16	hydromorphone (Exalgo ER, Dilaudid)
17	p2f1q02a__17	ibuprofen (Motrin, Advil)
18	p2f1q02a__18	ketorolac/Toradol
19	p2f1q02a__19	magnesium salicylic acid (Durasal)
20	p2f1q02a__20	meperidine (Demerol)
21	p2f1q02a__21	methadone (Dolophine)
22	p2f1q02a__22	morphine sulfate (MS Contin, Kadian)
23	p2f1q02a__23	morphine and naltrexone (Embeda, MS IR)
24	p2f1q02a__24	naproxen (Aleve, Naprosyn)
25	p2f1q02a__25	oxycodone (Oxycontin, Roxicodone)
26	p2f1q02a__26	oxymorphone (Opana)
27	p2f1q02a__27	pentazocine/Talwin
28	p2f1q02a__28	pregabalin (Lyrica)
29	p2f1q02a__29	promethazine/Phenergan with codeine
30	p2f1q02a__30	tapentadol/Nucynta
31	p2f1q02a__31	tramadol
32	p2f1q02a__32	venlafaxine/Effexor
33	p2f1q02a__33	medical marijuana/cannabis
34	p2f1q02a__34	topical/skin cream for pain (all types)
99	p2f1q02a__99	Other pain medication (specify below)

Custom alignment: LV

1195

[p2f1q02b]

Show the field ONLY if:
 [p2f1q02a(99)] = '1'

2b. If 'Other pain medication', specify:

text

1196	<p>[p2f1q03]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>3. In the past 12 months, how many sickle cell pain attacks (crises) did you have?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I did not have a pain attack in the past 12 months</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4 or more</td></tr> </table>	1	I did not have a pain attack in the past 12 months	2	1	3	2	4	3	5	4 or more												
1	I did not have a pain attack in the past 12 months																								
2	1																								
3	2																								
4	3																								
5	4 or more																								
1197	<p>[p2f1q04]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>4. When was your last pain attack (crisis)?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>More than a year ago</td></tr> <tr><td>3</td><td>7-11 months ago</td></tr> <tr><td>4</td><td>1-6 months ago</td></tr> <tr><td>5</td><td>1-3 weeks ago</td></tr> <tr><td>6</td><td>Less than a week ago</td></tr> <tr><td>7</td><td>I have one right now</td></tr> </table> <p>Field Annotation: @COMPAREWITH={"expression": "[p2f1q03]=="" [p2f1q04]=="" ([p2f1q03] =='1' && [p2f1q04]<='2') ([p2f1q03]>'1' && [p2f1q04]>=3)","err_msg":"This answer doesn't match the answer from question 3 above."}</p>	1	I've never had a pain attack (crisis)	2	More than a year ago	3	7-11 months ago	4	1-6 months ago	5	1-3 weeks ago	6	Less than a week ago	7	I have one right now								
1	I've never had a pain attack (crisis)																								
2	More than a year ago																								
3	7-11 months ago																								
4	1-6 months ago																								
5	1-3 weeks ago																								
6	Less than a week ago																								
7	I have one right now																								
1198	<p>[p2f1q05]</p> <p>Show the field ONLY if: [p2f1q04] >= '3'</p>	<p>Section Header:</p> <p>5. How severe was your pain during your last pain attack (crisis)? Select a number from 0 to 10 below, where 0 is no pain and 10 is the worst pain imaginable.</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 No Pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Worst Pain Imaginable</td></tr> </table> <p>Custom alignment: LH</p>	0	0 No Pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Worst Pain Imaginable
0	0 No Pain																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Worst Pain Imaginable																								
1199	<p>[p2f1q06]</p> <p>Show the field ONLY if: [p2f1q04] >= '3'</p>	<p>6. How much did your last pain attack (crisis) interfere with your life?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all, I did everything I usually do</td></tr> <tr><td>2</td><td>I had to cut down on some things I usually do</td></tr> <tr><td>3</td><td>I could not do most things I usually do</td></tr> <tr><td>4</td><td>I could not take care of myself and needed some help from family or friends</td></tr> <tr><td>5</td><td>I could not take care of myself and needed constant care from family, friends, doctors, or nurses</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all, I did everything I usually do	2	I had to cut down on some things I usually do	3	I could not do most things I usually do	4	I could not take care of myself and needed some help from family or friends	5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses												
1	Not at all, I did everything I usually do																								
2	I had to cut down on some things I usually do																								
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5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses																								
1200	<p>[p2f1q07]</p> <p>Show the field ONLY if: [p2f1q04] >= '3'</p>	<p>7. About how long did your most recent pain attack (crisis) last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1-12 hours</td></tr> <tr><td>3</td><td>13-23 hours</td></tr> <tr><td>4</td><td>1-3 days</td></tr> <tr><td>5</td><td>4-6 days</td></tr> <tr><td>6</td><td>1-2 weeks</td></tr> <tr><td>7</td><td>More than 2 weeks</td></tr> </table>	1	Less than 1 hour	2	1-12 hours	3	13-23 hours	4	1-3 days	5	4-6 days	6	1-2 weeks	7	More than 2 weeks								
1	Less than 1 hour																								
2	1-12 hours																								
3	13-23 hours																								
4	1-3 days																								
5	4-6 days																								
6	1-2 weeks																								
7	More than 2 weeks																								

1201	[p2f1q08a] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 8. Think about your pain in the past 7 days, and answer the following questions. a. How often did you have very severe pain?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1202	[p2f1q08b] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1203	[p2f1q09a] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 9. Now think about your pain in the past 6 months, and answer the following questions. a. How often did you have very severe pain?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1204	[p2f1q09b] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1205	[p2f1q10a] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 10. Think about how your pain felt in the past 7 days, and answer the following questions. a. Did your pain feel like pins and needles?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1206	[p2f1q10b] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. Did your pain feel sore?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1207	[p2f1q11] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 11. Would you say that your pain management plan is....	radio 1 Effective for managing your pain 2 Somewhat effective for managing your pain 3 Ineffective at managing your pain 4 You don't have a pain management plan Custom alignment: LV
1208	[p2f1q12] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: B. YOUR MEDICAL CONDITIONS 12. Do you get regular blood transfusions for your sickle cell disease?	yesno 1 Yes 0 No

1209	[p2f1q13] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	13. In the past 12 months, how many units (pints) of blood have you received?	radio <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>1-2</td></tr> <tr><td>3</td><td>3-5</td></tr> <tr><td>4</td><td>6-10</td></tr> <tr><td>5</td><td>11-15</td></tr> <tr><td>6</td><td>>15</td></tr> <tr><td>7</td><td>Don't know</td></tr> </table>	1	None	2	1-2	3	3-5	4	6-10	5	11-15	6	>15	7	Don't know
1	None																
2	1-2																
3	3-5																
4	6-10																
5	11-15																
6	>15																
7	Don't know																
1210	[p2f1q14] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	14. Are you currently on iron chelation treatment (e.g., Desferal, Exjade, Jadenu, deferasirox, Ferriprox, deferiprone, phlebotomy?)	radio <table border="1"> <tr><td>0</td><td>Yes</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	Yes	1	No	99	Don't know								
0	Yes																
1	No																
99	Don't know																
1211	[p2f1q15] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	15. In the past 12 months, has your spleen been removed?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1212	[p2f1q16a] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 16. In the past 12 months, have you been newly diagnosed with any of the following conditions? Conditions a. Lung problems such as pneumonia or acute chest syndrome	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1213	[p2f1q16b] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. Kidney damage	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1214	[p2f1q16c] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	c. Eye damage called retinopathy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1215	[p2f1q16d] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	d. Damage to your hip or shoulder due to sickle cell disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1216	[p2f1q16e] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	e. High blood pressure in your lungs (also called pulmonary hypertension)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1217	[p2f1q16f] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	f. Heart failure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1218	[p2f1q16g] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	g. Blood clots in your legs or arms or that went to your lung	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1219	[p2f1q16h] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	h. A stroke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1220	[p2f1q16i] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	i. Asthma	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1221	[p2f1q16j] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	j. Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1222	[p2f1q16k] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	k. Liver problems such as hepatitis, iron overload, or cirrhosis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																

1223	[p2f1q161] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	I. Skin ulcers	radio (Matrix) 1 Yes 0 No
1224	[p2f1q17_v1f4] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	17. Have you ever been diagnosed with a cancer or myelodysplastic syndrome (MDS)?	yesno 1 Yes 0 No
1225	[p2f1q18_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	18. Which of the following cancers or blood disorders has a doctor told you that you have? For each one, please indicate the month and year of your diagnosis OR your age at the time of your diagnosis. Type/location of cancer or blood disorder	descriptive
1226	[p2f1q18a_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	a. Acute myeloid leukemia (AML)	checkbox 1 p2f1q18a_v1f4__1 Yes
1227	[p2f1q18ai_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18a_v1f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1228	[p2f1q18ai_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18a_v1f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
1229	[p2f1q18ai_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18a_v1f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1230	[p2f1q18b_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	b. Acute lymphocytic leukemia (ALL)	checkbox 1 p2f1q18b_v1f4__1 Yes
1231	[p2f1q18bi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18b_v1f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December

1232	[p2f1q18bi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18b_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
1233	[p2f1q18bi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18b_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1234	[p2f1q18c_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	c. Acute leukemia, unknown type	checkbox 1 p2f1q18c_v1f4__1 Yes
1235	[p2f1q18ci_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18c_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1236	[p2f1q18ci_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18c_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
1237	[p2f1q18ci_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18c_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1238	[p2f1q18d_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	d. Chronic myelogenous leukemia (CML)	checkbox 1 p2f1q18d_v1f4__1 Yes
1239	[p2f1q18di_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18d_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1240	[p2f1q18di_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18d_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)

1241	[p2f1q18di_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18d_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1242	[p2f1q18e_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	e. Chronic lymphocytic leukemia (CLL)	checkbox <table border="1"> <tr> <td>1</td> <td>p2f1q18e_v1f4__1</td> <td>Yes</td> </tr> </table>	1	p2f1q18e_v1f4__1	Yes																							
1	p2f1q18e_v1f4__1	Yes																											
1243	[p2f1q18ei_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18e_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
99	Don't know																												
1	1 - January																												
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10	10- October																												
11	11- November																												
12	12-December																												
1244	[p2f1q18ei_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18e_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1245	[p2f1q18ei_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18e_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1246	[p2f1q18f_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	f. Chronic leukemia, unknown type	checkbox <table border="1"> <tr> <td>1</td> <td>p2f1q18f_v1f4__1</td> <td>Yes</td> </tr> </table>	1	p2f1q18f_v1f4__1	Yes																							
1	p2f1q18f_v1f4__1	Yes																											
1247	[p2f1q18fi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18f_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1248	[p2f1q18fi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18f_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1249	[p2f1q18fi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18f_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										

1250	[p2f1q18g_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	g. Myelodysplastic syndrome (MDS)	checkbox 1 p2f1q18g_v1f4__1 Yes
1251	[p2f1q18gi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18g_v1f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1252	[p2f1q18gi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18g_v1f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
1253	[p2f1q18gi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18g_v1f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1254	[p2f1q18h_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	h. Hodgkin lymphoma	checkbox 1 p2f1q18h_v1f4__1 Yes
1255	[p2f1q18hi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18h_v1f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1256	[p2f1q18hi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18h_v1f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
1257	[p2f1q18hi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18h_v1f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1258	[p2f1q18i_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	i. Non-Hodgkin lymphoma (NHL)	checkbox 1 p2f1q18i_v1f4__1 Yes

1259	[p2f1q18ii_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18i_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1260	[p2f1q18ii_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18i_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1261	[p2f1q18ii_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18i_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1262	[p2f1q18j_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	j. Lymphoma, unknown type	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18j_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18j_v1f4__1	Yes																							
1	p2f1q18j_v1f4__1	Yes																											
1263	[p2f1q18ji_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18j_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1264	[p2f1q18ji_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18j_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1265	[p2f1q18ji_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18j_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1266	[p2f1q18k_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	k. Multiple myeloma	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18k_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18k_v1f4__1	Yes																							
1	p2f1q18k_v1f4__1	Yes																											

1267	<p>[p2f1q18ki_v1f4a]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18k_v1f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1268	<p>[p2f1q18ki_v1f4b]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18k_v1f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
1269	<p>[p2f1q18ki_v1f4c]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18k_v1f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
1270	<p>[p2f1q18li_v1f4]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1'</p>	<p>l. Myelofibrosis</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p2f1q18li_v1f4__1</td> <td>Yes</td> </tr> </table>	1	p2f1q18li_v1f4__1	Yes																							
1	p2f1q18li_v1f4__1	Yes																											
1271	<p>[p2f1q18li_v1f4a]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18li_v1f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1272	<p>[p2f1q18li_v1f4b]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18li_v1f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
1273	<p>[p2f1q18li_v1f4c]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18li_v1f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
1274	<p>[p2f1q18m_v1f4]</p> <p>Show the field ONLY if: [p2f1q17_v1f4]='1'</p>	<p>m. Essential thrombocythemia</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p2f1q18m_v1f4__1</td> <td>Yes</td> </tr> </table>	1	p2f1q18m_v1f4__1	Yes																							
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1275	[p2f1q18mi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18m_v1f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1276	[p2f1q18mi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18m_v1f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1277	[p2f1q18mi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18m_v1f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1278	[p2f1q18n_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	n. Polycythemia vera	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18n_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18n_v1f4__1	Yes																							
1	p2f1q18n_v1f4__1	Yes																											
1279	[p2f1q18ni_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18n_v1f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1280	[p2f1q18ni_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18n_v1f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1281	[p2f1q18ni_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18n_v1f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1282	[p2f1q18o_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	o. Cancer of the blood, unknown type	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18o_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18o_v1f4__1	Yes																							
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1283	[p2f1q18oi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18o_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1284	[p2f1q18oi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18o_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1285	[p2f1q18oi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18o_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1286	[p2f1q18p_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	p. Breast cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18p_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18p_v1f4__1	Yes																							
1	p2f1q18p_v1f4__1	Yes																											
1287	[p2f1q18pi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18p_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1288	[p2f1q18pi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18p_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1289	[p2f1q18pi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18p_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1290	[p2f1q18q_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	q. Renal cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18q_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18q_v1f4__1	Yes																							
1	p2f1q18q_v1f4__1	Yes																											

1291	[p2f1q18qi_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18q_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1292	[p2f1q18qi_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18q_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1293	[p2f1q18qi_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18q_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1294	[p2f1q18r_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	r. Prostate cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18r_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18r_v1f4__1	Yes																							
1	p2f1q18r_v1f4__1	Yes																											
1295	[p2f1q18ri_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18r_v1f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1296	[p2f1q18ri_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18r_v1f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1297	[p2f1q18ri_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18r_v1f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1298	[p2f1q18s_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	s. Skin cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18s_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18s_v1f4__1	Yes																							
1	p2f1q18s_v1f4__1	Yes																											

1299	[p2f1q18si_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18s_v1f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1300	[p2f1q18si_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18s_v1f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1301	[p2f1q18si_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18s_v1f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1302	[p2f1q18t_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	t. Colon Cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18t_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18t_v1f4__1	Yes																							
1	p2f1q18t_v1f4__1	Yes																											
1303	[p2f1q18ti_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18t_v1f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1304	[p2f1q18ti_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18t_v1f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1305	[p2f1q18ti_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18t_v1f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1306	[p2f1q18u_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1'	u. Any other type of cancer	checkbox <table border="1"> <tr><td>1</td><td>p2f1q18u_v1f4__1</td><td>Yes</td></tr> </table>	1	p2f1q18u_v1f4__1	Yes																							
1	p2f1q18u_v1f4__1	Yes																											
1307	[p2f1q18usp_v1f4] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18u_v1f4(1)]= '1'	Specify:	text																										

1308	[p2f1q18ui_v1f4a] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18u_v1f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1309	[p2f1q18ui_v1f4b] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18u_v1f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1310	[p2f1q18ui_v1f4c] Show the field ONLY if: [p2f1q17_v1f4]='1' AND [p2f1q18u_v1f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1311	[p2f1q17] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: <i>C. HYDROXYUREA USE</i> 19. In the past 12 months, have you taken hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
1312	[p2f1q18] Show the field ONLY if: [p2f1q17] = "1"	20. Are you currently taking hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
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1313	[p2f1q19] Show the field ONLY if: [p2f1q17] = "1" and [p2f1q18] = "0"	21. In the past 12 months, what is the reason you discontinued or stopped taking hydroxyurea? <i>Please select one from the list.</i>	radio <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Pregnancy concerns</td></tr> <tr><td>6</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Pregnancy concerns	6	Other reason not listed above														
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1314	[p2f1q19a] Show the field ONLY if: [p2f1q19] = "6"	21a. If 'Other reason', specify:	text																										
1315	[p2f1q20] Show the field ONLY if: [p2f1q17] = "1"	22. How many days did you take hydroxyurea in the PAST WEEK?	radio <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> Custom alignment: LH	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days										
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1316	<p>[p2f1q21]</p> <p>Show the field ONLY if: [p2f1q17] = "1"</p>	<p>Section Header:</p> <p>23. In the last 12 months, which of the following side effects did you experience while you were taking hydroxyurea? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q21__1</td><td>Hair loss/thinning</td></tr> <tr><td>2</td><td>p2f1q21__2</td><td>Nail blackening or discoloration</td></tr> <tr><td>3</td><td>p2f1q21__3</td><td>Lowered blood counts (e.g., platelets, white count, hemoglobin)</td></tr> <tr><td>4</td><td>p2f1q21__4</td><td>Low sperm count or other fertility problems</td></tr> <tr><td>5</td><td>p2f1q21__5</td><td>Nausea/vomiting</td></tr> <tr><td>6</td><td>p2f1q21__6</td><td>Skin ulcers</td></tr> <tr><td>7</td><td>p2f1q21__7</td><td>Weight gain</td></tr> <tr><td>8</td><td>p2f1q21__8</td><td>Headaches or dizziness</td></tr> <tr><td>9</td><td>p2f1q21__9</td><td>Fatigue/drowsiness</td></tr> <tr><td>10</td><td>p2f1q21__10</td><td>No side effects</td></tr> </table> <p>Custom alignment: LV</p>	1	p2f1q21__1	Hair loss/thinning	2	p2f1q21__2	Nail blackening or discoloration	3	p2f1q21__3	Lowered blood counts (e.g., platelets, white count, hemoglobin)	4	p2f1q21__4	Low sperm count or other fertility problems	5	p2f1q21__5	Nausea/vomiting	6	p2f1q21__6	Skin ulcers	7	p2f1q21__7	Weight gain	8	p2f1q21__8	Headaches or dizziness	9	p2f1q21__9	Fatigue/drowsiness	10	p2f1q21__10	No side effects
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1317	<p>[p2f1q22]</p> <p>Show the field ONLY if: [p2f1q17] = "1"</p>	<p>24. In the last 12 months, what makes it difficult for you to take hydroxyurea, or is there a reason why you do not take hydroxyurea? Select one or more from the list below, whether or not you have ever taken hydroxyurea.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q22__1</td><td>I have no difficulties or concerns using hydroxyurea</td></tr> <tr><td>2</td><td>p2f1q22__2</td><td>I don't know enough about the medicine</td></tr> <tr><td>3</td><td>p2f1q22__3</td><td>Sometimes I forget to take the medicine</td></tr> <tr><td>4</td><td>p2f1q22__4</td><td>I am worried about side effects</td></tr> <tr><td>5</td><td>p2f1q22__5</td><td>I don't like the frequent blood tests or clinic visits</td></tr> <tr><td>6</td><td>p2f1q22__6</td><td>I'm feeling well and I don't think I need it</td></tr> <tr><td>7</td><td>p2f1q22__7</td><td>The cost is more than I can afford</td></tr> <tr><td>8</td><td>p2f1q22__8</td><td>I have heard that hydroxyurea may cause cancer</td></tr> <tr><td>9</td><td>p2f1q22__9</td><td>I have heard that hydroxyurea may cause problems with having healthy children</td></tr> <tr><td>97</td><td>p2f1q22__97</td><td>Other difficulty</td></tr> </table> <p>Custom alignment: LV</p>	1	p2f1q22__1	I have no difficulties or concerns using hydroxyurea	2	p2f1q22__2	I don't know enough about the medicine	3	p2f1q22__3	Sometimes I forget to take the medicine	4	p2f1q22__4	I am worried about side effects	5	p2f1q22__5	I don't like the frequent blood tests or clinic visits	6	p2f1q22__6	I'm feeling well and I don't think I need it	7	p2f1q22__7	The cost is more than I can afford	8	p2f1q22__8	I have heard that hydroxyurea may cause cancer	9	p2f1q22__9	I have heard that hydroxyurea may cause problems with having healthy children	97	p2f1q22__97	Other difficulty
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97	p2f1q22__97	Other difficulty																															
1318	<p>[p2f1q22a]</p> <p>Show the field ONLY if: [p2f1q22(97)] = "1"</p>	<p>24a. If 'Other difficulty', Specify:</p>	<p>text</p>																														
1319	<p>[p2f1q23]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>D. OTHER MEDICATIONS YOU ARE TAKING</i></p> <p>25. In the past 12 months, have you taken the drug called Endari (l-glutamine)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
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1320	<p>[p2f1q24]</p> <p>Show the field ONLY if: [p2f1q23] = "1"</p>	<p>26. Are you currently taking Endari?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
1321	<p>[p2f1q25]</p> <p>Show the field ONLY if: [p2f1q23] = "1" and [p2f1q24] = "0"</p>	<p>27. In the past 12 months, what is the reason you discontinued or stopped taking Endari? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above																				
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1322	<p>[p2f1q25a]</p> <p>Show the field ONLY if: [p2f1q25] = "5"</p>	<p>27a. If 'Other reason not listed above', Specify:</p>	<p>text</p>																														

1323	<p>[p2f1q26]</p> <p>Show the field ONLY if: [p2f1q23] = "1"</p>	28. How many days did you take Endari in the PAST WEEK?	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> <p>Custom alignment: LH</p>	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days		
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1324	<p>[p2f1q27]</p> <p>Show the field ONLY if: [p2f1q23] = "1"</p>	<p>Section Header:</p> <p>29. In the last 12 months, what side effects have you experienced while you were taking Endari? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q27__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p2f1q27__2</td><td>Nausea/vomiting</td></tr> <tr><td>3</td><td>p2f1q27__3</td><td>Stomach pain</td></tr> <tr><td>4</td><td>p2f1q27__4</td><td>Cough</td></tr> <tr><td>5</td><td>p2f1q27__5</td><td>Headaches or dizziness</td></tr> <tr><td>6</td><td>p2f1q27__6</td><td>Other not listed above</td></tr> </table>	1	p2f1q27__1	No side effects	2	p2f1q27__2	Nausea/vomiting	3	p2f1q27__3	Stomach pain	4	p2f1q27__4	Cough	5	p2f1q27__5	Headaches or dizziness	6	p2f1q27__6	Other not listed above
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6	p2f1q27__6	Other not listed above																			
1325	<p>[p2f1q27a]</p> <p>Show the field ONLY if: [p2f1q27(6)] = "1" and [p2f1q23] = "1"</p>	29a. If 'Other not listed above', Specify:	text																		
1326	<p>[p2f1q30_v1f4]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	30. In the past 12 months, have you taken the drug called Adakveo (crizanlizumab)?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
1327	<p>[p2f1q31_v1f4]</p> <p>Show the field ONLY if: [p2f1q30_v1f4]=1</p>	31. Are you currently taking Adakveo?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
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1328	<p>[p2f1q32_v1f4]</p> <p>Show the field ONLY if: [p2f1q30_v1f4]=1 AND [p2f1q31_v1f4]=0</p>	32. In the past 12 months, what is the reason you discontinued or stopped taking Adakveo? Please select one from the list below.	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above								
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1329	<p>[p2f1q32a_v1f4]</p> <p>Show the field ONLY if: [p2f1q32_v1f4]=5</p>	32a. If 'Other reason not listed above', specify:	text																		
1330	<p>[p2f1q33_v1f4]</p> <p>Show the field ONLY if: [p2f1q30_v1f4]=1</p>	33. How many infusions of Adakveo have you missed or rescheduled in the PAST 6 MONTHS?	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 infusions</td></tr> <tr><td>2</td><td>1 infusion</td></tr> <tr><td>3</td><td>2 infusions</td></tr> <tr><td>4</td><td>3 infusions</td></tr> <tr><td>5</td><td>4 infusions</td></tr> <tr><td>6</td><td>5 infusions</td></tr> <tr><td>7</td><td>6 infusions</td></tr> </table>	1	0 infusions	2	1 infusion	3	2 infusions	4	3 infusions	5	4 infusions	6	5 infusions	7	6 infusions				
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1331	<p>[p2f1q34_v1f4]</p> <p>Show the field ONLY if: [p2f1q30_v1f4]=1</p>	<p>34. In the last 12 months, what side effects have you experienced while you were taking Adakveo? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q34_v1f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p2f1q34_v1f4__2</td><td>Fever</td></tr> <tr><td>3</td><td>p2f1q34_v1f4__3</td><td>Chills or shivering</td></tr> <tr><td>4</td><td>p2f1q34_v1f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p2f1q34_v1f4__5</td><td>Vomiting</td></tr> <tr><td>6</td><td>p2f1q34_v1f4__6</td><td>Shortness of breath</td></tr> <tr><td>7</td><td>p2f1q34_v1f4__7</td><td>Muscle aches (myalias)</td></tr> <tr><td>8</td><td>p2f1q34_v1f4__8</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p2f1q34_v1f4__1	No side effects	2	p2f1q34_v1f4__2	Fever	3	p2f1q34_v1f4__3	Chills or shivering	4	p2f1q34_v1f4__4	Nausea	5	p2f1q34_v1f4__5	Vomiting	6	p2f1q34_v1f4__6	Shortness of breath	7	p2f1q34_v1f4__7	Muscle aches (myalias)	8	p2f1q34_v1f4__8	Other not listed above
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1332	<p>[p2f1q34a_v1f4]</p> <p>Show the field ONLY if: [p2f1q34_v1f4(8)]=1</p>	<p>34a. If 'Other not listed above', specify:</p>	<p>text</p>																								
1333	<p>[p2f1q35_v1f4]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>35. In the past 12 months, have you taken the drug called Oxbrtya (voxelotor)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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1334	<p>[p2f1q36_v1f4]</p> <p>Show the field ONLY if: [p2f1q35_v1f4]=1</p>	<p>36. Are you currently taking Oxbrtya?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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1335	<p>[p2f1q37_v1f4]</p> <p>Show the field ONLY if: [p2f1q35_v1f4]=1 AND [p2f1q36_v1f4]=0</p>	<p>37. In the past 12 months, what is the reason you discontinued or stopped taking Oxbrtya? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above														
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1336	<p>[p2f1q37a_v1f4]</p> <p>Show the field ONLY if: [p2f1q37_v1f4]=5</p>	<p>37a. If 'Other reason not listed above', specify:</p>	<p>text</p>																								
1337	<p>[p2f1q38_v1f4]</p> <p>Show the field ONLY if: [p2f1q35_v1f4]=1</p>	<p>38. How many days did you take Oxbrtya in the PAST WEEK?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 days</td></tr> <tr><td>2</td><td>1 day</td></tr> <tr><td>3</td><td>2 days</td></tr> <tr><td>4</td><td>3 days</td></tr> <tr><td>5</td><td>4 days</td></tr> <tr><td>6</td><td>5 days</td></tr> <tr><td>7</td><td>6 days</td></tr> <tr><td>8</td><td>7 days</td></tr> </table>	1	0 days	2	1 day	3	2 days	4	3 days	5	4 days	6	5 days	7	6 days	8	7 days								
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1338	<p>[p2f1q39_v1f4]</p> <p>Show the field ONLY if: [p2f1q35_v1f4]=1</p>	<p>39. In the last 12 months, what side effects have you experienced while you were taking Oxbrtya? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q39_v1f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p2f1q39_v1f4__2</td><td>Rash or hives</td></tr> <tr><td>3</td><td>p2f1q39_v1f4__3</td><td>Headache</td></tr> <tr><td>4</td><td>p2f1q39_v1f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p2f1q39_v1f4__5</td><td>Abdominal pain</td></tr> <tr><td>6</td><td>p2f1q39_v1f4__6</td><td>Loose stools</td></tr> <tr><td>7</td><td>p2f1q39_v1f4__7</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p2f1q39_v1f4__1	No side effects	2	p2f1q39_v1f4__2	Rash or hives	3	p2f1q39_v1f4__3	Headache	4	p2f1q39_v1f4__4	Nausea	5	p2f1q39_v1f4__5	Abdominal pain	6	p2f1q39_v1f4__6	Loose stools	7	p2f1q39_v1f4__7	Other not listed above			
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1339	<p>[p2f1q39a_v1f4]</p> <p>Show the field ONLY if: [p2f1q39_v1f4(7)]=1</p>	<p>39a. If 'Other not listed above', specify:</p>	<p>text</p>																								

1340	<p>[p2f1q28]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>40. We would like to know what other types of medications you are currently taking, excluding pain medications, iron chelators, hydroxyurea, Endari (L-glutamine oral powder), Adakveo (crizanlizumab), and Oxbryta (voxcelotor) which we already asked about.</p> <p>Review the list in the table below and check the box next to the type of medications you are currently taking.</p> <p>CATEGORIES OR TYPES OF DRUGS/VITAMINS YOU MAY BE TAKING</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q28__1</td><td>Allergy drugs</td></tr> <tr><td>2</td><td>p2f1q28__2</td><td>Asthma or COPD inhalers (bronchodilators)</td></tr> <tr><td>3</td><td>p2f1q28__3</td><td>Antibiotics</td></tr> <tr><td>4</td><td>p2f1q28__4</td><td>ADD/ADHD drugs</td></tr> <tr><td>5</td><td>p2f1q28__5</td><td>Anti-seizure drugs</td></tr> <tr><td>6</td><td>p2f1q28__6</td><td>Anti-anxiety drugs</td></tr> <tr><td>7</td><td>p2f1q28__7</td><td>Antidepressants</td></tr> <tr><td>8</td><td>p2f1q28__8</td><td>Birth control</td></tr> <tr><td>9</td><td>p2f1q28__9</td><td>Blood thinning drugs (anticoagulants)</td></tr> <tr><td>10</td><td>p2f1q28__10</td><td>Diabetes drugs</td></tr> <tr><td>11</td><td>p2f1q28__11</td><td>Diuretics, fluid/water retention pills</td></tr> <tr><td>12</td><td>p2f1q28__12</td><td>Heartburn, indigestion, acid reflux drugs</td></tr> <tr><td>13</td><td>p2f1q28__13</td><td>High cholesterol drugs</td></tr> <tr><td>14</td><td>p2f1q28__14</td><td>Hypothyroid drugs</td></tr> <tr><td>15</td><td>p2f1q28__15</td><td>Insomnia drugs & sleep aids</td></tr> <tr><td>16</td><td>p2f1q28__16</td><td>Nausea drugs</td></tr> <tr><td>17</td><td>p2f1q28__17</td><td>Muscle relaxers</td></tr> <tr><td>18</td><td>p2f1q28__18</td><td>Stool softeners and laxatives</td></tr> <tr><td>19</td><td>p2f1q28__19</td><td>Iron supplements</td></tr> <tr><td>20</td><td>p2f1q28__20</td><td>Folic acid</td></tr> <tr><td>21</td><td>p2f1q28__21</td><td>Vitamin D, all types</td></tr> <tr><td>22</td><td>p2f1q28__22</td><td>Multi-vitamins</td></tr> <tr><td>23</td><td>p2f1q28__23</td><td>Any other vitamins and supplements</td></tr> </table> <p>Custom alignment: LV</p>	1	p2f1q28__1	Allergy drugs	2	p2f1q28__2	Asthma or COPD inhalers (bronchodilators)	3	p2f1q28__3	Antibiotics	4	p2f1q28__4	ADD/ADHD drugs	5	p2f1q28__5	Anti-seizure drugs	6	p2f1q28__6	Anti-anxiety drugs	7	p2f1q28__7	Antidepressants	8	p2f1q28__8	Birth control	9	p2f1q28__9	Blood thinning drugs (anticoagulants)	10	p2f1q28__10	Diabetes drugs	11	p2f1q28__11	Diuretics, fluid/water retention pills	12	p2f1q28__12	Heartburn, indigestion, acid reflux drugs	13	p2f1q28__13	High cholesterol drugs	14	p2f1q28__14	Hypothyroid drugs	15	p2f1q28__15	Insomnia drugs & sleep aids	16	p2f1q28__16	Nausea drugs	17	p2f1q28__17	Muscle relaxers	18	p2f1q28__18	Stool softeners and laxatives	19	p2f1q28__19	Iron supplements	20	p2f1q28__20	Folic acid	21	p2f1q28__21	Vitamin D, all types	22	p2f1q28__22	Multi-vitamins	23	p2f1q28__23	Any other vitamins and supplements
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1341	<p>[p2f1q29]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>41. Are you taking any medications for high blood pressure (hypertension) or for your heart?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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1342	<p>[p2f1q29a]</p> <p>Show the field ONLY if: [p2f1q29] = "1"</p>	<p>41a. If yes, what is the name of the high blood pressure or heart medication?</p>	<p>text</p>																																																																					
1343	<p>[p2f1q30]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>42. Are you taking any other type of medication that we did not already ask about?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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1344	<p>[p2f1q30a]</p> <p>Show the field ONLY if: [p2f1q30] = "1"</p>	<p>42a. If yes, what is the name of the other medication(s)?</p>	<p>text</p>																																																																					
1345	<p>[p2f1q31]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>43. Are you currently participating in a study where you are taking a medicine for sickle cell?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
1	Yes																																																																							
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1346	<p>[p2f1q32a]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>E. YOUR SLEEP 32. Think about your sleep in the past 7 days, and answer the following questions.</i></p> <p>a. How often did you stay up most of the night because you could not fall asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																																																											
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1347	<p>[p2f1q32b]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. How often did you have a lot of trouble falling asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
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5	Always												
1348	<p>[p2f1q33a_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>F. YOUR SOCIAL AND MENTAL HEALTH 33. Please respond to each statement by marking one box per row.</i></p> <p>a. I have someone who will listen to me when I need to talk</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
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3	Sometimes												
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5	Always												
1349	<p>[p2f1q33b_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. I have someone to confide in or talk to about myself or my problems</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2	Rarely												
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5	Always												
1350	<p>[p2f1q33c_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. I have someone who makes me feel appreciated</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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5	Always												
1351	<p>[p2f1q33d_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>d. I have someone to talk with when I have a bad day</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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1352	<p>[p2f1q33a]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>34. Think about how you felt in the past 7 days, and respond to each questions or statement.</i></p> <p>a. I felt worthless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1353	<p>[p2f1q33b]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. I felt helpless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1354	<p>[p2f1q33c]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. I felt depressed.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1355	[p2f1q33d] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	d. I felt hopeless.	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1356	[p2f1q33e] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	e. How often did you feel completely hopeless because of your health?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1357	[p2f1q33f] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	f. How often were you very worried about needing to go to the hospital?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1358	[p2f1q33g] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	g. I felt tired.	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1359	[p2f1q35a_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 35. In the past 7 days, how often did the following happen? a. I felt fearful	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1360	[p2f1q35b_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. I found it hard to focus on anything other than my anxiety	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1361	[p2f1q35c_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	c. My worries overwhelmed me	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1362	[p2f1q35d_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	d. I felt uneasy	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always

1363	<p>[p2f1q34a]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: 36. In the past 7 days, how often did the following happen?</p> <p>a. I had to read something several times to understand it.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1364	<p>[p2f1q34b]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. My thinking was slow.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1365	<p>[p2f1q34c]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. I had to work really hard to pay attention or I would make a mistake.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1366	<p>[p2f1q34d]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>d. I had trouble concentrating.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1367	<p>[p2f1q35a]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: 37. How much DIFFICULTY do you currently have doing the following things?</p> <p>a. Reading and following complex instructions (e.g., directions for a new medication)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1368	<p>[p2f1q35b]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. Planning for and keeping appointments that are not part of your weekly routine (e.g., therapy or doctor appointment, social gathering with friends/family)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1369	<p>[p2f1q35c]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. Managing your time to do most of your daily activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1370	<p>[p2f1q35d]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>d. Learning new tasks or instructions?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1371	[p2f1q36a] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 38. In the past 30 days, how much did the following happen? a. How much did you rely on others to take care of you because of your health?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1372	[p2f1q36b] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. How much did your health make it hard for you to do things with your friends?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1373	[p2f1q39a_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	Section Header: 39. Please respond to each statement by marking one box per row. In the past month, please describe how often... a. I feel alone and apart from others	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always
1374	[p2f1q39b_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. I feel left out	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always
1375	[p2f1q39c_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	c. I feel that I am no longer close to anyone	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always
1376	[p2f1q39d_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	d. I feel alone	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always
1377	[p2f1q39e_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	e. I feel lonely	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always
1378	[p2f1q39f_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	f. I feel isolated from others	radio (Matrix) 0 Never 1 Rarely 2 Sometimes 3 Usually 4 Always

1379	<p>[p2f1q40a_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: 40. Please respond to each statement by marking one box per row.</p> <p>a. I tend to bounce back quickly after hard times</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
0	Strongly Disagree												
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1380	<p>[p2f1q40b_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. I have a hard time making it through stressful events</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1381	<p>[p2f1q40c_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. It does not take me long to recover from a stressful event</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1382	<p>[p2f1q40d_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>d. It is hard for me to snap back when something bad happens</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1383	<p>[p2f1q40e_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>e. I usually come through difficult times with little trouble</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1384	<p>[p2f1q40f_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>f. I tend to take a long time to get over set-backs in my life</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1385	<p>[p2f1q41_1a_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: G. YOUR PHYSICAL HEALTH 41. Please respond to each question or statement by marking one box per row.</p> <p>a. In general, how would you rate your physical health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
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5	Poor												
1386	<p>[p2f1q41_2b_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Completely</td></tr> <tr><td>2</td><td>Mostly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A little</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Completely	2	Mostly	3	Moderately	4	A little	5	Not at all
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1387	<p>[p2f1q37]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>H. YOUR ABILITY TO MANAGE YOUR SICKLE CELL DISEASE</i></p> <p>54. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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4	Often												
5	Always												
1388	<p>[p2f1q38a]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>43. Please respond to each statement below by marking one box per row. CURRENT Level of Confidence (confidence is how sure you are about each statement)</i></p> <p>a. I can follow directions when my doctor changes my medications.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1389	<p>[p2f1q38b]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>b. I can take my medication when there is a change in my usual day (unexpected things happen).</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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5	I am very confident												
1390	<p>[p2f1q38c]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>c. I can manage my medication without help.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1391	<p>[p2f1q38d]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>d. I can list my medications, including the doses and schedule.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1392	<p>[p2f1q39]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>I. BARRIERS</i></p> <p>56. During the past 12 months, was there any time when you didn't get the medical care you needed or had delays in getting the care you needed?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

1393	<p>[p2f1q40]</p> <p>Show the field ONLY if: [p2f1q39]!='0' AND [p2f1_opt_out(1)] = '0'</p>	57. In the past 12 months, did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons? Select one or more from the list below.	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p2f1q40__1</td><td>Worry about the cost</td></tr> <tr><td>2</td><td>p2f1q40__2</td><td>The doctor or hospital wouldn't accept your health insurance</td></tr> <tr><td>3</td><td>p2f1q40__3</td><td>Your health plan wouldn't pay for the treatment</td></tr> <tr><td>4</td><td>p2f1q40__4</td><td>You couldn't get an appointment soon enough</td></tr> <tr><td>5</td><td>p2f1q40__5</td><td>You couldn't get there when the doctor's office or clinic was open</td></tr> <tr><td>6</td><td>p2f1q40__6</td><td>It takes too long to get to the doctor's office or clinic from your house or work</td></tr> <tr><td>7</td><td>p2f1q40__7</td><td>You couldn't get through on the telephone</td></tr> <tr><td>8</td><td>p2f1q40__8</td><td>You were too busy with work or other commitments to take the time</td></tr> <tr><td>9</td><td>p2f1q40__9</td><td>You didn't think the problem was serious enough</td></tr> <tr><td>10</td><td>p2f1q40__10</td><td>You had previous bad experiences with the health care system</td></tr> <tr><td>11</td><td>p2f1q40__11</td><td>People at the doctor's office or clinic don't speak the same language I do</td></tr> <tr><td>12</td><td>p2f1q40__12</td><td>The Coronavirus/COVID-19 pandemic</td></tr> <tr><td>97</td><td>p2f1q40__97</td><td>Some other reason not listed above</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='97'</p>	1	p2f1q40__1	Worry about the cost	2	p2f1q40__2	The doctor or hospital wouldn't accept your health insurance	3	p2f1q40__3	Your health plan wouldn't pay for the treatment	4	p2f1q40__4	You couldn't get an appointment soon enough	5	p2f1q40__5	You couldn't get there when the doctor's office or clinic was open	6	p2f1q40__6	It takes too long to get to the doctor's office or clinic from your house or work	7	p2f1q40__7	You couldn't get through on the telephone	8	p2f1q40__8	You were too busy with work or other commitments to take the time	9	p2f1q40__9	You didn't think the problem was serious enough	10	p2f1q40__10	You had previous bad experiences with the health care system	11	p2f1q40__11	People at the doctor's office or clinic don't speak the same language I do	12	p2f1q40__12	The Coronavirus/COVID-19 pandemic	97	p2f1q40__97	Some other reason not listed above
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1394	<p>[p2f1q40a]</p> <p>Show the field ONLY if: [p2f1q40(97)] = "1" && [p2f1q39]!='0'</p>	If "Some other reason not listed above", please specify:	text																																							
1395	<p>[p2f1q46_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	58. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not hard at all</td></tr> <tr><td>2</td><td>Not very hard</td></tr> <tr><td>3</td><td>Somewhat hard</td></tr> <tr><td>4</td><td>Hard</td></tr> <tr><td>5</td><td>Very hard</td></tr> </table>	1	Not hard at all	2	Not very hard	3	Somewhat hard	4	Hard	5	Very hard																													
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5	Very hard																																									
1396	<p>[p2f1q47_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	59. Did you lose your health insurance in the past year?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1397	<p>[p2f1q48_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	60. In the past 12 months, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? If yes, please indicate whether it happened 1-2 times or 3 or more times in the past 12 months.	descriptive																																							
1398	<p>[p2f1q48_a1_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0'</p>	a. At school?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
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1399	<p>[p2f1q48_a2_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_a1_v3] = '1'</p>	How many times did this happen in the past 12 months?	<p>radio</p> <table border="1"> <tr><td>1</td><td>1-2 times</td></tr> <tr><td>2</td><td>3 or more</td></tr> </table>	1	1-2 times	2	3 or more																																			
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1400	[p2f1q48_b1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	b. Getting hired or getting a job?	yesno 1 Yes 0 No
1401	[p2f1q48_b2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_b1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1402	[p2f1q48_c1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	c. At work?	yesno 1 Yes 0 No
1403	[p2f1q48_c2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_c1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1404	[p2f1q48_d1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	d. Getting housing?	yesno 1 Yes 0 No
1405	[p2f1q48_d2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_d1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1406	[p2f1q48_e1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	e. Getting medical care?	yesno 1 Yes 0 No
1407	[p2f1q48_e2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_e1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1408	[p2f1q48_f1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	f. Getting service in a store or restaurant?	yesno 1 Yes 0 No
1409	[p2f1q48_f2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_f1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1410	[p2f1q48_g1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	g. Getting credit, bank loans, or a mortgage?	yesno 1 Yes 0 No
1411	[p2f1q48_g2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_g1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1412	[p2f1q48_h1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	h. On the street or in a public setting?	yesno 1 Yes 0 No
1413	[p2f1q48_h2_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_h1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1414	[p2f1q48_i1_v3] Show the field ONLY if: [p2f1_opt_out(1)] = '0'	i. From the police or in the courts?	yesno 1 Yes 0 No

<p>1415 [p2f1q48_i2_v3]</p> <p>Show the field ONLY if: [p2f1_opt_out(1)] = '0' AND [p2f1q48_i1_v3] = '1'</p>	<p>How many times did this happen in the past 12 months?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>1-2 times</td> </tr> <tr> <td>2</td> <td>3 or more</td> </tr> </table>	1	1-2 times	2	3 or more																		
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<p>1416 [p2f1q_ duke1]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p2f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>Supplemental Pain Questions</i></p> <p>1. Have you experienced increased pain that lasts ≥ 2 hours and started in the past 10 days?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: @HIDDEN</p>	1	Yes	0	No																		
1	Yes																							
0	No																							
<p>1417 [p2f2q_ duke2]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p2f1_opt_out(1)] = '0'</p>	<p>2. Have you experienced ongoing pain on most days over the past six months in either a single location or in multiple locations?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: @HIDDEN</p>	1	Yes	0	No																		
1	Yes																							
0	No																							
<p>1418 [p2f1q_ duke3]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p2f1_opt_out(1)] = '0'</p>	<p>3. On a scale of 0-10, how do you describe your pain on the average?</p>	<p>radio</p> <table border="1"> <tr> <td>0</td> <td>0 no pain</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10 pain as bad as you can imagine</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @HIDDEN</p>	0	0 no pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 pain as bad as you can imagine
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<p>1419 [p2f1q_ duke4]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p2f1_opt_out(1)] = '0'</p>	<p>4. On a scale of 0-10, how much pain do you have right now?</p>	<p>radio</p> <table border="1"> <tr> <td>0</td> <td>0 no pain</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10 pain as bad as you can imagine</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @HIDDEN</p>	0	0 no pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 pain as bad as you can imagine
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<p>1420 [p2f2q01a]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name] = 'st_jude') AND [p2f1_opt_out(1)] = '0' and [no_aceq(1)] = 0</p>	<p>Section Header: <i>Adverse Childhood Experience Questionnaire (ACE-Q) This form asks questions about events that happened during your childhood. Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided. Please DO NOT mark or indicate which specific statements apply to you.</i></p> <p>1. Of the statements in Section 1, HOW MANY apply to you? Write the total number in the box:</p>	<p>text (integer, Min: 0, Max: 10) Field Annotation: @HIDDEN</p>																						

2052	[p3f4q67b] Show the field ONLY if: [p3f4q67] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2053	[p3f4q67c] Show the field ONLY if: [p3f4q67] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2054	[p3f4q68] Show the field ONLY if: [p3f4q04b(1)] = 0	68. Has the subject ever had an Inpatient cardiac ECHO test in last 3 years?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2055	[p3f4q68a] Show the field ONLY if: [p3f4q68] =1	a. Date of most recent	text (date_mdy), Required																		
2056	[p3f4q68b] Show the field ONLY if: [p3f4q68] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2057	[p3f4q68c] Show the field ONLY if: [p3f4q68] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2058	[p3f4q63] Show the field ONLY if: [p3f4q04b(1)] = '0'	Section Header: 69. What kind of health insurance or health care coverage does the subject currently have?(Choose all that apply)	checkbox, Required <table border="1"> <tr><td>98</td><td>p3f4q63__98</td><td>None</td></tr> <tr><td>1</td><td>p3f4q63__1</td><td>Private health insurance</td></tr> <tr><td>2</td><td>p3f4q63__2</td><td>Medicare</td></tr> <tr><td>3</td><td>p3f4q63__3</td><td>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td></tr> <tr><td>4</td><td>p3f4q63__4</td><td>TRICARE or other military health care, including VA health care</td></tr> <tr><td>5</td><td>p3f4q63__5</td><td>Other type of health insurance, specify</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=98	98	p3f4q63__98	None	1	p3f4q63__1	Private health insurance	2	p3f4q63__2	Medicare	3	p3f4q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	p3f4q63__4	TRICARE or other military health care, including VA health care	5	p3f4q63__5	Other type of health insurance, specify
98	p3f4q63__98	None																			
1	p3f4q63__1	Private health insurance																			
2	p3f4q63__2	Medicare																			
3	p3f4q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.																			
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5	p3f4q63__5	Other type of health insurance, specify																			
2059	[p3f4q63a] Show the field ONLY if: [p3f4q63(5)] = 1	Other, specify	text																		
2060	[p3f4q64b] Show the field ONLY if: [p3f4q04b(1)] = 0	PI review and sign-off:	text, Required																		
2061	[followup_2_medical_record_abstraction_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Follow-Up 2 Laboratory Reporting Form (followup_2_laboratory_reporting_form)																					
2062	[p3f2q0]	Section Header: <i>Complete using medical records, using values from the subject in steady state.</i> FORM COMPLETE, LABRATORY RECORDS NOT AVAILABLE	checkbox <table border="1"> <tr><td>1</td><td>p3f2q0__1</td></tr> </table>	1	p3f2q0__1																
1	p3f2q0__1																				

2063	[p3f2q1] Show the field ONLY if: [p3f2q0(1)] = "0"	1. Nucleated RBC	checkbox 1 p3f2q1__1 NA
2064	[p3f2q1_1] Show the field ONLY if: [p3f2q1(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>10³/mm³</i>	text (number), Required
2065	[p3f2q1_1b] Show the field ONLY if: [p3f2q1(1)] = '0' and [p3f2q0(1)] = "0"	Unit	radio 1 10 ³ /mm ³ 2 /100 WC Field Annotation: @DEFAULT=1
2066	[p3f2q1_2] Show the field ONLY if: [p3f2q1(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
2067	[p3f2q2] Show the field ONLY if: [p3f2q0(1)] = "0"	2. White Blood Cells	checkbox 1 p3f2q2__1 NA
2068	[p3f2q2_1] Show the field ONLY if: [p3f2q2(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(3.0-15) x 10³/mm³</i>	text (number, Min: 3, Max: 15), Required
2069	[p3f2q2_2] Show the field ONLY if: [p3f2q2(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
2070	[p3f2q3] Show the field ONLY if: [p3f2q0(1)] = "0"	3. RBC	checkbox 1 p3f2q3__1 NA
2071	[p3f2q3_1] Show the field ONLY if: [p3f2q3(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(4.3-5.9) x 10⁶/mm³</i>	text (number, Min: 4.3, Max: 5.9), Required
2072	[p3f2q3_2] Show the field ONLY if: [p3f2q3(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
2073	[p3f2q4] Show the field ONLY if: [p3f2q0(1)] = "0"	4. Hemoglobin	checkbox 1 p3f2q4__1 NA
2074	[p3f2q4_1] Show the field ONLY if: [p3f2q4(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(6 -20) g/dL</i>	text (number, Min: 6, Max: 20), Required
2075	[p3f2q4_2] Show the field ONLY if: [p3f2q4(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }
2076	[p3f2q5] Show the field ONLY if: [p3f2q0(1)] = "0"	5. Hematocrit	checkbox 1 p3f2q5__1 NA
2077	[p3f2q5_1] Show the field ONLY if: [p3f2q5(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(33-49)%</i>	text (number, Min: 33, Max: 49), Required

2078	[p3f2q5_2] Show the field ONLY if: [p3f2q5(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2079	[p3f2q6] Show the field ONLY if: [p3f2q0(1)] = "0"	6. MCV	checkbox <table border="1"><tr><td>1</td><td>p3f2q6__1</td><td>NA</td></tr></table>	1	p3f2q6__1	NA
1	p3f2q6__1	NA				
2080	[p3f2q6_1] Show the field ONLY if: [p3f2q6(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(60 - 120) micrometer^3</i>	text (number, Min: 60, Max: 120), Required			
2081	[p3f2q6_2] Show the field ONLY if: [p3f2q6(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2082	[p3f2q7] Show the field ONLY if: [p3f2q0(1)] = "0"	7. MCH	checkbox <table border="1"><tr><td>1</td><td>p3f2q7__1</td><td>NA</td></tr></table>	1	p3f2q7__1	NA
1	p3f2q7__1	NA				
2083	[p3f2q7_1] Show the field ONLY if: [p3f2q7(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(26.5 - 34) pg</i>	text (number, Min: 26.5, Max: 34), Required			
2084	[p3f2q7_2] Show the field ONLY if: [p3f2q7(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2085	[p3f2q8] Show the field ONLY if: [p3f2q0(1)] = "0"	8. MCHC	checkbox <table border="1"><tr><td>1</td><td>p3f2q8__1</td><td>NA</td></tr></table>	1	p3f2q8__1	NA
1	p3f2q8__1	NA				
2086	[p3f2q8_1] Show the field ONLY if: [p3f2q8(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(32 -36) g/dL</i>	text (number, Min: 32, Max: 36), Required			
2087	[p3f2q8_2] Show the field ONLY if: [p3f2q8(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2088	[p3f2q9] Show the field ONLY if: [p3f2q0(1)] = "0"	9. Platelets	checkbox <table border="1"><tr><td>1</td><td>p3f2q9__1</td><td>NA</td></tr></table>	1	p3f2q9__1	NA
1	p3f2q9__1	NA				
2089	[p3f2q9_1] Show the field ONLY if: [p3f2q9(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(120 - 600) x 10^3/mm^3</i>	text (number, Min: 120, Max: 600), Required			
2090	[p3f2q9_2] Show the field ONLY if: [p3f2q9(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2091	[p3f2q10] Show the field ONLY if: [p3f2q0(1)] = "0"	10. Neutrophils (segmented and band together)	checkbox <table border="1"><tr><td>1</td><td>p3f2q10__1</td><td>NA</td></tr></table>	1	p3f2q10__1	NA
1	p3f2q10__1	NA				
2092	[p3f2q10_1] Show the field ONLY if: [p3f2q10(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(37-80)%</i>	text (number, Min: 37, Max: 80), Required			
2093	[p3f2q10_2] Show the field ONLY if: [p3f2q10(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			

2094	[p3f2q11] Show the field ONLY if: [p3f2q0(1)] = "0"	11. Lymphocytes	checkbox <table border="1"><tr><td>1</td><td>p3f2q11__1</td><td>NA</td></tr></table>	1	p3f2q11__1	NA
1	p3f2q11__1	NA				
2095	[p3f2q11_1] Show the field ONLY if: [p3f2q11(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(10-50)%</i>	text (number, Min: 10, Max: 50), Required			
2096	[p3f2q11_2] Show the field ONLY if: [p3f2q11(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			
2097	[p3f2q12] Show the field ONLY if: [p3f2q0(1)] = "0"	12. Monocytes	checkbox <table border="1"><tr><td>1</td><td>p3f2q12__1</td><td>NA</td></tr></table>	1	p3f2q12__1	NA
1	p3f2q12__1	NA				
2098	[p3f2q12_1] Show the field ONLY if: [p3f2q12(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(0-12)%</i>	text (number, Min: 0, Max: 12), Required			
2099	[p3f2q12_2] Show the field ONLY if: [p3f2q12(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			
2100	[p3f2q13] Show the field ONLY if: [p3f2q0(1)] = "0"	13. Reticulocytes	checkbox <table border="1"><tr><td>1</td><td>p3f2q13__1</td><td>NA</td></tr></table>	1	p3f2q13__1	NA
1	p3f2q13__1	NA				
2101	[p3f2q13_1] Show the field ONLY if: [p3f2q13(1)]= '0' and [p3f2q0(1)] = "0"	Test results %	text (number)			
2102	[p3f2q13_4] Show the field ONLY if: [p3f2q13(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>10³ /microliter</i>	text (number)			
2103	[p3f2q13_3] Show the field ONLY if: [p3f2q13(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			
2104	[p3f2q14] Show the field ONLY if: [p3f2q0(1)] = "0"	14. Serum BUN	checkbox <table border="1"><tr><td>1</td><td>p3f2q14__1</td><td>NA</td></tr></table>	1	p3f2q14__1	NA
1	p3f2q14__1	NA				
2105	[p3f2q14_1] Show the field ONLY if: [p3f2q14(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(7-21)mg/dL</i>	text (number, Min: 7, Max: 21), Required			
2106	[p3f2q14_2] Show the field ONLY if: [p3f2q14(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			
2107	[p3f2q15] Show the field ONLY if: [p3f2q0(1)] = "0"	15. Serum Creatinine	checkbox <table border="1"><tr><td>1</td><td>p3f2q15__1</td><td>NA</td></tr></table>	1	p3f2q15__1	NA
1	p3f2q15__1	NA				
2108	[p3f2q15_1] Show the field ONLY if: [p3f2q15(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(0.3-1.9)mg/dL</i>	text (number, Min: 0.3, Max: 1.9), Required			
2109	[p3f2q15_2] Show the field ONLY if: [p3f2q15(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			

2110	[p3f2q17] Show the field ONLY if: [p3f2q0(1)] = "0"	17. Estimated creatinine clearance	checkbox <table border="1"><tr><td>1</td><td>p3f2q17__1</td><td>NA</td></tr></table>	1	p3f2q17__1	NA
1	p3f2q17__1	NA				
2111	[p3f2q17_1] Show the field ONLY if: [p3f2q17(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(88-137)mL/min</i>	text (number, Min: 88, Max: 137), Required			
2112	[p3f2q17_2] Show the field ONLY if: [p3f2q17(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
2113	[p3f2q18] Show the field ONLY if: [p3f2q0(1)] = "0"	18. Total Cholesterol	checkbox <table border="1"><tr><td>1</td><td>p3f2q18__1</td><td>NA</td></tr></table>	1	p3f2q18__1	NA
1	p3f2q18__1	NA				
2114	[p3f2q18_1] Show the field ONLY if: [p3f2q18(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(0 - 200) mg/dL</i>	text (number, Min: 0, Max: 200), Required			
2115	[p3f2q18_2] Show the field ONLY if: [p3f2q18(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
2116	[p3f2q19] Show the field ONLY if: [p3f2q0(1)] = "0"	19. Non-Fasting HDL	checkbox <table border="1"><tr><td>1</td><td>p3f2q19__1</td><td>NA</td></tr></table>	1	p3f2q19__1	NA
1	p3f2q19__1	NA				
2117	[p3f2q19_1] Show the field ONLY if: [p3f2q19(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(40-200)mg/dL</i>	text (number, Min: 40, Max: 200), Required			
2118	[p3f2q19_2] Show the field ONLY if: [p3f2q19(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
2119	[p3f2q20] Show the field ONLY if: [p3f2q0(1)] = "0"	20. Fasting HDL	checkbox <table border="1"><tr><td>1</td><td>p3f2q20__1</td><td>NA</td></tr></table>	1	p3f2q20__1	NA
1	p3f2q20__1	NA				
2120	[p3f2q20_1] Show the field ONLY if: [p3f2q20(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(40-200)mg/dL</i>	text (number, Min: 40, Max: 200), Required			
2121	[p3f2q20_2] Show the field ONLY if: [p3f2q20(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
2122	[p3f2q21] Show the field ONLY if: [p3f2q0(1)] = "0"	21. Non-Fasting LDL	checkbox <table border="1"><tr><td>1</td><td>p3f2q21__1</td><td>NA</td></tr></table>	1	p3f2q21__1	NA
1	p3f2q21__1	NA				
2123	[p3f2q21_1] Show the field ONLY if: [p3f2q21(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(0-100)mg/dL</i>	text (number, Min: 0, Max: 100), Required			
2124	[p3f2q21_2] Show the field ONLY if: [p3f2q21(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}			
2125	[p3f2q22] Show the field ONLY if: [p3f2q0(1)] = "0"	22. Fasting LDL	checkbox <table border="1"><tr><td>1</td><td>p3f2q22__1</td><td>NA</td></tr></table>	1	p3f2q22__1	NA
1	p3f2q22__1	NA				

2126	[p3f2q22_1] Show the field ONLY if: [p3f2q22(1)]= '0' and [p3f2q0(1)] = "0"	Test results (0-100)mg/dL	text (number, Min: 0, Max: 100), Required				
2127	[p3f2q22_2] Show the field ONLY if: [p3f2q22(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
2128	[p3f2q23] Show the field ONLY if: [p3f2q0(1)] = "0"	23. Triglyceride	checkbox <table border="1"><tr><td>1</td><td>p3f2q23__1</td><td>NA</td></tr></table>	1	p3f2q23__1	NA	
1	p3f2q23__1	NA					
2129	[p3f2q23_1] Show the field ONLY if: [p3f2q23(1)]= '0' and [p3f2q0(1)] = "0"	Test results (0-150)mg/dL	text (number, Min: 0, Max: 150), Required				
2130	[p3f2q23_2] Show the field ONLY if: [p3f2q23(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
2131	[p3f2q24] Show the field ONLY if: [p3f2q0(1)] = "0"	24. Non-Fasting Blood Glucose	checkbox <table border="1"><tr><td>1</td><td>p3f2q24__1</td><td>NA</td></tr></table>	1	p3f2q24__1	NA	
1	p3f2q24__1	NA					
2132	[p3f2q24_1] Show the field ONLY if: [p3f2q24(1)]= '0' and [p3f2q0(1)] = "0"	Test results (70-140)mg/dL	text (number, Min: 70, Max: 140), Required				
2133	[p3f2q24_2] Show the field ONLY if: [p3f2q24(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
2134	[p3f2q25] Show the field ONLY if: [p3f2q0(1)] = "0"	25. Fasting Blood Glucose	checkbox <table border="1"><tr><td>1</td><td>p3f2q25__1</td><td>NA</td></tr></table>	1	p3f2q25__1	NA	
1	p3f2q25__1	NA					
2135	[p3f2q25_1] Show the field ONLY if: [p3f2q25(1)]= '0' and [p3f2q0(1)] = "0"	Test results (70-140)mg/dL	text (number, Min: 70, Max: 140), Required				
2136	[p3f2q25_2] Show the field ONLY if: [p3f2q25(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				
2137	[p3f2q26] Show the field ONLY if: [p3f2q0(1)] = "0"	26. CRP	checkbox <table border="1"><tr><td>1</td><td>p3f2q26__1</td><td>NA</td></tr></table>	1	p3f2q26__1	NA	
1	p3f2q26__1	NA					
2138	[p3f2q26_1] Show the field ONLY if: [p3f2q26(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text (number), Required				
2139	[p3f2q26_1a] Show the field ONLY if: [p3f2q26(1)]= '0' and [p3f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>mg/dL</td></tr><tr><td>2</td><td>mg/L</td></tr></table> Field Annotation: @DEFAULT=1	1	mg/dL	2	mg/L
1	mg/dL						
2	mg/L						
2140	[p3f2q26_2] Show the field ONLY if: [p3f2q26(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }				

2141	[p3f2q27] Show the field ONLY if: [p3f2q0(1)] = "0"	27. Bilirubin serum, total	checkbox <input type="checkbox"/> 1 p3f2q27__1 <input type="checkbox"/> NA
2142	[p3f2q27_1] Show the field ONLY if: [p3f2q27(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(0.2- 40)mg/dL</i>	text (number, Min: 0.2, Max: 40), Required
2143	[p3f2q27_2] Show the field ONLY if: [p3f2q27(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
2144	[p3f2q28] Show the field ONLY if: [p3f2q0(1)] = "0"	28. Bilirubin, serum, direct	checkbox <input type="checkbox"/> 1 p3f2q28__1 <input type="checkbox"/> NA
2145	[p3f2q28_1] Show the field ONLY if: [p3f2q28(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(0-12)mg/dL</i>	text (number, Min: 0, Max: 12), Required
2146	[p3f2q28_2] Show the field ONLY if: [p3f2q28(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
2147	[p3f2q29] Show the field ONLY if: [p3f2q0(1)] = "0"	29. AST	checkbox <input type="checkbox"/> 1 p3f2q29__1 <input type="checkbox"/> NA
2148	[p3f2q29_1] Show the field ONLY if: [p3f2q29(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(8-48)U/L</i>	text (number, Min: 8, Max: 48), Required
2149	[p3f2q29_2] Show the field ONLY if: [p3f2q29(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
2150	[p3f2q30] Show the field ONLY if: [p3f2q0(1)] = "0"	30. ALT	checkbox <input type="checkbox"/> 1 p3f2q30__1 <input type="checkbox"/> NA
2151	[p3f2q30_1] Show the field ONLY if: [p3f2q30(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(7-55)U/L</i>	text (number, Min: 7, Max: 55), Required
2152	[p3f2q30_2] Show the field ONLY if: [p3f2q30(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
2153	[p3f2q31] Show the field ONLY if: [p3f2q0(1)] = "0"	31. Alkaline Phosphatase	checkbox <input type="checkbox"/> 1 p3f2q31__1 <input type="checkbox"/> NA
2154	[p3f2q31_1] Show the field ONLY if: [p3f2q31(1)] = '0' and [p3f2q0(1)] = "0"	Test results <i>(50-100)U/L</i>	text (number, Min: 50, Max: 100), Required
2155	[p3f2q31_2] Show the field ONLY if: [p3f2q31(1)] = '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}
2156	[p3f2q32] Show the field ONLY if: [p3f2q0(1)] = "0"	32. Total Protein (plasma)	checkbox <input type="checkbox"/> 1 p3f2q32__1 <input type="checkbox"/> NA

2157	[p3f2q32_1] Show the field ONLY if: [p3f2q32(1)]= '0' and [p3f2q0(1)] = "0"	Test results (5.0-9.0)g/dL	text (number, Min: 5, Max: 9), Required			
2158	[p3f2q32_2] Show the field ONLY if: [p3f2q32(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2159	[p3f2q33] Show the field ONLY if: [p3f2q0(1)] = "0"	33. Albumin	checkbox <table border="1"><tr><td>1</td><td>p3f2q33__1</td><td>NA</td></tr></table>	1	p3f2q33__1	NA
1	p3f2q33__1	NA				
2160	[p3f2q33_1] Show the field ONLY if: [p3f2q33(1)]= '0' and [p3f2q0(1)] = "0"	Test results (3.0-7.0)g/dL	text (number, Min: 3, Max: 7), Required			
2161	[p3f2q33_2] Show the field ONLY if: [p3f2q33(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2162	[p3f2q34] Show the field ONLY if: [p3f2q0(1)] = "0"	34. LDH (serum)	checkbox <table border="1"><tr><td>1</td><td>p3f2q34__1</td><td>NA</td></tr></table>	1	p3f2q34__1	NA
1	p3f2q34__1	NA				
2163	[p3f2q34_1] Show the field ONLY if: [p3f2q34(1)]= '0' and [p3f2q0(1)] = "0"	Test results (50-200)U/L	text (number, Min: 50, Max: 200), Required			
2164	[p3f2q34_2] Show the field ONLY if: [p3f2q34(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2165	[p3f2q35] Show the field ONLY if: [p3f2q0(1)] = "0"	35. NT-pro-BNP	checkbox <table border="1"><tr><td>1</td><td>p3f2q35__1</td><td>NA</td></tr></table>	1	p3f2q35__1	NA
1	p3f2q35__1	NA				
2166	[p3f2q35_1] Show the field ONLY if: [p3f2q35(1)]= '0' and [p3f2q0(1)] = "0"	Test results (0-450)pg/mL	text (number, Min: 0, Max: 450), Required			
2167	[p3f2q35_2] Show the field ONLY if: [p3f2q35(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2168	[p3f2q36] Show the field ONLY if: [p3f2q0(1)] = "0"	36. BNP	checkbox <table border="1"><tr><td>1</td><td>p3f2q36__1</td><td>NA</td></tr></table>	1	p3f2q36__1	NA
1	p3f2q36__1	NA				
2169	[p3f2q36_1] Show the field ONLY if: [p3f2q36(1)]= '0' and [p3f2q0(1)] = "0"	Test results (0.5-30)pg/mL	text (number, Min: 0.5, Max: 30), Required			
2170	[p3f2q36_2] Show the field ONLY if: [p3f2q36(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}			
2171	[p3f2q37] Show the field ONLY if: [p3f2q0(1)] = "0"	37. Serum iron	checkbox <table border="1"><tr><td>1</td><td>p3f2q37__1</td><td>NA</td></tr></table>	1	p3f2q37__1	NA
1	p3f2q37__1	NA				
2172	[p3f2q37_1] Show the field ONLY if: [p3f2q37(1)]= '0' and [p3f2q0(1)] = "0"	Test results (30-180) ug/dL	text (number, Min: 30, Max: 180), Required			

2173	[p3f2q37_2] Show the field ONLY if: [p3f2q37(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}				
2174	[p3f2q38] Show the field ONLY if: [p3f2q0(1)] = "0"	38. Total iron binding capacity (TIBC)	checkbox <table border="1"><tr><td>1</td><td>p3f2q38__1</td><td>NA</td></tr></table>	1	p3f2q38__1	NA	
1	p3f2q38__1	NA					
2175	[p3f2q38_1] Show the field ONLY if: [p3f2q38(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(250-370)ug/dL</i>	text (number, Min: 250, Max: 370), Required				
2176	[p3f2q38_2] Show the field ONLY if: [p3f2q38(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}				
2177	[p3f2q39] Show the field ONLY if: [p3f2q0(1)] = "0"	39. Serum transferrin	checkbox <table border="1"><tr><td>1</td><td>p3f2q39__1</td><td>NA</td></tr></table>	1	p3f2q39__1	NA	
1	p3f2q39__1	NA					
2178	[p3f2q39_1] Show the field ONLY if: [p3f2q39(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text, Required				
2179	[p3f2q39_1a] Show the field ONLY if: [p3f2q39(1)]= '0' and [p3f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>mg/dl</td></tr><tr><td>2</td><td>% saturation</td></tr></table> Field Annotation: @DEFAULT=1	1	mg/dl	2	% saturation
1	mg/dl						
2	% saturation						
2180	[p3f2q39_2] Show the field ONLY if: [p3f2q39(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}				
2181	[p3f2q40] Show the field ONLY if: [p3f2q0(1)] = "0"	40. Ferritin	checkbox <table border="1"><tr><td>1</td><td>p3f2q40__1</td><td>NA</td></tr></table>	1	p3f2q40__1	NA	
1	p3f2q40__1	NA					
2182	[p3f2q40_1] Show the field ONLY if: [p3f2q40(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(12-400) ng/mL</i>	text (number, Min: 12, Max: 400), Required				
2183	[p3f2q40_2] Show the field ONLY if: [p3f2q40(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}				
2184	[p3f2q41] Show the field ONLY if: [p3f2q0(1)] = "0"	41. 25-Hydroxy Vitamin D	checkbox <table border="1"><tr><td>1</td><td>p3f2q41__1</td><td>NA</td></tr></table>	1	p3f2q41__1	NA	
1	p3f2q41__1	NA					
2185	[p3f2q41_1] Show the field ONLY if: [p3f2q41(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(5-75)ng/mL</i>	text (number, Min: 5, Max: 75), Required				
2186	[p3f2q41_2] Show the field ONLY if: [p3f2q41(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}				
2187	[p3f2q42] Show the field ONLY if: [p3f2q0(1)] = "0"	42. Erythropoietin (EPO)	checkbox <table border="1"><tr><td>1</td><td>p3f2q42__1</td><td>NA</td></tr></table>	1	p3f2q42__1	NA	
1	p3f2q42__1	NA					

2188	[p3f2q42_1] Show the field ONLY if: [p3f2q42(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>mU/ml</i>	text (number), Required														
2189	[p3f2q42_2] Show the field ONLY if: [p3f2q42(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}														
2190	[p3f2q43] Show the field ONLY if: [p3f2q0(1)] = "0"	43. Urine albumin	checkbox <table border="1"><tr><td>1</td><td>p3f2q43__1</td><td>NA</td></tr></table>	1	p3f2q43__1	NA											
1	p3f2q43__1	NA															
2191	[p3f2q43_1] Show the field ONLY if: [p3f2q43(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text (number), Required														
2192	[p3f2q43_1a] Show the field ONLY if: [p3f2q43(1)]= '0' and [p3f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>mg/g</td></tr><tr><td>2</td><td>mg/dl</td></tr><tr><td>3</td><td>mg/l</td></tr></table> Field Annotation: @DEFAULT=1	1	mg/g	2	mg/dl	3	mg/l								
1	mg/g																
2	mg/dl																
3	mg/l																
2193	[p3f2q43_2] Show the field ONLY if: [p3f2q43(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}														
2194	[p3f2q44] Show the field ONLY if: [p3f2q0(1)] = "0"	44. Urine albumin / creatinine	checkbox <table border="1"><tr><td>1</td><td>p3f2q44__1</td><td>NA</td></tr></table>	1	p3f2q44__1	NA											
1	p3f2q44__1	NA															
2195	[p3f2q44_1] Show the field ONLY if: [p3f2q44(1)]= '0' and [p3f2q0(1)] = "0"	Test results <i>(0-30)mcg/mg</i>	text (number, Min: 0, Max: 30), Required														
2196	[p3f2q44_2] Show the field ONLY if: [p3f2q44(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}														
2197	[p3f2q45] Show the field ONLY if: [p3f2q0(1)] = "0"	45. Urine protein (dipstick)	checkbox <table border="1"><tr><td>1</td><td>p3f2q45__1</td><td>NA</td></tr></table>	1	p3f2q45__1	NA											
1	p3f2q45__1	NA															
2198	[p3f2q45_1] Show the field ONLY if: [p3f2q45(1)]= '0' and [p3f2q0(1)] = "0"	Test results	radio, Required <table border="1"><tr><td>1</td><td>0/Negative</td></tr><tr><td>2</td><td>trace</td></tr><tr><td>3</td><td>1+</td></tr><tr><td>4</td><td>2+</td></tr><tr><td>5</td><td>3+</td></tr><tr><td>6</td><td>4+</td></tr><tr><td>7</td><td>Positive</td></tr></table>	1	0/Negative	2	trace	3	1+	4	2+	5	3+	6	4+	7	Positive
1	0/Negative																
2	trace																
3	1+																
4	2+																
5	3+																
6	4+																
7	Positive																
2199	[p3f2q45_2] Show the field ONLY if: [p3f2q45(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}														
2200	[p3f2q46] Show the field ONLY if: [p3f2q0(1)] = "0"	46. Urine protein/creatinine	checkbox <table border="1"><tr><td>1</td><td>p3f2q46__1</td><td>NA</td></tr></table>	1	p3f2q46__1	NA											
1	p3f2q46__1	NA															

2201	[p3f2q46_1] Show the field ONLY if: [p3f2q46(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text, Required														
2202	[p3f2q46_2] Show the field ONLY if: [p3f2q46(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
2203	[p3f2q47] Show the field ONLY if: [p3f2q0(1)] = "0"	47. Urine dipstick heme	checkbox <table border="1"><tr><td>1</td><td>p3f2q47__1</td><td>NA</td></tr></table>	1	p3f2q47__1	NA											
1	p3f2q47__1	NA															
2204	[p3f2q47_1] Show the field ONLY if: [p3f2q47(1)]= '0' and [p3f2q0(1)] = "0"	Test results	radio, Required <table border="1"><tr><td>1</td><td>0/Negative</td></tr><tr><td>2</td><td>trace</td></tr><tr><td>3</td><td>1+</td></tr><tr><td>4</td><td>2+</td></tr><tr><td>5</td><td>3+</td></tr><tr><td>6</td><td>4+</td></tr><tr><td>7</td><td>Positive</td></tr></table>	1	0/Negative	2	trace	3	1+	4	2+	5	3+	6	4+	7	Positive
1	0/Negative																
2	trace																
3	1+																
4	2+																
5	3+																
6	4+																
7	Positive																
2205	[p3f2q47_2] Show the field ONLY if: [p3f2q47(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
2206	[p3f2q48] Show the field ONLY if: [p3f2q0(1)] = "0"	48. Urine microscopic RBCs	checkbox <table border="1"><tr><td>1</td><td>p3f2q48__1</td><td>NA</td></tr></table>	1	p3f2q48__1	NA											
1	p3f2q48__1	NA															
2207	[p3f2q48_1r] Show the field ONLY if: [p3f2q48(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text (number, Min: 0, Max: 100) Custom alignment: RH														
2208	[p3f2q48_unit] Show the field ONLY if: [p3f2q48(1)]= '0' and [p3f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>10³/mm³</td></tr><tr><td>2</td><td>#/HPF</td></tr></table> Field Annotation: @DEFAULT=1	1	10 ³ /mm ³	2	#/HPF										
1	10 ³ /mm ³																
2	#/HPF																
2209	[p3f2q48_1r_2] Show the field ONLY if: [p3f2q48_unit] = '1'		checkbox <table border="1"><tr><td>1</td><td>p3f2q48_1r_2__1</td><td>>100 10³/mm³</td></tr></table> Custom alignment: RH	1	p3f2q48_1r_2__1	>100 10 ³ /mm ³											
1	p3f2q48_1r_2__1	>100 10 ³ /mm ³															
2210	[p3f2q48_2] Show the field ONLY if: [p3f2q48(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }														
2211	[p3f2q49] Show the field ONLY if: [p3f2q0(1)] = "0"	49. Urine microscopic WBCs	checkbox <table border="1"><tr><td>1</td><td>p3f2q49__1</td><td>NA</td></tr></table>	1	p3f2q49__1	NA											
1	p3f2q49__1	NA															
2212	[p3f2q49_1r] Show the field ONLY if: [p3f2q49(1)]= '0' and [p3f2q0(1)] = "0"	Test results	text (number, Min: 0, Max: 100) Custom alignment: RH														
2213	[p3f2q49_unit] Show the field ONLY if: [p3f2q49(1)]= '0' and [p3f2q0(1)] = "0"	Unit	radio <table border="1"><tr><td>1</td><td>10³/mm³</td></tr><tr><td>2</td><td>#/HPF</td></tr></table> Field Annotation: @DEFAULT=1	1	10 ³ /mm ³	2	#/HPF										
1	10 ³ /mm ³																
2	#/HPF																

2214	[p3f2q49_1r_2] Show the field ONLY if: [p3f2q49_unit] = '1'		checkbox 1 p3f2q49_1r_2__1 >100 10^3/mm^3 Custom alignment: RH
2215	[p3f2q49_2] Show the field ONLY if: [p3f2q49(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}
2216	[p3f2q50] Show the field ONLY if: [p3f2q0(1)] = "0"	50. Hemoglobin fractionation, baseline(before HU use)	checkbox 1 p3f2q50__1 NA
2217	[p3f2q50_1] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb A %	text (number)
2218	[p3f2q50_2] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb A2 <i>(0.7-3.1)%</i>	text (number, Min: 0.7, Max: 3.1)
2219	[p3f2q50_3] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb C %	text (number)
2220	[p3f2q50_4] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb D %	text (number)
2221	[p3f2q50_5] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb E %	text (number)
2222	[p3f2q50_6] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb F %	text (number)
2223	[p3f2q50_7] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb O %	text (number)
2224	[p3f2q50_8] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Hb S %	text (number)
2225	[p3f2q50_9] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Specify other	text
2226	[p3f2q50_10] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0" and [p3f2q50_9] <> "	Other %	text (number), Required
2227	[p3f2q50_11] Show the field ONLY if: [p3f2q50(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}
2228	[p3f2q51] Show the field ONLY if: [p3f2q0(1)] = "0"	51. Hemoglobin fractionation, most recent	checkbox 1 p3f2q51__1 NA

2229	[p3f2q51_1] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb A %	text (number)			
2230	[p3f2q51_2] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb A2 (0.7-3.1)%	text (number, Min: 0.7, Max: 3.1)			
2231	[p3f2q51_3] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb C %	text (number)			
2232	[p3f2q51_4] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb D %	text (number)			
2233	[p3f2q51_5] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb E %	text (number)			
2234	[p3f2q51_6] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb F %	text (number)			
2235	[p3f2q51_7] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb O %	text (number)			
2236	[p3f2q51_8] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Hb S %	text (number)			
2237	[p3f2q51_9] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Specify other	text			
2238	[p3f2q51_10] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0" and [p3f2q51_9] <> "	Other %	text (number), Required			
2239	[p3f2q51_11] Show the field ONLY if: [p3f2q51(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99 }			
2240	[p3f2q52] Show the field ONLY if: [p3f2q0(1)] = "0"	52. Hemoglobin fractionation, maximum dose HU	checkbox <table border="1" data-bbox="1062 1570 1268 1612"><tr><td>1</td><td>p3f2q52__1</td><td>NA</td></tr></table>	1	p3f2q52__1	NA
1	p3f2q52__1	NA				
2241	[p3f2q52_1] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb A %	text (number)			
2242	[p3f2q52_2] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb A2 (0.7-3.1)%	text (number, Min: 0.7, Max: 3.1)			
2243	[p3f2q52_3] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb C %	text (number)			

2244	[p3f2q52_4] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb D %	text (number)						
2245	[p3f2q52_5] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb E %	text (number)						
2246	[p3f2q52_6] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb F %	text (number)						
2247	[p3f2q52_7] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb O %	text (number)						
2248	[p3f2q52_8] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Hb S %	text (number)						
2249	[p3f2q52_9] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Specify other	text						
2250	[p3f2q52_10] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0" and [p3f2q52_9] <> "	Other %	text (number), Required						
2251	[p3f2q52_11] Show the field ONLY if: [p3f2q52(1)]= '0' and [p3f2q0(1)] = "0"	Date of Most Recent <i>mm-dd-yyyy (enter 99-99-9999 for unknown)</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}						
2252	[followup_2_laboratory_report ing_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Follow-Up 2 Renal Form (follow_up_2_renal_form)

2253	[p3f5q00]	Section Header: <i>If your center is completing this form for all subjects with available data, report the most recent event, even if it occurred before enrollment. If your center is completing this form only if YES to Q34 (chronic kidney disease) or Q35 (end stage renal disease) on the Follow-up Medical Record Abstraction Form, report only new events that have occurred SINCE enrollment. Do not report events that were reported at enrollment.</i> DATE FORM COMPLETED	text (date_mdy), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't be future_date!"}										
2254	[p3f51abe11]	1. Albuminuria	descriptive										
2255	[p3f5q01_a2]	a. When did it start? <i>mm-dd-yyyy (enter 99 for unknown mm or dd)</i>	text Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}										
2256	[p3f5q01_a]		radio <table border="1"> <tr><td>1</td><td>Less than 1 year ago</td></tr> <tr><td>2</td><td>Between 1 and 2 years ago</td></tr> <tr><td>3</td><td>More than 2 years ago</td></tr> <tr><td>4</td><td>Unknown/NA</td></tr> <tr><td>5</td><td>Has not had albuminuria</td></tr> </table>	1	Less than 1 year ago	2	Between 1 and 2 years ago	3	More than 2 years ago	4	Unknown/NA	5	Has not had albuminuria
1	Less than 1 year ago												
2	Between 1 and 2 years ago												
3	More than 2 years ago												
4	Unknown/NA												
5	Has not had albuminuria												
2257	[p3f5q01_b2] Show the field ONLY if: [p3f5q01_a] <= 4	b. Date of most recent measurement <i>mm-dd-yyyy (enter 99 for unknown mm or dd)</i>	text Field Annotation: @SMARTDATE= {"mode":"MDY","unknown_value":99}										

1658	<p>[p3f2q01]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p3f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0 and ([p2f2q01a]=" A ND [p2f2q02a]=")</p>	<p>Section 1. At any point before you were age 18:</p> <ul style="list-style-type: none"> - Your parents or guardians were separated or divorced - You lived with a household member who served time in jail or prison - You lived with a household member who was depressed, mentally ill or attempted suicide - You saw or heard household members hurt or threaten to hurt each other - A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt - Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable - More than once, you went without food, clothing, a place to live or had no one to protect you - Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks - You lived with someone who had a problem with drinking or using drugs - You felt unsupported, unloved and/or unprotected 	<p>descriptive Field Annotation: @HIDDEN</p>						
1659	<p>[p3f2q02a]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p3f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0 and ([p2f2q01a]=" A ND [p2f2q02a]=")</p>	<p>2. Of the statements in Section 2, HOW MANY apply to you? Write the total number in the box:</p>	<p>text (integer, Min: 0, Max: 9) Field Annotation: @HIDDEN</p>						
1660	<p>[p3f2q02]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p3f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0 and ([p2f2q01a]=" A ND [p2f2q02a]=")</p>	<p>Section 2. At any point before you were age 18:</p> <ul style="list-style-type: none"> * You were in foster care * You experienced harassment or bullying at school * You lived with a parent or guardian who died * You were separated from your primary caregiver through deportation or immigration * You had a serious medical procedure or life threatening illness * You often saw or heard violence in the neighborhood or in your school neighborhood * You were detained, arrested or incarcerated * You were often treated badly because of race, sexual orientation, place of birth, disability or religion * You experienced verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend) 	<p>descriptive Field Annotation: @HIDDEN</p>						
1661	<p>[followup_2_patient_followup_survey_complete]</p>	<p>Section Header: <i>Form Status</i> Complete?</p>	<p>dropdown</p> <table border="1" data-bbox="1062 1467 1211 1593"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
<p>Instrument: Follow-Up 2 Medical Record Abstraction Form (followup_2_medical_record_abstraction_form)</p>									
1662	<p>[p3f4q00]</p>	<p>Section Header: <i>This form should be completed using data abstracted from the medical record since subject's date of enrollment into the Registry. If date or age is not available, enter '99'.</i> Name of Abstractor</p>	<p>text, Required</p>						
1663	<p>[p3f4q00a]</p>	<p>DATE FORM COMPLETED: <i>MM-DD-YYYY</i></p>	<p>text (date_mdy), Required Field Annotation: @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}</p>						
1664	<p>[p3f4q04b]</p>	<p>MEDICAL RECORDS NOT AVAILABLE, FORM COMPLETE</p>	<p>checkbox</p> <table border="1" data-bbox="1062 1898 1252 1940"> <tr> <td>1</td> <td>p3f4q04b__1</td> </tr> </table>	1	p3f4q04b__1				
1	p3f4q04b__1								

1665	[p3f4q01] Show the field ONLY if: [p3f4q04b(1)]= 0	1. Has the subject received a bone marrow transplant (BMT) since enrolling in the Registry?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes												
0	No												
1666	[p3f4q01a] Show the field ONLY if: [p3f4q01] = 1	Date of BMT: <i>(If yes, report data only up to the date of BMT. Subject is no longer eligible; please complete the Off-Study Form.)</i>	text Field Annotation: @SMARTDATE={ "mode":"MDY","unknown_value":99}										
1667	[p3f4q02] Show the field ONLY if: [p3f4q04b(1)]= 0	2. For subjects up to age 25 currently:	descriptive										
1668	[p3f4q02a] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q02a_1] = "	2a. Date of most recent visit to pediatric sickle cell provider.	checkbox <table border="1"> <tr><td>1</td><td>p3f4q02a__1</td><td>DATE UNAVAILABLE</td></tr> </table>	1	p3f4q02a__1	DATE UNAVAILABLE							
1	p3f4q02a__1	DATE UNAVAILABLE											
1669	[p3f4q02a_1] Show the field ONLY if: [p3f4q02a(1)] = 0 and [p3f4q04b(1)] = 0	Date of most recent visit to pediatric sickle cell provider.	text (date_mdy)										
1670	[p3f4q02b] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q02b_1] = "	2b. Date of first visit to adult sickle cell provider.	checkbox <table border="1"> <tr><td>1</td><td>p3f4q02b__1</td><td>HAS NOT SEEN ADULT PROVIDER</td></tr> <tr><td>2</td><td>p3f4q02b__2</td><td>DATE UNAVAILABLE</td></tr> </table>	1	p3f4q02b__1	HAS NOT SEEN ADULT PROVIDER	2	p3f4q02b__2	DATE UNAVAILABLE				
1	p3f4q02b__1	HAS NOT SEEN ADULT PROVIDER											
2	p3f4q02b__2	DATE UNAVAILABLE											
1671	[p3f4q02b_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q02b(1)] = 0 and [p3f4q02b(2)] = 0	Date of first visit to adult sickle cell provider.	text (date_mdy) <table border="1"> <tr><td>1</td><td>DATE UNAVAILABLE</td></tr> </table>	1	DATE UNAVAILABLE								
1	DATE UNAVAILABLE												
1672	[p3f4q05] Show the field ONLY if: [p3f4q04b(1)]= 0	3. Test results for alpha-thalassemia since enrollment?	dropdown, Required <table border="1"> <tr><td>1</td><td>Yes - single alpha globin gene deleted</td></tr> <tr><td>2</td><td>Yes - two alpha globin genes deleted</td></tr> <tr><td>3</td><td>Yes - negative</td></tr> <tr><td>4</td><td>No - not evaluated</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Yes - single alpha globin gene deleted	2	Yes - two alpha globin genes deleted	3	Yes - negative	4	No - not evaluated	99	Unknown
1	Yes - single alpha globin gene deleted												
2	Yes - two alpha globin genes deleted												
3	Yes - negative												
4	No - not evaluated												
99	Unknown												
1673	[label_measure] Show the field ONLY if: [p3f4q04b(1)]= 0	Basic Measurements (most recent)	descriptive										
1674	[p3f4q06] Show the field ONLY if: [p3f4q04b(1)]= 0	4. Height (CM)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q06__1</td><td>Not in record</td></tr> </table>	1	p3f4q06__1	Not in record							
1	p3f4q06__1	Not in record											
1675	[p3f4q06_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q06(1)] = '0'	Measurements	text (number, Min: 100, Max: 198), Required										
1676	[p3f4q06_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q06(1)] = '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}										
1677	[p3f4q06_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q06(1)] = '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes												
0	No												
1678	[p3f4q07] Show the field ONLY if: [p3f4q04b(1)]= 0	5. Weight(KG)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q07__1</td><td>Not in record</td></tr> </table>	1	p3f4q07__1	Not in record							
1	p3f4q07__1	Not in record											

1679	[p3f4q07_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q07(1)]= '0'	Measurements	text (number, Min: 20, Max: 122), Required				
1680	[p3f4q07_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q07(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }				
1681	[p3f4q07_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q07(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1682	[p3f4q08] Show the field ONLY if: [p3f4q04b(1)]= 0	6. Temperature (Celsius)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q08__1</td><td>Not in record</td></tr> </table>	1	p3f4q08__1	Not in record	
1	p3f4q08__1	Not in record					
1683	[p3f4q08_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q08(1)]= '0'	Measurements	text (number, Min: 30, Max: 43), Required				
1684	[p3f4q08_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q08(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }				
1685	[p3f4q08_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q08(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1686	[p3f4q09] Show the field ONLY if: [p3f4q04b(1)]= 0	7. Heart Rate (Beats/Minute)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q09__1</td><td>Not in record</td></tr> </table>	1	p3f4q09__1	Not in record	
1	p3f4q09__1	Not in record					
1687	[p3f4q09_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q09(1)]= '0'	Measurements	text (number, Min: 40, Max: 120), Required				
1688	[p3f4q09_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q09(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }				
1689	[p3f4q09_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q09(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1690	[p3f4q10] Show the field ONLY if: [p3f4q04b(1)]= '0'	8. Respiration Rate (Breaths/Minute)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q10__1</td><td>Not in record</td></tr> </table>	1	p3f4q10__1	Not in record	
1	p3f4q10__1	Not in record					
1691	[p3f4q10_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q10(1)]= '0'	Measurements	text (number, Min: 8, Max: 30), Required				
1692	[p3f4q10_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q10(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }				

1693	[p3f4q10_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q10(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1694	[p3f4q11] Show the field ONLY if: [p3f4q04b(1)]= '0'	9. Oxygen Saturation Level (SpO2)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q11__1</td><td>Not in record</td></tr> </table>	1	p3f4q11__1	Not in record	
1	p3f4q11__1	Not in record					
1695	[p3f4q11_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q11(1)]= '0'	Measurements %	text (number, Min: 70, Max: 100), Required				
1696	[p3f4q11_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q11(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY", "unknown_value":99 }				
1697	[p3f4q11_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q11(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1698	[p3f4q12] Show the field ONLY if: [p3f4q04b(1)]= '0'	10. Blood Pressure	checkbox <table border="1"> <tr><td>1</td><td>p3f4q12__1</td><td>Not in record</td></tr> </table>	1	p3f4q12__1	Not in record	
1	p3f4q12__1	Not in record					
1699	[p3f41b1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	Measurements	descriptive				
1700	[p3f4q12_1] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	Systolic	text (number, Min: 40, Max: 180), Required				
1701	[p3f4q12_2] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	Diastolic	text (number, Min: 40, Max: 180), Required				
1702	[p3f4q12_3] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	ON ANTI-HYPERTENSIVE MEDS?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1703	[p3f4q12_5] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY", "unknown_value":99 }				
1704	[p3f4q12_6] Show the field ONLY if: [p3f4q04b(1)]= 0 and [p3f4q12(1)]= '0'	Steady state?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1705	[p3f4q13] Show the field ONLY if: [p3f4q04b(1)]= '0'	11. Has the subject started or stopped hydroxyurea since enrollment?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						

1706	[p3f4q13a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1'	a. Start date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1707	[p3f4q13b_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1'	b. Stop/last date	checkbox, Identifier <table border="1"><tr><td>1</td><td>p3f4q13b_1__1</td><td>Currently Using</td></tr></table> Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}	1	p3f4q13b_1__1	Currently Using	
1	p3f4q13b_1__1	Currently Using					
1708	[p3f4q13b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1' and [p3f4q13b_1(1)] = 0	or b. Stop/last date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1709	[p3f4q13c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1'	c. Total duration of use <i>Enter 0 if unknown</i>	text (number, Min: 0, Max: 45), Required				
1710	[p3f4q13c1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1' and [p3f4q13c] > 0	Unit	radio, Required <table border="1"><tr><td>1</td><td>Months</td></tr><tr><td>2</td><td>Years</td></tr></table> Custom alignment: RH	1	Months	2	Years
1	Months						
2	Years						
1711	[p3f4q13d] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1'	d. Current dose <i>Enter 0 if unknown</i>	text (number, Min: 0), Required				
1712	[p3f4q13d_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13] = '1' and [p3f4q13d] > 0	Dose unit	radio, Required <table border="1"><tr><td>1</td><td>mg/kg</td></tr><tr><td>2</td><td>mg</td></tr></table> Custom alignment: RH	1	mg/kg	2	mg
1	mg/kg						
2	mg						
1713	[p3f4q12b] Show the field ONLY if: [p3f4q04b(1)]= '0'	12. Has the subject ever used Endari?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1714	[p3f4q12b_a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1'	a. Start date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1715	[p3f4q12b_b1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1'	b. Stop/last date	checkbox, Identifier <table border="1"><tr><td>1</td><td>p3f4q12b_b1__1</td><td>Currently Using</td></tr></table> Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}	1	p3f4q12b_b1__1	Currently Using	
1	p3f4q12b_b1__1	Currently Using					
1716	[p3f4q12b_b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1' and [p3f4q12b_b1(1)] = 0	or b. Stop/last date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1717	[p3f4q12b_c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1'	c. Total duration of use <i>Enter 0 if unknown</i>	text (number, Min: 0, Max: 45), Required				
1718	[p3f4q12b_c1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1' and [p3f4q12b_c] > 0	Unit	radio, Required <table border="1"><tr><td>1</td><td>Months</td></tr><tr><td>2</td><td>Years</td></tr></table> Custom alignment: RH	1	Months	2	Years
1	Months						
2	Years						

1719	[p3f4q12b_d] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1'	d. Current dose (g) <i>(g) Enter 0 if unknown</i>	text (number, Min: 0), Required				
1720	[p3f4q12b_e] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q12b]= '1'	e. Current frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Twice a day</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> </table>	1	Twice a day	2	Other
1	Twice a day						
2	Other						
1721	[p3f4q13b2] Show the field ONLY if: [p3f4q04b(1)]= '0'	13. Has the subject ever used Crizanlizumab?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1722	[p3f4q13b2_a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1'	a. Start date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1723	[p3f4q13b2_b1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1'	b. Stop/last date	checkbox, Identifier <table border="1"> <tr> <td>1</td> <td>p3f4q13b2_b1__1</td> <td>Currently Using</td> </tr> </table> Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}	1	p3f4q13b2_b1__1	Currently Using	
1	p3f4q13b2_b1__1	Currently Using					
1724	[p3f4q13b2_b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1' and [p3f4q13b2_b1(1)]= 0	or b. Stop/last date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1725	[p3f4q13b2_c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1'	c. Total duration of use <i>Enter 0 if unknown</i>	text (number, Min: 0, Max: 45), Required				
1726	[p3f4q13b2_c1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1' and [p3f4q13b2_c] > 0	Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>Months</td> </tr> <tr> <td>2</td> <td>Years</td> </tr> </table> Custom alignment: RH	1	Months	2	Years
1	Months						
2	Years						
1727	[p3f4q13b2_d] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1'	d. Current dose (g) <i>(g) Enter 0 if unknown</i>	text (number, Min: 0), Required				
1728	[p3f4q13b2_e] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q13b2]= '1'	e. Current frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Once a month</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> </table>	1	Once a month	2	Other
1	Once a month						
2	Other						
1729	[p3f4q14b] Show the field ONLY if: [p3f4q04b(1)]= '0'	14. Has the subject ever used Voxelator?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1730	[p3f4q14b_a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1'	a. Start date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1731	[p3f4q14b_b1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1'	b. Stop/last date	checkbox, Identifier <table border="1"> <tr> <td>1</td> <td>p3f4q14b_b1__1</td> <td>Currently Using</td> </tr> </table> Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}	1	p3f4q14b_b1__1	Currently Using	
1	p3f4q14b_b1__1	Currently Using					

1732	[p3f4q14b_b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1' and [p3f4q14b_b1(1)] = 0	or b. Stop/last date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}				
1733	[p3f4q14b_c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1'	c. Total duration of use <i>Enter 0 if unknown</i>	text (number, Min: 0, Max: 45), Required				
1734	[p3f4q14b_c1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1' and [p3f4q14b_c] > 0	Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>Months</td> </tr> <tr> <td>2</td> <td>Years</td> </tr> </table> Custom alignment: RH	1	Months	2	Years
1	Months						
2	Years						
1735	[p3f4q14b_d] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1'	d. Current dose (g) <i>(g) Enter 0 if unknown</i>	text (number, Min: 0), Required				
1736	[p3f4q14b_e] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14b]= '1'	e. Current frequency	radio, Required <table border="1"> <tr> <td>1</td> <td>Once a day</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> </table>	1	Once a day	2	Other
1	Once a day						
2	Other						
1737	[p3f4q14] Show the field ONLY if: [p3f4q04b(1)]= '0'	15. Please list all medications the subject is currently taking.	checkbox <table border="1"> <tr> <td>1</td> <td>p3f4q14__1</td> <td>NONE CURRENTLY BEING USED</td> </tr> </table>	1	p3f4q14__1	NONE CURRENTLY BEING USED	
1	p3f4q14__1	NONE CURRENTLY BEING USED					
1738	[p3f41b1_1] Show the field ONLY if: [p3f4q14(1)]= '0' and [p3f4q04b(1)]= '0'	Name of Medication	descriptive				
1739	[p3f4q14_1] Show the field ONLY if: [p3f4q14(1)]= '0' and [p3f4q04b(1)]= '0'	Medication 1	text				
1740	[p3f4q14_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_1] <> "	Medication 2	text				
1741	[p3f4q14_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_2] <> "	Medication 3	text				
1742	[p3f4q14_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_3] <> "	Medication 4	text				
1743	[p3f4q14_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_4] <> "	Medication 5	text				
1744	[p3f4q14_6] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_5] <> "	Medication 6	text				
1745	[p3f4q14_7] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_6] <> "	Medication 7	text				

1746	[p3f4q14_8] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_7] <> "	Medication 8	text
1747	[p3f4q14_9] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_8] <> "	Medication 9	text
1748	[p3f4q14_10] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_9] <> "	Medication 10	text
1749	[p3f4q14_11] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_10] <> "	Medication 11	text
1750	[p3f4q14_12] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_11] <> "	Medication 12	text
1751	[p3f4q14_13] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_12] <> "	Medication 13	text
1752	[p3f4q14_14] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_13] <> "	Medication 14	text
1753	[p3f4q14_15] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_14] <> "	Medication 15	text
1754	[p3f4q14_16] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_15] <> "	Medication 16	text
1755	[p3f4q14_17] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_16] <> "	Medication 17	text
1756	[p3f4q14_18] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_17] <> "	Medication 18	text
1757	[p3f4q14_19] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_18] <> "	Medication 19	text
1758	[p3f4q14_20] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_19] <> "	Medication 20	text
1759	[p3f4q14_21] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_20] <> "	Medication 21	text
1760	[p3f4q14_22] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_21] <> "	Medication 22	text

1761	[p3f4q14_23] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_22] <> "	Medication 23	text			
1762	[p3f4q14_24] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_23] <> "	Medication 24	text			
1763	[p3f4q14_25] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_24] <> "	Medication 25	text			
1764	[p3f4q14_26] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_25] <> "	Medication 26	text			
1765	[p3f4q14_27] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_26] <> "	Medication 27	text			
1766	[p3f4q14_28] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_27] <> "	Medication 28	text			
1767	[p3f4q14_29] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_28] <> "	Medication 29	text			
1768	[p3f4q14_30] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_29] <> "	Medication 30	text			
1769	[p3f4q14_31] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_30] <> "	Medication 31	text			
1770	[p3f4q14_32] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_31] <> "	Medication 32	text			
1771	[p3f4q14_33] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_32] <> "	Medication 33	text			
1772	[p3f4q14_34] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_33] <> "	Medication 34	text			
1773	[p3f4q14_35] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q14(1)]= '0' and [p3f4q14_34] <> "	Medication 35	text			
1774	[p3f4q15] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Most recent visit since enrollment to ...</i> 16. Acute Pain/Infusion Center (not admitted)	checkbox <table border="1"> <tr> <td>1</td> <td>p3f4q15__1</td> <td>Not in record</td> </tr> </table>	1	p3f4q15__1	Not in record
1	p3f4q15__1	Not in record				
1775	[p3f4q15_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q15(1)]= '0'	Visit/Admission Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }			

1776	[p3f4q15_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q15(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1777	[p3f4q15_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q15(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 0, Max: 30), Required				
1778	[p3f4q16] Show the field ONLY if: [p3f4q04b(1)]= '0'	17. Emergency Department (not admitted)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q16__1</td><td>Not in record</td></tr> </table>	1	p3f4q16__1	Not in record	
1	p3f4q16__1	Not in record					
1779	[p3f4q16_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q16(1)]= '0'	Visit/Admission Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1780	[p3f4q16_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q16(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
1781	[p3f4q16_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q16(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 0, Max: 30), Required				
1782	[p3f4q17] Show the field ONLY if: [p3f4q04b(1)]= '0'	18. Hospitalization	checkbox <table border="1"> <tr><td>1</td><td>p3f4q17__1</td><td>Not in record</td></tr> </table>	1	p3f4q17__1	Not in record	
1	p3f4q17__1	Not in record					
1783	[p3f4q17_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q17(1)]= '0'	Visit/Admission Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1784	[p3f4q17_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q17(1)]= '0'	Length of stay (in days)	text (integer, Min: 1, Max: 400), Required				
1785	[p3f4q17_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q17(1)]= '0'	Was visit for acute pain?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1786	[p3f4q17_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q17(1)]= '0'	# of total visits in past year for acute pain/crisis	text (integer, Min: 0, Max: 30), Required				
1787	[p3f4q18] Show the field ONLY if: [p3f4q04b(1)]= '0'	19. Primary care physician (i. e. family/internal medicine, pediatrician)	checkbox <table border="1"> <tr><td>1</td><td>p3f4q18__1</td><td>Not in record</td></tr> </table>	1	p3f4q18__1	Not in record	
1	p3f4q18__1	Not in record					
1788	[p3f4q18_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q18(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				
1789	[p3f4q19] Show the field ONLY if: [p3f4q04b(1)]= '0'	20. Behavioral medicine/psychiatrist	checkbox <table border="1"> <tr><td>1</td><td>p3f4q19__1</td><td>Not in record</td></tr> </table>	1	p3f4q19__1	Not in record	
1	p3f4q19__1	Not in record					
1790	[p3f4q19_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q19(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}				

1791	[p3f4q20] Show the field ONLY if: [p3f4q04b(1)]= '0'	21. Hematologist	checkbox <input type="checkbox"/> 1 p3f4q20__1 Not in record
1792	[p3f4q20_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q20(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1793	[p3f4q21] Show the field ONLY if: [p3f4q04b(1)]= '0'	22. Orthopedic surgeon	checkbox <input type="checkbox"/> 1 p3f4q21__1 Not in record
1794	[p3f4q21_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q21(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1795	[p3f4q22] Show the field ONLY if: [p3f4q04b(1)]= '0'	23. Nephrologist	checkbox <input type="checkbox"/> 1 p3f4q22__1 Not in record
1796	[p3f4q22_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q22(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1797	[p3f4q23] Show the field ONLY if: [p3f4q04b(1)]= '0'	24. Ophthalmologist	checkbox <input type="checkbox"/> 1 p3f4q23__1 Not in record
1798	[p3f4q23_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q23(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1799	[p3f4q24] Show the field ONLY if: [p3f4q04b(1)]= '0'	25. Cardiologist	checkbox <input type="checkbox"/> 1 p3f4q24__1 Not in record
1800	[p3f4q24_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q24(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1801	[p3f4q25] Show the field ONLY if: [p3f4q04b(1)]= '0'	26. Neurologist	checkbox <input type="checkbox"/> 1 p3f4q25__1 Not in record
1802	[p3f4q25_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q25(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1803	[p3f4q26] Show the field ONLY if: [p3f4q04b(1)]= '0'	27. Pulmonologist	checkbox <input type="checkbox"/> 1 p3f4q26__1 Not in record
1804	[p3f4q26_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q26(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }
1805	[p3f4q27] Show the field ONLY if: [p3f4q04b(1)]= '0'	28. OB/GYN	checkbox <input type="checkbox"/> 1 p3f4q27__1 Not in record
1806	[p3f4q27_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q27(1)]= '0'	Visit Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }

1807	[p3f4q28] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Transfusion History at Clinic Site since enrollment</i> 29. Episodic, simple	checkbox 1 p3f4q28__1 None
1808	[p3f4q28_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q28(1)]= '0'	# had <i>range (1 - 480)</i>	text (integer, Min: 1, Max: 480), Required
1809	[p3f4q28_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q28(1)]= '0'	# total units <i>range (1 -800)</i>	text (number, Min: 1, Max: 800), Required
1810	[p3f4q28_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q28(1)]= '0'	First time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
1811	[p3f4q28_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q28(1)]= '0'	Last time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
1812	[p3f4q28_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q28(1)]= '0'	Frequency	dropdown, Required 1 Less than once/year 2 About once a year 3 More than once/year 99 Unknown
1813	[p3f4q29] Show the field ONLY if: [p3f4q04b(1)]= '0'	30. Chronic, simple	checkbox 1 p3f4q29__1 None
1814	[p3f4q29_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	# had <i>range (1- 480)</i>	text (integer, Min: 1, Max: 480), Required
1815	[p3f4q29_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	# total units <i>range (1-960)</i>	text (number, Min: 1, Max: 960), Required
1816	[p3f4q29_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	First time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
1817	[p3f4q29_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	Last time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}
1818	[p3f4q29_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	Reason stopped	radio 1 Hemochromatosis 2 Alloimmunization 3 Other 99 Unknown
1819	[p3f4q29_6] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q29(1)]= '0'	Frequency	dropdown, Required 1 Once every 4 weeks 2 Once every 6 weeks 3 Once every 8 weeks 99 Unknown
1820	[p3f4q30] Show the field ONLY if: [p3f4q04b(1)]= '0'	31. Episodic, exchange	checkbox 1 p3f4q30__1 None

1821	[p3f4q30_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q30(1)]= '0'	# had	text (integer), Required								
1822	[p3f4q30_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q30(1)]= '0'	First time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}								
1823	[p3f4q30_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q30(1)]= '0'	Last time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}								
1824	[p3f4q30_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q30(1)]= '0'	Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than once/year</td></tr> <tr><td>2</td><td>About once a year</td></tr> <tr><td>3</td><td>More than once/year</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Less than once/year	2	About once a year	3	More than once/year	99	Unknown
1	Less than once/year										
2	About once a year										
3	More than once/year										
99	Unknown										
1825	[p3f4q30_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q30(1)]= '0'	Type	radio, Required <table border="1"> <tr><td>1</td><td>Automated</td></tr> <tr><td>2</td><td>Manual</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Automated	2	Manual	99	Unknown		
1	Automated										
2	Manual										
99	Unknown										
1826	[p3f4q31] Show the field ONLY if: [p3f4q04b(1)]= '0'	32. Chronic, exchange	checkbox <table border="1"> <tr><td>1</td><td>p3f4q31__1</td><td>None</td></tr> </table>	1	p3f4q31__1	None					
1	p3f4q31__1	None									
1827	[p3f4q31_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	# had	text, Required								
1828	[p3f4q31_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	First time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}								
1829	[p3f4q31_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	Last time <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Required, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}								
1830	[p3f4q31_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	Reason stopped	radio <table border="1"> <tr><td>1</td><td>Hemochromatosis</td></tr> <tr><td>2</td><td>Alloimmunization</td></tr> <tr><td>3</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Hemochromatosis	2	Alloimmunization	3	Other	99	Unknown
1	Hemochromatosis										
2	Alloimmunization										
3	Other										
99	Unknown										
1831	[p3f4q31_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Once every 4 weeks</td></tr> <tr><td>2</td><td>Once every 6 weeks</td></tr> <tr><td>3</td><td>Once every 8 weeks</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Once every 4 weeks	2	Once every 6 weeks	3	Once every 8 weeks	99	Unknown
1	Once every 4 weeks										
2	Once every 6 weeks										
3	Once every 8 weeks										
99	Unknown										
1832	[p3f4q31_6] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q31(1)]= '0'	Type	radio, Required <table border="1"> <tr><td>1</td><td>Automated</td></tr> <tr><td>2</td><td>Manual</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table>	1	Automated	2	Manual	99	Unknown		
1	Automated										
2	Manual										
99	Unknown										
1833	[p3f41b1_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	SCD Complications since enrollment Indicate whether the subject has had each condition since enrollment and the date it was most recently diagnosed.	descriptive								

1834	[p3f4q32] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Musculoskeletal</i> 33. Avascular necrosis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1835	[p3f41b1_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	When diagnosed?	descriptive						
1836	[p3f4q32_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	Age	text (number, Min: 1, Max: 99)						
1837	[p3f4q32_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1838	[p3f4q32a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	a. Hip	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1839	[p3f4q32a_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32a]= '1'	Age	text (number, Min: 1, Max: 99)						
1840	[p3f4q32a_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32a]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1841	[p3f4q32b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	b. Shoulder	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1842	[p3f4q32b_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32b]= '1'	Age	text (number, Min: 1, Max: 99)						
1843	[p3f4q32b_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32b]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1844	[p3f4q32c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32]= '1'	c. Knee	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1845	[p3f4q32c_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32c]= '1'	Age	text (number, Min: 1, Max: 99)						

1846	[p3f4q32c_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q32c]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1847	[p3f4q33] Show the field ONLY if: [p3f4q04b(1)]= '0'	34. Dactylitis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1848	[p3f41b1_4] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q33]= '1'	When diagnosed?	descriptive						
1849	[p3f4q33_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q33]= '1'	Age	text (number, Min: 1, Max: 99)						
1850	[p3f4q33_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q33]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1851	[p3f4q34] Show the field ONLY if: [p3f4q04b(1)]= '0'	35. Osteomyelitis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1852	[p3f41b1_5] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q34]= '1'	When diagnosed?	descriptive						
1853	[p3f4q34_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q34]= '1'	Age	text (number, Min: 1, Max: 99)						
1854	[p3f4q34_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q34]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1855	[p3f4q35] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Genitourinary</i> 36. Chronic kidney disease	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1856	[renal_label1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q35]= '1'	If yes, complete the Renal form	descriptive						
1857	[p3f41b1_6] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q35]= '1'	When diagnosed?	descriptive						
1858	[p3f4q35_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q35]= '1'	Age	text (number, Min: 1, Max: 99)						

1859	[p3f4q35_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q35]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1860	[p3f4q36] Show the field ONLY if: [p3f4q04b(1)]= '0'	37. End stage renal disease	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1861	[renal_label12] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q36]= '1'	If yes, complete the Renal form	descriptive						
1862	[p3f41b1_7] Show the field ONLY if: [p3f4q04b(1)]= '0'	When diagnosed?	descriptive						
1863	[p3f4q36_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1864	[p3f4q36_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1865	[p3f4q36a] Show the field ONLY if: [p3f4q04b(1)]= '0'	a. Kidney transplant	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1866	[p3f4q36a_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1867	[p3f4q36a_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1868	[p3f4q37] Show the field ONLY if: [p3f4q04b(1)]= '0'	38. Priapism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1869	[p3f41b1_8] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q37]= '1'	When diagnosed?	descriptive						
1870	[p3f4q37_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q37]= '1'	Age	text (number, Min: 1, Max: 99)						
1871	[p3f4q37_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q37]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

1872	[p3f4q38] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Nervous system</i> 39. Stroke (check all that apply)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1873	[p3f41b1_9] Show the field ONLY if: [p3f4q04b(1)]= '0'	When diagnosed?	descriptive						
1874	[p3f4q38_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1875	[p3f4q38_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1876	[p3f4q38a] Show the field ONLY if: [p3f4q04b(1)]= '0'	a. Ischemic	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1877	[p3f4q38a_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1878	[p3f4q38a_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1879	[p3f4q38b] Show the field ONLY if: [p3f4q04b(1)]= '0'	b. Hemorrhagic	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1880	[p3f4q38b_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1881	[p3f4q38b_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1882	[p3f4q38c] Show the field ONLY if: [p3f4q04b(1)]= '0'	c. Transient ischemic attack (TIA)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
1883	[p3f4q38c_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1884	[p3f4q38c_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						

1885	[p3f4q38d] Show the field ONLY if: [p3f4q04b(1)]= '0'	d. Silent	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1886	[p3f4q38d_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1887	[p3f4q38d_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1888	[p3f4q39] Show the field ONLY if: [p3f4q04b(1)]= '0'	40. Intracranial bleeding	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1889	[p3f41b1_10] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q39] = '1'	When diagnosed?	descriptive						
1890	[p3f4q39_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q39] = '1'	Age	text (number, Min: 1, Max: 99)						
1891	[p3f4q39_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q39] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1892	[p3f4q40] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Cardiovascular</i> 41. Pulmonary arterial hypertension	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1893	[pulmlabel1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40] = '1'	If yes, complete Pulmonary Hypertension and LV Dysfunction Form	descriptive						
1894	[p3f41b1_11] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40] = '1'	When diagnosed?	descriptive						
1895	[p3f4q40_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40] = '1'	Age	text (number, Min: 1, Max: 99)						
1896	[p3f4q40_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1897	[p3f4q40a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40] = '1'	a. Mean pulmonary artery pressure > or = to 25 mm Hg	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								

1898	[p3f4q40a_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40a]= '1'	Age	text (number, Min: 1, Max: 99)						
1899	[p3f4q40a_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40a]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1900	[p3f4q40b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40]= '1'	b. Tricuspid regurgitation velocity (TRV) > or = to 3.0 m/sec	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1901	[p3f4q40b_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40b]= '1'	Age	text (number, Min: 1, Max: 99)						
1902	[p3f4q40b_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q40b]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1903	[p3f4q41] Show the field ONLY if: [p3f4q04b(1)]= '0'	42. Left ventricular dysfunction	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1904	[pu1mlabe12] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q41]= '1'	If yes, complete Pulmonary Hypertension and LV Dysfunction Form	descriptive						
1905	[p3f41b1_12] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q41]= '1'	When diagnosed?	descriptive						
1906	[p3f4q41_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q41]= '1'	Age	text (number, Min: 1, Max: 99)						
1907	[p3f4q41_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q41]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1908	[p3f4q42] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Respiratory</i> 43. Acute chest syndrome	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1909	[p3f41b1_13] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q42]= '1'	When diagnosed?	descriptive						
1910	[p3f4q42_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q42]= '1'	Age	text (number, Min: 1, Max: 99)						

1911	[p3f4q42_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q42] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
1912	[p3f4q43] Show the field ONLY if: [p3f4q04b(1)]= '0'	44. Asthma	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1913	[p3f41b1_14] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q43] = '1'	When diagnosed?	descriptive						
1914	[p3f4q43_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q43] = '1'	Age	text (number, Min: 1, Max: 99)						
1915	[p3f4q43_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q43] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
1916	[p3f4q44] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Digestive</i> 45. Gallstones/cholelithiasis, cholecystitis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1917	[p3f41b1_15] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q44] = '1'	When diagnosed?	descriptive						
1918	[p3f4q44_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q44] = '1'	Age	text (number, Min: 1, Max: 99)						
1919	[p3f4q44_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q44] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						
1920	[p3f4q45] Show the field ONLY if: [p3f4q04b(1)]= '0'	46. Splenomegaly (check all that apply)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1921	[p3f41b1_16] Show the field ONLY if: [p3f4q04b(1)]= '0'	When diagnosed?	descriptive						
1922	[p3f4q45_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1923	[p3f4q45_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}						

1924	[p3f4q45a] Show the field ONLY if: [p3f4q04b(1)]= '0'	a. Splenic sequestration	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1925	[p3f4q45a_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1926	[p3f4q45a_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1927	[p3f4q45b] Show the field ONLY if: [p3f4q04b(1)]= '0'	b. Splenic infarcts	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1928	[p3f4q45b_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1929	[p3f4q45b_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1930	[p3f4q45c] Show the field ONLY if: [p3f4q04b(1)]= '0'	c. Hypersplenism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1931	[p3f4q45c_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1932	[p3f4q45c_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1933	[p3f4q45d] Show the field ONLY if: [p3f4q04b(1)]= '0'	d. Splenectomy	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1934	[p3f4q45d_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1935	[p3f4q45d_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1936	[p3f4q46] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Other Autoimmune/Inflammatory</i> 47. Deep vein thrombosis (DVT)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								

1937	[p3f41b1_17] Show the field ONLY if: [p3f4q04b(1)]= '0'	When diagnosed?	descriptive						
1938	[p3f4q46_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1939	[p3f4q46_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1940	[p3f4q46a] Show the field ONLY if: [p3f4q04b(1)]= '0'	a. Pulmonary embolism	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1941	[p3f4q46a_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1942	[p3f4q46a_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1943	[p3f4q46b] Show the field ONLY if: [p3f4q04b(1)]= '0'	b. Venous thromboembolism (VTE)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1944	[p3f4q46b_1] Show the field ONLY if: [p3f4q04b(1)]= '0'	Age	text (number, Min: 1, Max: 99)						
1945	[p3f4q46b_2] Show the field ONLY if: [p3f4q04b(1)]= '0'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1946	[p3f4q47] Show the field ONLY if: [p3f4q04b(1)]= '0'	48. Lupus	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1947	[p3f41b1_18] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q47] = '1'	When diagnosed?	descriptive						
1948	[p3f4q47_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q47] = '1'	Age	text (number, Min: 1, Max: 99)						
1949	[p3f4q47_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q47] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode":"MY","unknown_value":99}						
1950	[p3f4q48] Show the field ONLY if: [p3f4q04b(1)]= '0'	49. Rheumatoid arthritis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								

1951	[p3f41b1_19] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q48] = '1'	When diagnosed?	descriptive						
1952	[p3f4q48_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q48] = '1'	Age	text (number, Min: 1, Max: 99)						
1953	[p3f4q48_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q48] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1954	[p3f4q49] Show the field ONLY if: [p3f4q04b(1)]= '0'	50. Gout	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1955	[p3f41b1_20] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q49] = '1'	When diagnosed?	descriptive						
1956	[p3f4q49_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q49] = '1'	Age	text (number, Min: 1, Max: 99)						
1957	[p3f4q49_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q49] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1958	[p3f4q50] Show the field ONLY if: [p3f4q04b(1)]= '0'	51. Sarcoidosis	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1959	[p3f41b1_21] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q50] = '1'	When diagnosed?	descriptive						
1960	[p3f4q50_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q50] = '1'	Age	text (number, Min: 1, Max: 99)						
1961	[p3f4q50_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q50] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1962	[p3f4q51] Show the field ONLY if: [p3f4q04b(1)]= '0'	52. Other autoimmune or inflammatory, specify:	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1963	[p3f4q51_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q51] = '1'	Specify	text, Required						

1964	[p3f41b1_22] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q51] = '1'	When diagnosed?	descriptive						
1965	[p3f4q51_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q51] = '1'	Age	text (number, Min: 1, Max: 99)						
1966	[p3f4q51_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q51] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1967	[p3f4q52] Show the field ONLY if: [p3f4q04b(1)]= '0'	Section Header: <i>Other Conditions</i> 53. Multi-organ failure (check all that apply)	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1968	[p3f41b1_23] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	When diagnosed?	descriptive						
1969	[p3f4q52_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	Age	text (number, Min: 1, Max: 99)						
1970	[p3f4q52_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1971	[p3f4q52a] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	a. ICU	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1972	[p3f4q52a_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52a]= '1'	Age	text (number, Min: 1, Max: 99)						
1973	[p3f4q52a_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52a]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1974	[p3f4q52b] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	b. Intubation	radio, Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>99</td> <td>Not in the record</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1975	[p3f4q52b_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52b]= '1'	Age	text (number, Min: 1, Max: 99)						
1976	[p3f4q52b_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52b]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

1977	[p3f4q52c] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	c. Simple transfusion	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
1978	[p3f4q52c_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 c]= '1'	Age	text (number, Min: 1, Max: 99)						
1979	[p3f4q52c_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 c]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1980	[p3f4q52d] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	d. Exchange transfusion	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
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99	Not in the record								
1	Yes								
1981	[p3f4q52d_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 d]= '1'	Age	text (number, Min: 1, Max: 99)						
1982	[p3f4q52d_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 d]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1983	[p3f4q52e] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	e. Hemodialysis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1984	[p3f4q52e_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 e]= '1'	Age	text (number, Min: 1, Max: 99)						
1985	[p3f4q52e_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 e]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
1986	[p3f4q52f] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52] = '1'	f. Peritoneal dialysis	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1987	[p3f4q52f_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 f]= '1'	Age	text (number, Min: 1, Max: 99)						
1988	[p3f4q52f_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q52 f]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						

1989	[p3f4q53] Show the field ONLY if: [p3f4q04b(1)]= '0'	54. Pneumococcal sepsis (Pulmonary)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1990	[p3f41b1_24] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q53]= '1'	When diagnosed?	descriptive						
1991	[p3f4q53_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q53]= '1'	Age	text (number, Min: 1, Max: 99)						
1992	[p3f4q53_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q53]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1993	[p3f4q54] Show the field ONLY if: [p3f4q04b(1)]= '0'	55. Skin ulcers (Integumentary)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1994	[p3f41b1_25] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q54]= '1'	When diagnosed?	descriptive						
1995	[p3f4q54_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q54]= '1'	Age	text (number, Min: 1, Max: 99)						
1996	[p3f4q54_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q54]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
1997	[p3f4q55] Show the field ONLY if: [p3f4q04b(1)]= '0'	56. Retinopathy (Ocular)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
1998	[p3f41b1_26] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q55]= '1'	When diagnosed?	descriptive						
1999	[p3f4q55_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q55]= '1'	Age	text (number, Min: 1, Max: 99)						
2000	[p3f4q55_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q55]= '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

2001	[p3f4q56] Show the field ONLY if: [p3f4q04b(1)]= '0'	57. Diabetes mellitus (other systemic)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2002	[p3f41b1_27] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q56] = '1'	When diagnosed?	descriptive						
2003	[p3f4q56_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q56] = '1'	Age	text (number, Min: 1, Max: 99)						
2004	[p3f4q56_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q56] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
2005	[p3f4q57] Show the field ONLY if: [p3f4q04b(1)]= '0'	58. Iron overload (Other)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2006	[p3f41b1_28] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q57] = '1'	When diagnosed?	descriptive						
2007	[p3f4q57_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q57] = '1'	Age	text (number, Min: 1, Max: 99)						
2008	[p3f4q57_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q57] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						
2009	[p3f4q58] Show the field ONLY if: [p3f4q04b(1)]= '0'	59. Chronic refractory pain (Other)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2010	[p3f41b1_29] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q58] = '1'	When diagnosed?	descriptive						
2011	[p3f4q58_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q58] = '1'	Age	text (number, Min: 1, Max: 99)						
2012	[p3f4q58_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q58] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE={ "mode": "MY", "unknown_value": 99 }						

2013	[p3f4q59] Show the field ONLY if: [p3f4q04b(1)]= '0'	60. Anxiety (Mental health)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2014	[p3f41b1_30] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q59] = '1'	When diagnosed?	descriptive						
2015	[p3f4q59_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q59] = '1'	Age	text (number, Min: 1, Max: 99)						
2016	[p3f4q59_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q59] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
2017	[p3f4q60] Show the field ONLY if: [p3f4q04b(1)]= '0'	61. Depression (Mental health)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2018	[p3f41b1_31] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q60] = '1'	When diagnosed?	descriptive						
2019	[p3f4q60_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q60] = '1'	Age	text (number, Min: 1, Max: 99)						
2020	[p3f4q60_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q60] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						
2021	[p3f4q61] Show the field ONLY if: [p3f4q04b(1)]= '0'	62. Other psychiatric disorder (Mental health)	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Not in the record</td></tr> <tr><td>1</td><td>Yes</td></tr> </table> Custom alignment: RH	0	No	99	Not in the record	1	Yes
0	No								
99	Not in the record								
1	Yes								
2022	[p3f4q61_1] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q61] = '1'	Specify:	text, Required						
2023	[p3f41b1_32] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q61] = '1'	When diagnosed?	descriptive						
2024	[p3f4q61_2] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q61] = '1'	Age	text (number, Min: 1, Max: 99)						
2025	[p3f4q61_3] Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q61] = '1'	Date <i>mm-yyyy, enter 99-9999 for unknown</i>	text, Identifier Field Annotation: @SMARTDATE= { "mode": "MY", "unknown_value": 99 }						

2026	<p>[p3f4q62]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0'</p>	63. Has the subject been diagnosed with cancer since enrollment?	<p>radio, Required</p> <table border="1" data-bbox="1062 33 1224 159"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No	99	Don't know
1	Yes								
0	No								
99	Don't know								
2027	<p>[p3f4q62a]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	a. IF YES: For each primary cancer, complete a row in the table:	descriptive						
2028	<p>[p3f4q62a1_1]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	<p>Section Header: <i>Primary cancer 1</i></p> <p>Cancer Type</p>	text, Required						
2029	<p>[p3f4q62a1_2]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Location	text, Required						
2030	<p>[p3f4q62a1_3]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Stage	text (number, Min: 1, Max: 4), Required						
2031	<p>[p3f4q62a1_4]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Age at Dx	text (number, Min: 1, Max: 99)						
2032	<p>[p3f4q62a1_5]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	<p>Date Diagnosed</p> <p><i>mm-yyyy, enter 99-9999 for unknown</i></p>	<p>text, Identifier</p> <p>Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}</p>						
2033	<p>[p3f4q62a2_1]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	<p>Section Header: <i>Primary cancer 2</i></p> <p>Cancer Type</p>	text						
2034	<p>[p3f4q62a2_2]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Location	text						
2035	<p>[p3f4q62a2_3]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Stage	text (number, Min: 1, Max: 4)						
2036	<p>[p3f4q62a2_4]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	Age at Dx	text (number, Min: 1, Max: 99)						
2037	<p>[p3f4q62a2_5]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= '0' and [p3f4q62] = '1'</p>	<p>Date Diagnosed</p> <p><i>mm-yyyy, enter 99-9999 for unknown</i></p>	<p>text, Identifier</p> <p>Field Annotation: @SMARTDATE= {"mode":"MY","unknown_value":99}</p>						
2038	<p>[p3f4q63b]</p> <p>Show the field ONLY if: [p3f4q04b(1)]= 0</p>	<p>Section Header:</p> <p>64. Has the subject ever had a Transcranial doppler test?</p>	<p>yesno, Required</p> <table border="1" data-bbox="1062 1793 1138 1871"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No		
1	Yes								
0	No								
2039	<p>[p3f4q63b_a]</p> <p>Show the field ONLY if: [p3f4q63b] =1</p>	a. Date of most recent	text (date_mdy), Required						

2040	[p3f4q63b_b] Show the field ONLY if: [p3f4q63b] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2041	[p3f4q63b_c] Show the field ONLY if: [p3f4q63b] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2042	[p3f4q65] Show the field ONLY if: [p3f4q04b(1)]= 0	65. Has the subject ever had a Brain MRI test?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2043	[p3f4q65a] Show the field ONLY if: [p3f4q65] =1	a. Date of most recent	text (date_mdy), Required				
2044	[p3f4q65b] Show the field ONLY if: [p3f4q65] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2045	[p3f4q65c] Show the field ONLY if: [p3f4q65] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2046	[p3f4q66] Show the field ONLY if: [p3f4q04b(1)]= 0	66. Has the subject ever had a Brain MRA test?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2047	[p3f4q66a] Show the field ONLY if: [p3f4q66] =1	a. Date of most recent	text (date_mdy), Required				
2048	[p3f4q66b] Show the field ONLY if: [p3f4q66] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2049	[p3f4q66c] Show the field ONLY if: [p3f4q66] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2050	[p3f4q67] Show the field ONLY if: [p3f4q04b(1)]= 0	67. Has the subject ever had an Outpatient cardiac ECHO test in last 3 years?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
2051	[p3f4q67a] Show the field ONLY if: [p3f4q67] =1	a. Date of most recent	text (date_mdy), Required				

2052	[p3f4q67b] Show the field ONLY if: [p3f4q67] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2053	[p3f4q67c] Show the field ONLY if: [p3f4q67] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2054	[p3f4q68] Show the field ONLY if: [p3f4q04b(1)] = 0	68. Has the subject ever had an Inpatient cardiac ECHO test in last 3 years?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2055	[p3f4q68a] Show the field ONLY if: [p3f4q68] =1	a. Date of most recent	text (date_mdy), Required																		
2056	[p3f4q68b] Show the field ONLY if: [p3f4q68] =1	b. Image available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2057	[p3f4q68c] Show the field ONLY if: [p3f4q68] =1	c. Imaging report available?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No														
1	Yes																				
0	No																				
2058	[p3f4q63] Show the field ONLY if: [p3f4q04b(1)] = '0'	Section Header: 69. What kind of health insurance or health care coverage does the subject currently have?(Choose all that apply)	checkbox, Required <table border="1"> <tr><td>98</td><td>p3f4q63__98</td><td>None</td></tr> <tr><td>1</td><td>p3f4q63__1</td><td>Private health insurance</td></tr> <tr><td>2</td><td>p3f4q63__2</td><td>Medicare</td></tr> <tr><td>3</td><td>p3f4q63__3</td><td>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.</td></tr> <tr><td>4</td><td>p3f4q63__4</td><td>TRICARE or other military health care, including VA health care</td></tr> <tr><td>5</td><td>p3f4q63__5</td><td>Other type of health insurance, specify</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=98	98	p3f4q63__98	None	1	p3f4q63__1	Private health insurance	2	p3f4q63__2	Medicare	3	p3f4q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.	4	p3f4q63__4	TRICARE or other military health care, including VA health care	5	p3f4q63__5	Other type of health insurance, specify
98	p3f4q63__98	None																			
1	p3f4q63__1	Private health insurance																			
2	p3f4q63__2	Medicare																			
3	p3f4q63__3	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance.																			
4	p3f4q63__4	TRICARE or other military health care, including VA health care																			
5	p3f4q63__5	Other type of health insurance, specify																			
2059	[p3f4q63a] Show the field ONLY if: [p3f4q63(5)] = 1	Other, specify	text																		
2060	[p3f4q64b] Show the field ONLY if: [p3f4q04b(1)] = 0	PI review and sign-off:	text, Required																		
2061	[followup_2_medical_record_abstraction_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Follow-Up 2 Laboratory Reporting Form (followup_2_laboratory_reporting_form)																					
2062	[p3f2q0]	Section Header: <i>Complete using medical records, using values from the subject in steady state.</i> FORM COMPLETE, LABRATORY RECORDS NOT AVAILABLE	checkbox <table border="1"> <tr><td>1</td><td>p3f2q0__1</td></tr> </table>	1	p3f2q0__1																
1	p3f2q0__1																				

1421	<p>[p2f2q01]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p2f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0</p>	<p>Section 1. At any point before you were age 18:</p> <ul style="list-style-type: none"> - Your parents or guardians were separated or divorced - You lived with a household member who served time in jail or prison - You lived with a household member who was depressed, mentally ill or attempted suicide - You saw or heard household members hurt or threaten to hurt each other - A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt - Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable - More than once, you went without food, clothing, a place to live or had no one to protect you - Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks - You lived with someone who had a problem with drinking or using drugs - You felt unsupported, unloved and/or unprotected 	<p>descriptive Field Annotation: @HIDDEN</p>						
1422	<p>[p2f2q02a]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p2f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0</p>	<p>2. Of the statements in Section 2, HOW MANY apply to you? Write the total number in the box:</p>	<p>text (integer, Min: 0, Max: 9) Field Annotation: @HIDDEN</p>						
1423	<p>[p2f2q02]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) >= 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name]='st_jude') AND [p2f1_opt_out(1)] = '0' and [no_a ceq(1)] = 0</p>	<p>Section 2. At any point before you were age 18:</p> <ul style="list-style-type: none"> * You were in foster care * You experienced harassment or bullying at school * You lived with a parent or guardian who died * You were separated from your primary caregiver through deportation or immigration * You had a serious medical procedure or life threatening illness * You often saw or heard violence in the neighborhood or in your school neighborhood * You were detained, arrested or incarcerated * You were often treated badly because of race, sexual orientation, place of birth, disability or religion * You experienced verbal or physical abuse or threats from a romantic partner (i.e., boyfriend or girlfriend) 	<p>descriptive Field Annotation: @HIDDEN</p>						
1424	<p>[patient_followup_survey_complete]</p>	<p>Section Header: <i>Form Status</i> Complete?</p>	<p>dropdown</p> <table border="1" data-bbox="1062 1444 1214 1570"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
<p>Instrument: Follow-Up 2: Patient Follow-up Survey (followup_2_patient_followup_survey) ➤ Enabled as survey</p>									
1425	<p>[p3f1_opt_out]</p>	<p>The patient has opted out of taking this survey</p>	<p>checkbox</p> <p><input type="checkbox"/> p3f1_opt_out__1</p> <p>Field Annotation: @HIDDEN-SURVEY</p>						
1426	<p>[p3f1_opt_out_covid]</p> <p>Show the field ONLY if: [covid19_patient_impact_survey_complete] < '1'</p>	<p>The patient has opted out of taking the supplemental COVID-19 survey</p>	<p>checkbox</p> <p><input type="checkbox"/> p3f1_opt_out_covid__1</p> <p>Field Annotation: @HIDDEN-SURVEY</p>						
1427	<p>[p3f1]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>INSTRUCTIONS</i></p> <p>We are interested in learning how you have been doing since we were last in touch with you. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.</p>	<p>descriptive</p>						

1428	<p>[p3f1q00]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>What is today's date?</p> <p><i>mm-dd-yyyy</i></p>	<p>text (date_mdy)</p> <p>Field Annotation: @TODAY @FUTUREDATE= {"warn_msg":"Can't_be_future_date!"}</p>				
1429	<p>[p3f1q01]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>A. YOUR RECENT PAIN</i></p> <p>1. Do you take pain medicine every day for your sickle cell disease?</p>	<p>yesno</p> <table border="1" data-bbox="1062 149 1138 228"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
1430	<p>[p3f1q02]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>2. What pain medicines do you currently take for your sickle cell disease? On the list below, check the box next to the name of the pain medicines you take (even if not everyday).</p>	<p>checkbox</p> <table border="1" data-bbox="1062 275 1602 342"> <tr> <td>1</td> <td>p3f1q02__1</td> <td>Check here if you don't take pain medicines.</td> </tr> </table>	1	p3f1q02__1	Check here if you don't take pain medicines.	
1	p3f1q02__1	Check here if you don't take pain medicines.					

1431

[p3f1q02a]

Show the field ONLY if:
 [p3f1q02(1)] = '0' AND [p3f1_opt_out(1)] = '0'

checkbox

1	p3f1q02a__1	acetaminophen & codeine (Tylenol-Codeine #3 or #4)
2	p3f1q02a__2	acetaminophen & oxycodone (Percocet, Endocet)
3	p3f1q02a__3	acetaminophen & hydrocodone (Vicodin, Norco, Lortab)
4	p3f1q02a__4	acetaminophen (Tylenol)
5	p3f1q02a__5	amitriptyline/Elavil
6	p3f1q02a__6	aspirin (any brand)
7	p3f1q02a__7	buprenorphine/Belbuca/Butrans
8	p3f1q02a__8	butalbital, acetaminophen, and caffeine (Fioricet)
9	p3f1q02a__9	butalbital, aspirin, caffeine, & codeine (Ascomp-Codeine)
10	p3f1q02a__10	celecoxib (Celebrex)
11	p3f1q02a__11	diclofenac/Voltaren/Cambia/Solaraze
12	p3f1q02a__12	esomeprazole (Nexium)
13	p3f1q02a__13	Excedrin
14	p3f1q02a__14	fentanyl (Duragesic)
15	p3f1q02a__15	gabapentin (Neurontin)
16	p3f1q02a__16	hydromorphone (Exalgo ER, Dilaudid)
17	p3f1q02a__17	ibuprofen (Motrin, Advil)
18	p3f1q02a__18	ketorolac/Toradol
19	p3f1q02a__19	magnesium salicylic acid (Durasal)
20	p3f1q02a__20	meperidine (Demerol)
21	p3f1q02a__21	methadone (Dolophine)
22	p3f1q02a__22	morphine sulfate (MS Contin, Kadian)
23	p3f1q02a__23	morphine and naltrexone (Embeda, MS IR)
24	p3f1q02a__24	naproxen (Aleve, Naprosyn)
25	p3f1q02a__25	oxycodone (Oxycontin, Roxicodone)
26	p3f1q02a__26	oxymorphone (Opana)
27	p3f1q02a__27	pentazocine/Talwin
28	p3f1q02a__28	pregabalin (Lyrica)
29	p3f1q02a__29	promethazine/Phenergan with codeine
30	p3f1q02a__30	tapentadol/Nucynta
31	p3f1q02a__31	tramadol
32	p3f1q02a__32	venlafaxine/Effexor
33	p3f1q02a__33	medical marijuana/cannabis
34	p3f1q02a__34	topical/skin cream for pain (all types)
99	p3f1q02a__99	Other pain medication (specify below)

Custom alignment: LV

1432

[p3f1q02b]

Show the field ONLY if:
 [p3f1q02a(99)] = '1'

2b. If 'Other pain medication', specify:

text

1433	<p>[p3f1q03]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>3. In the past 12 months, how many sickle cell pain attacks (crises) did you have?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I did not have a pain attack in the past 12 months</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4 or more</td></tr> </table>	1	I did not have a pain attack in the past 12 months	2	1	3	2	4	3	5	4 or more												
1	I did not have a pain attack in the past 12 months																								
2	1																								
3	2																								
4	3																								
5	4 or more																								
1434	<p>[p3f1q04]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>4. When was your last pain attack (crisis)?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>More than a year ago</td></tr> <tr><td>3</td><td>7-11 months ago</td></tr> <tr><td>4</td><td>1-6 months ago</td></tr> <tr><td>5</td><td>1-3 weeks ago</td></tr> <tr><td>6</td><td>Less than a week ago</td></tr> <tr><td>7</td><td>I have one right now</td></tr> </table> <p>Field Annotation: @COMPAREWITH={"expression": "[p3f1q03]=='' [p3f1q04]=='' ([p3f1q03] =='1' && [p3f1q04]<='2') ([p3f1q03]>'1' && [p3f1q04]>=3)","err_msg":"This answer doesn't match the answer from question 3 above."}</p>	1	I've never had a pain attack (crisis)	2	More than a year ago	3	7-11 months ago	4	1-6 months ago	5	1-3 weeks ago	6	Less than a week ago	7	I have one right now								
1	I've never had a pain attack (crisis)																								
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4	1-6 months ago																								
5	1-3 weeks ago																								
6	Less than a week ago																								
7	I have one right now																								
1435	<p>[p3f1q05]</p> <p>Show the field ONLY if: [p3f1q04] >= '3'</p>	<p>Section Header:</p> <p>5. How severe was your pain during your last pain attack (crisis)? Select a number from 0 to 10 below, where 0 is no pain and 10 is the worst pain imaginable.</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 No Pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Worst Pain Imaginable</td></tr> </table> <p>Custom alignment: LH</p>	0	0 No Pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Worst Pain Imaginable
0	0 No Pain																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Worst Pain Imaginable																								
1436	<p>[p3f1q06]</p> <p>Show the field ONLY if: [p3f1q04] >= '3'</p>	<p>6. How much did your last pain attack (crisis) interfere with your life?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all, I did everything I usually do</td></tr> <tr><td>2</td><td>I had to cut down on some things I usually do</td></tr> <tr><td>3</td><td>I could not do most things I usually do</td></tr> <tr><td>4</td><td>I could not take care of myself and needed some help from family or friends</td></tr> <tr><td>5</td><td>I could not take care of myself and needed constant care from family, friends, doctors, or nurses</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all, I did everything I usually do	2	I had to cut down on some things I usually do	3	I could not do most things I usually do	4	I could not take care of myself and needed some help from family or friends	5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses												
1	Not at all, I did everything I usually do																								
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5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses																								
1437	<p>[p3f1q07]</p> <p>Show the field ONLY if: [p3f1q04] >= '3'</p>	<p>7. About how long did your most recent pain attack (crisis) last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1-12 hours</td></tr> <tr><td>3</td><td>13-23 hours</td></tr> <tr><td>4</td><td>1-3 days</td></tr> <tr><td>5</td><td>4-6 days</td></tr> <tr><td>6</td><td>1-2 weeks</td></tr> <tr><td>7</td><td>More than 2 weeks</td></tr> </table>	1	Less than 1 hour	2	1-12 hours	3	13-23 hours	4	1-3 days	5	4-6 days	6	1-2 weeks	7	More than 2 weeks								
1	Less than 1 hour																								
2	1-12 hours																								
3	13-23 hours																								
4	1-3 days																								
5	4-6 days																								
6	1-2 weeks																								
7	More than 2 weeks																								

1438	[p3f1q08a] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 8. Think about your pain in the past 7 days, and answer the following questions. a. How often did you have very severe pain?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1439	[p3f1q08b] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1440	[p3f1q09a] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 9. Now think about your pain in the past 6 months, and answer the following questions. a. How often did you have very severe pain?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1441	[p3f1q09b] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. How often did you have pain so bad that it was hard to finish what you were doing?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1442	[p3f1q10a] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 10. Think about how your pain felt in the past 7 days, and answer the following questions. a. Did your pain feel like pins and needles?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1443	[p3f1q10b] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. Did your pain feel sore?	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1444	[p3f1q11] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 11. Would you say that your pain management plan is....	radio 1 Effective for managing your pain 2 Somewhat effective for managing your pain 3 Ineffective at managing your pain 4 You don't have a pain management plan Custom alignment: LV
1445	[p3f1q12] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: B. YOUR MEDICAL CONDITIONS 12. Do you get regular blood transfusions for your sickle cell disease?	yesno 1 Yes 0 No

1446	[p3f1q13] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	13. In the past 12 months, how many units (pints) of blood have you received?	radio <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>1-2</td></tr> <tr><td>3</td><td>3-5</td></tr> <tr><td>4</td><td>6-10</td></tr> <tr><td>5</td><td>11-15</td></tr> <tr><td>6</td><td>>15</td></tr> <tr><td>7</td><td>Don't know</td></tr> </table>	1	None	2	1-2	3	3-5	4	6-10	5	11-15	6	>15	7	Don't know
1	None																
2	1-2																
3	3-5																
4	6-10																
5	11-15																
6	>15																
7	Don't know																
1447	[p3f1q14] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	14. Are you currently on iron chelation treatment (e.g., Desferal, Exjade, Jadenu, deferasirox, Ferriprox, deferiprone, phlebotomy?)	radio <table border="1"> <tr><td>0</td><td>Yes</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	Yes	1	No	99	Don't know								
0	Yes																
1	No																
99	Don't know																
1448	[p3f1q15] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	15. In the past 12 months, has your spleen been removed?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1449	[p3f1q16a] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 16. In the past 12 months, have you been newly diagnosed with any of the following conditions? Conditions a. Lung problems such as pneumonia or acute chest syndrome	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1450	[p3f1q16b] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. Kidney damage	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1451	[p3f1q16c] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	c. Eye damage called retinopathy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1452	[p3f1q16d] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	d. Damage to your hip or shoulder due to sickle cell disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1453	[p3f1q16e] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	e. High blood pressure in your lungs (also called pulmonary hypertension)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1454	[p3f1q16f] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	f. Heart failure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1455	[p3f1q16g] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	g. Blood clots in your legs or arms or that went to your lung	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1456	[p3f1q16h] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	h. A stroke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1457	[p3f1q16i] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	i. Asthma	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1458	[p3f1q16j] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	j. Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
1459	[p3f1q16k] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	k. Liver problems such as hepatitis, iron overload, or cirrhosis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																

1460	[p3f1q161] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	I. Skin ulcers	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
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1461	[p3f1q17_v2f4] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	17. Have you ever been diagnosed with a cancer or myelodysplastic syndrome (MDS)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
1462	[p3f1q18_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	18. Which of the following cancers or blood disorders has a doctor told you that you have? For each one, please indicate the month and year of your diagnosis OR your age at the time of your diagnosis. Type/location of cancer or blood disorder	descriptive																										
1463	[p3f1q18a_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	a. Acute myeloid leukemia (AML)	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18a_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18a_v2f4__1	Yes																							
1	p3f1q18a_v2f4__1	Yes																											
1464	[p3f1q18ai_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18a_v2f4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1465	[p3f1q18ai_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18a_v2f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)																										
1466	[p3f1q18ai_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18a_v2f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1467	[p3f1q18b_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	b. Acute lymphocytic leukemia (ALL)	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18b_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18b_v2f4__1	Yes																							
1	p3f1q18b_v2f4__1	Yes																											
1468	[p3f1q18bi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18b_v2f4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1469	[p3f1q18bi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18b_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
1470	[p3f1q18bi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18b_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1471	[p3f1q18c_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	c. Acute leukemia, unknown type	checkbox 1 p3f1q18c_v2f4__1 Yes
1472	[p3f1q18ci_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18c_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1473	[p3f1q18ci_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18c_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
1474	[p3f1q18ci_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18c_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1475	[p3f1q18d_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	d. Chronic myelogenous leukemia (CML)	checkbox 1 p3f1q18d_v2f4__1 Yes
1476	[p3f1q18di_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18d_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1477	[p3f1q18di_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18d_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)

1478	[p3f1q18di_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18d_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1479	[p3f1q18e_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	e. Chronic lymphocytic leukemia (CLL)	checkbox <table border="1"> <tr> <td>1</td> <td>p3f1q18e_v2f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18e_v2f4__1	Yes																							
1	p3f1q18e_v2f4__1	Yes																											
1480	[p3f1q18ei_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18e_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1481	[p3f1q18ei_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18e_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1482	[p3f1q18ei_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18e_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1483	[p3f1q18f_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	f. Chronic leukemia, unknown type	checkbox <table border="1"> <tr> <td>1</td> <td>p3f1q18f_v2f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18f_v2f4__1	Yes																							
1	p3f1q18f_v2f4__1	Yes																											
1484	[p3f1q18fi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18f_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1485	[p3f1q18fi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18f_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1486	[p3f1q18fi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18f_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										

1487	[p3f1q18g_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	g. Myelodysplastic syndrome (MDS)	checkbox 1 p3f1q18g_v2f4__1 Yes
1488	[p3f1q18gi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18g_v2f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1489	[p3f1q18gi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18g_v2f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
1490	[p3f1q18gi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18g_v2f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1491	[p3f1q18h_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	h. Hodgkin lymphoma	checkbox 1 p3f1q18h_v2f4__1 Yes
1492	[p3f1q18hi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18h_v2f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
1493	[p3f1q18hi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18h_v2f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
1494	[p3f1q18hi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18h_v2f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
1495	[p3f1q18i_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	i. Non-Hodgkin lymphoma (NHL)	checkbox 1 p3f1q18i_v2f4__1 Yes

1496	[p3f1q18ii_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18i_v2f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1497	[p3f1q18ii_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18i_v2f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1498	[p3f1q18ii_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18i_v2f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1499	[p3f1q18j_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	j. Lymphoma, unknown type	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18j_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18j_v2f4__1	Yes																							
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1501	[p3f1q18ji_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18j_v2f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1502	[p3f1q18ji_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18j_v2f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1503	[p3f1q18k_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	k. Multiple myeloma	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18k_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18k_v2f4__1	Yes																							
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1504	[p3f1q18ki_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18k_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1505	[p3f1q18ki_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18k_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1506	[p3f1q18ki_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18k_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1507	[p3f1q18li_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	l. Myelofibrosis	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18li_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18li_v2f4__1	Yes																							
1	p3f1q18li_v2f4__1	Yes																											
1508	[p3f1q18li_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18l_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1509	[p3f1q18li_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18l_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1510	[p3f1q18li_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18l_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1511	[p3f1q18m_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	m. Essential thrombocythemia	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18m_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18m_v2f4__1	Yes																							
1	p3f1q18m_v2f4__1	Yes																											

1512	<p>[p3f1q18mi_v2f4a]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18m_v2f4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1513	<p>[p3f1q18mi_v2f4b]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18m_v2f4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
1514	<p>[p3f1q18mi_v2f4c]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18m_v2f4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
1515	<p>[p3f1q18n_v2f4]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1'</p>	<p>n. Polycythemia vera</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18n_v2f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18n_v2f4__1	Yes																							
1	p3f1q18n_v2f4__1	Yes																											
1516	<p>[p3f1q18ni_v2f4a]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18n_v2f4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1517	<p>[p3f1q18ni_v2f4b]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18n_v2f4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
1518	<p>[p3f1q18ni_v2f4c]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18n_v2f4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
1519	<p>[p3f1q18o_v2f4]</p> <p>Show the field ONLY if: [p3f1q17_v2f4]='1'</p>	<p>o. Cancer of the blood, unknown type</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18o_v2f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18o_v2f4__1	Yes																							
1	p3f1q18o_v2f4__1	Yes																											

1520	[p3f1q18oi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18o_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1521	[p3f1q18oi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18o_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1522	[p3f1q18oi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18o_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1523	[p3f1q18p_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	p. Breast cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18p_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18p_v2f4__1	Yes																							
1	p3f1q18p_v2f4__1	Yes																											
1524	[p3f1q18pi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18p_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1525	[p3f1q18pi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18p_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1526	[p3f1q18pi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18p_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1527	[p3f1q18q_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	q. Renal cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18q_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18q_v2f4__1	Yes																							
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1528	[p3f1q18qi_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18q_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1529	[p3f1q18qi_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18q_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1530	[p3f1q18qi_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18q_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1531	[p3f1q18r_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	r. Prostate cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18r_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18r_v2f4__1	Yes																							
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1532	[p3f1q18ri_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18r_v2f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1533	[p3f1q18ri_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18r_v2f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
1534	[p3f1q18ri_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18r_v2f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1535	[p3f1q18s_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	s. Skin cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18s_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18s_v2f4__1	Yes																							
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1536	[p3f1q18si_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18s_v2f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1537	[p3f1q18si_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18s_v2f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1538	[p3f1q18si_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18s_v2f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1539	[p3f1q18t_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	t. Colon Cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18t_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18t_v2f4__1	Yes																							
1	p3f1q18t_v2f4__1	Yes																											
1540	[p3f1q18ti_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18t_v2f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1541	[p3f1q18ti_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18t_v2f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1542	[p3f1q18ti_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18t_v2f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1543	[p3f1q18u_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1'	u. Any other type of cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18u_v2f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18u_v2f4__1	Yes																							
1	p3f1q18u_v2f4__1	Yes																											
1544	[p3f1q18usp_v2f4] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18u_v2f4(1)]= '1'	Specify:	text																										

1545	[p3f1q18ui_v2f4a] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18u_v2f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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1546	[p3f1q18ui_v2f4b] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18u_v2f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
1547	[p3f1q18ui_v2f4c] Show the field ONLY if: [p3f1q17_v2f4]='1' AND [p3f1q18u_v2f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
1548	[p3f1q17] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: <i>C. HYDROXYUREA USE</i> 19. In the past 12 months, have you taken hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
1549	[p3f1q18] Show the field ONLY if: [p3f1q17] = "1"	20. Are you currently taking hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
1550	[p3f1q19] Show the field ONLY if: [p3f1q17] = "1" and [p3f1q18] = "0"	21. In the past 12 months, what is the reason you discontinued or stopped taking hydroxyurea? <i>Please select one from the list.</i>	radio <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Pregnancy concerns</td></tr> <tr><td>6</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Pregnancy concerns	6	Other reason not listed above														
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1551	[p3f1q19a] Show the field ONLY if: [p3f1q19] = "6"	21a. If 'Other reason', specify:	text																										
1552	[p3f1q20] Show the field ONLY if: [p3f1q17] = "1"	22. How many days did you take hydroxyurea in the PAST WEEK?	radio <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> Custom alignment: LH	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days										
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1553	<p>[p3f1q21]</p> <p>Show the field ONLY if: [p3f1q17] = "1"</p>	<p>Section Header:</p> <p>23. In the last 12 months, which of the following side effects did you experience while you were taking hydroxyurea? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q21__1</td><td>Hair loss/thinning</td></tr> <tr><td>2</td><td>p3f1q21__2</td><td>Nail blackening or discoloration</td></tr> <tr><td>3</td><td>p3f1q21__3</td><td>Lowered blood counts (e.g., platelets, white count, hemoglobin)</td></tr> <tr><td>4</td><td>p3f1q21__4</td><td>Low sperm count or other fertility problems</td></tr> <tr><td>5</td><td>p3f1q21__5</td><td>Nausea/vomiting</td></tr> <tr><td>6</td><td>p3f1q21__6</td><td>Skin ulcers</td></tr> <tr><td>7</td><td>p3f1q21__7</td><td>Weight gain</td></tr> <tr><td>8</td><td>p3f1q21__8</td><td>Headaches or dizziness</td></tr> <tr><td>9</td><td>p3f1q21__9</td><td>Fatigue/drowsiness</td></tr> <tr><td>10</td><td>p3f1q21__10</td><td>No side effects</td></tr> </table> <p>Custom alignment: LV</p>	1	p3f1q21__1	Hair loss/thinning	2	p3f1q21__2	Nail blackening or discoloration	3	p3f1q21__3	Lowered blood counts (e.g., platelets, white count, hemoglobin)	4	p3f1q21__4	Low sperm count or other fertility problems	5	p3f1q21__5	Nausea/vomiting	6	p3f1q21__6	Skin ulcers	7	p3f1q21__7	Weight gain	8	p3f1q21__8	Headaches or dizziness	9	p3f1q21__9	Fatigue/drowsiness	10	p3f1q21__10	No side effects
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10	p3f1q21__10	No side effects																															
1554	<p>[p3f1q22]</p> <p>Show the field ONLY if: [p3f1q17] = "1"</p>	<p>24. In the last 12 months, what makes it difficult for you to take hydroxyurea, or is there a reason why you do not take hydroxyurea? Select one or more from the list below, whether or not you have ever taken hydroxyurea.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q22__1</td><td>I have no difficulties or concerns using hydroxyurea</td></tr> <tr><td>2</td><td>p3f1q22__2</td><td>I don't know enough about the medicine</td></tr> <tr><td>3</td><td>p3f1q22__3</td><td>Sometimes I forget to take the medicine</td></tr> <tr><td>4</td><td>p3f1q22__4</td><td>I am worried about side effects</td></tr> <tr><td>5</td><td>p3f1q22__5</td><td>I don't like the frequent blood tests or clinic visits</td></tr> <tr><td>6</td><td>p3f1q22__6</td><td>I'm feeling well and I don't think I need it</td></tr> <tr><td>7</td><td>p3f1q22__7</td><td>The cost is more than I can afford</td></tr> <tr><td>8</td><td>p3f1q22__8</td><td>I have heard that hydroxyurea may cause cancer</td></tr> <tr><td>9</td><td>p3f1q22__9</td><td>I have heard that hydroxyurea may cause problems with having healthy children</td></tr> <tr><td>97</td><td>p3f1q22__97</td><td>Other difficulty</td></tr> </table> <p>Custom alignment: LV</p>	1	p3f1q22__1	I have no difficulties or concerns using hydroxyurea	2	p3f1q22__2	I don't know enough about the medicine	3	p3f1q22__3	Sometimes I forget to take the medicine	4	p3f1q22__4	I am worried about side effects	5	p3f1q22__5	I don't like the frequent blood tests or clinic visits	6	p3f1q22__6	I'm feeling well and I don't think I need it	7	p3f1q22__7	The cost is more than I can afford	8	p3f1q22__8	I have heard that hydroxyurea may cause cancer	9	p3f1q22__9	I have heard that hydroxyurea may cause problems with having healthy children	97	p3f1q22__97	Other difficulty
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97	p3f1q22__97	Other difficulty																															
1555	<p>[p3f1q22a]</p> <p>Show the field ONLY if: [p3f1q22(97)] = "1"</p>	<p>24a. If 'Other difficulty', Specify:</p>	<p>text</p>																														
1556	<p>[p3f1q23]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>D. OTHER MEDICATIONS YOU ARE TAKING</i></p> <p>25. In the past 12 months, have you taken the drug called Endari (l-glutamine)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
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1557	<p>[p3f1q24]</p> <p>Show the field ONLY if: [p3f1q23] = "1"</p>	<p>26. Are you currently taking Endari?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
1558	<p>[p3f1q25]</p> <p>Show the field ONLY if: [p3f1q23] = "1" and [p3f1q24] = "0"</p>	<p>27. In the past 12 months, what is the reason you discontinued or stopped taking Endari? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above																				
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1559	<p>[p3f1q25a]</p> <p>Show the field ONLY if: [p3f1q25] = "5"</p>	<p>27a. If 'Other reason not listed above', Specify:</p>	<p>text</p>																														

1560	<p>[p3f1q26]</p> <p>Show the field ONLY if: [p3f1q23] = "1"</p>	28. How many days did you take Endari in the PAST WEEK?	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> <p>Custom alignment: LH</p>	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days		
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1561	<p>[p3f1q27]</p> <p>Show the field ONLY if: [p3f1q23] = "1"</p>	<p>Section Header:</p> <p>29. In the last 12 months, what side effects have you experienced while you were taking Endari? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q27__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q27__2</td><td>Nausea/vomiting</td></tr> <tr><td>3</td><td>p3f1q27__3</td><td>Stomach pain</td></tr> <tr><td>4</td><td>p3f1q27__4</td><td>Cough</td></tr> <tr><td>5</td><td>p3f1q27__5</td><td>Headaches or dizziness</td></tr> <tr><td>6</td><td>p3f1q27__6</td><td>Other not listed above</td></tr> </table>	1	p3f1q27__1	No side effects	2	p3f1q27__2	Nausea/vomiting	3	p3f1q27__3	Stomach pain	4	p3f1q27__4	Cough	5	p3f1q27__5	Headaches or dizziness	6	p3f1q27__6	Other not listed above
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1562	<p>[p3f1q27a]</p> <p>Show the field ONLY if: [p3f1q27(6)] = "1" and [p3f1q23] = "1"</p>	29a. If 'Other not listed above', Specify:	text																		
1563	<p>[p3f1q30_v2f4]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	30. In the past 12 months, have you taken the drug called Adakveo (crizanlizumab)?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
1564	<p>[p3f1q31_v2f4]</p> <p>Show the field ONLY if: [p3f1q30_v2f4]=1</p>	31. Are you currently taking Adakveo?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
1565	<p>[p3f1q32_v2f4]</p> <p>Show the field ONLY if: [p3f1q30_v2f4]=1 AND [p3f1q31_v2f4]=0</p>	32. In the past 12 months, what is the reason you discontinued or stopped taking Adakveo? Please select one from the list below.	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above								
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1566	<p>[p3f1q32a_v2f4]</p> <p>Show the field ONLY if: [p3f1q32_v2f4]=5</p>	32a. If 'Other reason not listed above', specify:	text																		
1567	<p>[p3f1q33_v2f4]</p> <p>Show the field ONLY if: [p3f1q30_v2f4]=1</p>	33. How many infusions of Adakveo have you missed or rescheduled in the PAST 6 MONTHS?	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 infusions</td></tr> <tr><td>2</td><td>1 infusion</td></tr> <tr><td>3</td><td>2 infusions</td></tr> <tr><td>4</td><td>3 infusions</td></tr> <tr><td>5</td><td>4 infusions</td></tr> <tr><td>6</td><td>5 infusions</td></tr> <tr><td>7</td><td>6 infusions</td></tr> </table>	1	0 infusions	2	1 infusion	3	2 infusions	4	3 infusions	5	4 infusions	6	5 infusions	7	6 infusions				
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1568	<p>[p3f1q34_v2f4]</p> <p>Show the field ONLY if: [p3f1q30_v2f4]=1</p>	<p>34. In the last 12 months, what side effects have you experienced while you were taking Adakveo? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q34_v2f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q34_v2f4__2</td><td>Fever</td></tr> <tr><td>3</td><td>p3f1q34_v2f4__3</td><td>Chills or shivering</td></tr> <tr><td>4</td><td>p3f1q34_v2f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q34_v2f4__5</td><td>Vomiting</td></tr> <tr><td>6</td><td>p3f1q34_v2f4__6</td><td>Shortness of breath</td></tr> <tr><td>7</td><td>p3f1q34_v2f4__7</td><td>Muscle aches (myalias)</td></tr> <tr><td>8</td><td>p3f1q34_v2f4__8</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q34_v2f4__1	No side effects	2	p3f1q34_v2f4__2	Fever	3	p3f1q34_v2f4__3	Chills or shivering	4	p3f1q34_v2f4__4	Nausea	5	p3f1q34_v2f4__5	Vomiting	6	p3f1q34_v2f4__6	Shortness of breath	7	p3f1q34_v2f4__7	Muscle aches (myalias)	8	p3f1q34_v2f4__8	Other not listed above
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2	p3f1q34_v2f4__2	Fever																									
3	p3f1q34_v2f4__3	Chills or shivering																									
4	p3f1q34_v2f4__4	Nausea																									
5	p3f1q34_v2f4__5	Vomiting																									
6	p3f1q34_v2f4__6	Shortness of breath																									
7	p3f1q34_v2f4__7	Muscle aches (myalias)																									
8	p3f1q34_v2f4__8	Other not listed above																									
1569	<p>[p3f1q34a_v2f4]</p> <p>Show the field ONLY if: [p3f1q34_v2f4(8)]=1</p>	<p>34a. If 'Other not listed above', specify:</p>	<p>text</p>																								
1570	<p>[p3f1q35_v2f4]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>35. In the past 12 months, have you taken the drug called Oxbrtya (voxelotor)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
1571	<p>[p3f1q36_v2f4]</p> <p>Show the field ONLY if: [p3f1q35_v2f4]=1</p>	<p>36. Are you currently taking Oxbrtya?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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1572	<p>[p3f1q37_v2f4]</p> <p>Show the field ONLY if: [p3f1q35_v2f4]=1 AND [p3f1q36_v2f4]=0</p>	<p>37. In the past 12 months, what is the reason you discontinued or stopped taking Oxbrtya? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above														
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1573	<p>[p3f1q37a_v2f4]</p> <p>Show the field ONLY if: [p3f1q37_v2f4]=5</p>	<p>37a. If 'Other reason not listed above', specify:</p>	<p>text</p>																								
1574	<p>[p3f1q38_v2f4]</p> <p>Show the field ONLY if: [p3f1q35_v2f4]=1</p>	<p>38. How many days did you take Oxbrtya in the PAST WEEK?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 days</td></tr> <tr><td>2</td><td>1 day</td></tr> <tr><td>3</td><td>2 days</td></tr> <tr><td>4</td><td>3 days</td></tr> <tr><td>5</td><td>4 days</td></tr> <tr><td>6</td><td>5 days</td></tr> <tr><td>7</td><td>6 days</td></tr> <tr><td>8</td><td>7 days</td></tr> </table>	1	0 days	2	1 day	3	2 days	4	3 days	5	4 days	6	5 days	7	6 days	8	7 days								
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8	7 days																										
1575	<p>[p3f1q39_v2f4]</p> <p>Show the field ONLY if: [p3f1q35_v2f4]=1</p>	<p>39. In the last 12 months, what side effects have you experienced while you were taking Oxbrtya? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q39_v2f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q39_v2f4__2</td><td>Rash or hives</td></tr> <tr><td>3</td><td>p3f1q39_v2f4__3</td><td>Headache</td></tr> <tr><td>4</td><td>p3f1q39_v2f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q39_v2f4__5</td><td>Abdominal pain</td></tr> <tr><td>6</td><td>p3f1q39_v2f4__6</td><td>Loose stools</td></tr> <tr><td>7</td><td>p3f1q39_v2f4__7</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q39_v2f4__1	No side effects	2	p3f1q39_v2f4__2	Rash or hives	3	p3f1q39_v2f4__3	Headache	4	p3f1q39_v2f4__4	Nausea	5	p3f1q39_v2f4__5	Abdominal pain	6	p3f1q39_v2f4__6	Loose stools	7	p3f1q39_v2f4__7	Other not listed above			
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1576	<p>[p3f1q39a_v2f4]</p> <p>Show the field ONLY if: [p3f1q39_v2f4(7)]=1</p>	<p>39a. If 'Other not listed above', specify:</p>	<p>text</p>																								

1577	<p>[p3f1q28]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>40. We would like to know what other types of medications you are currently taking, excluding pain medications, iron chelators, hydroxyurea, Endari (L-glutamine oral powder), Adakveo (crizanlizumab), and Oxbryta (voxcelotor) which we already asked about.</p> <p>Review the list in the table below and check the box next to the type of medications you are currently taking.</p> <p>CATEGORIES OR TYPES OF DRUGS/VITAMINS YOU MAY BE TAKING</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q28__1</td><td>Allergy drugs</td></tr> <tr><td>2</td><td>p3f1q28__2</td><td>Asthma or COPD inhalers (bronchodilators)</td></tr> <tr><td>3</td><td>p3f1q28__3</td><td>Antibiotics</td></tr> <tr><td>4</td><td>p3f1q28__4</td><td>ADD/ADHD drugs</td></tr> <tr><td>5</td><td>p3f1q28__5</td><td>Anti-seizure drugs</td></tr> <tr><td>6</td><td>p3f1q28__6</td><td>Anti-anxiety drugs</td></tr> <tr><td>7</td><td>p3f1q28__7</td><td>Antidepressants</td></tr> <tr><td>8</td><td>p3f1q28__8</td><td>Birth control</td></tr> <tr><td>9</td><td>p3f1q28__9</td><td>Blood thinning drugs (anticoagulants)</td></tr> <tr><td>10</td><td>p3f1q28__10</td><td>Diabetes drugs</td></tr> <tr><td>11</td><td>p3f1q28__11</td><td>Diuretics, fluid/water retention pills</td></tr> <tr><td>12</td><td>p3f1q28__12</td><td>Heartburn, indigestion, acid reflux drugs</td></tr> <tr><td>13</td><td>p3f1q28__13</td><td>High cholesterol drugs</td></tr> <tr><td>14</td><td>p3f1q28__14</td><td>Hypothyroid drugs</td></tr> <tr><td>15</td><td>p3f1q28__15</td><td>Insomnia drugs & sleep aids</td></tr> <tr><td>16</td><td>p3f1q28__16</td><td>Nausea drugs</td></tr> <tr><td>17</td><td>p3f1q28__17</td><td>Muscle relaxers</td></tr> <tr><td>18</td><td>p3f1q28__18</td><td>Stool softeners and laxatives</td></tr> <tr><td>19</td><td>p3f1q28__19</td><td>Iron supplements</td></tr> <tr><td>20</td><td>p3f1q28__20</td><td>Folic acid</td></tr> <tr><td>21</td><td>p3f1q28__21</td><td>Vitamin D, all types</td></tr> <tr><td>22</td><td>p3f1q28__22</td><td>Multi-vitamins</td></tr> <tr><td>23</td><td>p3f1q28__23</td><td>Any other vitamins and supplements</td></tr> </table> <p>Custom alignment: LV</p>	1	p3f1q28__1	Allergy drugs	2	p3f1q28__2	Asthma or COPD inhalers (bronchodilators)	3	p3f1q28__3	Antibiotics	4	p3f1q28__4	ADD/ADHD drugs	5	p3f1q28__5	Anti-seizure drugs	6	p3f1q28__6	Anti-anxiety drugs	7	p3f1q28__7	Antidepressants	8	p3f1q28__8	Birth control	9	p3f1q28__9	Blood thinning drugs (anticoagulants)	10	p3f1q28__10	Diabetes drugs	11	p3f1q28__11	Diuretics, fluid/water retention pills	12	p3f1q28__12	Heartburn, indigestion, acid reflux drugs	13	p3f1q28__13	High cholesterol drugs	14	p3f1q28__14	Hypothyroid drugs	15	p3f1q28__15	Insomnia drugs & sleep aids	16	p3f1q28__16	Nausea drugs	17	p3f1q28__17	Muscle relaxers	18	p3f1q28__18	Stool softeners and laxatives	19	p3f1q28__19	Iron supplements	20	p3f1q28__20	Folic acid	21	p3f1q28__21	Vitamin D, all types	22	p3f1q28__22	Multi-vitamins	23	p3f1q28__23	Any other vitamins and supplements
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1578	<p>[p3f1q29]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header:</p> <p>41. Are you taking any medications for high blood pressure (hypertension) or for your heart?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
1	Yes																																																																							
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1579	<p>[p3f1q29a]</p> <p>Show the field ONLY if: [p3f1q29] = "1"</p>	<p>41a. If yes, what is the name of the high blood pressure or heart medication?</p>	<p>text</p>																																																																					
1580	<p>[p3f1q30]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>42. Are you taking any other type of medication that we did not already ask about?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
1	Yes																																																																							
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1581	<p>[p3f1q30a]</p> <p>Show the field ONLY if: [p3f1q30] = "1"</p>	<p>42a. If yes, what is the name of the other medication(s)?</p>	<p>text</p>																																																																					
1582	<p>[p3f1q31]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>43. Are you currently participating in a study where you are taking a medicine for sickle cell?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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1583	<p>[p3f1q32a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>E. YOUR SLEEP 44. Think about your sleep in the past 7 days, and answer the following questions.</i></p> <p>a. How often did you stay up most of the night because you could not fall asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																																																											
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1584	<p>[p3f1q32b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. How often did you have a lot of trouble falling asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
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1585	<p>[p3f1q33a_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>F. YOUR SOCIAL AND MENTAL HEALTH 45. Please respond to each statement by marking one box per row.</i></p> <p>a. I have someone who will listen to me when I need to talk</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
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3	Sometimes												
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5	Always												
1586	<p>[p3f1q33b_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. I have someone to confide in or talk to about myself or my problems</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
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1587	<p>[p3f1q33c_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. I have someone who makes me feel appreciated</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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1588	<p>[p3f1q33d_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. I have someone to talk with when I have a bad day</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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1589	<p>[p3f1q33a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>46. Think about how you felt in the past 7 days, and respond to each question or statement.</i></p> <p>a. I felt worthless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1590	<p>[p3f1q33b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. I felt helpless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1591	<p>[p3f1q33c]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. I felt depressed.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1592	[p3f1q33d] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	d. I felt hopeless.	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1593	[p3f1q33e] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	e. How often did you feel completely hopeless because of your health?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1594	[p3f1q33f] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	f. How often were you very worried about needing to go to the hospital?	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
1595	[p3f1q33g] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	g. I felt tired.	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
1596	[p3f1q35a_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	Section Header: 47. Please respond to each statement by marking one box per row. <i>In the past 7 days.....</i> a. I felt fearful	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1597	[p3f1q35b_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. I found it hard to focus on anything other than my anxiety	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1598	[p3f1q35c_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	c. My worries overwhelmed me	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
1599	[p3f1q35d_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	d. I felt uneasy	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always

1600	<p>[p3f1q34a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: 48. In the past 7 days, how often did the following happen?</p> <p>a. I had to read something several times to understand it.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1601	<p>[p3f1q34b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. My thinking was slow.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1602	<p>[p3f1q34c]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. I had to work really hard to pay attention or I would make a mistake.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1603	<p>[p3f1q34d]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. I had trouble concentrating.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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1604	<p>[p3f1q35a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: 49. How much DIFFICULTY do you currently have doing the following things?</p> <p>a. Reading and following complex instructions (e.g., directions for a new medication)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1605	<p>[p3f1q35b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. Planning for and keeping appointments that are not part of your weekly routine (e.g., therapy or doctor appointment, social gathering with friends/family)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1606	<p>[p3f1q35c]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. Managing your time to do most of your daily activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1607	<p>[p3f1q35d]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. Learning new tasks or instructions?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Cannot do</td></tr> </table>	1	None	2	A little	3	Somewhat	4	A lot	5	Cannot do
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1608	<p>[p3f1q36a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: 50. In the past 30 days, how much did the following happen?</p> <p>a. How much did you rely on others to take care of you because of your health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
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1609	<p>[p3f1q36b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. How much did your health make it hard for you to do things with your friends?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
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1610	<p>[p3f1q39a_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: 51. Please respond to each statement by marking one box per row. In the past month, please describe how often...</p> <p>a. I feel alone and apart from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
2	Sometimes												
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4	Always												
1611	<p>[p3f1q39b_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. I feel left out</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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1612	<p>[p3f1q39c_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. I feel that I am no longer close to anyone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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1613	<p>[p3f1q39d_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. I feel alone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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1614	<p>[p3f1q39e_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>e. I feel lonely</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
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1615	<p>[p3f1q39f_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>f. I feel isolated from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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1616	<p>[p3f1q40a_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: 52. Please respond to each statement by marking one box per row.</p> <p>a. I tend to bounce back quickly after hard times</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
0	Strongly Disagree												
1	Disagree												
2	Neutral												
3	Agree												
4	Strongly Agree												
1617	<p>[p3f1q40b_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. I have a hard time making it through stressful events</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1618	<p>[p3f1q40c_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. It does not take me long to recover from a stressful event</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1619	<p>[p3f1q40d_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. It is hard for me to snap back when something bad happens</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1620	<p>[p3f1q40e_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>e. I usually come through difficult times with little trouble</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1621	<p>[p3f1q40f_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>f. I tend to take a long time to get over set-backs in my life</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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1622	<p>[p3f1q37_1a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: G. YOUR PHYSICAL HEALTH 53. Please respond to each question or statement by marking one box per row.</p> <p>a. In general, how would you rate your physical health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
1623	<p>[p3f1q37_2b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Completely</td></tr> <tr><td>2</td><td>Mostly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A little</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Completely	2	Mostly	3	Moderately	4	A little	5	Not at all
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1624	<p>[p3f1q37]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>H. YOUR ABILITY TO MANAGE YOUR SICKLE CELL DISEASE</i></p> <p>54. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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1625	<p>[p3f1q38a]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>55. Please respond to each statement below by marking one box per row. CURRENT Level of Confidence (confidence is how sure you are about each statement)</i></p> <p>a. I can follow directions when my doctor changes my medications.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1626	<p>[p3f1q38b]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>b. I can take my medication when there is a change in my usual day (unexpected things happen).</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1627	<p>[p3f1q38c]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>c. I can manage my medication without help.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1628	<p>[p3f1q38d]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>d. I can list my medications, including the doses and schedule.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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1629	<p>[p3f1q39]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>I. BARRIERS</i></p> <p>56. During the past 12 months, was there any time when you didn't get the medical care you needed or had delays in getting the care you needed?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

1630	<p>[p3f1q40]</p> <p>Show the field ONLY if: [p3f1q39]!='0' AND [p3f1_opt_out(1)] = '0'</p>	57. In the past 12 months, did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons? Select one or more from the list below.	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q40__1</td><td>Worry about the cost</td></tr> <tr><td>2</td><td>p3f1q40__2</td><td>The doctor or hospital wouldn't accept your health insurance</td></tr> <tr><td>3</td><td>p3f1q40__3</td><td>Your health plan wouldn't pay for the treatment</td></tr> <tr><td>4</td><td>p3f1q40__4</td><td>You couldn't get an appointment soon enough</td></tr> <tr><td>5</td><td>p3f1q40__5</td><td>You couldn't get there when the doctor's office or clinic was open</td></tr> <tr><td>6</td><td>p3f1q40__6</td><td>It takes too long to get to the doctor's office or clinic from your house or work</td></tr> <tr><td>7</td><td>p3f1q40__7</td><td>You couldn't get through on the telephone</td></tr> <tr><td>8</td><td>p3f1q40__8</td><td>You were too busy with work or other commitments to take the time</td></tr> <tr><td>9</td><td>p3f1q40__9</td><td>You didn't think the problem was serious enough</td></tr> <tr><td>10</td><td>p3f1q40__10</td><td>You had previous bad experiences with the health care system</td></tr> <tr><td>11</td><td>p3f1q40__11</td><td>People at the doctor's office or clinic don't speak the same language I do</td></tr> <tr><td>12</td><td>p3f1q40__12</td><td>The Coronavirus/COVID-19 pandemic</td></tr> <tr><td>97</td><td>p3f1q40__97</td><td>Some other reason not listed above</td></tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='97'</p>	1	p3f1q40__1	Worry about the cost	2	p3f1q40__2	The doctor or hospital wouldn't accept your health insurance	3	p3f1q40__3	Your health plan wouldn't pay for the treatment	4	p3f1q40__4	You couldn't get an appointment soon enough	5	p3f1q40__5	You couldn't get there when the doctor's office or clinic was open	6	p3f1q40__6	It takes too long to get to the doctor's office or clinic from your house or work	7	p3f1q40__7	You couldn't get through on the telephone	8	p3f1q40__8	You were too busy with work or other commitments to take the time	9	p3f1q40__9	You didn't think the problem was serious enough	10	p3f1q40__10	You had previous bad experiences with the health care system	11	p3f1q40__11	People at the doctor's office or clinic don't speak the same language I do	12	p3f1q40__12	The Coronavirus/COVID-19 pandemic	97	p3f1q40__97	Some other reason not listed above
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1631	<p>[p3f1q40a]</p> <p>Show the field ONLY if: [p3f1q40(97)] = "1" && [p3f1q39]!='0'</p>	If "Some other reason not listed above", please specify:	text																																							
1632	<p>[p3f1q46_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	58. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not hard at all</td></tr> <tr><td>2</td><td>Not very hard</td></tr> <tr><td>3</td><td>Somewhat hard</td></tr> <tr><td>4</td><td>Hard</td></tr> <tr><td>5</td><td>Very hard</td></tr> </table>	1	Not hard at all	2	Not very hard	3	Somewhat hard	4	Hard	5	Very hard																													
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3	Somewhat hard																																									
4	Hard																																									
5	Very hard																																									
1633	<p>[p3f1q47_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	59. Did you lose your health insurance in the past year?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1634	<p>[p3f1q48_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	60. In the past 12 months, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? If yes, please indicate whether it happened 1-2 times or 3 or more times in the past 12 months.	descriptive																																							
1635	<p>[p3f1q48_a1_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0'</p>	a. At school?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1636	<p>[p3f1q48_a2_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_a1_v3_2] = '1'</p>	How many times did this happen in the past 12 months?	<p>radio</p> <table border="1"> <tr><td>1</td><td>1-2 times</td></tr> <tr><td>2</td><td>3 or more</td></tr> </table>	1	1-2 times	2	3 or more																																			
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2	3 or more																																									

1637	[p3f1q48_b1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	b. Getting hired or getting a job?	yesno 1 Yes 0 No
1638	[p3f1q48_b2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_b1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1639	[p3f1q48_c1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	c. At work?	yesno 1 Yes 0 No
1640	[p3f1q48_c2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_c1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1641	[p3f1q48_d1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	d. Getting housing?	yesno 1 Yes 0 No
1642	[p3f1q48_d2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_d1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1643	[p3f1q48_e1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	e. Getting medical care?	yesno 1 Yes 0 No
1644	[p3f1q48_e2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_e1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1645	[p3f1q48_f1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	f. Getting service in a store or restaurant?	yesno 1 Yes 0 No
1646	[p3f1q48_f2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_f1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1647	[p3f1q48_g1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	g. Getting credit, bank loans, or a mortgage?	yesno 1 Yes 0 No
1648	[p3f1q48_g2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_g1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1649	[p3f1q48_h1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	h. On the street or in a public setting?	yesno 1 Yes 0 No
1650	[p3f1q48_h2_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_h1_v3_2] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
1651	[p3f1q48_i1_v3_2] Show the field ONLY if: [p3f1_opt_out(1)] = '0'	i. From the police or in the courts?	yesno 1 Yes 0 No

1652	<p>[p3f1q48_i2_v3_2]</p> <p>Show the field ONLY if: [p3f1_opt_out(1)] = '0' AND [p3f1q48_i1_v3_2] = '1'</p>	How many times did this happen in the past 12 months?	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>1-2 times</td> </tr> <tr> <td>2</td> <td>3 or more</td> </tr> </table>	1	1-2 times	2	3 or more																		
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2	3 or more																								
1653	<p>[p3f1q_duke1]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p3f1_opt_out(1)] = '0'</p>	<p>Section Header: <i>Supplemental Pain Questions</i></p> <p>1. Have you experienced increased pain that lasts \geq 2 hours and started in the past 10 days?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: @HIDDEN</p>	1	Yes	0	No																		
1	Yes																								
0	No																								
1654	<p>[p3f2q_duke2]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p3f1_opt_out(1)] = '0'</p>	2. Have you experienced ongoing pain on most days over the past six months in either a single location or in multiple locations?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: @HIDDEN</p>	1	Yes	0	No																		
1	Yes																								
0	No																								
1655	<p>[p3f1q_duke3]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p3f1_opt_out(1)] = '0'</p>	3. On a scale of 0-10, how do you describe your pain on the average?	<p>radio</p> <table border="1"> <tr> <td>0</td> <td>0 no pain</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10 pain as bad as you can imagine</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @HIDDEN</p>	0	0 no pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 pain as bad as you can imagine
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7	7																								
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10	10 pain as bad as you can imagine																								
1656	<p>[p3f1q_duke4]</p> <p>Show the field ONLY if: [record-dag-name] = "duke" AND [p3f1_opt_out(1)] = '0'</p>	4. On a scale of 0-10, how much pain do you have right now?	<p>radio</p> <table border="1"> <tr> <td>0</td> <td>0 no pain</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10 pain as bad as you can imagine</td> </tr> </table> <p>Custom alignment: LH Field Annotation: @HIDDEN</p>	0	0 no pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 pain as bad as you can imagine
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1657	<p>[p3f2q01a]</p> <p>Show the field ONLY if: datediff("today", [p1f6q01], "y", "MDY", false) \geq 17.998 AND ([record-dag-name] = 'washu' OR [record-dag-name] = 'ucsf' OR [record-dag-name] = 'st_jude') AND [p3f1_opt_out(1)] = '0' and [no_aceq(1)] = 0 and ([p2f2q01a] = "A" AND [p2f2q02a] = "")</p>	<p>Section Header: <i>Adverse Childhood Experience Questionnaire (ACE-Q)</i> This form asks questions about events that happened during your childhood. Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided. Please DO NOT mark or indicate which specific statements apply to you.</p> <p>1. Of the statements in Section 1, HOW MANY apply to you? Write the total number in the box:</p>	<p>text (integer, Min: 0, Max: 10) Field Annotation: @HIDDEN</p>																						

2364	[p3f3q22_a] Show the field ONLY if: [p3f3q17_1(1)] = 0	22. Pulmonary capillary wedge pressure (PCWP or PAWP)	checkbox 1 p3f3q22_a__1 NA
2365	[p3f3q22_b] Show the field ONLY if: [p3f3q22_a(1)] = 0 and ([p3f3q17_1(1)] = 0)	Pulmonary capillary wedge pressure (PCWP or PAWP) <i>(0.0-15.0)mmHg</i>	text (number, Min: 0, Max: 15), Required
2366	[p3f3q23_a] Show the field ONLY if: [p3f3q17_1(1)] = 0	23. Cardiac output and index	checkbox 1 p3f3q23_a__1 NA
2367	[p3f3q23_b] Show the field ONLY if: [p3f3q23_a(1)] = 0 and ([p3f3q17_1(1)] = 0)	Cardiac output and index <i>(0.0-10.0)L/min</i>	text (number, Min: 0, Max: 10), Required
2368	[followup_2_pulmonary_hypertension_and_lv_dysfunction_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Follow-Up 3: Patient Follow-up Survey (followup_3_patient_followup_survey)

 Enabled as survey

2369	[p3f1_opt_out_v3]	The patient has opted out of taking this survey	checkbox 1 p3f1_opt_out_v3__1 Field Annotation: @HIDDEN-SURVEY
2370	[p3f1_v3_opt_out_covid] Show the field ONLY if: [covid19_patient_impact_survey_complete] < '1'	The patient has opted out of taking the supplemental COVID-19 survey	checkbox 1 p3f1_v3_opt_out_covid__1 Field Annotation: @HIDDEN-SURVEY
2371	[p3f1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	Section Header: <i>INSTRUCTIONS:</i> We are interested in learning how you have been doing since we were last in touch with you. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.	descriptive
2372	[p3f1q00_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	What is today's date? <i>mm-dd-yyyy</i>	text (date_mdy) Field Annotation: @TODAY @FUTUREDATE= {"warn_msg!:"Can't_be_future_date!"}
2373	[p3f1q01_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	Section Header: <i>A. YOUR RECENT PAIN</i> 1. Do you take pain medicine every day for your sickle cell disease?	yesno 1 Yes 0 No
2374	[p3f1q02_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	2. What pain medicines do you currently take for your sickle cell disease? On the list below, check the box next to the name of the pain medicines you take (even if not everyday).	checkbox 1 p3f1q02_v3__1 Check here if you don't take pain medicines.

2375 [p3f1q02a_v3]
 Show the field ONLY if:
 [p3f1q02_v3(1)] = '0' AND [p3f1_ opt_out_v3(1)] = '0'

2376 [p3f1q02b_v3]
 Show the field ONLY if:
 [p3f1q02a_v3(99)] = '1'

checkbox

1	p3f1q02a_v3__1	acetaminophen & codeine (Tylenol-Codeine #3 or #4)
2	p3f1q02a_v3__2	acetaminophen & oxycodone (Percocet, Endocet)
3	p3f1q02a_v3__3	acetaminophen & hydrocodone (Vicodin, Norco, Lortab)
4	p3f1q02a_v3__4	acetaminophen (Tylenol)
5	p3f1q02a_v3__5	amitriptyline/Elavil
6	p3f1q02a_v3__6	aspirin (any brand)
7	p3f1q02a_v3__7	buprenorphine/Belbuca/Butrans
8	p3f1q02a_v3__8	butalbital, acetaminophen, and caffeine (Fioricet)
9	p3f1q02a_v3__9	butalbital, aspirin, caffeine, & codeine (Ascomp-Codeine)
10	p3f1q02a_v3__10	celecoxib (Celebrex)
11	p3f1q02a_v3__11	diclofenac/Voltaren/Cambia/Solara
12	p3f1q02a_v3__12	esomeprazole (Nexium)
13	p3f1q02a_v3__13	Excedrin
14	p3f1q02a_v3__14	fentanyl (Duragesic)
15	p3f1q02a_v3__15	gabapentin (Neurontin)
16	p3f1q02a_v3__16	hydromorphone (Exalgo ER, Dilaudid)
17	p3f1q02a_v3__17	ibuprofen (Motrin, Advil)
18	p3f1q02a_v3__18	ketorolac/Toradol
19	p3f1q02a_v3__19	magnesium salicylic acid (Durasal)
20	p3f1q02a_v3__20	meperidine (Demerol)
21	p3f1q02a_v3__21	methadone (Dolophine)
22	p3f1q02a_v3__22	morphine sulfate (MS Contin, Kadian)
23	p3f1q02a_v3__23	morphine and naltrexone (Embeda, MS IR)
24	p3f1q02a_v3__24	naproxen (Aleve, Naprosyn)
25	p3f1q02a_v3__25	oxycodone (Oxycontin, Roxicodone)
26	p3f1q02a_v3__26	oxymorphone (Opana)
27	p3f1q02a_v3__27	pentazocine/Talwin
28	p3f1q02a_v3__28	pregabalin (Lyrica)
29	p3f1q02a_v3__29	promethazine/Phenergan with codeine
30	p3f1q02a_v3__30	tapentadol/Nucynta
31	p3f1q02a_v3__31	tramadol
32	p3f1q02a_v3__32	venlafaxine/Effexor
33	p3f1q02a_v3__33	medical marijuana/cannabis
34	p3f1q02a_v3__34	topical/skin cream for pain (all type
99	p3f1q02a_v3__99	Other pain medication (specify below)

Custom alignment: LV

2376 [p3f1q02b_v3]
 Show the field ONLY if:
 [p3f1q02a_v3(99)] = '1'

2b. If 'Other pain medication', specify:

text

2377	<p>[p3f1q03_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header:</p> <p>3. In the past 12 months, how many sickle cell pain attacks (crises) did you have?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I did not have a pain attack in the past 12 months</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4 or more</td></tr> </table>	1	I did not have a pain attack in the past 12 months	2	1	3	2	4	3	5	4 or more												
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2	1																								
3	2																								
4	3																								
5	4 or more																								
2378	<p>[p3f1q04_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>4. When was your last pain attack (crisis)?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>More than a year ago</td></tr> <tr><td>3</td><td>7-11 months ago</td></tr> <tr><td>4</td><td>1-6 months ago</td></tr> <tr><td>5</td><td>1-3 weeks ago</td></tr> <tr><td>6</td><td>Less than a week ago</td></tr> <tr><td>7</td><td>I have one right now</td></tr> </table> <p>Field Annotation: @COMPAREWITH={"expression": "[p3f1q03_v3]=='' [p3f1q04_v3]=='' ([p3f1q03_v3]== '1' && [p3f1q04_v3]<='2') ([p3f1q03_v3]>'1' && [p3f1q04_v3]>= 3)", "err_msg": "This answer doesn't match the answer from question 3 above."}</p>	1	I've never had a pain attack (crisis)	2	More than a year ago	3	7-11 months ago	4	1-6 months ago	5	1-3 weeks ago	6	Less than a week ago	7	I have one right now								
1	I've never had a pain attack (crisis)																								
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6	Less than a week ago																								
7	I have one right now																								
2379	<p>[p3f1q05_v3]</p> <p>Show the field ONLY if: [p3f1q04_v3] >= '3'</p>	<p>Section Header:</p> <p>5. How severe was your pain during your last pain attack (crisis)? Select a number from 0 to 10 below, where 0 is no pain and 10 is the worst pain imaginable.</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 No Pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Worst Pain Imaginable</td></tr> </table> <p>Custom alignment: LH</p>	0	0 No Pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Worst Pain Imaginable
0	0 No Pain																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Worst Pain Imaginable																								
2380	<p>[p3f1q06_v3]</p> <p>Show the field ONLY if: [p3f1q04_v3] >= '3'</p>	<p>6. How much did your last pain attack (crisis) interfere with your life?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all, I did everything I usually do</td></tr> <tr><td>2</td><td>I had to cut down on some things I usually do</td></tr> <tr><td>3</td><td>I could not do most things I usually do</td></tr> <tr><td>4</td><td>I could not take care of myself and needed some help from family or friends</td></tr> <tr><td>5</td><td>I could not take care of myself and needed constant care from family, friends, doctors, or nurses</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all, I did everything I usually do	2	I had to cut down on some things I usually do	3	I could not do most things I usually do	4	I could not take care of myself and needed some help from family or friends	5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses												
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2381	<p>[p3f1q07_v3]</p> <p>Show the field ONLY if: [p3f1q04_v3] >= '3'</p>	<p>7. About how long did your most recent pain attack (crisis) last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1-12 hours</td></tr> <tr><td>3</td><td>13-23 hours</td></tr> <tr><td>4</td><td>1-3 days</td></tr> <tr><td>5</td><td>4-6 days</td></tr> <tr><td>6</td><td>1-2 weeks</td></tr> <tr><td>7</td><td>More than 2 weeks</td></tr> </table>	1	Less than 1 hour	2	1-12 hours	3	13-23 hours	4	1-3 days	5	4-6 days	6	1-2 weeks	7	More than 2 weeks								
1	Less than 1 hour																								
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6	1-2 weeks																								
7	More than 2 weeks																								

2382	<p>[p3f1q08a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 8. Think about your pain in the past 7 days, and answer the following questions.</p> <p>a. How often did you have very severe pain?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2383	<p>[p3f1q08b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. How often did you have pain so bad that it was hard to finish what you were doing?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2384	<p>[p3f1q09a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 9. Now think about your pain in the past 6 months, and answer the following questions.</p> <p>a. How often did you have very severe pain?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2385	<p>[p3f1q09b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. How often did you have pain so bad that it was hard to finish what you were doing?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2386	<p>[p3f1q10a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 10. Think about how your pain felt in the past 7 days, and answer the following questions.</p> <p>a. Did your pain feel like pins and needles?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
2	A little bit												
3	Somewhat												
4	Quite a bit												
5	Very much												
2387	<p>[p3f1q10b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. Did your pain feel sore?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
2	A little bit												
3	Somewhat												
4	Quite a bit												
5	Very much												
2388	<p>[p3f1q11_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header:</p> <p>11. Would you say that your pain management plan is....</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Effective for managing your pain</td></tr> <tr><td>2</td><td>Somewhat effective for managing your pain</td></tr> <tr><td>3</td><td>Ineffective at managing your pain</td></tr> <tr><td>4</td><td>You don't have a pain management plan</td></tr> </table> <p>Custom alignment: LV</p>	1	Effective for managing your pain	2	Somewhat effective for managing your pain	3	Ineffective at managing your pain	4	You don't have a pain management plan		
1	Effective for managing your pain												
2	Somewhat effective for managing your pain												
3	Ineffective at managing your pain												
4	You don't have a pain management plan												
2389	<p>[p3f1q12_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: B. YOUR MEDICAL CONDITIONS</p> <p>12. Do you get regular blood transfusions for your sickle cell disease?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

2390	[p3f1q13_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	13. In the past 12 months, how many units (pints) of blood have you received?	radio <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>1-2</td></tr> <tr><td>3</td><td>3-5</td></tr> <tr><td>4</td><td>6-10</td></tr> <tr><td>5</td><td>11-15</td></tr> <tr><td>6</td><td>>15</td></tr> <tr><td>7</td><td>Don't know</td></tr> </table>	1	None	2	1-2	3	3-5	4	6-10	5	11-15	6	>15	7	Don't know
1	None																
2	1-2																
3	3-5																
4	6-10																
5	11-15																
6	>15																
7	Don't know																
2391	[p3f1q14_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	14. Are you currently on iron chelation treatment (e.g., Desferal, Exjade, Jadenu, deferasirox, Ferriprox, deferiprone, phlebotomy?)	radio <table border="1"> <tr><td>0</td><td>Yes</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	Yes	1	No	99	Don't know								
0	Yes																
1	No																
99	Don't know																
2392	[p3f1q15_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	15. In the past 12 months, has your spleen been removed?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2393	[p3f1q16a_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	Section Header: 16. In the past 12 months, have you been newly diagnosed with any of the following conditions? Conditions a. Lung problems such as pneumonia or acute chest syndrome	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2394	[p3f1q16b_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	b. Kidney damage	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2395	[p3f1q16c_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	c. Eye damage called retinopathy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2396	[p3f1q16d_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	d. Damage to your hip or shoulder due to sickle cell disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2397	[p3f1q16e_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	e. High blood pressure in your lungs (also called pulmonary hypertension)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2398	[p3f1q16f_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	f. Heart failure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2399	[p3f1q16g_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	g. Blood clots in your legs or arms or that went to your lung	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2400	[p3f1q16h_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	h. A stroke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2401	[p3f1q16i_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	i. Asthma	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2402	[p3f1q16j_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	j. Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2403	[p3f1q16k_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	k. Liver problems such as hepatitis, iron overload, or cirrhosis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																

2404	[p3f1q161_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	I. Skin ulcers	radio (Matrix) 1 Yes 0 No
2405	[p3f1q17_v3f4] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	17. Have you ever been diagnosed with a cancer or myelodysplastic syndrome (MDS)?	yesno 1 Yes 0 No
2406	[p3f1q18_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	18. Which of the following cancers or blood disorders has a doctor told you that you have? For each one, please indicate the month and year of your diagnosis OR your age at the time of your diagnosis. Type/location of cancer or blood disorder	descriptive
2407	[p3f1q18a_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	a. Acute myeloid leukemia (AML)	checkbox 1 p3f1q18a_v3f4__1 Yes
2408	[p3f1q18ai_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18a_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2 - February 3 3 - March 4 4 - April 5 5 - May 6 6 - June 7 7 - July 8 8 - August 9 9 - September 10 10 - October 11 11 - November 12 12-December
2409	[p3f1q18ai_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18a_v3f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
2410	[p3f1q18ai_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18a_v3f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2411	[p3f1q18b_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	b. Acute lymphocytic leukemia (ALL)	checkbox 1 p3f1q18b_v3f4__1 Yes
2412	[p3f1q18bi_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18b_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2 - February 3 3 - March 4 4 - April 5 5 - May 6 6 - June 7 7 - July 8 8 - August 9 9 - September 10 10 - October 11 11 - November 12 12-December

2413	[p3f1q18bi_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18b_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2414	[p3f1q18bi_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18b_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2415	[p3f1q18c_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	c. Acute leukemia, unknown type	checkbox 1 p3f1q18c_v3f4__1 Yes
2416	[p3f1q18ci_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18c_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2417	[p3f1q18ci_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18c_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2418	[p3f1q18ci_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18c_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2419	[p3f1q18d_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	d. Chronic myelogenous leukemia (CML)	checkbox 1 p3f1q18d_v3f4__1 Yes
2420	[p3f1q18di_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18d_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2421	[p3f1q18di_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18d_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)

2422	[p3f1q18di_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18d_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2423	[p3f1q18e_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	e. Chronic lymphocytic leukemia (CLL)	checkbox 1 p3f1q18e_v3f4__1 Yes
2424	[p3f1q18ei_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18e_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2425	[p3f1q18ei_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18e_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2426	[p3f1q18ei_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18e_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2427	[p3f1q18f_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	f. Chronic leukemia, unknown type	checkbox 1 p3f1q18f_v3f4__1 Yes
2428	[p3f1q18fi_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18f_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2429	[p3f1q18fi_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18f_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2430	[p3f1q18fi_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18f_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)

2431	[p3f1q18g_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	g. Myelodysplastic syndrome (MDS)	checkbox 1 p3f1q18g_v3f4__1 Yes
2432	[p3f1q18gi_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18g_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2433	[p3f1q18gi_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18g_v3f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
2434	[p3f1q18gi_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18g_v3f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2435	[p3f1q18h_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	h. Hodgkin lymphoma	checkbox 1 p3f1q18h_v3f4__1 Yes
2436	[p3f1q18hi_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18h_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2437	[p3f1q18hi_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18h_v3f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)
2438	[p3f1q18hi_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18h_v3f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2439	[p3f1q18i_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	i. Non-Hodgkin lymphoma (NHL)	checkbox 1 p3f1q18i_v3f4__1 Yes

2440	[p3f1q18ii_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18i_v3f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2441	[p3f1q18ii_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18i_v3f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2442	[p3f1q18ii_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18i_v3f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2443	[p3f1q18j_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	j. Lymphoma, unknown type	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18j_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18j_v3f4__1	Yes																							
1	p3f1q18j_v3f4__1	Yes																											
2444	[p3f1q18ji_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18j_v3f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2445	[p3f1q18ji_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18j_v3f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2446	[p3f1q18ji_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18j_v3f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2447	[p3f1q18k_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	k. Multiple myeloma	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18k_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18k_v3f4__1	Yes																							
1	p3f1q18k_v3f4__1	Yes																											

2448	[p3f1q18ki_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18k_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2449	[p3f1q18ki_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18k_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2450	[p3f1q18ki_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18k_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2451	[p3f1q18l_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	l. Myelofibrosis	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18l_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18l_v3f4__1	Yes																							
1	p3f1q18l_v3f4__1	Yes																											
2452	[p3f1q18li_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18l_v3f4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2453	[p3f1q18li_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18l_v3f4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2454	[p3f1q18li_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18l_v3f4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2455	[p3f1q18m_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	m. Essential thrombocythemia	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18m_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18m_v3f4__1	Yes																							
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2456	<p>[p3f1q18mi_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18m_v3f4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2457	<p>[p3f1q18mi_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18m_v3f4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2458	<p>[p3f1q18mi_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18m_v3f4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2459	<p>[p3f1q18n_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>n. Polycythemia vera</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18n_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18n_v3f4__1	Yes																							
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2460	<p>[p3f1q18ni_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18n_v3f4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2461	<p>[p3f1q18ni_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18n_v3f4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2462	<p>[p3f1q18ni_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18n_v3f4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2463	<p>[p3f1q18o_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>o. Cancer of the blood, unknown type</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18o_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18o_v3f4__1	Yes																							
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2464	<p>[p3f1q18oi_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18o_v3f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2465	<p>[p3f1q18oi_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18o_v3f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2466	<p>[p3f1q18oi_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18o_v3f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2467	<p>[p3f1q18p_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>p. Breast cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18p_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18p_v3f4__1	Yes																							
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2468	<p>[p3f1q18pi_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18p_v3f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2469	<p>[p3f1q18pi_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18p_v3f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2470	<p>[p3f1q18pi_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18p_v3f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2471	<p>[p3f1q18q_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>q. Renal cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18q_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18q_v3f4__1	Yes																							
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2472	<p>[p3f1q18qi_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18q_v3f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2473	<p>[p3f1q18qi_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18q_v3f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2474	<p>[p3f1q18qi_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18q_v3f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2475	<p>[p3f1q18r_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>r. Prostate cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18r_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18r_v3f4__1	Yes																							
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2476	<p>[p3f1q18ri_v3f4a]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18r_v3f4(1)]=1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2477	<p>[p3f1q18ri_v3f4b]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18r_v3f4(1)]=1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2478	<p>[p3f1q18ri_v3f4c]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18r_v3f4(1)]=1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2479	<p>[p3f1q18s_v3f4]</p> <p>Show the field ONLY if: [p3f1q17_v3f4]='1'</p>	<p>s. Skin cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18s_v3f4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18s_v3f4__1	Yes																							
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2480	[p3f1q18si_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18s_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2481	[p3f1q18si_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18s_v3f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)																										
2482	[p3f1q18si_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18s_v3f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2483	[p3f1q18t_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	t. Colon Cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18t_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18t_v3f4__1	Yes																							
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2484	[p3f1q18ti_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18t_v3f4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2485	[p3f1q18ti_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18t_v3f4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)																										
2486	[p3f1q18ti_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18t_v3f4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2487	[p3f1q18u_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1'	u. Any other type of cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18u_v3f4__1</td><td>Yes</td></tr> </table>	1	p3f1q18u_v3f4__1	Yes																							
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2488	[p3f1q18usp_v3f4] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18u_v3f4(1)]='1'	Specify:	text																										

2489	[p3f1q18ui_v3f4a] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18u_v3f4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2490	[p3f1q18ui_v3f4b] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18u_v3f4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2491	[p3f1q18ui_v3f4c] Show the field ONLY if: [p3f1q17_v3f4]='1' AND [p3f1q18u_v3f4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2492	[p3f1q17_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	Section Header: <i>C. HYDROXYUREA USE</i> 19. In the past 12 months, have you taken hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
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2493	[p3f1q18_v3] Show the field ONLY if: [p3f1q17_v3] = "1"	20. Are you currently taking hydroxyurea?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
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2494	[p3f1q19_v3] Show the field ONLY if: [p3f1q17_v3] = "1" and [p3f1q18_v3] = "0"	21. In the past 12 months, what is the reason you discontinued or stopped taking hydroxyurea? <i>Please select one from the list.</i>	radio <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Pregnancy concerns</td></tr> <tr><td>6</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Pregnancy concerns	6	Other reason not listed above														
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2495	[p3f1q19a_v3] Show the field ONLY if: [p3f1q19_v3] = "6"	21a. If 'Other reason', specify:	text																										
2496	[p3f1q20_v3] Show the field ONLY if: [p3f1q17_v3] = "1"	22. How many days did you take hydroxyurea in the PAST WEEK?	radio <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> Custom alignment: LH	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days										
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2497	<p>[p3f1q21_v3]</p> <p>Show the field ONLY if: [p3f1q17_v3] = "1"</p>	<p>Section Header:</p> <p>23. In the last 12 months, which of the following side effects did you experience while you were taking hydroxyurea? Select one or more from the list below.</p>	<table border="1"> <thead> <tr> <th colspan="3">checkbox</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>p3f1q21_v3__1</td> <td>Hair loss/thinning</td> </tr> <tr> <td>2</td> <td>p3f1q21_v3__2</td> <td>Nail blackening or discoloration</td> </tr> <tr> <td>3</td> <td>p3f1q21_v3__3</td> <td>Lowered blood counts (e.g., platelets, white count, hemoglobin)</td> </tr> <tr> <td>4</td> <td>p3f1q21_v3__4</td> <td>Low sperm count or other fertility problems</td> </tr> <tr> <td>5</td> <td>p3f1q21_v3__5</td> <td>Nausea/vomiting</td> </tr> <tr> <td>6</td> <td>p3f1q21_v3__6</td> <td>Skin ulcers</td> </tr> <tr> <td>7</td> <td>p3f1q21_v3__7</td> <td>Weight gain</td> </tr> <tr> <td>8</td> <td>p3f1q21_v3__8</td> <td>Headaches or dizziness</td> </tr> <tr> <td>9</td> <td>p3f1q21_v3__9</td> <td>Fatigue/drowsiness</td> </tr> <tr> <td>10</td> <td>p3f1q21_v3__10</td> <td>No side effects</td> </tr> </tbody> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=10</p>	checkbox			1	p3f1q21_v3__1	Hair loss/thinning	2	p3f1q21_v3__2	Nail blackening or discoloration	3	p3f1q21_v3__3	Lowered blood counts (e.g., platelets, white count, hemoglobin)	4	p3f1q21_v3__4	Low sperm count or other fertility problems	5	p3f1q21_v3__5	Nausea/vomiting	6	p3f1q21_v3__6	Skin ulcers	7	p3f1q21_v3__7	Weight gain	8	p3f1q21_v3__8	Headaches or dizziness	9	p3f1q21_v3__9	Fatigue/drowsiness	10	p3f1q21_v3__10	No side effects
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2498	<p>[p3f1q22_v3]</p> <p>Show the field ONLY if: [p3f1q17_v3] = "1"</p>	<p>24. In the last 12 months, what makes it difficult for you to take hydroxyurea, or is there a reason why you do not take hydroxyurea? Select one or more from the list below, whether or not you have ever taken hydroxyurea.</p>	<table border="1"> <thead> <tr> <th colspan="3">checkbox</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>p3f1q22_v3__1</td> <td>I have no difficulties or concerns using hydroxyurea</td> </tr> <tr> <td>2</td> <td>p3f1q22_v3__2</td> <td>I don't know enough about the medicine</td> </tr> <tr> <td>3</td> <td>p3f1q22_v3__3</td> <td>Sometimes I forget to take the medicine</td> </tr> <tr> <td>4</td> <td>p3f1q22_v3__4</td> <td>I am worried about side effects</td> </tr> <tr> <td>5</td> <td>p3f1q22_v3__5</td> <td>I don't like the frequent blood tests or clinic visits</td> </tr> <tr> <td>6</td> <td>p3f1q22_v3__6</td> <td>I'm feeling well and I don't think I need it</td> </tr> <tr> <td>7</td> <td>p3f1q22_v3__7</td> <td>The cost is more than I can afford</td> </tr> <tr> <td>8</td> <td>p3f1q22_v3__8</td> <td>I have heard that hydroxyurea may cause cancer</td> </tr> <tr> <td>9</td> <td>p3f1q22_v3__9</td> <td>I have heard that hydroxyurea may cause problems with having healthy children</td> </tr> <tr> <td>97</td> <td>p3f1q22_v3__97</td> <td>Other difficulty</td> </tr> </tbody> </table> <p>Custom alignment: LV</p>	checkbox			1	p3f1q22_v3__1	I have no difficulties or concerns using hydroxyurea	2	p3f1q22_v3__2	I don't know enough about the medicine	3	p3f1q22_v3__3	Sometimes I forget to take the medicine	4	p3f1q22_v3__4	I am worried about side effects	5	p3f1q22_v3__5	I don't like the frequent blood tests or clinic visits	6	p3f1q22_v3__6	I'm feeling well and I don't think I need it	7	p3f1q22_v3__7	The cost is more than I can afford	8	p3f1q22_v3__8	I have heard that hydroxyurea may cause cancer	9	p3f1q22_v3__9	I have heard that hydroxyurea may cause problems with having healthy children	97	p3f1q22_v3__97	Other difficulty
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2499	<p>[p3f1q22a_v3]</p> <p>Show the field ONLY if: [p3f1q22_v3(97)] = "1"</p>	<p>24a. If 'Other difficulty', Specify:</p>	<p>text</p>																																	
2500	<p>[p3f1q23_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>D. OTHER MEDICATIONS YOU ARE TAKING</i></p> <p>25. In the past 12 months, have you taken the drug called Endari (l-glutamine)?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																													
1	Yes																																			
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2501	<p>[p3f1q24_v3]</p> <p>Show the field ONLY if: [p3f1q23_v3] = "1"</p>	<p>26. Are you currently taking Endari?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																													
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2502	<p>[p3f1q25_v3]</p> <p>Show the field ONLY if: [p3f1q23_v3] = "1" and [p3f1q24_v3] = "0"</p>	<p>27. In the past 12 months, what is the reason you discontinued or stopped taking Endari? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Side effects</td> </tr> <tr> <td>2</td> <td>Personal preference</td> </tr> <tr> <td>3</td> <td>Provider decision</td> </tr> <tr> <td>4</td> <td>Didn't work</td> </tr> <tr> <td>5</td> <td>Other reason not listed above</td> </tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above																							
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2503	[p3f1q25a_v3] Show the field ONLY if: [p3f1q25_v3] = "5"	27a. If 'Other reason not listed above', Specify:	text																		
2504	[p3f1q26_v3] Show the field ONLY if: [p3f1q23_v3] = "1"	28. How many days did you take Endari in the PAST WEEK?	radio <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> Custom alignment: LH	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days		
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2505	[p3f1q27_v3] Show the field ONLY if: [p3f1q23_v3] = "1"	Section Header: 29. In the last 12 months, what side effects have you experienced while you were taking Endari? Select one or more from the list below.	checkbox <table border="1"> <tr><td>1</td><td>p3f1q27_v3__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q27_v3__2</td><td>Nausea/vomiting</td></tr> <tr><td>3</td><td>p3f1q27_v3__3</td><td>Stomach pain</td></tr> <tr><td>4</td><td>p3f1q27_v3__4</td><td>Cough</td></tr> <tr><td>5</td><td>p3f1q27_v3__5</td><td>Headaches or dizziness</td></tr> <tr><td>6</td><td>p3f1q27_v3__6</td><td>Other not listed above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p3f1q27_v3__1	No side effects	2	p3f1q27_v3__2	Nausea/vomiting	3	p3f1q27_v3__3	Stomach pain	4	p3f1q27_v3__4	Cough	5	p3f1q27_v3__5	Headaches or dizziness	6	p3f1q27_v3__6	Other not listed above
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6	p3f1q27_v3__6	Other not listed above																			
2506	[p3f1q27a_v3] Show the field ONLY if: [p3f1q27_v3(6)] = "1" and [p3f1q23_v3] = "1"	29a. If 'Other not listed above', Specify:	text																		
2507	[p3f1q30_v3f4] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	30. In the past 12 months, have you taken the drug called Adakveo (crizanlizumab)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
2508	[p3f1q31_v3f4] Show the field ONLY if: [p3f1q30_v3f4]=1	31. Are you currently taking Adakveo?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
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2509	[p3f1q32_v3f4] Show the field ONLY if: [p3f1q30_v3f4]=1 AND [p3f1q31_v3f4]=0	32. In the past 12 months, what is the reason you discontinued or stopped taking Adakveo? Please select one from the list below.	radio <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above								
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2510	[p3f1q32a_v3f4] Show the field ONLY if: [p3f1q32_v3f4]=5	32a. If 'Other reason not listed above', specify:	text																		
2511	[p3f1q33_v3f4] Show the field ONLY if: [p3f1q30_v3f4]=1	33. How many infusions of Adakveo have you missed or rescheduled in the PAST 6 MONTHS?	radio <table border="1"> <tr><td>1</td><td>0 infusions</td></tr> <tr><td>2</td><td>1 infusion</td></tr> <tr><td>3</td><td>2 infusions</td></tr> <tr><td>4</td><td>3 infusions</td></tr> <tr><td>5</td><td>4 infusions</td></tr> <tr><td>6</td><td>5 infusions</td></tr> <tr><td>7</td><td>6 infusions</td></tr> </table>	1	0 infusions	2	1 infusion	3	2 infusions	4	3 infusions	5	4 infusions	6	5 infusions	7	6 infusions				
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2512	<p>[p3f1q34_v3f4]</p> <p>Show the field ONLY if: [p3f1q30_v3f4]=1</p>	<p>34. In the last 12 months, what side effects have you experienced while you were taking Adakveo? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q34_v3f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q34_v3f4__2</td><td>Fever</td></tr> <tr><td>3</td><td>p3f1q34_v3f4__3</td><td>Chills or shivering</td></tr> <tr><td>4</td><td>p3f1q34_v3f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q34_v3f4__5</td><td>Vomiting</td></tr> <tr><td>6</td><td>p3f1q34_v3f4__6</td><td>Shortness of breath</td></tr> <tr><td>7</td><td>p3f1q34_v3f4__7</td><td>Muscle aches (myalias)</td></tr> <tr><td>8</td><td>p3f1q34_v3f4__8</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q34_v3f4__1	No side effects	2	p3f1q34_v3f4__2	Fever	3	p3f1q34_v3f4__3	Chills or shivering	4	p3f1q34_v3f4__4	Nausea	5	p3f1q34_v3f4__5	Vomiting	6	p3f1q34_v3f4__6	Shortness of breath	7	p3f1q34_v3f4__7	Muscle aches (myalias)	8	p3f1q34_v3f4__8	Other not listed above
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2513	<p>[p3f1q34a_v3f4]</p> <p>Show the field ONLY if: [p3f1q34_v3f4(8)]=1</p>	<p>34a. If 'Other not listed above', specify:</p>	<p>text</p>																								
2514	<p>[p3f1q35_v3f4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>35. In the past 12 months, have you taken the drug called Oxbrtya (voxelotor)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
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2515	<p>[p3f1q36_v3f4]</p> <p>Show the field ONLY if: [p3f1q35_v3f4]=1</p>	<p>36. Are you currently taking Oxbrtya?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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2516	<p>[p3f1q37_v3f4]</p> <p>Show the field ONLY if: [p3f1q35_v3f4]=1 AND [p3f1q36_v3f4]=0</p>	<p>37. In the past 12 months, what is the reason you discontinued or stopped taking Oxbrtya? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above														
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2517	<p>[p3f1q37a_v3f4]</p> <p>Show the field ONLY if: [p3f1q37_v3f4]=5</p>	<p>37a. If 'Other reason not listed above', specify:</p>	<p>text</p>																								
2518	<p>[p3f1q38_v3f4]</p> <p>Show the field ONLY if: [p3f1q35_v3f4]=1</p>	<p>38. How many days did you take Oxbrtya in the PAST WEEK?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 days</td></tr> <tr><td>2</td><td>1 day</td></tr> <tr><td>3</td><td>2 days</td></tr> <tr><td>4</td><td>3 days</td></tr> <tr><td>5</td><td>4 days</td></tr> <tr><td>6</td><td>5 days</td></tr> <tr><td>7</td><td>6 days</td></tr> <tr><td>8</td><td>7 days</td></tr> </table>	1	0 days	2	1 day	3	2 days	4	3 days	5	4 days	6	5 days	7	6 days	8	7 days								
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2519	<p>[p3f1q39_v3f4]</p> <p>Show the field ONLY if: [p3f1q35_v3f4]=1</p>	<p>39. In the last 12 months, what side effects have you experienced while you were taking Oxbrtya? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q39_v3f4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q39_v3f4__2</td><td>Rash or hives</td></tr> <tr><td>3</td><td>p3f1q39_v3f4__3</td><td>Headache</td></tr> <tr><td>4</td><td>p3f1q39_v3f4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q39_v3f4__5</td><td>Abdominal pain</td></tr> <tr><td>6</td><td>p3f1q39_v3f4__6</td><td>Loose stools</td></tr> <tr><td>7</td><td>p3f1q39_v3f4__7</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q39_v3f4__1	No side effects	2	p3f1q39_v3f4__2	Rash or hives	3	p3f1q39_v3f4__3	Headache	4	p3f1q39_v3f4__4	Nausea	5	p3f1q39_v3f4__5	Abdominal pain	6	p3f1q39_v3f4__6	Loose stools	7	p3f1q39_v3f4__7	Other not listed above			
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2520	<p>[p3f1q39a_v3f4]</p> <p>Show the field ONLY if: [p3f1q39_v3f4(7)]=1</p>	<p>39a. If 'Other not listed above', specify:</p>	<p>text</p>																								

2521	<p>[p3f1q28_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header:</p> <p>40. We would like to know what other types of medications you are currently taking, excluding pain medications, iron chelators, hydroxyurea, Endari (L-glutamine oral powder), Adakveo (crizanlizumab), and Oxbryta (voxelotor) which we already asked about.</p> <p>Review the list in the table below and check the box next to the type of medications you are currently taking.</p> <p>CATEGORIES OR TYPES OF DRUGS/VITAMINS YOU MAY BE TAKING</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q28_v3__1</td><td>Allergy drugs</td></tr> <tr><td>2</td><td>p3f1q28_v3__2</td><td>Asthma or COPD inhalers (bronchodilators)</td></tr> <tr><td>3</td><td>p3f1q28_v3__3</td><td>Antibiotics</td></tr> <tr><td>4</td><td>p3f1q28_v3__4</td><td>ADD/ADHD drugs</td></tr> <tr><td>5</td><td>p3f1q28_v3__5</td><td>Anti-seizure drugs</td></tr> <tr><td>6</td><td>p3f1q28_v3__6</td><td>Anti-anxiety drugs</td></tr> <tr><td>7</td><td>p3f1q28_v3__7</td><td>Antidepressants</td></tr> <tr><td>8</td><td>p3f1q28_v3__8</td><td>Birth control</td></tr> <tr><td>9</td><td>p3f1q28_v3__9</td><td>Blood thinning drugs (anticoagulants)</td></tr> <tr><td>10</td><td>p3f1q28_v3__10</td><td>Diabetes drugs</td></tr> <tr><td>11</td><td>p3f1q28_v3__11</td><td>Diuretics, fluid/water retention pills</td></tr> <tr><td>12</td><td>p3f1q28_v3__12</td><td>Heartburn, indigestion, acid reflux drugs</td></tr> <tr><td>13</td><td>p3f1q28_v3__13</td><td>High cholesterol drugs</td></tr> <tr><td>14</td><td>p3f1q28_v3__14</td><td>Hypothyroid drugs</td></tr> <tr><td>15</td><td>p3f1q28_v3__15</td><td>Insomnia drugs & sleep aids</td></tr> <tr><td>16</td><td>p3f1q28_v3__16</td><td>Nausea drugs</td></tr> <tr><td>17</td><td>p3f1q28_v3__17</td><td>Muscle relaxers</td></tr> <tr><td>18</td><td>p3f1q28_v3__18</td><td>Stool softeners and laxatives</td></tr> <tr><td>19</td><td>p3f1q28_v3__19</td><td>Iron supplements</td></tr> <tr><td>20</td><td>p3f1q28_v3__20</td><td>Folic acid</td></tr> <tr><td>21</td><td>p3f1q28_v3__21</td><td>Vitamin D, all types</td></tr> <tr><td>22</td><td>p3f1q28_v3__22</td><td>Multi-vitamins</td></tr> <tr><td>23</td><td>p3f1q28_v3__23</td><td>Any other vitamins and supplements</td></tr> </table> <p>Custom alignment: LV</p>	1	p3f1q28_v3__1	Allergy drugs	2	p3f1q28_v3__2	Asthma or COPD inhalers (bronchodilators)	3	p3f1q28_v3__3	Antibiotics	4	p3f1q28_v3__4	ADD/ADHD drugs	5	p3f1q28_v3__5	Anti-seizure drugs	6	p3f1q28_v3__6	Anti-anxiety drugs	7	p3f1q28_v3__7	Antidepressants	8	p3f1q28_v3__8	Birth control	9	p3f1q28_v3__9	Blood thinning drugs (anticoagulants)	10	p3f1q28_v3__10	Diabetes drugs	11	p3f1q28_v3__11	Diuretics, fluid/water retention pills	12	p3f1q28_v3__12	Heartburn, indigestion, acid reflux drugs	13	p3f1q28_v3__13	High cholesterol drugs	14	p3f1q28_v3__14	Hypothyroid drugs	15	p3f1q28_v3__15	Insomnia drugs & sleep aids	16	p3f1q28_v3__16	Nausea drugs	17	p3f1q28_v3__17	Muscle relaxers	18	p3f1q28_v3__18	Stool softeners and laxatives	19	p3f1q28_v3__19	Iron supplements	20	p3f1q28_v3__20	Folic acid	21	p3f1q28_v3__21	Vitamin D, all types	22	p3f1q28_v3__22	Multi-vitamins	23	p3f1q28_v3__23	Any other vitamins and supplements
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2522	<p>[p3f1q29_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header:</p> <p>41. Are you taking any medications for high blood pressure (hypertension) or for your heart?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2523	<p>[p3f1q29a_v3]</p> <p>Show the field ONLY if: [p3f1q29_v3] = "1"</p>	<p>41a. If yes, what is the name of the high blood pressure or heart medication?</p>	<p>text</p>																																																																					
2524	<p>[p3f1q30_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>42. Are you taking any other type of medication that we did not already ask about?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2525	<p>[p3f1q30a_v3]</p> <p>Show the field ONLY if: [p3f1q30_v3] = "1"</p>	<p>42a. If yes, what is the name of the other medication(s)?</p>	<p>text</p>																																																																					
2526	<p>[p3f1q31_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>43. Are you currently participating in a study where you are taking a medicine for sickle cell?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2527	<p>[p3f1q32a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>E. YOUR SLEEP</i> 44. Think about your sleep in the past 7 days, and answer the following questions.</p> <p>a. How often did you stay up most of the night because you could not fall asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																																																											
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2528	<p>[p3f1q32b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. How often did you have a lot of trouble falling asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2529	<p>[p3f1q33a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>F. YOUR SOCIAL AND MENTAL HEALTH 45. Please respond to each statement by marking one box per row.</i></p> <p>a. I have someone who will listen to me when I need to talk</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2530	<p>[p3f1q33b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. I have someone to confide in or talk to about myself or my problems</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2531	<p>[p3f1q33c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. I have someone who makes me feel appreciated</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2532	<p>[p3f1q33d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. I have someone to talk with when I have a bad day</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2533	<p>[p3f1q34a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>46. Think about how you felt in the past 7 days, and respond to each question or statement.</i></p> <p>a. I felt worthless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2534	<p>[p3f1q34b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. I felt helpless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2535	<p>[p3f1q34c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. I felt depressed.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2536	<p>[p3f1q34d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	d. I felt hopeless.	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2537	<p>[p3f1q34e_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	e. How often did you feel completely hopeless because of your health?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2538	<p>[p3f1q34f_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	f. How often were you very worried about needing to go to the hospital?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2539	<p>[p3f1q34g_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	g. I felt tired.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
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2540	<p>[p3f1q35a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 47. Please respond to each statement by marking one box per row. In the past 7 days.....</p> <p>a. I felt fearful</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2541	<p>[p3f1q35b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	b. I found it hard to focus on anything other than my anxiety	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2542	<p>[p3f1q35c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	c. My worries overwhelmed me	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2543	<p>[p3f1q35d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	d. I felt uneasy	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2544	<p>[p3f1q36a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 48. In the past 7 days, how often did the following happen?</p> <p>a. I had to read something several times to understand it.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2545	<p>[p3f1q36b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. My thinking was slow.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2546	<p>[p3f1q36c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. I had to work really hard to pay attention or I would make a mistake.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2547	<p>[p3f1q36d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. I had trouble concentrating.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2548	<p>[p3f1q37a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 49. How much DIFFICULTY do you currently have doing the following things?</p> <p>a. Reading and following complex instructions (e.g., directions for a new medication)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2549	<p>[p3f1q37b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. Planning for and keeping appointments that are not part of your weekly routine (e.g., therapy or doctor appointment, social gathering with friends/family)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2550	<p>[p3f1q37c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. Managing your time to do most of your daily activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2551	<p>[p3f1q37d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. Learning new tasks or instructions?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2552	<p>[p3f1q38a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 50. In the past 30 days, how much did the following happen?</p> <p>a. How much did you rely on others to take care of you because of your health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
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2553	<p>[p3f1q38b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. How much did your health make it hard for you to do things with your friends?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
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2554	<p>[p3f1q39a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 51. Please respond to each statement by marking one box per row. In the past month, please describe how often...</p> <p>a. I feel alone and apart from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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2555	<p>[p3f1q39b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. I feel left out</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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2556	<p>[p3f1q39c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. I feel that I am no longer close to anyone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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2557	<p>[p3f1q39d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. I feel alone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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2558	<p>[p3f1q39e_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>e. I feel lonely</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
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3	Usually												
4	Always												
2559	<p>[p3f1q39f_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>f. I feel isolated from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Usually												
4	Always												

2560	<p>[p3f1q40a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: 52. Please respond to each statement by marking one box per row.</p> <p>a. I tend to bounce back quickly after hard times</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
0	Strongly Disagree												
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3	Agree												
4	Strongly Agree												
2561	<p>[p3f1q40b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. I have a hard time making it through stressful events</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
0	Strongly Disagree												
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4	Strongly Agree												
2562	<p>[p3f1q40c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. It does not take me long to recover from a stressful event</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2563	<p>[p3f1q40d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. It is hard for me to snap back when something bad happens</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2564	<p>[p3f1q40e_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>e. I usually come through difficult times with little trouble</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2565	<p>[p3f1q40f_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>f. I tend to take a long time to get over set-backs in my life</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2566	<p>[p3f1q41_1a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: G. YOUR PHYSICAL HEALTH 53. Please respond to each question or statement by marking one box per row.</p> <p>a. In general, how would you rate your physical health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
2567	<p>[p3f1q41_2b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Completely</td></tr> <tr><td>2</td><td>Mostly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A little</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Completely	2	Mostly	3	Moderately	4	A little	5	Not at all
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2568	<p>[p3f1q42_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>H. YOUR ABILITY TO MANAGE YOUR SICKLE CELL DISEASE</i></p> <p>54. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2569	<p>[p3f1q43a_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>55. Please respond to each statement below by marking one box per row. CURRENT Level of Confidence (confidence is how sure you are about each statement)</i></p> <p>a. I can follow directions when my doctor changes my medications.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2570	<p>[p3f1q43b_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>b. I can take my medication when there is a change in my usual day (unexpected things happen).</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2571	<p>[p3f1q43c_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>c. I can manage my medication without help.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2572	<p>[p3f1q43d_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>d. I can list my medications, including the doses and schedule.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2573	<p>[p3f1q44_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	<p>Section Header: <i>I. BARRIERS</i></p> <p>56. During the past 12 months, was there any time when you didn't get the medical care you needed or had delays in getting the care you needed?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

2574	<p>[p3f1q45_v3]</p> <p>Show the field ONLY if: [p3f1q44_v3]!='0' AND [p3f1_opt_out_v3(1)] = '0'</p>	57. In the past 12 months, did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons? Select one or more from the list below.	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q45_v3__1</td> <td>Worry about the cost</td> </tr> <tr> <td>2</td> <td>p3f1q45_v3__2</td> <td>The doctor or hospital wouldn't accept your health insurance</td> </tr> <tr> <td>3</td> <td>p3f1q45_v3__3</td> <td>Your health plan wouldn't pay for the treatment</td> </tr> <tr> <td>4</td> <td>p3f1q45_v3__4</td> <td>You couldn't get an appointment soon enough</td> </tr> <tr> <td>5</td> <td>p3f1q45_v3__5</td> <td>You couldn't get there when the doctor's office or clinic was open</td> </tr> <tr> <td>6</td> <td>p3f1q45_v3__6</td> <td>It takes too long to get to the doctor's office or clinic from your house or work</td> </tr> <tr> <td>7</td> <td>p3f1q45_v3__7</td> <td>You couldn't get through on the telephone</td> </tr> <tr> <td>8</td> <td>p3f1q45_v3__8</td> <td>You were too busy with work or other commitments to take the time</td> </tr> <tr> <td>9</td> <td>p3f1q45_v3__9</td> <td>You didn't think the problem was serious enough</td> </tr> <tr> <td>10</td> <td>p3f1q45_v3__10</td> <td>You had previous bad experiences with the health care system</td> </tr> <tr> <td>11</td> <td>p3f1q45_v3__11</td> <td>People at the doctor's office or clinic don't speak the same language I do</td> </tr> <tr> <td>12</td> <td>p3f1q45_v3__12</td> <td>The Coronavirus/COVID-19 pandemic</td> </tr> <tr> <td>97</td> <td>p3f1q45_v3__97</td> <td>Some other reason not listed above</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='97'</p>	1	p3f1q45_v3__1	Worry about the cost	2	p3f1q45_v3__2	The doctor or hospital wouldn't accept your health insurance	3	p3f1q45_v3__3	Your health plan wouldn't pay for the treatment	4	p3f1q45_v3__4	You couldn't get an appointment soon enough	5	p3f1q45_v3__5	You couldn't get there when the doctor's office or clinic was open	6	p3f1q45_v3__6	It takes too long to get to the doctor's office or clinic from your house or work	7	p3f1q45_v3__7	You couldn't get through on the telephone	8	p3f1q45_v3__8	You were too busy with work or other commitments to take the time	9	p3f1q45_v3__9	You didn't think the problem was serious enough	10	p3f1q45_v3__10	You had previous bad experiences with the health care system	11	p3f1q45_v3__11	People at the doctor's office or clinic don't speak the same language I do	12	p3f1q45_v3__12	The Coronavirus/COVID-19 pandemic	97	p3f1q45_v3__97	Some other reason not listed above
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2575	<p>[p3f1q45a_v3]</p> <p>Show the field ONLY if: [p3f1q45_v3(97)] = "1" && [p3f1q44_v3]!='0'</p>	If "Some other reason not listed above", please specify:	text																																							
2576	<p>[p3f1q46_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	58. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Not hard at all</td> </tr> <tr> <td>2</td> <td>Not very hard</td> </tr> <tr> <td>3</td> <td>Somewhat hard</td> </tr> <tr> <td>4</td> <td>Hard</td> </tr> <tr> <td>5</td> <td>Very hard</td> </tr> </table>	1	Not hard at all	2	Not very hard	3	Somewhat hard	4	Hard	5	Very hard																													
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2577	<p>[p3f1q47_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	59. Did you lose your health insurance in the past year?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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2578	<p>[p3f1q48_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	60. In the past 12 months, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? If yes, please indicate whether it happened 1-2 times or 3 or more times in the past 12 months.	descriptive																																							
2579	<p>[p3f1q48_a1_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'</p>	a. At school?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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2580	<p>[p3f1q48_a2_v3]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_a1_v3] = '1'</p>	How many times did this happen in the past 12 months?	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>1-2 times</td> </tr> <tr> <td>2</td> <td>3 or more</td> </tr> </table>	1	1-2 times	2	3 or more																																			
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2581	[p3f1q48_b1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	b. Getting hired or getting a job?	yesno 1 Yes 0 No
2582	[p3f1q48_b2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_b1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2583	[p3f1q48_c1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	c. At work?	yesno 1 Yes 0 No
2584	[p3f1q48_c2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_c1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2585	[p3f1q48_d1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	d. Getting housing?	yesno 1 Yes 0 No
2586	[p3f1q48_d2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_d1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2587	[p3f1q48_e1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	e. Getting medical care?	yesno 1 Yes 0 No
2588	[p3f1q48_e2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_e1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2589	[p3f1q48_f1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	f. Getting service in a store or restaurant?	yesno 1 Yes 0 No
2590	[p3f1q48_f2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_f1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2591	[p3f1q48_g1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	g. Getting credit, bank loans, or a mortgage?	yesno 1 Yes 0 No
2592	[p3f1q48_g2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_g1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2593	[p3f1q48_h1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	h. On the street or in a public setting?	yesno 1 Yes 0 No
2594	[p3f1q48_h2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_h1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2595	[p3f1q48_i1_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0'	i. From the police or in the courts?	yesno 1 Yes 0 No

2596	[p3f1q48_i2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_i1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2597	[followup_3_patient_followup_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Follow-Up 4: Patient Follow-up Survey (followup_4_patient_followup_survey)			Enabled as survey
2598	[p3f1_opt_out_v3v4]	The patient has opted out of taking this survey	checkbox 1 p3f1_opt_out_v3v4__1 Field Annotation: @HIDDEN-SURVEY
2599	[p3f1_v3_opt_out_covidv4] Show the field ONLY if: [covid19_patient_impact_survey_complete] < '1'	The patient has opted out of taking the supplemental COVID-19 survey	checkbox 1 p3f1_v3_opt_out_covidv4__1 Field Annotation: @HIDDEN-SURVEY
2600	[p3f1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	Section Header: <i>INSTRUCTIONS:</i> We are interested in learning how you have been doing since we were last in touch with you. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.	descriptive
2601	[p3f1q00_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	What is today's date? <i>mm-dd-yyyy</i>	text (date_mdy) Field Annotation: @TODAY @FUTUREDATE= {"warn_msg!:"Can't be future date!"}
2602	[p3f1q01_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	Section Header: <i>A. YOUR RECENT PAIN</i> 1. Do you take pain medicine every day for your sickle cell disease?	yesno 1 Yes 0 No
2603	[p3f1q02_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	2. What pain medicines do you currently take for your sickle cell disease? On the list below, check the box next to the name of the pain medicines you take (even if not everyday).	checkbox 1 p3f1q02_v3v4__1 Check here if you don't take pain medicines.

2596	[p3f1q48_i2_v3] Show the field ONLY if: [p3f1_opt_out_v3(1)] = '0' AND [p3f1q48_i1_v3] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2597	[followup_3_patient_followup_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Follow-Up 4: Patient Follow-up Survey (followup_4_patient_followup_survey)			Enabled as survey
2598	[p3f1_opt_out_v3v4]	The patient has opted out of taking this survey	checkbox 1 p3f1_opt_out_v3v4__1 Field Annotation: @HIDDEN-SURVEY
2599	[p3f1_v3_opt_out_covidv4] Show the field ONLY if: [covid19_patient_impact_survey_complete] < '1'	The patient has opted out of taking the supplemental COVID-19 survey	checkbox 1 p3f1_v3_opt_out_covidv4__1 Field Annotation: @HIDDEN-SURVEY
2600	[p3f1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	Section Header: <i>INSTRUCTIONS:</i> We are interested in learning how you have been doing since we were last in touch with you. As you complete this form, answer the questions as best as you can. If you don't know the answer or do not want to answer a question, you may leave it blank.	descriptive
2601	[p3f1q00_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	What is today's date? <i>mm-dd-yyyy</i>	text (date_mdy) Field Annotation: @TODAY @FUTUREDATE= {"warn_msg!:"Can't be future date!"}
2602	[p3f1q01_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	Section Header: <i>A. YOUR RECENT PAIN</i> 1. Do you take pain medicine every day for your sickle cell disease?	yesno 1 Yes 0 No
2603	[p3f1q02_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	2. What pain medicines do you currently take for your sickle cell disease? On the list below, check the box next to the name of the pain medicines you take (even if not everyday).	checkbox 1 p3f1q02_v3v4__1 Check here if you don't take pain medicines.

2604 [p3f1q02a_v3v4]
 Show the field ONLY if:
 [p3f1q02_v3v4(1)] = '0' AND [p3f1_opt_out_v3v4(1)] = '0'

2605 [p3f1q02b_v3v4]
 Show the field ONLY if:
 [p3f1q02a_v3v4(99)] = '1'

checkbox

1	p3f1q02a_v3v4__1	acetaminophen & codeine (Tylenol Codeine #3 or #4)
2	p3f1q02a_v3v4__2	acetaminophen & oxycodone (Percocet, Endocet)
3	p3f1q02a_v3v4__3	acetaminophen & hydrocodone (Vicodin, Norco, Lortab)
4	p3f1q02a_v3v4__4	acetaminophen (Tylenol)
5	p3f1q02a_v3v4__5	amitriptyline/Elavil
6	p3f1q02a_v3v4__6	aspirin (any brand)
7	p3f1q02a_v3v4__7	buprenorphine/Belbuca/Butrans
8	p3f1q02a_v3v4__8	butalbital, acetaminophen, and caffeine (Fioricet)
9	p3f1q02a_v3v4__9	butalbital, aspirin, caffeine, & codeine (Ascomp-Codeine)
10	p3f1q02a_v3v4__10	celecoxib (Celebrex)
11	p3f1q02a_v3v4__11	diclofenac/Voltaren/Cambia/Solanax
12	p3f1q02a_v3v4__12	esomeprazole (Nexium)
13	p3f1q02a_v3v4__13	Excedrin
14	p3f1q02a_v3v4__14	fentanyl (Duragesic)
15	p3f1q02a_v3v4__15	gabapentin (Neurontin)
16	p3f1q02a_v3v4__16	hydromorphone (Exalgo ER, Dilaudid)
17	p3f1q02a_v3v4__17	ibuprofen (Motrin, Advil)
18	p3f1q02a_v3v4__18	ketorolac/Toradol
19	p3f1q02a_v3v4__19	magnesium salicylic acid (Durasal)
20	p3f1q02a_v3v4__20	meperidine (Demerol)
21	p3f1q02a_v3v4__21	methadone (Dolophine)
22	p3f1q02a_v3v4__22	morphine sulfate (MS Contin, Kadian)
23	p3f1q02a_v3v4__23	morphine and naltrexone (Embelex MS IR)
24	p3f1q02a_v3v4__24	naproxen (Aleve, Naprosyn)
25	p3f1q02a_v3v4__25	oxycodone (Oxycontin, Roxicodone)
26	p3f1q02a_v3v4__26	oxymorphone (Opana)
27	p3f1q02a_v3v4__27	pentazocine/Talwin
28	p3f1q02a_v3v4__28	pregabalin (Lyrica)
29	p3f1q02a_v3v4__29	promethazine/Phenergan with codeine
30	p3f1q02a_v3v4__30	tapentadol/Nucynta
31	p3f1q02a_v3v4__31	tramadol
32	p3f1q02a_v3v4__32	venlafaxine/Effexor
33	p3f1q02a_v3v4__33	medical marijuana/cannabis
34	p3f1q02a_v3v4__34	topical/skin cream for pain (all types)
99	p3f1q02a_v3v4__99	Other pain medication (specify below)

Custom alignment: LV

2605 [p3f1q02b_v3v4]
 Show the field ONLY if:
 [p3f1q02a_v3v4(99)] = '1'

2b. If 'Other pain medication', specify:

text

2606	<p>[p3f1q03_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header:</p> <p>3. In the past 12 months, how many sickle cell pain attacks (crises) did you have?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I did not have a pain attack in the past 12 months</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4 or more</td></tr> </table>	1	I did not have a pain attack in the past 12 months	2	1	3	2	4	3	5	4 or more												
1	I did not have a pain attack in the past 12 months																								
2	1																								
3	2																								
4	3																								
5	4 or more																								
2607	<p>[p3f1q04_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>4. When was your last pain attack (crisis)?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I've never had a pain attack (crisis)</td></tr> <tr><td>2</td><td>More than a year ago</td></tr> <tr><td>3</td><td>7-11 months ago</td></tr> <tr><td>4</td><td>1-6 months ago</td></tr> <tr><td>5</td><td>1-3 weeks ago</td></tr> <tr><td>6</td><td>Less than a week ago</td></tr> <tr><td>7</td><td>I have one right now</td></tr> </table> <p>Field Annotation: @COMPAREWITH={"expression": "[p3f1q03_v3v4]=='' [p3f1q04_v3v4]=='' ([p3f1q03_v3v4]== '1' && [p3f1q04_v3v4]<='2') ([p3f1q03_v3v4]>'1' && [p3f1q04_v3v4]>= 3)","err_msg":"This answer doesn't match the answer from question 3 above."}</p>	1	I've never had a pain attack (crisis)	2	More than a year ago	3	7-11 months ago	4	1-6 months ago	5	1-3 weeks ago	6	Less than a week ago	7	I have one right now								
1	I've never had a pain attack (crisis)																								
2	More than a year ago																								
3	7-11 months ago																								
4	1-6 months ago																								
5	1-3 weeks ago																								
6	Less than a week ago																								
7	I have one right now																								
2608	<p>[p3f1q05_v3v4]</p> <p>Show the field ONLY if: [p3f1q04_v3v4] >= '3'</p>	<p>Section Header:</p> <p>5. How severe was your pain during your last pain attack (crisis)? Select a number from 0 to 10 below, where 0 is no pain and 10 is the worst pain imaginable.</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 No Pain</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 Worst Pain Imaginable</td></tr> </table> <p>Custom alignment: LH</p>	0	0 No Pain	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 Worst Pain Imaginable
0	0 No Pain																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10 Worst Pain Imaginable																								
2609	<p>[p3f1q06_v3v4]</p> <p>Show the field ONLY if: [p3f1q04_v3v4] >= '3'</p>	<p>6. How much did your last pain attack (crisis) interfere with your life?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all, I did everything I usually do</td></tr> <tr><td>2</td><td>I had to cut down on some things I usually do</td></tr> <tr><td>3</td><td>I could not do most things I usually do</td></tr> <tr><td>4</td><td>I could not take care of myself and needed some help from family or friends</td></tr> <tr><td>5</td><td>I could not take care of myself and needed constant care from family, friends, doctors, or nurses</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all, I did everything I usually do	2	I had to cut down on some things I usually do	3	I could not do most things I usually do	4	I could not take care of myself and needed some help from family or friends	5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses												
1	Not at all, I did everything I usually do																								
2	I had to cut down on some things I usually do																								
3	I could not do most things I usually do																								
4	I could not take care of myself and needed some help from family or friends																								
5	I could not take care of myself and needed constant care from family, friends, doctors, or nurses																								
2610	<p>[p3f1q07_v3v4]</p> <p>Show the field ONLY if: [p3f1q04_v3v4] >= '3'</p>	<p>7. About how long did your most recent pain attack (crisis) last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1-12 hours</td></tr> <tr><td>3</td><td>13-23 hours</td></tr> <tr><td>4</td><td>1-3 days</td></tr> <tr><td>5</td><td>4-6 days</td></tr> <tr><td>6</td><td>1-2 weeks</td></tr> <tr><td>7</td><td>More than 2 weeks</td></tr> </table>	1	Less than 1 hour	2	1-12 hours	3	13-23 hours	4	1-3 days	5	4-6 days	6	1-2 weeks	7	More than 2 weeks								
1	Less than 1 hour																								
2	1-12 hours																								
3	13-23 hours																								
4	1-3 days																								
5	4-6 days																								
6	1-2 weeks																								
7	More than 2 weeks																								

2611	<p>[p3f1q08a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 8. Think about your pain in the past 7 days, and answer the following questions.</p> <p>a. How often did you have very severe pain?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2612	<p>[p3f1q08b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. How often did you have pain so bad that it was hard to finish what you were doing?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2613	<p>[p3f1q09a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 9. Now think about your pain in the past 6 months, and answer the following questions.</p> <p>a. How often did you have very severe pain?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2614	<p>[p3f1q09b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. How often did you have pain so bad that it was hard to finish what you were doing?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
2615	<p>[p3f1q10a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 10. Think about how your pain felt in the past 7 days, and answer the following questions.</p> <p>a. Did your pain feel like pins and needles?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
2	A little bit												
3	Somewhat												
4	Quite a bit												
5	Very much												
2616	<p>[p3f1q10b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. Did your pain feel sore?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Very much</td></tr> </table>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all												
2	A little bit												
3	Somewhat												
4	Quite a bit												
5	Very much												
2617	<p>[p3f1q11_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header:</p> <p>11. Would you say that your pain management plan is....</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Effective for managing your pain</td></tr> <tr><td>2</td><td>Somewhat effective for managing your pain</td></tr> <tr><td>3</td><td>Ineffective at managing your pain</td></tr> <tr><td>4</td><td>You don't have a pain management plan</td></tr> </table> <p>Custom alignment: LV</p>	1	Effective for managing your pain	2	Somewhat effective for managing your pain	3	Ineffective at managing your pain	4	You don't have a pain management plan		
1	Effective for managing your pain												
2	Somewhat effective for managing your pain												
3	Ineffective at managing your pain												
4	You don't have a pain management plan												
2618	<p>[p3f1q12_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: B. YOUR MEDICAL CONDITIONS</p> <p>12. Do you get regular blood transfusions for your sickle cell disease?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

2619	[p3f1q13_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	13. In the past 12 months, how many units (pints) of blood have you received?	radio <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>1-2</td></tr> <tr><td>3</td><td>3-5</td></tr> <tr><td>4</td><td>6-10</td></tr> <tr><td>5</td><td>11-15</td></tr> <tr><td>6</td><td>>15</td></tr> <tr><td>7</td><td>Don't know</td></tr> </table>	1	None	2	1-2	3	3-5	4	6-10	5	11-15	6	>15	7	Don't know
1	None																
2	1-2																
3	3-5																
4	6-10																
5	11-15																
6	>15																
7	Don't know																
2620	[p3f1q14_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	14. Are you currently on iron chelation treatment (e.g., Desferal, Exjade, Jadenu, deferasirox, Ferriprox, deferiprone, phlebotomy?)	radio <table border="1"> <tr><td>0</td><td>Yes</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>99</td><td>Don't know</td></tr> </table>	0	Yes	1	No	99	Don't know								
0	Yes																
1	No																
99	Don't know																
2621	[p3f1q15_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	15. In the past 12 months, has your spleen been removed?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2622	[p3f1q16a_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	Section Header: 16. In the past 12 months, have you been newly diagnosed with any of the following conditions? Conditions a. Lung problems such as pneumonia or acute chest syndrome	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2623	[p3f1q16b_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	b. Kidney damage	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2624	[p3f1q16c_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	c. Eye damage called retinopathy	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2625	[p3f1q16d_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	d. Damage to your hip or shoulder due to sickle cell disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2626	[p3f1q16e_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	e. High blood pressure in your lungs (also called pulmonary hypertension)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2627	[p3f1q16f_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	f. Heart failure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2628	[p3f1q16g_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	g. Blood clots in your legs or arms or that went to your lung	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2629	[p3f1q16h_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	h. A stroke	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2630	[p3f1q16i_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	i. Asthma	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2631	[p3f1q16j_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	j. Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
2632	[p3f1q16k_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	k. Liver problems such as hepatitis, iron overload, or cirrhosis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																

2633	[p3f1q161_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	I. Skin ulcers	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
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2634	[p3f1q17_v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	17. Have you ever been diagnosed with a cancer or myelodysplastic syndrome (MDS)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
1	Yes																												
0	No																												
2635	[p3f1q18_v4] Show the field ONLY if: [p3f1q17_v4]='1'	18. Which of the following cancers or blood disorders has a doctor told you that you have? For each one, please indicate the month and year of your diagnosis OR your age at the time of your diagnosis. Type/location of cancer or blood disorder	descriptive																										
2636	[p3f1q18a_v4] Show the field ONLY if: [p3f1q17_v4]='1'	a. Acute myeloid leukemia (AML)	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18a_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18a_v4__1	Yes																							
1	p3f1q18a_v4__1	Yes																											
2637	[p3f1q18ai_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18a_v4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2638	[p3f1q18ai_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18a_v4(1)]='1'	Year	text (integer, Min: 1970, Max: 2022)																										
2639	[p3f1q18ai_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18a_v4(1)]='1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2640	[p3f1q18b_v4] Show the field ONLY if: [p3f1q17_v4]='1'	b. Acute lymphocytic leukemia (ALL)	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18b_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18b_v4__1	Yes																							
1	p3f1q18b_v4__1	Yes																											
2641	[p3f1q18bi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18b_v4(1)]='1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2642	[p3f1q18bi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18b_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)
2643	[p3f1q18bi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18b_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2644	[p3f1q18c_v4] Show the field ONLY if: [p3f1q17_v4]='1'	c. Acute leukemia, unknown type	checkbox 1 p3f1q18c_v4__1 Yes
2645	[p3f1q18ci_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18c_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2646	[p3f1q18ci_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18c_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)
2647	[p3f1q18ci_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18c_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2648	[p3f1q18d_v4] Show the field ONLY if: [p3f1q17_v4]='1'	d. Chronic myelogenous leukemia (CML)	checkbox 1 p3f1q18d_v4__1 Yes
2649	[p3f1q18di_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18d_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2650	[p3f1q18di_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18d_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)

2651	[p3f1q18di_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18d_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2652	[p3f1q18e_v4] Show the field ONLY if: [p3f1q17_v4]='1'	e. Chronic lymphocytic leukemia (CLL)	checkbox <table border="1"> <tr> <td>1</td> <td>p3f1q18e_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18e_v4__1	Yes																							
1	p3f1q18e_v4__1	Yes																											
2653	[p3f1q18ei_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18e_v4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2654	[p3f1q18ei_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18e_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2655	[p3f1q18ei_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18e_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2656	[p3f1q18f_v4] Show the field ONLY if: [p3f1q17_v4]='1'	f. Chronic leukemia, unknown type	checkbox <table border="1"> <tr> <td>1</td> <td>p3f1q18f_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18f_v4__1	Yes																							
1	p3f1q18f_v4__1	Yes																											
2657	[p3f1q18fi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18f_v4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr> <td>99</td> <td>Don't know</td> </tr> <tr> <td>1</td> <td>1 - January</td> </tr> <tr> <td>2</td> <td>2- February</td> </tr> <tr> <td>3</td> <td>3- March</td> </tr> <tr> <td>4</td> <td>4- April</td> </tr> <tr> <td>5</td> <td>5- May</td> </tr> <tr> <td>6</td> <td>6- June</td> </tr> <tr> <td>7</td> <td>7- July</td> </tr> <tr> <td>8</td> <td>8- August</td> </tr> <tr> <td>9</td> <td>9- September</td> </tr> <tr> <td>10</td> <td>10- October</td> </tr> <tr> <td>11</td> <td>11- November</td> </tr> <tr> <td>12</td> <td>12-December</td> </tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2658	[p3f1q18fi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18f_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2659	[p3f1q18fi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18f_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										

2660	[p3f1q18g_v4] Show the field ONLY if: [p3f1q17_v4]='1'	g. Myelodysplastic syndrome (MDS)	checkbox 1 p3f1q18g_v4__1 Yes
2661	[p3f1q18gi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18g_v4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2662	[p3f1q18gi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18g_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2663	[p3f1q18gi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18g_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2664	[p3f1q18h_v4] Show the field ONLY if: [p3f1q17_v4]='1'	h. Hodgkin lymphoma	checkbox 1 p3f1q18h_v4__1 Yes
2665	[p3f1q18hi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18h_v4(1)]=1'	Date when you were first diagnosed Month	dropdown 99 Don't know 1 1 - January 2 2- February 3 3- March 4 4- April 5 5- May 6 6- June 7 7- July 8 8- August 9 9- September 10 10- October 11 11- November 12 12-December
2666	[p3f1q18hi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18h_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)
2667	[p3f1q18hi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18h_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)
2668	[p3f1q18i_v4] Show the field ONLY if: [p3f1q17_v4]='1'	i. Non-Hodgkin lymphoma (NHL)	checkbox 1 p3f1q18i_v4__1 Yes

2669	[p3f1q18ii_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18i_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2670	[p3f1q18ii_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18i_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2671	[p3f1q18ii_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18i_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2672	[p3f1q18j_v4] Show the field ONLY if: [p3f1q17_v4]='1'	j. Lymphoma, unknown type	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18j_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18j_v4__1	Yes																							
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2673	[p3f1q18ji_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18j_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2674	[p3f1q18ji_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18j_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2675	[p3f1q18ji_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18j_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2676	[p3f1q18k_v4] Show the field ONLY if: [p3f1q17_v4]='1'	k. Multiple myeloma	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18k_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18k_v4__1	Yes																							
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2677	[p3f1q18ki_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18k_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2678	[p3f1q18ki_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18k_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2679	[p3f1q18ki_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18k_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2680	[p3f1q18li_v4] Show the field ONLY if: [p3f1q17_v4]='1'	l. Myelofibrosis	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18li_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18li_v4__1	Yes																							
1	p3f1q18li_v4__1	Yes																											
2681	[p3f1q18li_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18li_v4(1)]= '1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2682	[p3f1q18li_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18li_v4(1)]= '1'	Year	text (integer, Min: 1970, Max: 2022)																										
2683	[p3f1q18li_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18li_v4(1)]= '1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2684	[p3f1q18m_v4] Show the field ONLY if: [p3f1q17_v4]='1'	m. Essential thrombocythemia	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18m_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18m_v4__1	Yes																							
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2685	<p>[p3f1q18mi_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18m_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2686	<p>[p3f1q18mi_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18m_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2687	<p>[p3f1q18mi_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18m_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2688	<p>[p3f1q18n_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>n. Polycythemia vera</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18n_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18n_v4__1	Yes																							
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2689	<p>[p3f1q18ni_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18n_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2690	<p>[p3f1q18ni_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18n_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2691	<p>[p3f1q18ni_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18n_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2692	<p>[p3f1q18o_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>o. Cancer of the blood, unknown type</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18o_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18o_v4__1	Yes																							
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2693	[p3f1q18oi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18o_v4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2694	[p3f1q18oi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18o_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2695	[p3f1q18oi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18o_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2696	[p3f1q18p_v4] Show the field ONLY if: [p3f1q17_v4]='1'	p. Breast cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18p_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18p_v4__1	Yes																							
1	p3f1q18p_v4__1	Yes																											
2697	[p3f1q18pi_v4a] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18p_v4(1)]=1'	Date when you were first diagnosed Month	dropdown <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2698	[p3f1q18pi_v4b] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18p_v4(1)]=1'	Year	text (integer, Min: 1970, Max: 2022)																										
2699	[p3f1q18pi_v4c] Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18p_v4(1)]=1'	OR your age when you were first diagnosed: <i>Age in years</i>	text (integer, Max: 52)																										
2700	[p3f1q18q_v4] Show the field ONLY if: [p3f1q17_v4]='1'	q. Renal cancer	checkbox <table border="1"> <tr><td>1</td><td>p3f1q18q_v4__1</td><td>Yes</td></tr> </table>	1	p3f1q18q_v4__1	Yes																							
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2701	<p>[p3f1q18qi_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18q_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2702	<p>[p3f1q18qi_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18q_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2703	<p>[p3f1q18qi_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18q_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2704	<p>[p3f1q18r_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>r. Prostate cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18r_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18r_v4__1	Yes																							
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2705	<p>[p3f1q18ri_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18r_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2706	<p>[p3f1q18ri_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18r_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2707	<p>[p3f1q18ri_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18r_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2708	<p>[p3f1q18s_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>s. Skin cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18s_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18s_v4__1	Yes																							
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2709	<p>[p3f1q18si_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18s_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2710	<p>[p3f1q18si_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18s_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2711	<p>[p3f1q18si_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18s_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2712	<p>[p3f1q18t_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>t. Colon Cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18t_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18t_v4__1	Yes																							
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2713	<p>[p3f1q18ti_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18t_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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2714	<p>[p3f1q18ti_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18t_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2715	<p>[p3f1q18ti_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18t_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2716	<p>[p3f1q18u_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1'</p>	<p>u. Any other type of cancer</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q18u_v4__1</td> <td>Yes</td> </tr> </table>	1	p3f1q18u_v4__1	Yes																							
1	p3f1q18u_v4__1	Yes																											
2717	<p>[p3f1q18usp_v4]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18u_v4(1)]= '1'</p>	<p>Specify:</p>	<p>text</p>																										

2718	<p>[p3f1q18ui_v4a]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18 u_v4(1)]= '1'</p>	<p>Date when you were first diagnosed</p> <p>Month</p>	<p>dropdown</p> <table border="1"> <tr><td>99</td><td>Don't know</td></tr> <tr><td>1</td><td>1 - January</td></tr> <tr><td>2</td><td>2- February</td></tr> <tr><td>3</td><td>3- March</td></tr> <tr><td>4</td><td>4- April</td></tr> <tr><td>5</td><td>5- May</td></tr> <tr><td>6</td><td>6- June</td></tr> <tr><td>7</td><td>7- July</td></tr> <tr><td>8</td><td>8- August</td></tr> <tr><td>9</td><td>9- September</td></tr> <tr><td>10</td><td>10- October</td></tr> <tr><td>11</td><td>11- November</td></tr> <tr><td>12</td><td>12-December</td></tr> </table>	99	Don't know	1	1 - January	2	2- February	3	3- March	4	4- April	5	5- May	6	6- June	7	7- July	8	8- August	9	9- September	10	10- October	11	11- November	12	12-December
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11	11- November																												
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2719	<p>[p3f1q18ui_v4b]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18 u_v4(1)]= '1'</p>	<p>Year</p>	<p>text (integer, Min: 1970, Max: 2022)</p>																										
2720	<p>[p3f1q18ui_v4c]</p> <p>Show the field ONLY if: [p3f1q17_v4]='1' AND [p3f1q18 u_v4(1)]= '1'</p>	<p>OR</p> <p>your age when you were first diagnosed: <i>Age in years</i></p>	<p>text (integer, Max: 52)</p>																										
2721	<p>[p3f1q17_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>C. HYDROXYUREA USE</i></p> <p>19. In the past 12 months, have you taken hydroxyurea?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
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2722	<p>[p3f1q18_v3v4]</p> <p>Show the field ONLY if: [p3f1q17_v3v4] = "1"</p>	<p>20. Are you currently taking hydroxyurea?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																						
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2723	<p>[p3f1q19_v3v4]</p> <p>Show the field ONLY if: [p3f1q17_v3v4] = "1" and [p3f1q18_v3v4] = "0"</p>	<p>21. In the past 12 months, what is the reason you discontinued or stopped taking hydroxyurea? <i>Please select one from the list.</i></p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Pregnancy concerns</td></tr> <tr><td>6</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Pregnancy concerns	6	Other reason not listed above														
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2724	<p>[p3f1q19a_v3v4]</p> <p>Show the field ONLY if: [p3f1q19_v3v4] = "6"</p>	<p>21a. If 'Other reason', specify:</p>	<p>text</p>																										
2725	<p>[p3f1q20_v3v4]</p> <p>Show the field ONLY if: [p3f1q17_v3v4] = "1"</p>	<p>22. How many days did you take hydroxyurea in the PAST WEEK?</p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> <p>Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=10</p>	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days										
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2726	<p>[p3f1q21_v3v4]</p> <p>Show the field ONLY if: [p3f1q17_v3v4] = "1"</p>	<p>Section Header:</p> <p>23. In the last 12 months, which of the following side effects did you experience while you were taking hydroxyurea? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q21_v3v4__1</td> <td>Hair loss/thinning</td> </tr> <tr> <td>2</td> <td>p3f1q21_v3v4__2</td> <td>Nail blackening or discoloration</td> </tr> <tr> <td>3</td> <td>p3f1q21_v3v4__3</td> <td>Lowered blood counts (e.g., platelets, white count, hemoglobin)</td> </tr> <tr> <td>4</td> <td>p3f1q21_v3v4__4</td> <td>Low sperm count or other fertility problems</td> </tr> <tr> <td>5</td> <td>p3f1q21_v3v4__5</td> <td>Nausea/vomiting</td> </tr> <tr> <td>6</td> <td>p3f1q21_v3v4__6</td> <td>Skin ulcers</td> </tr> <tr> <td>7</td> <td>p3f1q21_v3v4__7</td> <td>Weight gain</td> </tr> <tr> <td>8</td> <td>p3f1q21_v3v4__8</td> <td>Headaches or dizziness</td> </tr> <tr> <td>9</td> <td>p3f1q21_v3v4__9</td> <td>Fatigue/drowsiness</td> </tr> <tr> <td>10</td> <td>p3f1q21_v3v4__10</td> <td>No side effects</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=10</p>	1	p3f1q21_v3v4__1	Hair loss/thinning	2	p3f1q21_v3v4__2	Nail blackening or discoloration	3	p3f1q21_v3v4__3	Lowered blood counts (e.g., platelets, white count, hemoglobin)	4	p3f1q21_v3v4__4	Low sperm count or other fertility problems	5	p3f1q21_v3v4__5	Nausea/vomiting	6	p3f1q21_v3v4__6	Skin ulcers	7	p3f1q21_v3v4__7	Weight gain	8	p3f1q21_v3v4__8	Headaches or dizziness	9	p3f1q21_v3v4__9	Fatigue/drowsiness	10	p3f1q21_v3v4__10	No side effects
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2727	<p>[p3f1q22_v3v4]</p> <p>Show the field ONLY if: [p3f1q17_v3v4] = "1"</p>	<p>24. In the last 12 months, what makes it difficult for you to take hydroxyurea, or is there a reason why you do not take hydroxyurea? Select one or more from the list below, whether or not you have ever taken hydroxyurea.</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q22_v3v4__1</td> <td>I have no difficulties or concerns using hydroxyurea</td> </tr> <tr> <td>2</td> <td>p3f1q22_v3v4__2</td> <td>I don't know enough about the medicine</td> </tr> <tr> <td>3</td> <td>p3f1q22_v3v4__3</td> <td>Sometimes I forget to take the medicine</td> </tr> <tr> <td>4</td> <td>p3f1q22_v3v4__4</td> <td>I am worried about side effects</td> </tr> <tr> <td>5</td> <td>p3f1q22_v3v4__5</td> <td>I don't like the frequent blood tests or clinic visits</td> </tr> <tr> <td>6</td> <td>p3f1q22_v3v4__6</td> <td>I'm feeling well and I don't think I need it</td> </tr> <tr> <td>7</td> <td>p3f1q22_v3v4__7</td> <td>The cost is more than I can afford</td> </tr> <tr> <td>8</td> <td>p3f1q22_v3v4__8</td> <td>I have heard that hydroxyurea may cause cancer</td> </tr> <tr> <td>9</td> <td>p3f1q22_v3v4__9</td> <td>I have heard that hydroxyurea may cause problems with having healthy children</td> </tr> <tr> <td>97</td> <td>p3f1q22_v3v4__97</td> <td>Other difficulty</td> </tr> </table> <p>Custom alignment: LV</p>	1	p3f1q22_v3v4__1	I have no difficulties or concerns using hydroxyurea	2	p3f1q22_v3v4__2	I don't know enough about the medicine	3	p3f1q22_v3v4__3	Sometimes I forget to take the medicine	4	p3f1q22_v3v4__4	I am worried about side effects	5	p3f1q22_v3v4__5	I don't like the frequent blood tests or clinic visits	6	p3f1q22_v3v4__6	I'm feeling well and I don't think I need it	7	p3f1q22_v3v4__7	The cost is more than I can afford	8	p3f1q22_v3v4__8	I have heard that hydroxyurea may cause cancer	9	p3f1q22_v3v4__9	I have heard that hydroxyurea may cause problems with having healthy children	97	p3f1q22_v3v4__97	Other difficulty
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97	p3f1q22_v3v4__97	Other difficulty																															
2728	<p>[p3f1q22a_v3v4]</p> <p>Show the field ONLY if: [p3f1q22_v3v4(97)] = "1"</p>	<p>24a. If 'Other difficulty', Specify:</p>	<p>text</p>																														
2729	<p>[p3f1q23_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>D. OTHER MEDICATIONS YOU ARE TAKING</i></p> <p>25. In the past 12 months, have you taken the drug called Endari (l-glutamine)?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																										
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2730	<p>[p3f1q24_v3v4]</p> <p>Show the field ONLY if: [p3f1q23_v3v4] = "1"</p>	<p>26. Are you currently taking Endari?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																										
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2731	<p>[p3f1q25_v3v4]</p> <p>Show the field ONLY if: [p3f1q23_v3v4] = "1" and [p3f1q24_v3v4] = "0"</p>	<p>27. In the past 12 months, what is the reason you discontinued or stopped taking Endari? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Side effects</td> </tr> <tr> <td>2</td> <td>Personal preference</td> </tr> <tr> <td>3</td> <td>Provider decision</td> </tr> <tr> <td>4</td> <td>Didn't work</td> </tr> <tr> <td>5</td> <td>Other reason not listed above</td> </tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above																				
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2732	[p3f1q25a_v3v4] Show the field ONLY if: [p3f1q25_v3v4] = "5"	27a. If 'Other reason not listed above', Specify:	text																		
2733	[p3f1q26_v3v4] Show the field ONLY if: [p3f1q23_v3v4] = "1"	28. How many days did you take Endari in the PAST WEEK?	radio <table border="1"> <tr><td>0</td><td>0 days</td></tr> <tr><td>1</td><td>1 day</td></tr> <tr><td>2</td><td>2 days</td></tr> <tr><td>3</td><td>3 days</td></tr> <tr><td>4</td><td>4 days</td></tr> <tr><td>5</td><td>5 days</td></tr> <tr><td>6</td><td>6 days</td></tr> <tr><td>7</td><td>7 days</td></tr> </table> Custom alignment: LH Field Annotation: @NONEOFTHEABOVE=1	0	0 days	1	1 day	2	2 days	3	3 days	4	4 days	5	5 days	6	6 days	7	7 days		
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2734	[p3f1q27_v3v4] Show the field ONLY if: [p3f1q23_v3v4] = "1"	Section Header: 29. In the last 12 months, what side effects have you experienced while you were taking Endari? Select one or more from the list below.	checkbox <table border="1"> <tr><td>1</td><td>p3f1q27_v3v4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q27_v3v4__2</td><td>Nausea/vomiting</td></tr> <tr><td>3</td><td>p3f1q27_v3v4__3</td><td>Stomach pain</td></tr> <tr><td>4</td><td>p3f1q27_v3v4__4</td><td>Cough</td></tr> <tr><td>5</td><td>p3f1q27_v3v4__5</td><td>Headaches or dizziness</td></tr> <tr><td>6</td><td>p3f1q27_v3v4__6</td><td>Other not listed above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=1	1	p3f1q27_v3v4__1	No side effects	2	p3f1q27_v3v4__2	Nausea/vomiting	3	p3f1q27_v3v4__3	Stomach pain	4	p3f1q27_v3v4__4	Cough	5	p3f1q27_v3v4__5	Headaches or dizziness	6	p3f1q27_v3v4__6	Other not listed above
1	p3f1q27_v3v4__1	No side effects																			
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2735	[p3f1q27a_v3v4] Show the field ONLY if: [p3f1q27_v3v4(6)] = "1" and [p3f1q23_v3v4] = "1"	29a. If 'Other not listed above', Specify:	text																		
2736	[p3f1q30_v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	30. In the past 12 months, have you taken the drug called Adakveo (crizanlizumab)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
2737	[p3f1q31_v4] Show the field ONLY if: [p3f1q30_v4]=1	31. Are you currently taking Adakveo?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
2738	[p3f1q32_v4] Show the field ONLY if: [p3f1q30_v4]=1 AND [p3f1q31_v4]=0	32. In the past 12 months, what is the reason you discontinued or stopped taking Adakveo? Please select one from the list below.	radio <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above								
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2739	[p3f1q32a_v4] Show the field ONLY if: [p3f1q32_v4]=5	32a. If 'Other reason not listed above', specify:	text																		
2740	[p3f1q33_v4] Show the field ONLY if: [p3f1q30_v4]=1	33. How many infusions of Adakveo have you missed or rescheduled in the PAST 6 MONTHS?	radio <table border="1"> <tr><td>1</td><td>0 infusions</td></tr> <tr><td>2</td><td>1 infusion</td></tr> <tr><td>3</td><td>2 infusions</td></tr> <tr><td>4</td><td>3 infusions</td></tr> <tr><td>5</td><td>4 infusions</td></tr> <tr><td>6</td><td>5 infusions</td></tr> <tr><td>7</td><td>6 infusions</td></tr> </table>	1	0 infusions	2	1 infusion	3	2 infusions	4	3 infusions	5	4 infusions	6	5 infusions	7	6 infusions				
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2741	<p>[p3f1q34_v4]</p> <p>Show the field ONLY if: [p3f1q30_v4]=1</p>	<p>34. In the last 12 months, what side effects have you experienced while you were taking Adakveo? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q34_v4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q34_v4__2</td><td>Fever</td></tr> <tr><td>3</td><td>p3f1q34_v4__3</td><td>Chills or shivering</td></tr> <tr><td>4</td><td>p3f1q34_v4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q34_v4__5</td><td>Vomiting</td></tr> <tr><td>6</td><td>p3f1q34_v4__6</td><td>Shortness of breath</td></tr> <tr><td>7</td><td>p3f1q34_v4__7</td><td>Muscle aches (myalias)</td></tr> <tr><td>8</td><td>p3f1q34_v4__8</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q34_v4__1	No side effects	2	p3f1q34_v4__2	Fever	3	p3f1q34_v4__3	Chills or shivering	4	p3f1q34_v4__4	Nausea	5	p3f1q34_v4__5	Vomiting	6	p3f1q34_v4__6	Shortness of breath	7	p3f1q34_v4__7	Muscle aches (myalias)	8	p3f1q34_v4__8	Other not listed above
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8	p3f1q34_v4__8	Other not listed above																									
2742	<p>[p3f1q34a_v4]</p> <p>Show the field ONLY if: [p3f1q34_v4(8)]=1</p>	<p>34a. If 'Other not listed above', specify:</p>	<p>text</p>																								
2743	<p>[p3f1q35_v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>35. In the past 12 months, have you taken the drug called Oxbrtya (voxelotor)?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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2744	<p>[p3f1q36_v4]</p> <p>Show the field ONLY if: [p3f1q35_v4]=1</p>	<p>36. Are you currently taking Oxbrtya?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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2745	<p>[p3f1q37_v4]</p> <p>Show the field ONLY if: [p3f1q35_v4]=1 AND [p3f1q36_v4]=0</p>	<p>37. In the past 12 months, what is the reason you discontinued or stopped taking Oxbrtya? Please select one from the list below.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Side effects</td></tr> <tr><td>2</td><td>Personal preference</td></tr> <tr><td>3</td><td>Provider decision</td></tr> <tr><td>4</td><td>Didn't work</td></tr> <tr><td>5</td><td>Other reason not listed above</td></tr> </table>	1	Side effects	2	Personal preference	3	Provider decision	4	Didn't work	5	Other reason not listed above														
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2746	<p>[p3f1q37a_v4]</p> <p>Show the field ONLY if: [p3f1q37_v4]=5</p>	<p>37a. If 'Other reason not listed above', specify:</p>	<p>text</p>																								
2747	<p>[p3f1q38_v4]</p> <p>Show the field ONLY if: [p3f1q35_v4]=1</p>	<p>38. How many days did you take Oxbrtya in the PAST WEEK?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>0 days</td></tr> <tr><td>2</td><td>1 day</td></tr> <tr><td>3</td><td>2 days</td></tr> <tr><td>4</td><td>3 days</td></tr> <tr><td>5</td><td>4 days</td></tr> <tr><td>6</td><td>5 days</td></tr> <tr><td>7</td><td>6 days</td></tr> <tr><td>8</td><td>7 days</td></tr> </table>	1	0 days	2	1 day	3	2 days	4	3 days	5	4 days	6	5 days	7	6 days	8	7 days								
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7	6 days																										
8	7 days																										
2748	<p>[p3f1q39_v4]</p> <p>Show the field ONLY if: [p3f1q35_v4]=1</p>	<p>39. In the last 12 months, what side effects have you experienced while you were taking Oxbrtya? Select one or more from the list below.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q39_v4__1</td><td>No side effects</td></tr> <tr><td>2</td><td>p3f1q39_v4__2</td><td>Rash or hives</td></tr> <tr><td>3</td><td>p3f1q39_v4__3</td><td>Headache</td></tr> <tr><td>4</td><td>p3f1q39_v4__4</td><td>Nausea</td></tr> <tr><td>5</td><td>p3f1q39_v4__5</td><td>Abdominal pain</td></tr> <tr><td>6</td><td>p3f1q39_v4__6</td><td>Loose stools</td></tr> <tr><td>7</td><td>p3f1q39_v4__7</td><td>Other not listed above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=1</p>	1	p3f1q39_v4__1	No side effects	2	p3f1q39_v4__2	Rash or hives	3	p3f1q39_v4__3	Headache	4	p3f1q39_v4__4	Nausea	5	p3f1q39_v4__5	Abdominal pain	6	p3f1q39_v4__6	Loose stools	7	p3f1q39_v4__7	Other not listed above			
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2749	<p>[p3f1q39a_v4]</p> <p>Show the field ONLY if: [p3f1q39_v4(7)]=1</p>	<p>39a. If 'Other not listed above', specify:</p>	<p>text</p>																								

2750	<p>[p3f1q28_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header:</p> <p>40. We would like to know what other types of medications you are currently taking, excluding pain medications, iron chelators, hydroxyurea, Endari (L-glutamine oral powder), Adakveo (crizanlizumab), and Oxbryta (voxelotor) which we already asked about.</p> <p>Review the list in the table below and check the box next to the type of medications you are currently taking.</p> <p>CATEGORIES OR TYPES OF DRUGS/VITAMINS YOU MAY BE TAKING</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>p3f1q28_v3v4__1</td><td>Allergy drugs</td></tr> <tr><td>2</td><td>p3f1q28_v3v4__2</td><td>Asthma or COPD inhalers (bronchodilators)</td></tr> <tr><td>3</td><td>p3f1q28_v3v4__3</td><td>Antibiotics</td></tr> <tr><td>4</td><td>p3f1q28_v3v4__4</td><td>ADD/ADHD drugs</td></tr> <tr><td>5</td><td>p3f1q28_v3v4__5</td><td>Anti-seizure drugs</td></tr> <tr><td>6</td><td>p3f1q28_v3v4__6</td><td>Anti-anxiety drugs</td></tr> <tr><td>7</td><td>p3f1q28_v3v4__7</td><td>Antidepressants</td></tr> <tr><td>8</td><td>p3f1q28_v3v4__8</td><td>Birth control</td></tr> <tr><td>9</td><td>p3f1q28_v3v4__9</td><td>Blood thinning drugs (anticoagulants)</td></tr> <tr><td>10</td><td>p3f1q28_v3v4__10</td><td>Diabetes drugs</td></tr> <tr><td>11</td><td>p3f1q28_v3v4__11</td><td>Diuretics, fluid/water retention pills</td></tr> <tr><td>12</td><td>p3f1q28_v3v4__12</td><td>Heartburn, indigestion, acid reflux drugs</td></tr> <tr><td>13</td><td>p3f1q28_v3v4__13</td><td>High cholesterol drugs</td></tr> <tr><td>14</td><td>p3f1q28_v3v4__14</td><td>Hypothyroid drugs</td></tr> <tr><td>15</td><td>p3f1q28_v3v4__15</td><td>Insomnia drugs & sleep aids</td></tr> <tr><td>16</td><td>p3f1q28_v3v4__16</td><td>Nausea drugs</td></tr> <tr><td>17</td><td>p3f1q28_v3v4__17</td><td>Muscle relaxers</td></tr> <tr><td>18</td><td>p3f1q28_v3v4__18</td><td>Stool softeners and laxatives</td></tr> <tr><td>19</td><td>p3f1q28_v3v4__19</td><td>Iron supplements</td></tr> <tr><td>20</td><td>p3f1q28_v3v4__20</td><td>Folic acid</td></tr> <tr><td>21</td><td>p3f1q28_v3v4__21</td><td>Vitamin D, all types</td></tr> <tr><td>22</td><td>p3f1q28_v3v4__22</td><td>Multi-vitamins</td></tr> <tr><td>23</td><td>p3f1q28_v3v4__23</td><td>Any other vitamins and supplements</td></tr> </table> <p>Custom alignment: LV</p>	1	p3f1q28_v3v4__1	Allergy drugs	2	p3f1q28_v3v4__2	Asthma or COPD inhalers (bronchodilators)	3	p3f1q28_v3v4__3	Antibiotics	4	p3f1q28_v3v4__4	ADD/ADHD drugs	5	p3f1q28_v3v4__5	Anti-seizure drugs	6	p3f1q28_v3v4__6	Anti-anxiety drugs	7	p3f1q28_v3v4__7	Antidepressants	8	p3f1q28_v3v4__8	Birth control	9	p3f1q28_v3v4__9	Blood thinning drugs (anticoagulants)	10	p3f1q28_v3v4__10	Diabetes drugs	11	p3f1q28_v3v4__11	Diuretics, fluid/water retention pills	12	p3f1q28_v3v4__12	Heartburn, indigestion, acid reflux drugs	13	p3f1q28_v3v4__13	High cholesterol drugs	14	p3f1q28_v3v4__14	Hypothyroid drugs	15	p3f1q28_v3v4__15	Insomnia drugs & sleep aids	16	p3f1q28_v3v4__16	Nausea drugs	17	p3f1q28_v3v4__17	Muscle relaxers	18	p3f1q28_v3v4__18	Stool softeners and laxatives	19	p3f1q28_v3v4__19	Iron supplements	20	p3f1q28_v3v4__20	Folic acid	21	p3f1q28_v3v4__21	Vitamin D, all types	22	p3f1q28_v3v4__22	Multi-vitamins	23	p3f1q28_v3v4__23	Any other vitamins and supplements
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2751	<p>[p3f1q29_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header:</p> <p>41. Are you taking any medications for high blood pressure (hypertension) or for your heart?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2752	<p>[p3f1q29a_v3v4]</p> <p>Show the field ONLY if: [p3f1q29_v3v4] = "1"</p>	<p>41a. If yes, what is the name of the high blood pressure or heart medication?</p>	<p>text</p>																																																																					
2753	<p>[p3f1q30_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>42. Are you taking any other type of medication that we did not already ask about?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2754	<p>[p3f1q30a_v3v4]</p> <p>Show the field ONLY if: [p3f1q30_v3v4] = "1"</p>	<p>42a. If yes, what is the name of the other medication(s)?</p>	<p>text</p>																																																																					
2755	<p>[p3f1q31_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>43. Are you currently participating in a study where you are taking a medicine for sickle cell?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																	
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2756	<p>[p3f1q32a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>E. YOUR SLEEP</i> 44. Think about your sleep in the past 7 days, and answer the following questions.</p> <p>a. How often did you stay up most of the night because you could not fall asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always																																																											
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2757	<p>[p3f1q32b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. How often did you have a lot of trouble falling asleep?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2758	<p>[p3f1q33a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>F. YOUR SOCIAL AND MENTAL HEALTH 45. Please respond to each statement by marking one box per row.</i></p> <p>a. I have someone who will listen to me when I need to talk</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2759	<p>[p3f1q33b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. I have someone to confide in or talk to about myself or my problems</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2760	<p>[p3f1q33c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. I have someone who makes me feel appreciated</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2761	<p>[p3f1q33d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. I have someone to talk with when I have a bad day</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
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2762	<p>[p3f1q34a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>46. Think about how you felt in the past 7 days, and respond to each question or statement.</i></p> <p>a. I felt worthless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2763	<p>[p3f1q34b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. I felt helpless.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2764	<p>[p3f1q34c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. I felt depressed.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2765	<p>[p3f1q34d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	d. I felt hopeless.	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2766	<p>[p3f1q34e_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	e. How often did you feel completely hopeless because of your health?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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2767	<p>[p3f1q34f_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	f. How often were you very worried about needing to go to the hospital?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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4	Often												
5	Always												
2768	<p>[p3f1q34g_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	g. I felt tired.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
0	Not at all												
1	A little bit												
2	Somewhat												
3	Quite a bit												
4	Very much												
2769	<p>[p3f1q35a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 47. Please respond to each statement by marking one box per row. In the past 7 days.....</p> <p>a. I felt fearful</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
2	Rarely												
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4	Usually												
5	Always												
2770	<p>[p3f1q35b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	b. I found it hard to focus on anything other than my anxiety	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
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5	Always												
2771	<p>[p3f1q35c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	c. My worries overwhelmed me	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
2	Rarely												
3	Sometimes												
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2772	<p>[p3f1q35d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	d. I felt uneasy	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never												
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2773	<p>[p3f1q36a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 48. In the past 7 days, how often did the following happen?</p> <p>a. I had to read something several times to understand it.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
1	Never												
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2774	<p>[p3f1q36b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. My thinking was slow.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2775	<p>[p3f1q36c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. I had to work really hard to pay attention or I would make a mistake.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
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2776	<p>[p3f1q36d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. I had trouble concentrating.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely (Once)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times)</td></tr> <tr><td>4</td><td>Often (once a day)</td></tr> <tr><td>5</td><td>Very often (several times a day)</td></tr> </table>	1	Never	2	Rarely (Once)	3	Sometimes (2-3 times)	4	Often (once a day)	5	Very often (several times a day)
1	Never												
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5	Very often (several times a day)												
2777	<p>[p3f1q37a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 49. How much DIFFICULTY do you currently have doing the following things?</p> <p>a. Reading and following complex instructions (e.g., directions for a new medication)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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1	A little												
2	Somewhat												
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4	Cannot do												
2778	<p>[p3f1q37b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. Planning for and keeping appointments that are not part of your weekly routine (e.g., therapy or doctor appointment, social gathering with friends/family)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2779	<p>[p3f1q37c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. Managing your time to do most of your daily activities?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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4	Cannot do												
2780	<p>[p3f1q37d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. Learning new tasks or instructions?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Cannot do</td></tr> </table>	0	None	1	A little	2	Somewhat	3	A lot	4	Cannot do
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2781	<p>[p3f1q38a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 50. In the past 30 days, how much did the following happen?</p> <p>a. How much did you rely on others to take care of you because of your health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
0	Not at all												
1	A little bit												
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4	Very much												
2782	<p>[p3f1q38b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. How much did your health make it hard for you to do things with your friends?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much
0	Not at all												
1	A little bit												
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4	Very much												
2783	<p>[p3f1q39a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 51. Please respond to each statement by marking one box per row. In the past month, please describe how often...</p> <p>a. I feel alone and apart from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
2	Sometimes												
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4	Always												
2784	<p>[p3f1q39b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. I feel left out</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
2	Sometimes												
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2785	<p>[p3f1q39c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. I feel that I am no longer close to anyone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
2	Sometimes												
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4	Always												
2786	<p>[p3f1q39d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. I feel alone</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
1	Rarely												
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2787	<p>[p3f1q39e_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>e. I feel lonely</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
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4	Always												
2788	<p>[p3f1q39f_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>f. I feel isolated from others</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Usually</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Usually	4	Always
0	Never												
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2789	<p>[p3f1q40a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: 52. Please respond to each statement by marking one box per row.</p> <p>a. I tend to bounce back quickly after hard times</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
0	Strongly Disagree												
1	Disagree												
2	Neutral												
3	Agree												
4	Strongly Agree												
2790	<p>[p3f1q40b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. I have a hard time making it through stressful events</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2791	<p>[p3f1q40c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. It does not take me long to recover from a stressful event</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2792	<p>[p3f1q40d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. It is hard for me to snap back when something bad happens</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2793	<p>[p3f1q40e_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>e. I usually come through difficult times with little trouble</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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3	Agree												
4	Strongly Agree												
2794	<p>[p3f1q40f_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>f. I tend to take a long time to get over set-backs in my life</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neutral</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neutral	3	Agree	4	Strongly Agree
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2795	<p>[p3f1q41_1a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: G. YOUR PHYSICAL HEALTH 53. Please respond to each question or statement by marking one box per row.</p> <p>a. In general, how would you rate your physical health?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
2796	<p>[p3f1q41_2b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Completely</td></tr> <tr><td>2</td><td>Mostly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A little</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Completely	2	Mostly	3	Moderately	4	A little	5	Not at all
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2797	<p>[p3f1q42_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>H. YOUR ABILITY TO MANAGE YOUR SICKLE CELL DISEASE</i></p> <p>54. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
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4	Often												
5	Always												
2798	<p>[p3f1q43a_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>55. Please respond to each statement below by marking one box per row. CURRENT Level of Confidence (confidence is how sure you are about each statement)</i></p> <p>a. I can follow directions when my doctor changes my medications.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2799	<p>[p3f1q43b_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>b. I can take my medication when there is a change in my usual day (unexpected things happen).</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2800	<p>[p3f1q43c_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>c. I can manage my medication without help.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2801	<p>[p3f1q43d_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>d. I can list my medications, including the doses and schedule.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>I am not at all confident</td></tr> <tr><td>2</td><td>I am a little confident</td></tr> <tr><td>3</td><td>I am somewhat confident</td></tr> <tr><td>4</td><td>I am quite confident</td></tr> <tr><td>5</td><td>I am very confident</td></tr> </table>	1	I am not at all confident	2	I am a little confident	3	I am somewhat confident	4	I am quite confident	5	I am very confident
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2802	<p>[p3f1q44_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	<p>Section Header: <i>I. BARRIERS</i></p> <p>56. During the past 12 months, was there any time when you didn't get the medical care you needed or had delays in getting the care you needed?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE='97'</p>	1	Yes	0	No						
1	Yes												
0	No												

2803	<p>[p3f1q45_v3v4]</p> <p>Show the field ONLY if: [p3f1q44_v3v4] != '0' AND [p3f1_opt_out_v3v4(1)] = '0'</p>	57. In the past 12 months, did you not get the medical care you needed or have delays getting medical care you needed for any of the following reasons? Select one or more from the list below.	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>p3f1q45_v3v4__1</td> <td>Worry about the cost</td> </tr> <tr> <td>2</td> <td>p3f1q45_v3v4__2</td> <td>The doctor or hospital wouldn't accept your health insurance</td> </tr> <tr> <td>3</td> <td>p3f1q45_v3v4__3</td> <td>Your health plan wouldn't pay for the treatment</td> </tr> <tr> <td>4</td> <td>p3f1q45_v3v4__4</td> <td>You couldn't get an appointment soon enough</td> </tr> <tr> <td>5</td> <td>p3f1q45_v3v4__5</td> <td>You couldn't get there when the doctor's office or clinic was open</td> </tr> <tr> <td>6</td> <td>p3f1q45_v3v4__6</td> <td>It takes too long to get to the doctor's office or clinic from your house or work</td> </tr> <tr> <td>7</td> <td>p3f1q45_v3v4__7</td> <td>You couldn't get through on the telephone</td> </tr> <tr> <td>8</td> <td>p3f1q45_v3v4__8</td> <td>You were too busy with work or other commitments to take the time</td> </tr> <tr> <td>9</td> <td>p3f1q45_v3v4__9</td> <td>You didn't think the problem was serious enough</td> </tr> <tr> <td>10</td> <td>p3f1q45_v3v4__10</td> <td>You had previous bad experiences with the health care system</td> </tr> <tr> <td>11</td> <td>p3f1q45_v3v4__11</td> <td>People at the doctor's office or clinic don't speak the same language I do</td> </tr> <tr> <td>12</td> <td>p3f1q45_v3v4__12</td> <td>The Coronavirus/COVID-19 pandemic</td> </tr> <tr> <td>97</td> <td>p3f1q45_v3v4__97</td> <td>Some other reason not listed above</td> </tr> </table> <p>Custom alignment: LV</p>	1	p3f1q45_v3v4__1	Worry about the cost	2	p3f1q45_v3v4__2	The doctor or hospital wouldn't accept your health insurance	3	p3f1q45_v3v4__3	Your health plan wouldn't pay for the treatment	4	p3f1q45_v3v4__4	You couldn't get an appointment soon enough	5	p3f1q45_v3v4__5	You couldn't get there when the doctor's office or clinic was open	6	p3f1q45_v3v4__6	It takes too long to get to the doctor's office or clinic from your house or work	7	p3f1q45_v3v4__7	You couldn't get through on the telephone	8	p3f1q45_v3v4__8	You were too busy with work or other commitments to take the time	9	p3f1q45_v3v4__9	You didn't think the problem was serious enough	10	p3f1q45_v3v4__10	You had previous bad experiences with the health care system	11	p3f1q45_v3v4__11	People at the doctor's office or clinic don't speak the same language I do	12	p3f1q45_v3v4__12	The Coronavirus/COVID-19 pandemic	97	p3f1q45_v3v4__97	Some other reason not listed above
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2804	<p>[p3f1q45a_v3v4]</p> <p>Show the field ONLY if: [p3f1q45_v3v4(97)] = "1" && [p3f1q44_v3v4] != '0'</p>	If "Some other reason not listed above", please specify:	text																																							
2805	<p>[p3f1q46_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	58. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Not hard at all</td> </tr> <tr> <td>2</td> <td>Not very hard</td> </tr> <tr> <td>3</td> <td>Somewhat hard</td> </tr> <tr> <td>4</td> <td>Hard</td> </tr> <tr> <td>5</td> <td>Very hard</td> </tr> </table>	1	Not hard at all	2	Not very hard	3	Somewhat hard	4	Hard	5	Very hard																													
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2806	<p>[p3f1q47_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	59. Did you lose your health insurance in the past year?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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2807	<p>[p3f1q48_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	60. In the past 12 months, have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color? If yes, please indicate whether it happened 1-2 times or 3 or more times in the past 12 months.	descriptive																																							
2808	<p>[p3f1q48_a1_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'</p>	a. At school?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																			
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2809	<p>[p3f1q48_a2_v3v4]</p> <p>Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_a1_v3v4] = '1'</p>	How many times did this happen in the past 12 months?	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>1-2 times</td> </tr> <tr> <td>2</td> <td>3 or more</td> </tr> </table>	1	1-2 times	2	3 or more																																			
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2810	[p3f1q48_b1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	b. Getting hired or getting a job?	yesno 1 Yes 0 No
2811	[p3f1q48_b2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_b1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2812	[p3f1q48_c1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	c. At work?	yesno 1 Yes 0 No
2813	[p3f1q48_c2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_c1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2814	[p3f1q48_d1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	d. Getting housing?	yesno 1 Yes 0 No
2815	[p3f1q48_d2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_d1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2816	[p3f1q48_e1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	e. Getting medical care?	yesno 1 Yes 0 No
2817	[p3f1q48_e2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_e1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2818	[p3f1q48_f1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	f. Getting service in a store or restaurant?	yesno 1 Yes 0 No
2819	[p3f1q48_f2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_f1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2820	[p3f1q48_g1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	g. Getting credit, bank loans, or a mortgage?	yesno 1 Yes 0 No
2821	[p3f1q48_g2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_g1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2822	[p3f1q48_h1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	h. On the street or in a public setting?	yesno 1 Yes 0 No
2823	[p3f1q48_h2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND [p3f1q48_h1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2824	[p3f1q48_i1_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0'	i. From the police or in the courts?	yesno 1 Yes 0 No

2825	[p3f1q48_i2_v3v4] Show the field ONLY if: [p3f1_opt_out_v3v4(1)] = '0' AND D [p3f1q48_i1_v3v4] = '1'	How many times did this happen in the past 12 months?	radio 1 1-2 times 2 3 or more
2826	[followup_4_patient_followup_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Covid19 Patient Impact Survey (covid19_patient_impact_survey)  Enabled as survey			
2827	[cov19_date]	Date Form Completed: <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @TODAY
2828	[cov19_instructions]	INSTRUCTIONS: To help us understand the health of SCDIC Registry participants during and after the novel coronavirus pandemic, we would like to ask you some questions to find out how the Coronavirus may have changed things for you or changed your activities, including your use of healthcare services. When we ask about COVID-19, we specifically mean the disease that is caused by the novel coronavirus (from here on referred to as just coronavirus).	descriptive
2829	[cov19_q1]	1. Have you been exposed to someone known to have coronavirus or COVID-19?	yesno 1 Yes 0 No
2830	[cov19_q2]	2. Have you been tested for the novel coronavirus?	radio 1 Yes 0 No 3 No, but I wanted to be tested and was not able to
2831	[cov19_q3] Show the field ONLY if: [cov19_q2] = "1"	3. What kind of test was it? <i>Check all that apply.</i>	checkbox 0 cov19_q3__0 Saliva test 1 cov19_q3__1 Nasal swab 2 cov19_q3__2 Blood test
2832	[cov19_q4] Show the field ONLY if: [cov19_q2] = "1"	4. What was the result of your coronavirus test?	radio 0 Positive 1 Negative 2 Result is pending 99 Don't know
2833	[cov19_q5]	5. Has a healthcare provider ever told you that you had COVID-19 (the disease caused by coronavirus)?	radio 1 Yes, definitely 2 Yes, probably or suspected 0 No
2834	[cov19_q6] Show the field ONLY if: [cov19_q5] = 0	6. Do you think you had/have COVID-19?	radio 1 Yes 0 No 99 Don't know