FOX INSIGHT DATA DICTIONARY

Table of Contents

Introduction & Instructions 5

Core Longitudinal Questionnaires

About You 11
Brief Motor Screen (MtrScrn) 16
Clinical Global Impression of Change (CGINONPD) [Non-PD] 18
Clinical Global Impression of Change (CGIPD) [PD] 19
General (GENERAL) 20
Genetic (FIGS Priority SNPs) 21
Handedness Questionnaire (Edinburgh short form, Hands) 25
Return Visit Questionnaire (ReturnCtr) [Non-PD] 26
Return Visit Questionnaire (ReturnPD) [PD] 32
Side of Onset (SidePD) 41
Users/Registration (Registration) 42
What's Bothering You? (PD Patient Reported Outcome of Problems, PD-PROP) 50
What's Bothering You? - Version 2.0 (PD Patient Reported Outcome of Problems, PD-PROP) 70
Your Acute Medical Conditions (Acute) 96
Your Cognition and Daily Activities (PDAQ-15, Daily) 100
Your Current Health (Curr) 106
Your Daily Living (PDQ-8, LivePD) 130
Your Family Neurological History v1 (Neur) 134
Your Family Neurological History v2 (Fam) 149
Your Health History (HealthHis) 278
Your Medical History (MedHis) 305
Your Medications (Med) [Non-PD] 359
Your Medications (MedsCurrPD) [PD] 365
Your Mood (Mood) 383
Your Movement Experiences (MDS-UPDRS Part II, Move) 386
Your Non-Movement Experiences (NMS-Quest, NonMove) 391
Your Physical Activities (PASE) 394
Your Physical Experiences (EQ-5D-5L) 402
Your Sleep Habits (RBD1Q, Sleep) 404
Your Surgical History (Surg) 405

One-Time Questionnaires

Assessing Discrimination in Healthcare (ADIHealth) [PD].....422
Attitudes and Beliefs Regarding Research and Genetic Testing for PD (ABRGPD).....427
Cannabis use in PD (Cann) [PD].....469
Care Partner Experiences (CPE) [Non-PD].....496
Compensation Strategies to Improve Walking in Persons with Parkinson's Disease (Comp).....534
COVID-19 Experience in the PD Community (COV).....582
COVID-19 Experience in the PD Community – Part 2(COV2).....644
Deep Brain Stimulation in Early-Stage Parkinson's Disease 716
Environmental Exposure Questionnaire: Alcohol (al).....720
Environmental Exposure Questionnaire: Anti-Inflammatory Medication History (ns).....729
Environmental Exposure Questionnaire: Caeffeine (cf).....738
Environmental Exposure Questionnaire: Calcium Channel Blocker Medication History (ca).....748
Environmental Exposure Questionnaire: Female Health History (rp) 760
Environmental Exposure Questionnaire: Head or Injury Concussion (Head).....765
Environmental Exposure Questionnaire: Height and Weight (bp).....771
Environmental Exposure Questionnaire: Occuption (oc).....775
Environmental Exposure Questionnaire: Pesticides at Work (phg) 778
Environmental Exposure Questionnaire: Pesticides in Non-Work Settings (pha).....859
Environmental Exposure Questionnaire: Physical Activity and Sleep (pa) 875
Environmental Exposure Questionnaire: Residential History(rsq) 881
Environmental Exposure Questionnaire: Smoking and Tobacco (sm) 889
Environmental Exposure Questionnaire: Toxicant (tx) 893
Experiences of Women Living with PD: Female Health and Home Life (FemHHL) [PD] 910
Experiences of Women Living with PD: Pre, Peri, and Post Menopause (FemMeno) [PD] 936
Experience with Sensory Misperceptions (Sense) 1015
Fox Insight Telemedicine Verification Sub-Study (FIVE) 1094
Impact and Communication About Off Periods (OFF) [PD] 1204
Impact of Thinking, Mood and Motor Symptoms [PD] 1272
Medication Deprescribing & Clinical Research Study Participation (MedDep) 1302
Mood Disorder's and Parkinson's Disease [PD] 1337
Patient Therapeutic Preferences Questionnaire (Therapy) [PD] 1350

PD Microbiome Survey (PDMB) 1405
Repetitive Head Impact (Rep) 1427
The Financial and Social Impact of Parkinson's Disease Survey (FinSoc) 1514
The Financial and Social Impact of Parkinson's Disease and Parkinson's Related Disorders (FnclImp) 1599
The Role of Stress in Parkinson's Disease (Stress) [Non-PD] 1658
The Role of Stress in Parkinson's Disease (Mind) [PD] 1685
Understanding Fatigue in Parkinson's Patients (Fatigue) [PD] 1746
Understanding Off and On in Parkinson's Patient (ONOFF) [PD] 1771
Understanding Parkinson's Disease, Neurodevelopment and Autism Spectrum Disorder (ASD) 1797
Understanding Psychosis and Its Burden on Caregivers (Psych) [Non-PD] 1829

FOX INSIGHT

Longitudinal Patient Reported Outcomes and Genetic Data

Fox Insight is an online, longitudinal health study of people with and without Parkinson's disease. Fox Insight data is a rich data set facilitating discovery, validation, and reproducibility in Parkinson's disease research. The dataset is generated through routine longitudinal assessments (health and medical questionnaires evaluated at regular cycles); one-time health and disease questionnaires about symptoms, daily activities, and other factors; and, in a subgroup of people with Parkinson's disease, genetic data collection. Qualified researchers can explore, analyze, and download patient-reported outcomes (PROs) data and Parkinson's disease-related genetic variants at https://Fox DEN.michaeljfox.org. The full Fox Insight genetic data set, including approximately 650,000 single nucleotide polymorphisms (SNPs) per participant, can be requested separately with institutional review and is described outside dictionary.:a

For more details on the background and the methods used in the development of the Fox Insight Study, please see the following article: https://www.nature.com/articles/s41597-020-0401-2

USING FOX INSIGHT DATA

Structure and Unique Identifier

The Fox Insight data tables are shared in **long format:** one row/observation contains information for *one questionnaire instance for one participant.* That means that each participant *may* have multiple rows in a table, if they took a Questionnaire multiple times on different dates. Each table contains all the responses for a given questionnaire.

Each table contains a **Unique Identifier** for participants**,** a **Temporal Variable** indicating the time of each Questionnaire event**,** and a set of **Variables**. We provide the definitions below.

Field	Name	Definition
Unique Identifier	fox_insight_id	String which contains the prefix 'FOX' and a unique number assigned to participants. Ex: 'FOX_000146'.
Temporal Variable	days_elapsed	For a given observation, the number of days that have elapsed since "Day 0" — a randomized reference date unique to each Fox Insight participant that is defined in relation to the participant's birthdate. This column can be used to determine the number of days between Questionnaire events.
Variables	Ex: AcuteHeart, MtrScrnRiseChair	Individual variable definitions are provided in this Data Dictionary by table. Most Variables are direct and raw responses from participants in

		the Questionnaires. Others are derived variables, which have undergone a transformation either to protect confidentiality or to render them usable for analysis. When this is the case, it is indicated in the data dictionary.

Determining PD Diagnosis Status and Disease Duration

The Fox Insight study includes data for both individuals who have been diagnosed with PD (PD cohort) and individuals who have *not* been diagnosed with PD (non-PD cohort). Since Fox Insight is a longitudinal observational study, an individual's status may change over the duration of their participation. What follows is a description of the available variables in Fox Insight which can be used in determining PD diagnosis status at a given point in time.

Field	Table and Variable Name (Table: Variable Name)	Definition
Initial PD Diagnosis	Users: InitPDDiag	A variable indicating whether or not an individual had been diagnosed with PD by a physician or other health care professional *at the time of registration for the Fox Insight study*, i.e., a participant's baseline diagnosis status.
Years with a diagnosis of PD when enrolled in Fox Insight	Users: YearsWithPD	For individuals reporting a baseline diagnosis of PD, the number of years since their initial diagnosis, *at the time of registration for the Fox Insight study.*
Current PD Diagnosis	General: CurrPDDiag	A variable indicating an individual's *most recently reported PD diagnosis status*, derived from their responses at baseline and upon quarterly return visits, i.e., a participant's current diagnosis status.
Change in PD Diagnosis	Return Questionnaire: PDChangePD [PD Cohort] Return Questionnaire (Control): NewPDDiagCTR [Non-PD Cohort]	[PD Cohort]: For individuals who have previously reported a diagnosis of PD, a variable indicating whether there has been a *change in their PD status* since their last Fox Insight visit. [Non-PD Cohort]: For individuals who had not previously reported a diagnosis of PD, a variable indicating whether there has been a *change in their PD status* since their last Fox Insight visit.

Please note, an individual's current **CurrPDDiag** represents their most recently reported diagnosis status, which can change over time. To determine a participant's PD diagnosis status at a specific point in time,

researchers should use a combination of the participant's *initial* PD diagnosis, adjusted for any reported *changes* in diagnosis, through the *days_elapsed* for the point in time of interest.

Fox Insight Core Questionnaires versus One-Time Questionnaires

Surveys presented to Fox Insight participants are broken down into two categories: (1) longitudinal Fox Insight Core Questionnaires, as described in the Fox Insight Schedule of Activities, and (2) cross-sectional one-time health and disease questionnaires about symptoms, daily activities, and other factors. Both core and one-time surveys can be presented to any of the following cohorts: PD, non-PD, or both.

The detailed Core Questionnaire Schedule of Activities can be found in the resources section of FoxDEN. All Core questionnaires are asked on a recurring basis at the frequency described in the Schedule of Activities for as long as an individual continues their voluntary participation. Since participants' length of participation in the Fox Insight study varies, **the number of observations available for any repeated measures analysis will vary accordingly based on researchers' variable(s) of interest**. Since participants have a window of time to complete surveys within each visit described in the Schedule of Activities, researchers should pay close attention to the *days_elapsed* variable, to determine the actual length of time between responses to recurring surveys, as the exact interval between visits may vary by participant.

One-time surveys are instruments developed by internal or external researchers seeking to generate data to answer research questions that could otherwise not be fully explored with the existing questionnaires. These IRB-approved instruments undergo an internal scientific review process. They often are developed in conjunction with external researchers. Completed instruments are made available to participants for a limited period of time, typically spanning 3-6 months. An individual will only have one response to these questionnaires and participation in these ancillary questionnaires is independent of participation in the core longitudinal study questionnaires. Some one-time questionnaires may have additional inclusion/exclusion screening criteria, e.g., only persons with PD will be invited to respond. For these reasons, any individual one-time questionnaire will have been completed by only a subset of the total Fox Insight participant pool. Therefore, **the number of observations available for cross-sectional analyses using one-time survey data will be much smaller than the 50,000+ total Fox Insight participants**.

Demographics: About You and Users Table

If you require **demographics** and other **user-level** information for each participant, two tables are available in **FoxDen** and in the shared **Monthly Data Cuts** which you may find particularly helpful:

1. **About You** Table
2. **Users** Table [*Registration*]

These tables contain user-level variables which are often persistent over the length of participants' study duration, such as whether the participant has been diagnosed with PD, their sex assigned at birth, or their race/ethnicity. For a detailed description of the variables available in each table, please see the respective data dictionary sections. Combining the **About** Table or the **Users** Table with any other questionnaire will allow you to define cohorts based on demographics and other participant data available in those tables.

Combining Multiple Fox Insight Tables

The **Unique Identifier (fox_insight_id)** and **Temporal Variable (days_elapsed)** are the key variables that will enable you to combine and transform Fox Insight data to meet your research needs. If you are interested in conducting cross-sectional analyses (i.e., one record per participant), you can use the **fox_insight_id** to identify and combine all of the questionnaire responses for a single participant. Bear in mind, an individual may have multiple instances of any single questionnaire, so you may wish to consider whether you need data which was collected in a single "visit" window, or alternatively whether you wish to specify a specific time of responses (e.g., the *most recent* submission for each data point). Either approach can be accomplished by using the **days_elapsed**.

If you are conducting longitudinal analyses, you can use the **days_elapsed** variable to order repeated measures. **A larger value of days_elapsed for an observation indicates a more recent questionnaire response**. Since Fox Insight is a voluntary study, while participants were sent survey reminders at regular intervals, skipped visits are often encountered. The detailed Schedule of Activities found in the resources section of FoxDEN. The Schedule of Activities can be used as a guide for defining a skipped visit for the purpose of your specific analysis, or you may wish to develop your own definition using **days_elapsed**.

Example of Fox Insight Data Transformation

The exact code/procedures used to transform Fox Insight data will depend on the software or language being used to analyze the data (e.g., SAS, Excel, R, Python). Below we give a general example for how to combine data from the **Brief Motor Screen** table with the **About You** table for a longitudinal analysis that requires demographic covariate information.

The following table shows the basic data structure for the **Brief Motor Screen** table, which contains the unique identifier **fox_insight_id,** the temporal variable **days_elapsed,** and variable of interest **MtrScrRiseChair** (*Do you have trouble rising from a chair?*).

Brief Motor Questionnaire		
fox_insight_id	days_elapsed	MtrScrRiseChair
FOX_001	22500	1
FOX_001	23000	0
FOX_005	24000	1
FOX_005	24500	1

The table below displays the data structure for the **About You** table, restricted to the variables **"Education," "Sex,"** and, **"Age."** In this case, we wish to use only the most recent demographic data reported by a participant. Therefore, before combining the demographic data with our variable of interest, we would first filter the **About You** table to keep only the most *recent* questionnaire instance. In the example below, that would result in keeping only the records corresponding to ***days_elapsed*** **= 23000** for participant **'FOX_001,'** and ***days_elapsed*** **= 24500** for participant **'FOX_005'** (i.e., the maximum value of days_elapsed for each fox_insight_id).

About You				
fox_insight_id	days_elapsed	Education	Sex	Age
FOX_001	22500	7	1	61.6
FOX_001	23000	7	1	63
FOX_005	24000	5	2	65.7
FOX_005	24500	5	2	67

About You				
fox_insight_id	days_elapsed	Education	Sex	Age
FOX_001	23000	7	1	63
FOX_005	24500	5	2	67

Once a cross-section of the demographic values has been obtained, the table may be combined with the **Brief Motor Screen** in order to expand it with the required demographics by using the **fox_insight_id**. The table below shows what the result of this would look like.

Brief Motor Questionnaire (With Demographics)						
fox_insight_id	days_elapsed	MtrScrRiseChair	Education	Sex	Age	days_elapsed_B
FOX_001	22500	1	7	1	63	2300
FOX_001	23000	0	7	1	63	2300
FOX_005	24000	1	5	2	67	24500
FOX_005	24500	1	5	2	67	24500

Now, each row of the **Brief Motor Screen** data also includes the selected demographic covariates for the participant. Note that the merging procedure leaves us with **two temporal variables: *days_elapsed* (corresponding to the Brief Motor Screen); and, *days_elapsed_B* (corresponding to the About You table)**. That is because the participant may have provided their most recent demographic data on a different date than their response for our variable of interest. This is common in Fox Insight, since different surveys have different response cadences. Keeping these two columns will allow you to keep track of the time at which each response was obtained in each questionnaire, if that is important to your analysis.

If you only require a cross-section of the data, then it will suffice to keep the most recent record for the variable of interest in the combined table for each participant, as the figure below shows.

Brief Motor Questionnaire (With Demographics)					
fox_insight_id	days_elapsed	MtrScrRiseChair	Education	Sex	Age
FOX_001	23000	0	7	1	63
FOX_005	24500	1	5	2	67

ABOUT

Table Description: About You

View Source Instrument: [link]

Details: This instrument is referred to as "About You (Profile)" in the Participant Schedule of Activities, and as "About You" in Fox DEN and the questionnaire forms. It is completed by all study participants at Registration, and presented in 'summary mode' on an annual basis thereafter. 'Summary mode' enables participants to make changes to their prior response, but does not require them to do so unless they have indicated a change.

Following an update in 12/2023, the question "What is your biological sex?" (variable 'sex' below) was discontinued and replaced with three new questions. In addition to querying participants about their sex at birth, the new question asked them about their gender identity and sexual orientation. Participants who had an open study visit at the time of this change were presented with the original question, but for all others (and for all subsequent study visits) the new version of this questionnaire is presented. Participants responding to the new version for the first time will have to complete the instrument from the beginning, and will not be presented the 'summary mode'. Each subsequent assignment will revert back to being presented in the 'summary mode'. Data collected for the original question is still retained in the data set.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
Sex	Numeric	What is your biological sex?			1	Male	This variable was discontinued from December 2023 and was superseded by new variables: SexAtBirth, GenderId, SexGL, SexSH, SexB, SexP, SexA, SexOther, SexPNA
					2	Female	
SexAtBirth	Numeric	What was your sex assigned at birth?			1	Male	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					2	Female	
					3	Intersex	
					4	Unknown	
					5	Other	
GenderId	Numeric	How do you live your life day to day?			1	Man (or trans Man)	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					2	Woman (or trans woman)	
					3	Non-Binary	
					4	Other	
					5	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
Sex	Numeric	What is your biological sex?			1	Male	This variable was discontinued from December 2023 and was superseded by new variables: SexAtBirth, GenderId, SexGL, SexSH, SexB, SexP, SexA, SexOther, SexPNA
					2	Female	
SexSH	Numeric	Which of the following best represents how you think of yourself?	Straight/ Heterosexual		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexGL	Numeric	Which of the following best represents how you think of yourself?	Gay/Lesbian		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexB	Numeric	Which of the following best represents how you think of yourself?	Bisexual		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexP	Numeric	Which of the following best represents how you think of yourself?	Pansexual		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexA	Numeric	Which of the following best represents how you think of yourself?	Asexual		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexOther	Numeric	Which of the following best represents how you think of yourself?	Other		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
SexPNA	Numeric	Which of the following best represents how you think of yourself?	Prefer not to answer		0	Not Checked	This is a new variable launched in Decmber 2023 replacing the question in the variable 'Sex'.
					1	Checked	
EthnCuban	Numeric	Yes, Cuban			0	Not Checked	
					1	Checked	
EthnLatino	Numeric	Yes, Another Hispanic, Latino/a or Spanish Origin			0	Not Checked	
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
Sex	Numeric	What is your biological sex?			1	Male	This variable was discontinued from December 2023 and was superseded by new variables: SexAtBirth, GenderId, SexGL, SexSH, SexB, SexP, SexA, SexOther, SexPNA
					2	Female	
EthnMexican	Numeric	Yes, Mexican, Mexican American, Chicano/a			0	Not Checked	
					1	Checked	
EthnNotHispanic	Numeric	No, not of Hispanic, Latino/a, or Spanish Origin			0	Not Checked	
					1	Checked	
EthnPNA	Numeric	Prefer not to answer			0	Not Checked	
					1	Checked	
EthnPuerto	Numeric	Yes, Puerto Rican			0	Not Checked	
					1	Checked	
HeightPNA	Numeric	Prefer not to answer			0	No	
					1	Yes	
Income	Numeric	What is your yearly household income?			1	Less than $20,000	
					2	$20,000 to $34,999	
					3	$35,000 to $49,000	
					4	$50,000 to $74,999	
					5	$75,000 to $99,999	
					6	More than $100,000	
					7	Prefer not to answer	
RaceA	Numeric	Asian			0	Not Checked	
					1	Checked	
RaceAA	Numeric	Black or African American			0	Not Checked	
					1	Checked	
RaceAI	Numeric	American Indian or Alaska Native			0	Not Checked	
					1	Checked	
RaceNH	Numeric	Native Hawaiian or Other Pacific Islander			0	Not Checked	
					1	Checked	
RacePNA	Numeric	Prefer not to answer			0	Not Checked	
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
Sex	Numeric	What is your biological sex?			1	Male	This variable was discontinued from December 2023 and was superseded by new variables: SexAtBirth, GenderId, SexGL, SexSH, SexB, SexP, SexA, SexOther, SexPNA
					2	Female	
RaceW	Numeric	White or Caucasian			0	Not Checked	
					1	Checked	
Research	Numeric	Have you ever participated in clinical research before Fox Insight?			0	No	
					1	Yes	
					3	Prefer Not to Answer	
Veteran	Numeric	Are you a veteran of the military?			0	No	
					1	Yes	
					3	Prefer Not to Answer	
WeightPNA	Numeric	Prefer not to answer			0	No	
					1	Yes	
Education	Numeric	What is the highest education level you have completed?			1	Less than a high school degree	
					2	High school degree (GED or equivalent)	
					3	Some college (1-4 years, no degree)	
					4	Associate's degree (including occupational or academic degrees, AS, AAS, AA, etc.)	
					5	Bachelor's degree (BA, BS, AB, etc.)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
Sex	Numeric	What is your biological sex?			1	Male	This variable was discontinued from December 2023 and was superseded by new variables: SexAtBirth, GenderId, SexGL, SexSH, SexB, SexP, SexA, SexOther, SexPNA
					2	Female	
					6	Master's degree (MA, MS, MENG, MSW, etc.)	
					7	Professional school degree (MD, DDC, JD, etc)	
					8	Doctorate degree (PhD, EdD, etc)	
					9	Prefer not to answer	
Employment	Numeric	What is your employment status?			1	Employed, full-time	
					2	Employed, part-time	
					3	Retired	

BRIEF MOTOR SCREEN (MtrScrn)

Table Description: Brief Motor Screen

View Source Instrument: [link]

Details: Participants complete this survey at Baseline and then every three months thereafter. The instrument is referred to as "Brief Motor Screen" in the Fox DEN, the Participant Schedule of Activities, and the questionnaire forms. It is completed by both PD and non-PD participants.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MtrScrnBalancePoor	Numeric	Is your balance poor?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnFeetStuck	Numeric	Do your feet ever seem to get stuck to the floor?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnLegShake	Numeric	Do your arms or legs shake?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnLessExpres	Numeric	Do people tell you that your face seems less expressive than it once did?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnMoveSlowAge	Numeric	Do you move more slowly than other people your age?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnRiseChair	Numeric	Do you have			0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		trouble rising from a chair?			1	Yes	
					2	Uncertain	
MtrScrnShuffleFeet	Numeric	Do you shuffle your feet and/or take tiny steps when you walk?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnTrbleButton	Numeric	Do you have trouble buttoning buttons?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnVoiceSoft	Numeric	Do people tell you that your voice is softer than it once was?			0	No	
					1	Yes	
					2	Uncertain	
MtrScrnWriteSmall	Numeric	Is your handwriting smaller than it once was?			0	No	
					1	Yes	
					2	Uncertain	

CLINICAL GLOBAL IMPRESSION OF CHANGE NON-PD (CGINONPD)

Table Description: Clinical Global Impression of Change (CGIC) (Control)

View Source Instrument: [link]

Details: Participants who do not endorse a diagnosis of PD complete this survey at every Study Visit starting at Study Visit #2. This is an adaptation of the Clinical Global Impression Improvement (CGI-I) instrument developed by NIMH, for further reading, please visit: link.

Variable	Questionnaire	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CGINONPD	Clinical Global Impression of Change (Control)	Numeric	With respect to your overall health, how would you describe yourself now compared to your last study visit?			0	Very much worse	
						1	Much worse	
						2	Minimally worse	
						3	No change	
						4	Minimally improved	
						5	Much improved	
						6	Very much improved	

CLINICAL GLOBAL IMPRESSION OF CHANGE PD (CGIPD)

Table Description: Clinical Global Impression of Change (CGIC) (PD)

View Source Instrument: [link]

Details: Participants who endorse a diagnosis of PD complete this survey at every Study Visit starting at Study Visit #2. This is an adaptation of the Clinical Global Impression Improvement (CGI-I) instrument developed by NIMH, for further reading, please visit: link.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CGIPD	Numeric	With respect to your Parkinson's disease condition, how would you describe yourself now compared with your last study visit?			0	Very much worse	
	Numeric				1	Much worse	
	Numeric				2	Minimally worse	
	Numeric				3	No change	
	Numeric				4	Minimally improved	
	Numeric				5	Much improved	
	Numeric				6	Very much improved	

GENERAL

Table Description: General

View Source Instrument: [link]

Details: This variable is derived based on a participant's response to the "Return Questionnaire," which is referred to as "Return Visit Questionnaire (PD)" for participants with PD, and "Return Visit Questionnaire (Non-PD)" for participants without PD in the Schedule of Activities. Participants populate data for the variable "InitPDdiag" when completing the Registration Questionnaire at the beginning of their participation in the study, and then report on their current PD diagnosis when completing the Return Questionnaire at each study visit, resulting in the "CurrPDDiag" variable.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional (most recent PD diagnosis)? [Derived]			0	No	A derived variable indicating an individual's *most recent* reported PD diagnosis status.
					1	Yes	

GENETIC

Table Description: FIGS Priority SNPs

View Source Instrument: Genetic Platform Annotations [link]

Details: The following 17 SNPs are collected in conjunction with the Fox Insight Genetic Sub-Study (FIGS), in partnership with 23andMe. Approximately 10,000 participants enrolled into this sub-study from 2017-2021. This genetic data is available to researchers with Tier 1 access to Fox Insight, with additional genetic data (for approximately 650,000 SNPs) available to researchers with Tier 2 access. To register for Tier 1 access click here, to register for Tier 2 access click here. Tier 2 data is provided in .BGEN format and can be transformed using QCTOOL: link.

The genetic platform annotations linked above provide summary statistics for the full genetic data set. It includes tables that provide genotyping rates separated based on specific ancestry (as defined by participant's 23andMe customer profile) and genotyping platform (which can be determined by the *platform_version* variable). For example, the genotyping rates for all participants genotyped on the V5 platform are separated into four files based on ancestry: African, Asian, European, Latinx. 23andMe ancestry classifier algorithm determines the ancestry for each participant for their Ancestry product experience (link). The other platforms (V3 and V4) also have the same four corresponding tables. These tables have four columns (as described in first table below) which indicate RSID, chromosome name, chromosomal position, and call rate respectively. For more information, please refer to the platform annotations above.

Column Name	*Definition*
rsid	dbSNP build 146 rsID when available; a small number of SNPs without good matches in dbSNP have 23andMe names like 'i12345'
chrom	Chromosome name, NCBI Build 37
pos	Chromosomal position, NCBI Build 37
gt.rate	Rate of called (not NN) genotypes

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
APOE	Text	Apolipoprotein E genotype			2-2	APOE e2/e2 genotype	
					2-3	APOE e2/e3 genotype	
					2-4	APOE e2/e4 genotype	
					3-3	APOE e3/e3 genotype	
					3-4	APOE e3/e4 genotype	
					4-4	APOE e4/e4 genotype	
SexChromosomes	Text				XX	Two X chromosomes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Genetically sequenced X and/or Y chromosomes			XY	One X and one Y chromosome	
i4000415	Text	Single nucleotide polymorphism (SNP) located on or near gene GBA. Also known as rs76763715.			CC	nan	"nan" refers to "not a number," and represents an undefined or missing value.
					CT	nan	
					TT	nan	
platform_version	Numeric	Platform version			ILMN_GSA_ CUSTOMv5	V5 platform (in use as of 04/2022), customized Illumina Infinium GSA (~650k SNPs).	This refers to the chip version used by 23andMe's research platform to analyze participant data. Additional information may be found here: link.
					ILMN_CUSTOMv4	V4 platform (in use as of 11/2013), fully customized Illumina (~570k SNPs).	
					ILMN_OMNINEXv3_ CUSTOMv3	V3 platform, based on Illumina OmniExpress and BeadChip (~950k SNPs).	
					ILMN_550Qv1_ CUSTOMv2	V2 platform (in use as of 03/2009), customized Illumina (~550k SNPs).	
					ILMN_GSA_ CUSTOMv5_2	V5 platform (in use as of 06/2017), customized Illumina Infinium GSA (~650k SNPs). This version is the same as ILMN_GSA_CUTOMSv5	
rs10513789	Text	Single nucleotide polymorphism (SNP) located on or near gene MCCC1			GG	nan	
					GT	nan	
					TT	nan	
rs10797576	Text				CC	nan	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Single nucleotide polymorphism (SNP) located on or near gene SIPA1L2			CT	nan	
					TT	nan	
rs11158026	Text	Single nucleotide polymorphism (SNP) located on or near gene GCH1			CC	nan	
					CT	nan	
					TT	nan	
rs11610045	Text	Single nucleotide polymorphism (SNP) located on or near gene FBRSL1			AA	nan	
					AG	nan	
					GG	nan	
rs11658976	Text	Single nucleotide polymorphism (SNP) located on or near gene WNT3			AA	nan	
					AG	nan	
					GG	nan	
rs12456492	Text	Single nucleotide polymorphism (SNP) located on or near gene RIT2			AA	nan	
					AG	nan	
					GG	nan	
rs2230288	Text	Single nucleotide polymorphism (SNP) located on or near gene GBA			CC	nan	
					CT	nan	
rs2280104	Text	Single nucleotide polymorphism (SNP) located on or near gene BIN3			CC	nan	
					CT	nan	
					TT	nan	
rs34424986	Text	Single nucleotide polymorphism (SNP) located on			AA	nan	
					AG	nan	
					GG	nan	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or near gene PARK2					
rs34637584	Text	Single nucleotide polymorphism (SNP) located on or near gene LRRK2			AA AG GG	nan nan nan	
rs356182	Text	Single nucleotide polymorphism (SNP) located on or near gene SNCA			AA AG GG	nan nan nan	
rs4698412	Text	Single nucleotide polymorphism (SNP) located on or near gene BST1			AA AG GG	nan nan nan	
rs76904798	Text	Single nucleotide polymorphism (SNP) located on or near gene LRRK2			CC CT TT	nan nan nan	
rs80356773	Text	Single nucleotide polymorphism (SNP) located on or near gene GBA			CC CT TT	nan nan nan	
rs823118	Text	Single nucleotide polymorphism (SNP) located on or near gene NUCKS1			CC CT TT	nan nan nan	
rs9261484	Text	Single nucleotide polymorphism (SNP) located on or near gene TRIM40			CC CT TT	nan nan nan	

HANDEDNESS (Hands)

Table Description: Handedness Questionnaire (Edinburgh Handedness short form)

View Source Instrument: [link]

Details: This instrument is referred to as 'Your Handedness' in Fox DEN, the questionnaire forms, and as 'Handedness Questionnaire' in the Participant Schedule of Activities. It is administered to participants one time, following the completion of registration. For analysis of the short form version completed by participants in Fox Insight (as compared to the previous iteration of this instrument), please see: link. Both participants with and without a diagnosis of PD complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HandsSpoon	Numeric	Please indicate your preferences in the use of hands in the following object: Spoon			1	Always right	
					2	Usually right	
					3	both equally	
					4	Usually left	
					5	Always left	
					6	Prefer not to answer	
HandsThrowing	Numeric	Please indicate your preferences in the use of hands in the following activity: Throwing			1	Always right	
					2	Usually right	
					3	both equally	
					4	Usually left	
					5	Always left	
					6	Prefer not to answer	
HandsToothbrush	Numeric	Please indicate your preferences in the use of hands in the following object: Toothbrush			1	Always right	
					2	Usually right	
					3	both equally	
					4	Usually left	
					5	Always left	
					6	Prefer not to answer	
HandsWriting	Numeric	Please indicate your preferences in the use of hands in the following activity: Writing			1	Always right	
					2	Usually right	
					3	both equally	
					4	Usually left	
					5	Always left	
					6	Prefer not to answer	

RETURNCTR

Table Description: Return Visit Questionnaire (Controls)

View Source Instrument: [link]

Details: Participants first complete this survey three months after Baseline and then every three months thereafter. The instrument is referred to as "Return Visit Questionnaire (Non-PD)" in the Participant Schedule of Activities, "Return Visit Questionnaire (Controls)" in Fox DEN, and as "Return Study Visit" in the questionnaire forms.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
DiagWhoDocCTR	Numeric	Please tell us who you received your diagnosis from	Primary care physician (such as a general practioner, family physician or internist)		0	Not Checked	Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
DiagWhoNeurCTR	Numeric	Please tell us who you received your diagnosis from	A general neurologist		0	Not Checked	Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.
					1	Checked	
DiagWhoOtherCTR	Numeric	Please tell us who you received your diagnosis from	Other type of physician or healthcare professional		0	Not Checked	Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							endorse having received a diagnosis of PD since their last study visit.
DiagWhoSpecCTR	Numeric	Please tell us who you received your diagnosis from	A neurologist specializing in movement disorders (i.e., "movement disorder specialist")		0	Not Checked	Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.
					1	Checked	
HospitalCTR	Numeric	Have you been hospitalized for any reason since you last used Fox Insight?			0	No	
					1	Yes	
					3	Prefer not to answer	
HospitalPDCTR	Numeric	Was your hospitalization			0	No	Participants are only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		related to Parkinson's disease?			1	Yes	with this question if they answered 'Yes' to the question 'Have you been hospitalized for any reason since you last used Fox Insight?'
HospitalStayCTR	Numeric	How long were you hospitalized?			1	1-2 days	Participants are only presented with this question if they answered 'Yes' to the question 'Have you been hospitalized for any reason since you last used Fox Insight?'
					2	3-5 days	
					3	More than a week	
LiveAdultCTR	Numeric	Which best describes your living situation?	Living with adult child/children		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveAloneCTR	Numeric	Which best describes your living situation?	Living alone		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveAsstCTR	Numeric	Which best describes your living situation?	Living in assisted living facility		0	Not Checked	Participants may select multiple responses to this question, except
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							when selecting 'Prefer Not to Answer.'
LiveCareCTR	Numeric	Which best describes your living situation?	Living with paid in-home care provider/aide		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveMinorCTR	Numeric	Which best describes your living situation?	Living with minor child/children		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveNursCTR	Numeric	Which best describes your living situation?	Living in nursing home		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveOthFamCTR	Numeric	Which best describes your living situation?	Living with other family		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveOtherCTR	Numeric	Which best describes your living situation?	Other		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LivePNACTR	Numeric	Which best describes your living situation?	Prefer not to answer		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveSpouseCTR	Numeric	Which best describes your living situation?	Living with spouse/partner/significant other		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
NewPDDiagCTR	Numeric	Since your last visit, have you been diagnosed with Parkinson's disease by a physician or other health care professional?			0	No	This question is only presented to participants if they have not previously endorsed receiving a diagnosis of PD.
					1	Yes	

RETURNPD

Table Description: Return Visit Questionnaire (PD)

View Source Instrument: [link]

Details: Participants first complete this survey three months after Baseline and then every three months thereafter. The instrument is referred to as "Return Visit Questionnaire (PD) " in the Participant Schedule of Activities and in Fox DEN. To calculate disease duration for a given participant, researchers can determine a respondent's age at diagnosis using the 'InitPDDiagAge' variable and compare this to the 'Age' variable contained in the 'About' table, which indicates a participant's current age (rounded to one decimal place for confidentiality).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HospitalPD	Numeric	Have you been hospitalized for any reason since you last used Fox Insight?			0	No	
					1	Yes	
					3	Prefer not to answer	
HospitalPDPD	Numeric	Was your hospitalization related to Parkinson's disease?			0	No	Participants are only presented this question if they answered 'Yes' to the question 'Have you been hospitalized for any reason since you last used Fox Insight?'
					1	Yes	
HospitalStayPD	Numeric	How long were you hospitalized?			1	1-2 days	Participants are only presented this question if they answered 'Yes' to the question 'Have you been
					2	3-5 days	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	More than a week	hospitalized for any reason since you last used Fox Insight?'
LiveAdultPD	Numeric	Which best describes your living situation?	Living with adult child/children		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveAlonePD	Numeric	Which best describes your living situation?	Living alone		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveAsstPD	Numeric	Which best describes your living situation?	Living in assisted living facility		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveCarePD	Numeric	Which best describes your living situation?	Living with paid in-home care provider/aide		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveMinorPD	Numeric	Which best describes your living situation?	Living with minor child/children		0	Not Checked	Participants may select multiple responses to this question, except
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							when selecting 'Prefer Not to Answer.'
LiveNursPD	Numeric	Which best describes your living situation?	Living in nursing home		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveOthFamPD	Numeric	Which best describes your living situation?	Living with other family		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveOtherPD	Numeric	Which best describes your living situation?	Other		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LivePNAPD	Numeric	Which best describes your living situation?	Prefer not to answer		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	
LiveSpousePD	Numeric	Which best describes your living situation?	Living with spouse/partner/significant other		0	Not Checked	Participants may select multiple responses to this question, except when selecting 'Prefer Not to Answer.'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDChangePD	Numeric	Since your last visit, has a physician or other health care professional changed your diagnosis of Parkinson's disease?			0	No	Participants only receive this question if they previously endorsed having received a diagnosis of Parkinson's disease
					1	Yes	
PDConnectCarePD	Numeric	Do you have any other connection to Parkinson's disease?	I am a caregiver of someone with Parkinson's Disease.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectFirstPD	Numeric	Do you have any other connection to Parkinson's disease?	I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child)		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectFrienPD	Numeric	Do you have any other connection to Parkinson's disease?	I am friends with someone with Parkinson's disease.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectGenetPD	Numeric	Do you have any other connection to Parkinson's disease?	I have a genetic mutation associated with PD but have not been diagnosed with PD.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectKnowPD	Numeric	Do you have any other connection to Parkinson's disease?	I do not know anyone with Parkinson's disease but I want to participate in research.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectNoPD	Numeric	Do you have any other connection to Parkinson's disease?	I have no other connection to Parkinson's disease.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectOtherPD	Numeric	Do you have any other connection to Parkinson's disease?	Other		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectPrevPD	Numeric	Do you have any other connection to Parkinson's disease?	I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectSecondPD	Numeric	Do you have any other connection to Parkinson's disease?	I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings).		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectSpousePD	Numeric	Do you have any other connection to Parkinson's disease?	My spouse or partner has Parkinson's disease		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	
PDConnectWorkPD	Numeric	Do you have any other connection to Parkinson's disease?	My work relates to Parkison's Disease		0	Not Checked	Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDTreatDocPD	Numeric	My Parkinson's disease is currently being treated by a:	Doctor/Primary Care Doctor		0	Not Checked	Participant only receives this question if they still have a diagnosis of Parkinson's disease and may select multiple responses.
					1	Checked	
PDTreatNeurPD	Numeric	My Parkinson's disease is currently being treated by a:	General Neurologist		0	Not Checked	Participant only receives this question if they still have a diagnosis of Parkinson's disease and may select multiple responses.
					1	Checked	
PDTreatNursPD	Numeric	My Parkinson's disease is currently being treated by a:	Nurse Practitioner/Physician Assistant		0	Not Checked	Participant only receives this question if they still have a diagnosis of Parkinson's disease and may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDTreatOthPD	Numeric	My Parkinson's disease is currently being treated by a:	Other		0	Not Checked	Participant only receives this question if they still have a diagnosis of Parkinson's disease and may select multiple responses.
					1	Checked	
PDTreatSpecPD	Numeric	My Parkinson's disease is currently being treated by a:	Movement Disorder Specialist		0	Not Checked	Participant only receives this question if they still have a diagnosis of Parkinson's disease and may select multiple responses.
					1	Checked	

PD SIDE (SidePD)

Table Description: Side of Onset

View Source Instrument: [link]

Details: Participants complete this survey once at Baseline. The instrument is referred to as “Side of Onset” in the Participant Schedule of Activities and as “What Side Did Your PD Symptoms Begin On?” in Fox DEN and the questionnaire forms. Only participants with PD complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SidePDOnset	Numeric	Remember back to when your Parkinson's symptoms began. On which side of your body did your symptoms start?			1	Left	
					2	Right	
					3	Both sides equally	
					4	I don't know	
					5	Prefer not to answer	

USERS

Table Description: Registration

View Source Instrument: [link]

Details: Participants complete this survey at Baseline. The instrument is referred to as "FI Account (Registration)" in the Participant Schedule of Activities, and as "Registration" in Fox DEN and the questionnaire forms, and data is included in the "Users" table contained within monthly data cuts. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
DiagWhoDocPD	Numeric	Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)	Primary care physician (such as a general practitioner, family physician or internist)		0	Not Checked	Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.
					1	Checked	
DiagWhoNeurPD	Numeric	Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)	A general neurologist		0	Not Checked	Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							which a respondent can select multiple answers.
DiagWhoOtherPD	Numeric	Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)	Other type of physician or healthcare professional		0	Not Checked	Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.
					1	Checked	
DiagWhoSpecPD	Numeric	Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)	A neurologist specializing in movement disorders (i.e., "movement disorder specialist")		0	Not Checked	Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
InitPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease by a physician or other health care professional? (PD diagnosis at time of registration)			0	No	
					1	Yes	
InitReferralSource	Numeric	How did you hear about the Fox Insight study?			1	A doctor or other medical professional	
					10	An in-person PD event	
					11	A Michael J. Fox Foundation email	
					12	Other	
					2	An advocacy and/or PD organization	
					3	A PD support group	
					4	A family member or friend	
					5	Another Fox Insight participant	
					6	A web-based clinical trials directory	
					7	A print newspaper, newsletter or magazine	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					8	Radio or TV	
					9	Online	
InitReferralSourceDetail	Numeric	How did you hear about the Fox Insight study (details)?			0	A Facebook post or ad	
					1	A Michael J. Fox Foundation event	
					10	An internet search (i.e., Google or Bing)	
					11	Another social media post or ad (i.e., Instagram, Twitter, etc.)	
					12	Another type of physician or healthcare professional	
					13	ClinicalTrials.gov	
					14	Fox Trial Finder	
					15	PDTrials.org	
					16	Primary care provider	
					17	The 23andMe website	
					18	The Fox Insight website	
					19	The Michael J. Fox Foundation	
					2	A general neurologist	
					20	The Michael J. Fox Foundation website	
					21	Other	
					3	A neurologist specializing in movement	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						disorders (i.e., a movement disorder specialist)	
					4	A print magazine ad	
					5	A print magazine article	
					6	A print newsletter ad	
					7	A print newsletter article	
					8	A print newspaper ad	
					9	A print newspaper article	
LocCountry	Text	What is your location (country)?			CountryName	Name of country	
PDConnectCareCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I am a caregiver of someone with Parkinson's Disease.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectFirstCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child).		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectFrienCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I am friends with someone with Parkinson's disease.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectGenetCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I have a genetic mutation associated with PD but have not been diagnosed with PD.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectKnowCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I do not know anyone with Parkinson's disease but I want to participate in research.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectNoCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I have no other connection to Parkinson's disease.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectOtherCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	Other		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectPrevCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectSecondCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings).		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
PDConnectSpouseCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	My spouse or partner has Parkinson's disease.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PDConnectWorkCTR	Numeric	What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?	My work relates to Parkinson's Disease.		0	Not Checked	Dropdown option which specifies connection to PD.
					1	Checked	
YearsWithPD	Numeric	Years with a diagnosis of Parkinson's disease when enrolled in Fox Insight [Derived]			0	Early (< 3 years)	This variable is derived by comparing an individual's reported age at the time of registration with their reported age at the time of PD diagnosis.
					1	Mid (3 - 10 years)	
					2	Later (11 - 50 years)	
					3	Out of range	

PD-PROP (Pdprop)

Table Description: What's bothering you? Version 1.0 (PD Patient Reported Outcome of Problem/ PD-PROP)

View Source Instrument: [link]

Details: Participants first complete this instrument one months after Baseline and then every three months thereafter. The instrument is referred to as "What's bothering you? (PD Patient Reported Outcome of Problem / PD-PROP)" in the Participant Schedule of Activities and as "What's bothering you – Version 1.0" in Fox DEN. Participants responding to this instrument are asked to describe, in their own words, their five most bothersome problems due to PD, in order of first most bothersome to fifth most bothersome, and in what way this affects their everyday functioning. They are able to submit a response of 'prefer not to respond' to any of the questions. If responding, they provide free-text responses of up to 25 words, which are analyzed using Natural Language Processing (NLP; a machine learning technique) to extract clinically meaningful symptoms. Participants also rate the severity of each of their reported problems on a scale of 0-3, as described below.

PD-PROP 2.0 data – a new curation of the verbatim responses collected via the instrument – was released in July 2022. The new curation *supersedes* this original version by re-analyzing previously curated responses alongside new responses, using an expanded set of clinically meaningful symptoms and domains. The instrument itself remains unchanged. Investigators are strongly recommended to use that version of the data, unless they have an ongoing project that uses data from the previous curation. The 2.0 curation is available via Fox DEN and is referred to as "What's bothering You – Reclassified Version 2.0." For more information on the PD-PROP, please see [link], [link], [link], and [link].

To facilitate aggregate analysis, symptoms are grouped into overarching domains of similar symptoms. These domains are pre-coded into the curated dataset as an additional superset of variables for user convenience, as described in the detailed variable tables below. Each symptom is grouped into exactly one domain, but each domain contains multiple symptoms. Symptoms belonging to a domain group have a shared prefix attached to their corresponding variable names.

For each pair of combined free-text responses, multiple symptoms may be extracted by the NLP algorithm. Therefore, when reviewing instrument data, users may notice that multiple symptoms for a given study visit are listed as "first" most bothersome, "second" most bothersome, and so on. Integer suffix values in the variable names denote the "bothersome-ness" rank of the problem associated with the symptom/domain (e.g., a suffix of "_1" is first most bothersome, "_2" is second most bothersome).

The following table lists the clinically meaningful symptoms, their associated domains and variable prefix values appearing in the PD-PROP 1.0 curation:

Domain	Prefix	Symptom
Autonomic Dysfunction	PdpropAutDys	Bladder incontinence
		Bloating
		Bowel frequency
		Bowel obstruction
		Constipation
		Bowel incontinence
		Bowel pain
		Other
		Bowel urgency
		Excessive Sweating
		Frequent Urination
		Orthostatic Hypotension
Bradykinesia	PdpropBrady	Slowness
		Speech
		Micrographia
Cognition	PdpropCog	Cognitive Slowing
		Concentration/Attention
		Executive function
		Language/Word Finding
		Memory
		Confusion
Fatigue	PdpropFatig	Fatigue
		Sleep Problem
Mood	PdpropMood	Anxiety
		Apathy
		Depression
		Sadness
		Frustration
		Irritability
		Other Mood
		Mood Changes
Pain	PdpropPainPain	Painful dystonia
		Cramp
		Discomfort

Domain	Prefix	Symptom
		Pain
		Headache
Postural Instability	PdpropPostin	Balance
		Falling
		Freezing
		Gait disorder
		Posture
Rigidity	PdpropRig	Dystonia
		Stiffness
Sleep	PdpropSleep	Early Morning Awakening
		Excessive Sleepiness (ES)
		Parasomnia Unspecified
		RBD
		RLS
		Sleep Maintenance Insomnia
		Sleep onset insomnia
		Vivid Dreams
		Sleepiness unspecified
		Insomnia Unspecified
		Non-Restful Sleep
Tremor	PdpropTrem	Tremor
		Dexterity

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropAutDysBloat_1	Numeric				1	Bloating [Derived]	
PdpropAutDysBloat_2	Numeric				1	Bloating [Derived]	
PdpropAutDysBloat_3	Numeric				1	Bloating [Derived]	
PdpropAutDysBloat_4	Numeric				1	Bloating [Derived]	
PdpropAutDysBloat_5	Numeric				1	Bloating [Derived]	
PdpropAutDysBowFreq_1	Numeric				1	Bowel frequency [Derived]	
PdpropAutDysBowFreq_2	Numeric				1	Bowel frequency [Derived]	
PdpropAutDysBowFreq_3	Numeric				1	Bowel frequency [Derived]	
PdpropAutDysBowFreq_5	Numeric				1	Bowel frequency [Derived]	
PdpropAutDysBowIncon_1	Numeric				1	Bowel incontinence [Derived]	
PdpropAutDysBowIncon_2	Numeric				1	Bowel incontinence [Derived]	
PdpropAutDysBowIncon_3	Numeric				1	Bowel incontinence [Derived]	
PdpropAutDysBowIncon_4	Numeric				1	Bowel incontinence [Derived]	
PdpropAutDysBowIncon_5	Numeric				1	Bowel incontinence [Derived]	
PdpropAutDysBowObs_1	Numeric				1	Bowel obstruction [Derived]	
PdpropAutDysBowObs_4	Numeric				1	Bowel obstruction [Derived]	
PdpropAutDysBowObs_5	Numeric				1	Bowel obstruction [Derived]	
PdpropAutDysBowPain_1	Numeric				1	Bowel pain [Derived]	
PdpropAutDysBowPain_2	Numeric				1	Bowel pain [Derived]	
PdpropAutDysBowPain_3	Numeric				1	Bowel pain [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropAutDysBowPain_4	Numeric				1	Bowel pain [Derived]	
PdpropAutDysBowPain_5	Numeric				1	Bowel pain [Derived]	
PdpropAutDysBowUrg_1	Numeric				1	Bowel urgency [Derived]	
PdpropAutDysBowUrg_2	Numeric				1	Bowel urgency [Derived]	
PdpropAutDysBowUrg_3	Numeric				1	Bowel urgency [Derived]	
PdpropAutDysBowUrg_5	Numeric				1	Bowel urgency [Derived]	
PdpropAutDysConstip_1	Numeric				1	Constipation [Derived]	
PdpropAutDysConstip_2	Numeric				1	Constipation [Derived]	
PdpropAutDysConstip_3	Numeric				1	Constipation [Derived]	
PdpropAutDysConstip_4	Numeric				1	Constipation [Derived]	
PdpropAutDysConstip_5	Numeric				1	Constipation [Derived]	
PdpropAutDysFreqUrine_1	Numeric				1	Frequent Urination [Derived]	
PdpropAutDysFreqUrine_2	Numeric				1	Frequent Urination [Derived]	
PdpropAutDysFreqUrine_3	Numeric				1	Frequent Urination [Derived]	
PdpropAutDysFreqUrine_4	Numeric				1	Frequent Urination [Derived]	
PdpropAutDysFreqUrine_5	Numeric				1	Frequent Urination [Derived]	
PdpropAutDysIncon_1	Numeric				1	Bladder incontinence [Derived]	
PdpropAutDysIncon_2	Numeric				1	Bladder incontinence	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropAutDysIncon_3	Numeric				1	Bladder incontinence [Derived]	
PdpropAutDysIncon_4	Numeric				1	Bladder incontinence [Derived]	
PdpropAutDysIncon_5	Numeric				1	Bladder incontinence [Derived]	
PdpropAutDysOther_1	Numeric				1	Other [Derived]	
PdpropAutDysOther_2	Numeric				1	Other [Derived]	
PdpropAutDysOther_3	Numeric				1	Other [Derived]	
PdpropAutDysOther_4	Numeric				1	Other [Derived]	
PdpropAutDysOther_5	Numeric				1	Other [Derived]	
PdpropAutDysSweat_1	Numeric				1	Excessive Sweating [Derived]	
PdpropAutDysSweat_2	Numeric				1	Excessive Sweating [Derived]	
PdpropAutDysSweat_3	Numeric				1	Excessive Sweating [Derived]	
PdpropAutDysSweat_4	Numeric				1	Excessive Sweating [Derived]	
PdpropAutDysSweat_5	Numeric				1	Excessive Sweating [Derived]	
PdpropAutDysTension_1	Numeric				1	Orthostatic Hypotension [Derived]	
PdpropAutDysTension_2	Numeric				1	Orthostatic Hypotension [Derived]	
PdpropAutDysTension_3	Numeric				1	Orthostatic Hypotension [Derived]	
PdpropAutDysTension_4	Numeric				1	Orthostatic Hypotension [Derived]	
PdpropAutDysTension_5	Numeric				1	Orthostatic	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						Hypotension [Derived]	
PdpropAutDys_1	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
PdpropAutDys_2	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
PdpropAutDys_3	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
PdpropAutDys_4	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
PdpropAutDys_5	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
PdpropBradyGraph_1	Numeric				1	Micrographia [Derived]	
PdpropBradyGraph_2	Numeric				1	Micrographia [Derived]	
PdpropBradyGraph_3	Numeric				1	Micrographia [Derived]	
PdpropBradyGraph_4	Numeric				1	Micrographia [Derived]	
PdpropBradyGraph_5	Numeric				1	Micrographia [Derived]	
PdpropBradySlow_1	Numeric				1	Slowness [Derived]	
PdpropBradySlow_2	Numeric				1	Slowness [Derived]	
PdpropBradySlow_3	Numeric				1	Slowness [Derived]	
PdpropBradySlow_4	Numeric				1	Slowness [Derived]	
PdpropBradySlow_5	Numeric				1	Slowness [Derived]	
PdpropBradySpeech_1	Numeric				1	Speech [Derived]	
PdpropBradySpeech_2	Numeric				1	Speech [Derived]	
PdpropBradySpeech_3	Numeric				1	Speech [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropBradySpeech_4	Numeric				1	Speech [Derived]	
PdpropBradySpeech_5	Numeric				1	Speech [Derived]	
PdpropBrady_1	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdpropBrady_2	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdpropBrady_3	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdpropBrady_4	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdpropBrady_5	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdpropCogAtten_1	Numeric				1	Concentration/Attention [Derived]	
PdpropCogAtten_2	Numeric				1	Concentration/Attention [Derived]	
PdpropCogAtten_3	Numeric				1	Concentration/Attention [Derived]	
PdpropCogAtten_4	Numeric				1	Concentration/Attention [Derived]	
PdpropCogAtten_5	Numeric				1	Concentration/Attention [Derived]	
PdpropCogConf_1	Numeric				1	Confusion [Derived]	
PdpropCogConf_2	Numeric				1	Confusion [Derived]	
PdpropCogConf_3	Numeric				1	Confusion [Derived]	
PdpropCogConf_4	Numeric				1	Confusion [Derived]	
PdpropCogConf_5	Numeric				1	Confusion [Derived]	
PdpropCogExFunc_1	Numeric				1	Executive function [Derived]	
PdpropCogExFunc_2	Numeric				1	Executive function [Derived]	
PdpropCogExFunc_3	Numeric				1	Executive function [Derived]	
PdpropCogExFunc_4	Numeric				1	Executive function	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropCogExFunc_5	Numeric				1	Executive function [Derived]	
PdpropCogLang	Numeric				1	Language/Word Finding [Derived]	
PdpropCogMemory_1	Numeric				1	Memory [Derived]	
PdpropCogMemory_2	Numeric				1	Memory [Derived]	
PdpropCogMemory_3	Numeric				1	Memory [Derived]	
PdpropCogMemory_4	Numeric				1	Memory [Derived]	
PdpropCogMemory_5	Numeric				1	Memory [Derived]	
PdpropCogSlow_1	Numeric				1	Cognitive Slowing [Derived]	
PdpropCogSlow_2	Numeric				1	Cognitive Slowing [Derived]	
PdpropCogSlow_3	Numeric				1	Cognitive Slowing [Derived]	
PdpropCogSlow_4	Numeric				1	Cognitive Slowing [Derived]	
PdpropCogSlow_5	Numeric				1	Cognitive Slowing [Derived]	
PdpropCog_1	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdpropCog_2	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdpropCog_3	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdpropCog_4	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdpropCog_5	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdpropFatigFatig_1	Numeric				1	Fatigue [Derived]	
PdpropFatigFatig_2	Numeric				1	Fatigue [Derived]	
PdpropFatigFatig_3	Numeric				1	Fatigue [Derived]	
PdpropFatigFatig_4	Numeric				1	Fatigue [Derived]	
PdpropFatigFatig_5	Numeric				1	Fatigue [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropFatigSleep_1	Numeric				1	Sleep problem [Derived]	
PdpropFatigSleep_2	Numeric				1	Sleep problem [Derived]	
PdpropFatigSleep_3	Numeric				1	Sleep problem [Derived]	
PdpropFatigSleep_4	Numeric				1	Sleep problem [Derived]	
PdpropFatigSleep_5	Numeric				1	Sleep problem [Derived]	
PdpropFatig_1	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropFatig_2	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropFatig_3	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropFatig_4	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropFatig_5	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropMoodAnxiety_1	Numeric				1	Anxiety [Derived]	
PdpropMoodAnxiety_2	Numeric				1	Anxiety [Derived]	
PdpropMoodAnxiety_3	Numeric				1	Anxiety [Derived]	
PdpropMoodAnxiety_4	Numeric				1	Anxiety [Derived]	
PdpropMoodAnxiety_5	Numeric				1	Anxiety [Derived]	
PdpropMoodApathy_1	Numeric				1	Apathy [Derived]	
PdpropMoodApathy_2	Numeric				1	Apathy [Derived]	
PdpropMoodApathy_3	Numeric				1	Apathy [Derived]	
PdpropMoodApathy_4	Numeric				1	Apathy [Derived]	
PdpropMoodApathy_5	Numeric				1	Apathy [Derived]	
PdpropMoodChange_1	Numeric				1	Mood Changes [Derived]	
PdpropMoodChange_2	Numeric				1	Mood Changes [Derived]	
PdpropMoodChange_3	Numeric				1	Mood Changes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropMoodChange_4	Numeric				1	Mood Changes [Derived]	
PdpropMoodChange_5	Numeric				1	Mood Changes [Derived]	
PdpropMoodDepress_1	Numeric				1	Depression [Derived]	
PdpropMoodDepress_2	Numeric				1	Depression [Derived]	
PdpropMoodDepress_3	Numeric				1	Depression [Derived]	
PdpropMoodDepress_4	Numeric				1	Depression [Derived]	
PdpropMoodDepress_5	Numeric				1	Depression [Derived]	
PdpropMoodFrust_1	Numeric				1	Frustration [Derived]	
PdpropMoodFrust_2	Numeric				1	Frustration [Derived]	
PdpropMoodFrust_3	Numeric				1	Frustration [Derived]	
PdpropMoodFrust_4	Numeric				1	Frustration [Derived]	
PdpropMoodFrust_5	Numeric				1	Frustration [Derived]	
PdpropMoodIrrit_1	Numeric				1	Irritability [Derived]	
PdpropMoodIrrit_2	Numeric				1	Irritability [Derived]	
PdpropMoodIrrit_3	Numeric				1	Irritability [Derived]	
PdpropMoodIrrit_4	Numeric				1	Irritability [Derived]	
PdpropMoodIrrit_5	Numeric				1	Irritability [Derived]	
PdpropMoodOther_1	Numeric				1	Other_Mood [Derived]	
PdpropMoodOther_2	Numeric				1	Other_Mood [Derived]	
PdpropMoodOther_3	Numeric				1	Other_Mood [Derived]	
PdpropMoodOther_4	Numeric				1	Other_Mood [Derived]	
PdpropMoodOther_5	Numeric				1	Other_Mood [Derived]	
PdpropMoodSad_1	Numeric				1	Sadness [Derived]	
PdpropMoodSad_2	Numeric				1	Sadness [Derived]	
PdpropMoodSad_3	Numeric				1	Sadness [Derived]	
PdpropMoodSad_4	Numeric				1	Sadness [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropMoodSad_5	Numeric				1	Sadness [Derived]	
PdpropMood_1	Numeric				1	Mood [Derived]	This variable refers to a Domain value
PdpropMood_2	Numeric				1	Mood [Derived]	This variable refers to a Domain value
PdpropMood_3	Numeric				1	Mood [Derived]	This variable refers to a Domain value
PdpropMood_4	Numeric				1	Mood [Derived]	This variable refers to a Domain value
PdpropMood_5	Numeric				1	Mood [Derived]	This variable refers to a Domain value
PdpropPainCramp_1	Numeric				1	Cramp [Derived]	
PdpropPainCramp_2	Numeric				1	Cramp [Derived]	
PdpropPainCramp_3	Numeric				1	Cramp [Derived]	
PdpropPainCramp_4	Numeric				1	Cramp [Derived]	
PdpropPainCramp_5	Numeric				1	Cramp [Derived]	
PdpropPainDiscomf_1	Numeric				1	Discomfort [Derived]	
PdpropPainDiscomf_2	Numeric				1	Discomfort [Derived]	
PdpropPainDiscomf_3	Numeric				1	Discomfort [Derived]	
PdpropPainDiscomf_4	Numeric				1	Discomfort [Derived]	
PdpropPainDiscomf_5	Numeric				1	Discomfort [Derived]	
PdpropPainDys_1	Numeric				1	Painful dystonia [Derived]	
PdpropPainDys_2	Numeric				1	Painful dystonia [Derived]	
PdpropPainDys_3	Numeric				1	Painful dystonia [Derived]	
PdpropPainDys_4	Numeric				1	Painful dystonia [Derived]	
PdpropPainDys_5	Numeric				1	Painful dystonia	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropPainHead_1	Numeric				1	Headache [Derived]	
PdpropPainHead_2	Numeric				1	Headache [Derived]	
PdpropPainHead_3	Numeric				1	Headache [Derived]	
PdpropPainHead_4	Numeric				1	Headache [Derived]	
PdpropPainHead_5	Numeric				1	Headache [Derived]	
PdpropPainPain_1	Numeric				1	Pain [Derived]	This variable refers to a Domain value
PdpropPainPain_2	Numeric				1	Pain [Derived]	This variable refers to a Domain value
PdpropPainPain_3	Numeric				1	Pain [Derived]	This variable refers to a Domain value
PdpropPainPain_4	Numeric				1	Pain [Derived]	This variable refers to a Domain value
PdpropPainPain_5	Numeric				1	Pain [Derived]	This variable refers to a Domain value
PdpropPostinBal_1	Numeric				1	Balance [Derived]	
PdpropPostinBal_2	Numeric				1	Balance [Derived]	
PdpropPostinBal_3	Numeric				1	Balance [Derived]	
PdpropPostinBal_4	Numeric				1	Balance [Derived]	
PdpropPostinBal_5	Numeric				1	Balance [Derived]	
PdpropPostinFall_1	Numeric				1	Falling [Derived]	
PdpropPostinFall_2	Numeric				1	Falling [Derived]	
PdpropPostinFall_3	Numeric				1	Falling [Derived]	
PdpropPostinFall_4	Numeric				1	Falling [Derived]	
PdpropPostinFall_5	Numeric				1	Falling [Derived]	
PdpropPostinFreeze_1	Numeric				1	Freezing [Derived]	
PdpropPostinFreeze_2	Numeric				1	Freezing [Derived]	
PdpropPostinFreeze_3	Numeric				1	Freezing [Derived]	
PdpropPostinFreeze_4	Numeric				1	Freezing [Derived]	
PdpropPostinFreeze_5	Numeric				1	Freezing [Derived]	
PdpropPostinGait_1	Numeric				1	Gait disorder [Derived]	
PdpropPostinGait_2	Numeric				1	Gait disorder	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropPostinGait_3	Numeric				1	Gait disorder [Derived]	
PdpropPostinGait_4	Numeric				1	Gait disorder [Derived]	
PdpropPostinGait_5	Numeric				1	Gait disorder [Derived]	
PdpropPostinPost_1	Numeric				1	Posture [Derived]	
PdpropPostinPost_2	Numeric				1	Posture [Derived]	
PdpropPostinPost_3	Numeric				1	Posture [Derived]	
PdpropPostinPost_4	Numeric				1	Posture [Derived]	
PdpropPostinPost_5	Numeric				1	Posture [Derived]	
PdpropPostin_1	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
PdpropPostin_2	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
PdpropPostin_3	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
PdpropPostin_4	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
PdpropPostin_5	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
PdpropRigDys_1	Numeric				1	Dystonia [Derived]	
PdpropRigDys_2	Numeric				1	Dystonia [Derived]	
PdpropRigDys_3	Numeric				1	Dystonia [Derived]	
PdpropRigDys_4	Numeric				1	Dystonia [Derived]	
PdpropRigDys_5	Numeric				1	Dystonia [Derived]	
PdpropRigStiff_1	Numeric				1	Stiffness [Derived]	
PdpropRigStiff_2	Numeric				1	Stiffness [Derived]	
PdpropRigStiff_3	Numeric				1	Stiffness [Derived]	
PdpropRigStiff_4	Numeric				1	Stiffness [Derived]	
PdpropRigStiff_5	Numeric				1	Stiffness [Derived]	
PdpropRig_1	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropRig_2	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
PdpropRig_3	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
PdpropRig_4	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
PdpropRig_5	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
PdpropSev_1	Numeric	Severity			0	Not at all	This variable describes the severity of the most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSev_2	Numeric	Severity			0	Not at all	This variable describes the severity of the 2nd most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSev_3	Numeric	Severity			0	Not at all	This variable describes the severity of the 3rd most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSev_4	Numeric	Severity			0	Not at all	This variable describes the severity of the 4th most bothersome problem as reported
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
					3	Severely (plenty or all of the time)	by the participants.
PdpropSev_5	Numeric	Severity			0	Not at all	This variable describes the severity of the 5th most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSleepAwake_1	Numeric				1	Early Morning Awakening [Derived]	
PdpropSleepAwake_2	Numeric				1	Early Morning Awakening [Derived]	
PdpropSleepAwake_3	Numeric				1	Early Morning Awakening [Derived]	
PdpropSleepAwake_4	Numeric				1	Early Morning Awakening [Derived]	
PdpropSleepAwake_5	Numeric				1	Early Morning Awakening [Derived]	
PdpropSleepExSleep_1	Numeric				1	Excessive Sleepiness (ES) [Derived]	
PdpropSleepExSleep_2	Numeric				1	Excessive Sleepiness (ES) [Derived]	
PdpropSleepExSleep_3	Numeric				1	Excessive Sleepiness (ES) [Derived]	
PdpropSleepExSleep_4	Numeric				1	Excessive Sleepiness (ES) [Derived]	
PdpropSleepExSleep_5	Numeric				1	Excessive Sleepiness (ES) [Derived]	
PdpropSleepInsomUnspec_1	Numeric				1	Insomnia	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						Unspecified [Derived]	
PdpropSleepInsomUnspec_2	Numeric				1	Insomnia Unspecified [Derived]	
PdpropSleepInsomUnspec_3	Numeric				1	Insomnia Unspecified [Derived]	
PdpropSleepInsomUnspec_4	Numeric				1	Insomnia Unspecified [Derived]	
PdpropSleepInsomUnspec_5	Numeric				1	Insomnia Unspecified [Derived]	
PdpropSleepMainInsom_1	Numeric				1	Sleep Maintenance Insomnia [Derived]	
PdpropSleepMainInsom_2	Numeric				1	Sleep Maintenance Insomnia [Derived]	
PdpropSleepMainInsom_3	Numeric				1	Sleep Maintenance Insomnia [Derived]	
PdpropSleepMainInsom_4	Numeric				1	Sleep Maintenance Insomnia [Derived]	
PdpropSleepMainInsom_5	Numeric				1	Sleep Maintenance Insomnia [Derived]	
PdpropSleepOnInsom_1	Numeric				1	Sleep onset insomnia [Derived]	
PdpropSleepOnInsom_2	Numeric				1	Sleep onset insomnia [Derived]	
PdpropSleepOnInsom_3	Numeric				1	Sleep onset insomnia [Derived]	
PdpropSleepOnInsom_4	Numeric				1	Sleep onset insomnia [Derived]	
PdpropSleepOnInsom_5	Numeric				1	Sleep onset insomnia [Derived]	
PdpropSleepParaSom_1	Numeric				1	Parasomnia	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						Unspecified [Derived]	
PdpropSleepParaSom_2	Numeric				1	Parasomnia Unspecified [Derived]	
PdpropSleepParaSom_3	Numeric				1	Parasomnia Unspecified [Derived]	
PdpropSleepParaSom_4	Numeric				1	Parasomnia Unspecified [Derived]	
PdpropSleepParaSom_5	Numeric				1	Parasomnia Unspecified [Derived]	
PdpropSleepRest_1	Numeric				1	Non-Restful Sleep [Derived]	
PdpropSleepRest_2	Numeric				1	Non-Restful Sleep [Derived]	
PdpropSleepRest_3	Numeric				1	Non-Restful Sleep [Derived]	
PdpropSleepRest_4	Numeric				1	Non-Restful Sleep [Derived]	
PdpropSleepRest_5	Numeric				1	Non-Restful Sleep [Derived]	
PdpropSleepUnspec_1	Numeric				1	Sleepiness unspecified [Derived]	
PdpropSleepUnspec_2	Numeric				1	Sleepiness unspecified [Derived]	
PdpropSleepUnspec_3	Numeric				1	Sleepiness unspecified [Derived]	
PdpropSleepUnspec_4	Numeric				1	Sleepiness unspecified	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdpropSleepUnspec_5	Numeric				1	Sleepiness unspecified [Derived]	
PdpropSleepVivDream_1	Numeric				1	Vivid Dreams [Derived]	
PdpropSleepVivDream_2	Numeric				1	Vivid Dreams [Derived]	
PdpropSleepVivDream_3	Numeric				1	Vivid Dreams [Derived]	
PdpropSleepVivDream_4	Numeric				1	Vivid Dreams [Derived]	
PdpropSleepVivDream_5	Numeric				1	Vivid Dreams [Derived]	
PdpropSleep_1	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdpropSleep_2	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdpropSleep_3	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdpropSleep_4	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdpropSleep_5	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdpropSleeprbd_1	Numeric				1	RBD [Derived]	
PdpropSleeprbd_2	Numeric				1	RBD [Derived]	
PdpropSleeprbd_3	Numeric				1	RBD [Derived]	
PdpropSleeprbd_4	Numeric				1	RBD [Derived]	
PdpropSleeprbd_5	Numeric				1	RBD [Derived]	
PdpropSleeprls_1	Numeric				1	RLS [Derived]	
PdpropSleeprls_2	Numeric				1	RLS [Derived]	
PdpropSleeprls_3	Numeric				1	RLS [Derived]	
PdpropSleeprls_4	Numeric				1	RLS [Derived]	
PdpropSleeprls_5	Numeric				1	RLS [Derived]	
PdpropTremDex_1	Numeric				1	Dexterity [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdpropTremDex_2	Numeric				1	Dexterity [Derived]	
PdpropTremDex_3	Numeric				1	Dexterity [Derived]	
PdpropTremDex_4	Numeric				1	Dexterity [Derived]	
PdpropTremDex_5	Numeric				1	Dexterity [Derived]	
PdpropTremTrem_1	Numeric				1	Tremor [Derived]	
PdpropTremTrem_2	Numeric				1	Tremor [Derived]	
PdpropTremTrem_3	Numeric				1	Tremor [Derived]	
PdpropTremTrem_4	Numeric				1	Tremor [Derived]	
PdpropTremTrem_5	Numeric				1	Tremor [Derived]	
PdpropTrem_1	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
PdpropTrem_2	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
PdpropTrem_3	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
PdpropTrem_4	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
PdpropTrem_5	Numeric				1	Tremor [Derived]	This variable refers to a Domain value

PD-PROP 2.0 (Pdprop2)

Table Description: What's bothering you? Reclassified Version 2.0 (PD Patient Reported Outcome of Problem/ PD-PROP)

View Source Instrument: [link]

Details: Participants first complete this instrument one month after Baseline and then every three months thereafter. The instrument is referred to as "What's bothering you? (PD Patient Reported Outcome of Problem / PD-PROP)" in the Participant Schedule of Activities and as "What's bothering you – Reclassified Version 2.0" in Fox DEN. Participants responding to this instrument are asked to describe, in their own words, their five most bothersome problems due to PD, in order of first most bothersome to fifth most bothersome, and in what way this affects their everyday functioning. They are able to submit a response of 'prefer not to respond' to any of the questions. If responding, they provide free-text responses of up to 25 words, which are analyzed using Natural Language Processing (NLP; a machine learning technique) to extract clinically meaningful symptoms. Participants also rate the severity of each of their reported problems on a scale of 0-3, as described below.

PD-PROP 2.0 data – a new curation of the verbatim responses collected via the instrument – was released in July 2022. This curation *supersedes* the original by re-analyzing previously curated responses alongside new responses, using an expanded set of clinically meaningful symptoms and domains. The instrument itself remains unchanged. Investigators are strongly recommended to use this version of the data, unless they have an ongoing project that uses data from the previous curation. The original 1.0 curation is available via Fox DEN for archival purposes and is referred to as "What's bothering You – Version 1.0." For more information on the PD-PROP, please see [link], [link], [link], and [link].

To facilitate aggregate analysis, symptoms are grouped into overarching domains of similar symptoms. These domains are pre-coded into the curated dataset as an additional superset of variables for user convenience, as described in the detailed variable tables below. Each symptom is grouped into exactly one domain, but each domain contains multiple symptoms. Symptoms belonging to a domain group have a shared prefix attached to their corresponding variable names[1].

For each pair of combined free-text responses, multiple symptoms may be extracted by the NLP algorithm. Therefore, when reviewing instrument data, users may notice that multiple symptoms for a given study visit are listed as "first" most bothersome, "second" most bothersome, and so on. Integer suffix values in the variable names denote the "bothersome-ness" rank of the problem associated with the symptom/domain (e.g., a suffix of "_1" is first most bothersome, "_2" is second most bothersome).

[1]In the case of the 'Autonomic Dysfunction' domain, symptoms are broken up into two prefixes for purposes of data processing, rather than to make a clinical distinction or specifically differentiate these two groups of variables.

The following table lists the clinically meaningful symptoms, their associated domains and variable prefix values appearing in the PD-PROP 2.0 curation:

Domain	Prefix	Symptom
Autonomic Dysfunction	Pdprop2AutDys	Bladder Incontinence
		Bowel Incontinence
		Bowel Urgency
		Excessive Sweating
		Frequent Urination
	Pdprop2AD	Lightheadedness dizziness
		Diarrhea
		Nausea
		Sexual Dysfunction
		Swallowing Problems
		Temperature Dysregulation
		Bloating Feeling Full
		Altered Bowel Frequency
		Abdominal Discomfort Not Otherwise Specified
Bradykinesia	Pdprop2Brady	Slowness
		Facial Expression
Other Motor	Pdprop2OthMot	Speech
		Impaired Dexterity/Micrographia
		Posture
		Dystonia
Cognition	Pdprop2Cog	Cognitive Slowing
		Concentration Attention
		Executive Abilities Working Memory
		Language Word Finding
		Memory
		Mental Alertness Awareness
		Visuospatial Abilities
		Cognitive Impairment Not Otherwise Specified
Fatigue	Pdprop2Fatig	Mental Fatigue
		Physical Fatigue
Affect/Motivation/Thought-Perception/Other Psychiatric	Pdprop2Psy	Anxiety Worry
		Apathy
		Depressive Symptoms
		Negative Emotions or Cognition Not Otherwise

Domain	Prefix	Symptom
		Specified
		Death and Suicidal Ideation
		Delusions Psychosis
		Hallucinations Illusion Presence Passage
		Impulse Control
		Loneliness Isolation
		Pseudobulbar Affect
Pain	Pdprop2Pain	Cramp or Spasm
		Pain Discomfort
		Headache
Postural Instability	Pdprop2PI	Balance
		Falls
		Fear of Falling
Gait	Pdprop2Gait	Freezing of Gait
		Gait Not Otherwise Specified
Rigidity	Pdprop2Rig	Stiffness
Sleep	Pdprop2Slp	Early Morning Awakening
		Excessive Daytime Sleepiness
		Parasomnia Unspecified
		RBD Like Symptoms
		RLS Restlessness
		Sleep Maintenance Insomnia
		Sleep Onset Insomnia
		Dreams
		Poor Sleep Quality Unspecified
Tremor	Pdprop2Trem	Tremor
		Internal Tremor
Dyskinesias	Pdprop2Dysk	Dyskinesias
Fluctuations	Pdprop2Fluc	Dose Failure or Delayed On
		Off Periods Medication Not Mentioned
		Off Periods Medication Related
		Random off/Unpredictable off

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2AutDys_1	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value.
Pdprop2AutDys_2	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
Pdprop2AutDys_3	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
Pdprop2AutDys_4	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
Pdprop2AutDys_5	Numeric				1	Autonomic Dysfunction [Derived]	This variable refers to a Domain value
Pdprop2ADAbdDisNOS_1	Numeric				1	Abdominal discomfort NOS [Derived]	
Pdprop2ADAbdDisNOS_2	Numeric				1	Abdominal discomfort NOS [Derived]	
Pdprop2ADAbdDisNOS_3	Numeric				1	Abdominal discomfort NOS [Derived]	
Pdprop2ADAbdDisNOS_4	Numeric				1	Abdominal discomfort NOS [Derived]	
Pdprop2ADAbdDisNOS_5	Numeric				1	Abdominal discomfort NOS [Derived]	
Pdprop2ADAltBowFreq_1	Numeric				1	Altered bowel frequency [Derived]	
Pdprop2ADAltBowFreq_2	Numeric				1	Altered bowel frequency [Derived]	
Pdprop2ADAltBowFreq_3	Numeric				1	Altered bowel frequency [Derived]	
Pdprop2ADAltBowFreq_4	Numeric				1	Altered bowel frequency [Derived]	
Pdprop2ADAltBowFreq_5	Numeric				1	Altered bowel frequency [Derived]	
Pdprop2ADBloatFull_1	Numeric				1	Bloating/feeling full [Derived]	
Pdprop2ADBloatFull_2	Numeric				1	Bloating/feeling full [Derived]	
Pdprop2ADBloatFull_3	Numeric				1	Bloating/feeling full	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
Pdprop2ADBloatFull_4	Numeric				1	Bloating/feeling full [Derived]	
Pdprop2ADBloatFull_5	Numeric				1	Bloating/feeling full [Derived]	
Pdprop2ADDiarrhea_1	Numeric				1	Diarrhea [Derived]	
Pdprop2ADDiarrhea_2	Numeric				1	Diarrhea [Derived]	
Pdprop2ADDiarrhea_3	Numeric				1	Diarrhea [Derived]	
Pdprop2ADDiarrhea_4	Numeric				1	Diarrhea [Derived]	
Pdprop2ADDiarrhea_5	Numeric				1	Diarrhea [Derived]	
Pdprop2ADLightheadDiz_1	Numeric				1	Lightheadedness/dizziness [Derived]	
Pdprop2ADLightheadDiz_2	Numeric				1	Lightheadedness/dizziness [Derived]	
Pdprop2ADLightheadDiz_3	Numeric				1	Lightheadedness/dizziness [Derived]	
Pdprop2ADLightheadDiz_4	Numeric				1	Lightheadedness/dizziness [Derived]	
Pdprop2ADLightheadDiz_5	Numeric				1	Lightheadedness/dizziness [Derived]	
Pdprop2ADNausea_1	Numeric				1	Nausea [Derived]	
Pdprop2ADNausea_2	Numeric				1	Nausea [Derived]	
Pdprop2ADNausea_3	Numeric				1	Nausea [Derived]	
Pdprop2ADNausea_4	Numeric				1	Nausea [Derived]	
Pdprop2ADNausea_5	Numeric				1	Nausea [Derived]	
Pdprop2ADSexDys_1	Numeric				1	Sexual dysfunction [Derived]	
Pdprop2ADSexDys_2	Numeric				1	Sexual dysfunction [Derived]	
Pdprop2ADSexDys_3	Numeric				1	Sexual dysfunction [Derived]	
Pdprop2ADSexDys_4	Numeric				1	Sexual dysfunction [Derived]	
Pdprop2ADSexDys_5	Numeric				1	Sexual dysfunction [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2ADSwallProb_1	Numeric				1	Swallowing problems [Derived]	
Pdprop2ADSwallProb_2	Numeric				1	Swallowing problems [Derived]	
Pdprop2ADSwallProb_3	Numeric				1	Swallowing problems [Derived]	
Pdprop2ADSwallProb_4	Numeric				1	Swallowing problems [Derived]	
Pdprop2ADSwallProb_5	Numeric				1	Swallowing problems [Derived]	
Pdprop2ADTempDys_1	Numeric				1	Temperature dysregulation [Derived]	
Pdprop2ADTempDys_2	Numeric				1	Temperature dysregulation [Derived]	
Pdprop2ADTempDys_3	Numeric				1	Temperature dysregulation [Derived]	
Pdprop2ADTempDys_4	Numeric				1	Temperature dysregulation [Derived]	
Pdprop2ADTempDys_5	Numeric				1	Temperature dysregulation [Derived]	
Pdprop2AutDysBladIncon_1	Numeric				1	Bladder incontinence [Derived]	
Pdprop2AutDysBladIncon_2	Numeric				1	Bladder incontinence [Derived]	
Pdprop2AutDysBladIncon_3	Numeric				1	Bladder incontinence [Derived]	
Pdprop2AutDysBladIncon_4	Numeric				1	Bladder incontinence [Derived]	
Pdprop2AutDysBladIncon_5	Numeric				1	Bladder incontinence [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2AutDysBowIncon_1	Numeric				1	Bowel incontinence [Derived]	
Pdprop2AutDysBowIncon_2	Numeric				1	Bowel incontinence [Derived]	
Pdprop2AutDysBowIncon_3	Numeric				1	Bowel incontinence [Derived]	
Pdprop2AutDysBowIncon_4	Numeric				1	Bowel incontinence [Derived]	
Pdprop2AutDysBowIncon_5	Numeric				1	Bowel incontinence [Derived]	
Pdprop2AutDysBowUrg_1	Numeric				1	Bowel urgency [Derived]	
Pdprop2AutDysBowUrg_2	Numeric				1	Bowel urgency [Derived]	
Pdprop2AutDysBowUrg_3	Numeric				1	Bowel urgency [Derived]	
Pdprop2AutDysBowUrg_4	Numeric				1	Bowel urgency [Derived]	
Pdprop2AutDysBowUrg_5	Numeric				1	Bowel urgency [Derived]	
Pdprop2AutDysExcessSweat_1	Numeric				1	Excessive sweating [Derived]	
Pdprop2AutDysExcessSweat_2	Numeric				1	Excessive sweating [Derived]	
Pdprop2AutDysExcessSweat_3	Numeric				1	Excessive sweating [Derived]	
Pdprop2AutDysExcessSweat_4	Numeric				1	Excessive sweating [Derived]	
Pdprop2AutDysExcessSweat_5	Numeric				1	Excessive sweating [Derived]	
Pdprop2AutDysFreqUrin_1	Numeric				1	Frequent urination [Derived]	
Pdprop2AutDysFreqUrin_2	Numeric				1	Frequent urination [Derived]	
Pdprop2AutDysFreqUrin_3	Numeric				1	Frequent urination	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
Pdprop2AutDysFreqUrin_4	Numeric				1	Frequent urination [Derived]	
Pdprop2AutDysFreqUrin_5	Numeric				1	Frequent urination [Derived]	
Pdprop2Brady_1	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value.
Pdprop2Brady_2	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
Pdprop2Brady_3	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
Pdprop2Brady_4	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
Pdprop2Brady_5	Numeric				1	Bradykinesia [Derived]	This variable refers to a Domain value
PdProp2BradyFacialExp_1	Numeric				1	Facial expression [Derived]	
PdProp2BradyFacialExp_2	Numeric				1	Facial expression [Derived]	
PdProp2BradyFacialExp_3	Numeric				1	Facial expression [Derived]	
PdProp2BradyFacialExp_4	Numeric				1	Facial expression [Derived]	
PdProp2BradyFacialExp_5	Numeric				1	Facial expression [Derived]	
Pdprop2BradySlowness_1	Numeric				1	Slowness [Derived]	
Pdprop2BradySlowness_2	Numeric				1	Slowness [Derived]	
Pdprop2BradySlowness_3	Numeric				1	Slowness [Derived]	
Pdprop2BradySlowness_4	Numeric				1	Slowness [Derived]	
Pdprop2BradySlowness_5	Numeric				1	Slowness [Derived]	
Pdprop2Cog_1	Numeric				1	Cognition [Derived]	This variable refers to a Domain value.
Pdprop2Cog_2	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
Pdprop2Cog_3	Numeric				1	Cognition [Derived]	This variable refers

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
							to a Domain value
Pdprop2Cog_4	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
Pdprop2Cog_5	Numeric				1	Cognition [Derived]	This variable refers to a Domain value
PdProp2CogCogImpNOS_1	Numeric				1	Cognitive impairment NOS [Derived]	
PdProp2CogCogImpNOS_2	Numeric				1	Cognitive impairment NOS [Derived]	
PdProp2CogCogImpNOS_3	Numeric				1	Cognitive impairment NOS [Derived]	
PdProp2CogCogImpNOS_4	Numeric				1	Cognitive impairment NOS [Derived]	
PdProp2CogCogImpNOS_5	Numeric				1	Cognitive impairment NOS [Derived]	
PdProp2CogCognitiveSlow_1	Numeric				1	Cognitive slowing [Derived]	
PdProp2CogCognitiveSlow_2	Numeric				1	Cognitive slowing [Derived]	
PdProp2CogCognitiveSlow_3	Numeric				1	Cognitive slowing [Derived]	
PdProp2CogCognitiveSlow_4	Numeric				1	Cognitive slowing [Derived]	
PdProp2CogCognitiveSlow_5	Numeric				1	Cognitive slowing [Derived]	
PdProp2CogConcentAtt_1	Numeric				1	Concentration/ attention [Derived]	
PdProp2CogConcentAtt_2	Numeric				1	Concentration/ attention [Derived]	
PdProp2CogConcentAtt_3	Numeric				1	Concentration/ attention [Derived]	
PdProp2CogConcentAtt_4	Numeric				1	Concentration/ attention [Derived]	
PdProp2CogConcentAtt_5	Numeric				1	Concentration/ attention [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2CogExecAbil_1	Numeric				1	Executive abilities/working memory [Derived]	
Pdprop2CogExecAbil_2	Numeric				1	Executive abilities/working memory [Derived]	
Pdprop2CogExecAbil_3	Numeric				1	Executive abilities/working memory [Derived]	
Pdprop2CogExecAbil_4	Numeric				1	Executive abilities/working memory [Derived]	
Pdprop2CogExecAbil_5	Numeric				1	Executive abilities/working memory [Derived]	
Pdprop2CogLangWord_1	Numeric				1	Language/word finding [Derived]	
Pdprop2CogLangWord_2	Numeric				1	Language/word finding [Derived]	
Pdprop2CogLangWord_3	Numeric				1	Language/word finding [Derived]	
Pdprop2CogLangWord_4	Numeric				1	Language/word finding [Derived]	
Pdprop2CogLangWord_5	Numeric				1	Language/word finding [Derived]	
Pdprop2CogMemory_1	Numeric				1	Memory [Derived]	
Pdprop2CogMemory_2	Numeric				1	Memory [Derived]	
Pdprop2CogMemory_3	Numeric				1	Memory [Derived]	
Pdprop2CogMemory_4	Numeric				1	Memory [Derived]	
Pdprop2CogMemory_5	Numeric				1	Memory [Derived]	
Pdprop2CogMentalAlert_1	Numeric				1	Mental alertness/awareness [Derived]	
Pdprop2CogMentalAlert_2	Numeric				1	Mental alertness/awareness	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
Pdprop2CogMentalAlert_3	Numeric				1	Mental alertness/awareness [Derived]	
Pdprop2CogMentalAlert_4	Numeric				1	Mental alertness/awareness [Derived]	
Pdprop2CogMentalAlert_5	Numeric				1	Mental alertness/awareness [Derived]	
Pdprop2CogVisuoAbilit_1	Numeric				1	Visuospatial abilities [Derived]	
Pdprop2CogVisuoAbilit_2	Numeric				1	Visuospatial abilities [Derived]	
Pdprop2CogVisuoAbilit_3	Numeric				1	Visuospatial abilities [Derived]	
Pdprop2CogVisuoAbilit_4	Numeric				1	Visuospatial abilities [Derived]	
Pdprop2CogVisuoAbilit_5	Numeric				1	Visuospatial abilities [Derived]	
Pdprop2Dysk_1	Numeric				1	Dyskinesias [Derived]	This variable refers to a Domain value.
Pdprop2Dysk_2	Numeric				1	Dyskinesias [Derived]	This variable refers to a Domain value
Pdprop2Dysk_3	Numeric				1	Dyskinesias [Derived]	This variable refers to a Domain value
Pdprop2Dysk_4	Numeric				1	Dyskinesias [Derived]	This variable refers to a Domain value
Pdprop2Dysk_5	Numeric				1	Dyskinesias [Derived]	This variable refers to a Domain value
PdpropDyskDyskinesias_1	Numeric				1	Dyskinesias [Derived]	
PdpropDyskDyskinesias_2	Numeric				1	Dyskinesias [Derived]	
PdpropDyskDyskinesias_3	Numeric				1	Dyskinesias [Derived]	
PdpropDyskDyskinesias_4	Numeric				1	Dyskinesias [Derived]	
PdpropDyskDyskinesias_5	Numeric				1	Dyskinesias [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2Fatig_1	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value.
Pdprop2Fatig_2	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
Pdprop2Fatig_3	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
Pdprop2Fatig_4	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
Pdprop2Fatig_5	Numeric				1	Fatigue [Derived]	This variable refers to a Domain value
PdpropFatigMentalFat_1	Numeric				1	Mental fatigue [Derived]	
PdpropFatigMentalFat_2	Numeric				1	Mental fatigue [Derived]	
PdpropFatigMentalFat_3	Numeric				1	Mental fatigue [Derived]	
PdpropFatigMentalFat_4	Numeric				1	Mental fatigue [Derived]	
PdpropFatigMentalFat_5	Numeric				1	Mental fatigue [Derived]	
PdpropFatigPhysicalFat_1	Numeric				1	Physical fatigue [Derived]	
PdpropFatigPhysicalFat_2	Numeric				1	Physical fatigue [Derived]	
PdpropFatigPhysicalFat_3	Numeric				1	Physical fatigue [Derived]	
PdpropFatigPhysicalFat_4	Numeric				1	Physical fatigue [Derived]	
PdpropFatigPhysicalFat_5	Numeric				1	Physical fatigue [Derived]	
Pdprop2Fluc_1	Numeric				1	Fluctuations [Derived]	This variable refers to a Domain value.
Pdprop2Fluc_2	Numeric				1	Fluctuations [Derived]	This variable refers to a Domain value
Pdprop2Fluc_3	Numeric				1	Fluctuations [Derived]	This variable refers

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
							to a Domain value
Pdprop2Fluc_4	Numeric				1	Fluctuations [Derived]	This variable refers to a Domain value
Pdprop2Fluc_5	Numeric				1	Fluctuations [Derived]	This variable refers to a Domain value
PdProp2FlucDosFailDelOn_1	Numeric				1	Dose failure or delayed on [Derived]	
PdProp2FlucDosFailDelOn_2	Numeric				1	Dose failure or delayed on [Derived]	
PdProp2FlucDosFailDelOn_3	Numeric				1	Dose failure or delayed on [Derived]	
PdProp2FlucDosFailDelOn_4	Numeric				1	Dose failure or delayed on [Derived]	
PdProp2FlucDosFailDelOn_5	Numeric				1	Dose failure or delayed on [Derived]	
PdProp2FlucOffMed_1	Numeric				1	Off periods/ medication related [Derived]	
PdProp2FlucOffMed_2	Numeric				1	Off periods/ medication related [Derived]	
PdProp2FlucOffMed_3	Numeric				1	Off periods/ medication related [Derived]	
PdProp2FlucOffMed_4	Numeric				1	Off periods/ medication related [Derived]	
PdProp2FlucOffMed_5	Numeric				1	Off periods/ medication related [Derived]	
PdProp2FlucOffNoMed_1	Numeric				1	Off periods/ medication not mentioned [Derived]	
PdProp2FlucOffNoMed_2	Numeric				1	Off periods/ medication not	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						mentioned [Derived]	
Pdprop2FlucOffNoMed_3	Numeric				1	Off periods/ medication not mentioned [Derived]	
Pdprop2FlucOffNoMed_4	Numeric				1	Off periods/ medication not mentioned [Derived]	
Pdprop2FlucOffNoMed_5	Numeric				1	Off periods/ medication not mentioned [Derived]	
Pdprop2FlucRandomOff_1	Numeric				1	Random off /unpredictable off [Derived]	
Pdprop2FlucRandomOff_2	Numeric				1	Random off/ unpredictable off [Derived]	
Pdprop2FlucRandomOff_3	Numeric				1	Random off/ unpredictable off [Derived]	
Pdprop2FlucRandomOff_4	Numeric				1	Random off /unpredictable off [Derived]	
Pdprop2FlucRandomOff_5	Numeric				1	Random off /unpredictable off [Derived]	
Pdprop2Gait_1	Numeric				1	Gait [Derived]	This variable refers to a Domain value.
Pdprop2Gait_2	Numeric				1	Gait [Derived]	This variable refers to a Domain value
Pdprop2Gait_3	Numeric				1	Gait [Derived]	This variable refers to a Domain value
Pdprop2Gait_4	Numeric				1	Gait [Derived]	This variable refers to a Domain value
Pdprop2Gait_5	Numeric				1	Gait [Derived]	This variable refers to a Domain value

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2GaitFreezing_1	Numeric				1	Freezing of gait [Derived]	
Pdprop2GaitFreezing_2	Numeric				1	Freezing of gait [Derived]	
Pdprop2GaitFreezing_3	Numeric				1	Freezing of gait [Derived]	
Pdprop2GaitFreezing_4	Numeric				1	Freezing of gait [Derived]	
Pdprop2GaitFreezing_5	Numeric				1	Freezing of gait [Derived]	
PdpropGaitGaitNOS_1	Numeric				1	Gait NOS [Derived]	
PdpropGaitGaitNOS_2	Numeric				1	Gait NOS [Derived]	
PdpropGaitGaitNOS_3	Numeric				1	Gait NOS [Derived]	
PdpropGaitGaitNOS_4	Numeric				1	Gait NOS [Derived]	
PdpropGaitGaitNOS_5	Numeric				1	Gait NOS [Derived]	
Pdprop2OthMot_1	Numeric				1	Other Motor [Derived]	This variable refers to a Domain value.
Pdprop2OthMot_2	Numeric				1	Other Motor [Derived]	This variable refers to a Domain value
Pdprop2OthMot_3	Numeric				1	Other Motor [Derived]	This variable refers to a Domain value
Pdprop2OthMot_4	Numeric				1	Other Motor [Derived]	This variable refers to a Domain value
Pdprop2OthMot_5	Numeric				1	Other Motor [Derived]	This variable refers to a Domain value
Pdprop2OthMotDexMicr_1	Numeric				1	Impaired dexterity/micrographia [Derived]	
Pdprop2OthMotDexMicr_2	Numeric				1	Impaired dexterity/micrographia [Derived]	
Pdprop2OthMotDexMicr_3	Numeric				1	Impaired dexterity/micrographia [Derived]	
Pdprop2OthMotDexMicr_4	Numeric				1	Impaired	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						dexterity/micrographia [Derived]	
Pdprop2OthMotDexMicr_5	Numeric				1	Impaired dexterity/micrographia [Derived]	
Pdprop2OthMotDystonia_1	Numeric				1	Dystonia [Derived]	
Pdprop2OthMotDystonia_2	Numeric				1	Dystonia [Derived]	
Pdprop2OthMotDystonia_3	Numeric				1	Dystonia [Derived]	
Pdprop2OthMotDystonia_4	Numeric				1	Dystonia [Derived]	
Pdprop2OthMotDystonia_5	Numeric				1	Dystonia [Derived]	
Pdprop2OthMotPosture_1	Numeric				1	Posture [Derived]	
Pdprop2OthMotPosture_2	Numeric				1	Posture [Derived]	
Pdprop2OthMotPosture_3	Numeric				1	Posture [Derived]	
Pdprop2OthMotPosture_4	Numeric				1	Posture [Derived]	
Pdprop2OthMotPosture_5	Numeric				1	Posture [Derived]	
Pdprop2OthMotSpeech_1	Numeric				1	Speech [Derived]	
Pdprop2OthMotSpeech_2	Numeric				1	Speech [Derived]	
Pdprop2OthMotSpeech_3	Numeric				1	Speech [Derived]	
Pdprop2OthMotSpeech_4	Numeric				1	Speech [Derived]	
Pdprop2OthMotSpeech_5	Numeric				1	Speech [Derived]	
Pdprop2Pain_1	Numeric				1	Pain [Derived]	This variable refers to a Domain value.
Pdprop2Pain_2	Numeric				1	Pain [Derived]	This variable refers to a Domain value
Pdprop2Pain_3	Numeric				1	Pain [Derived]	This variable refers to a Domain value
Pdprop2Pain_4	Numeric				1	Pain [Derived]	This variable refers to a Domain value
Pdprop2Pain_5	Numeric				1	Pain [Derived]	This variable refers to a Domain value
Pdprop2PainCramp_1	Numeric				1	Cramp or spasm [Derived]	
Pdprop2PainCramp_2	Numeric				1	Cramp or spasm [Derived]	
Pdprop2PainCramp_3	Numeric				1	Cramp or spasm	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdProp2PainCramp_4	Numeric				1	Cramp or spasm [Derived]	
PdProp2PainCramp_5	Numeric				1	Cramp or spasm [Derived]	
PdProp2PainHeadache_1	Numeric				1	Headache [Derived]	
PdProp2PainHeadache_2	Numeric				1	Headache [Derived]	
PdProp2PainHeadache_3	Numeric				1	Headache [Derived]	
PdProp2PainHeadache_4	Numeric				1	Headache [Derived]	
PdProp2PainHeadache_5	Numeric				1	Headache [Derived]	
PdProp2PainPainDiscmfrt_1	Numeric				1	Pain/discomfort [Derived]	
PdProp2PainPainDiscmfrt_2	Numeric				1	Pain/discomfort [Derived]	
PdProp2PainPainDiscmfrt_3	Numeric				1	Pain/discomfort [Derived]	
PdProp2PainPainDiscmfrt_4	Numeric				1	Pain/discomfort [Derived]	
PdProp2PainPainDiscmfrt_5	Numeric				1	Pain/discomfort [Derived]	
PdPropSev_1	Numeric	How much (severely) does this problem bother you by limiting your functioning?			0	Not at all	This variable describes the severity of the most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdPropSev_2	Numeric	How much (severely) does this problem bother you by limiting your functioning?			0	Not at all	This variable describes the severity of the 2nd most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdPropSev_3	Numeric	How much			0	Not at all	This variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
		(severely) does this problem bother you by limiting your functioning?			1	Mildly (minimally or rarely)	describes the severity of the 3rd most bothersome problem as reported by the participants.
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSev_4	Numeric	How much (severely) does this problem bother you by limiting your functioning?			0	Not at all	This variable describes the severity of the 4th most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
PdpropSev_5	Numeric	How much (severely) does this problem bother you by limiting your functioning?			0	Not at all	This variable describes the severity of the 5th most bothersome problem as reported by the participants.
					1	Mildly (minimally or rarely)	
					2	Moderately (more often than not)	
					3	Severely (plenty or all of the time)	
Pdprop2PI_1	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value.
Pdprop2PI_2	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
Pdprop2PI_3	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
Pdprop2PI_4	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
Pdprop2PI_5	Numeric				1	Postural Instability [Derived]	This variable refers to a Domain value
Pdprop2PIBalance_1	Numeric				1	Balance [Derived]	
Pdprop2PIBalance_2	Numeric				1	Balance [Derived]	
Pdprop2PIBalance_3	Numeric				1	Balance [Derived]	
Pdprop2PIBalance_4	Numeric				1	Balance [Derived]	
Pdprop2PIBalance_5	Numeric				1	Balance [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2PIFalls_1	Numeric				1	Falls [Derived]	
Pdprop2PIFalls_2	Numeric				1	Falls [Derived]	
Pdprop2PIFalls_3	Numeric				1	Falls [Derived]	
Pdprop2PIFalls_4	Numeric				1	Falls [Derived]	
Pdprop2PIFalls_5	Numeric				1	Falls [Derived]	
Pdprop2PIFearFall_1	Numeric				1	Fear of falling [Derived]	
Pdprop2PIFearFall_2	Numeric				1	Fear of falling [Derived]	
Pdprop2PIFearFall_3	Numeric				1	Fear of falling [Derived]	
Pdprop2PIFearFall_4	Numeric				1	Fear of falling [Derived]	
Pdprop2PIFearFall_5	Numeric				1	Fear of falling [Derived]	
Pdprop2Psy_1	Numeric				1	Affect/Motivation/Thought-Perception/Other Psychiatric [Derived]	This variable refers to a Domain value.
Pdprop2Psy_2	Numeric				1	Affect/Motivation/Thought-Perception/Other Psychiatric [Derived]	This variable refers to a Domain value
Pdprop2Psy_3	Numeric				1	Affect/Motivation/Thought-Perception/Other Psychiatric [Derived]	This variable refers to a Domain value
Pdprop2Psy_4	Numeric				1	Affect/Motivation/Thought-Perception/Other Psychiatric [Derived]	This variable refers to a Domain value
Pdprop2Psy_5	Numeric				1	Affect/Motivation/Thought-Perception/Other Psychiatric [Derived]	This variable refers to a Domain value
PdpropPsyAnxietyWorry_1	Numeric				1	Anxiety/worry [Derived]	
PdpropPsyAnxietyWorry_2	Numeric				1	Anxiety/worry [Derived]	
PdpropPsyAnxietyWorry_3	Numeric				1	Anxiety/worry	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
PdProp2PsyAnxietyWorry_4	Numeric				1	Anxiety/worry [Derived]	
PdProp2PsyAnxietyWorry_5	Numeric				1	Anxiety/worry [Derived]	
PdProp2PsyApathy_1	Numeric				1	Apathy [Derived]	
PdProp2PsyApathy_2	Numeric				1	Apathy [Derived]	
PdProp2PsyApathy_3	Numeric				1	Apathy [Derived]	
PdProp2PsyApathy_4	Numeric				1	Apathy [Derived]	
PdProp2PsyApathy_5	Numeric				1	Apathy [Derived]	
PdProp2PsyDeathSuicide_1	Numeric				1	Death and suicidal ideation [Derived]	
PdProp2PsyDeathSuicide_2	Numeric				1	Death and suicidal ideation [Derived]	
PdProp2PsyDeathSuicide_3	Numeric				1	Death and suicidal ideation [Derived]	
PdProp2PsyDeathSuicide_4	Numeric				1	Death and suicidal ideation [Derived]	
PdProp2PsyDeathSuicide_5	Numeric				1	Death and suicidal ideation [Derived]	
PdProp2PsyDelusionPsych_1	Numeric				1	Delusions/psychosis [Derived]	
PdProp2PsyDelusionPsych_2	Numeric				1	Delusions/psychosis [Derived]	
PdProp2PsyDelusionPsych_3	Numeric				1	Delusions/psychosis [Derived]	
PdProp2PsyDelusionPsych_4	Numeric				1	Delusions/psychosis [Derived]	
PdProp2PsyDelusionPsych_5	Numeric				1	Delusions/psychosis [Derived]	
PdProp2PsyDepress_1	Numeric				1	Depressive symptoms [Derived]	
PdProp2PsyDepress_2	Numeric				1	Depressive symptoms [Derived]	
PdProp2PsyDepress_3	Numeric				1	Depressive symptoms	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
Pdprop2PsyDepress_4	Numeric				1	Depressive symptoms [Derived]	
Pdprop2PsyDepress_5	Numeric				1	Depressive symptoms [Derived]	
Pdprop2PsyHallucination_1	Numeric				1	Hallucinations/illusion /presence/passage [Derived]	
Pdprop2PsyHallucination_2	Numeric				1	Hallucinations/illusion /presence/passage [Derived]	
Pdprop2PsyHallucination_3	Numeric				1	Hallucinations/illusion /presence/passage [Derived]	
Pdprop2PsyHallucination_4	Numeric				1	Hallucinations/illusion /presence/passage [Derived]	
Pdprop2PsyHallucination_5	Numeric				1	Hallucinations/illusion /presence/passage [Derived]	
Pdprop2PsyImpControl_1	Numeric				1	Impulse control [Derived]	
Pdprop2PsyImpControl_2	Numeric				1	Impulse control [Derived]	
Pdprop2PsyImpControl_3	Numeric				1	Impulse control [Derived]	
Pdprop2PsyImpControl_4	Numeric				1	Impulse control [Derived]	
Pdprop2PsyImpControl_5	Numeric				1	Impulse control [Derived]	
Pdprop2PsyLoneIsolate_1	Numeric				1	Loneliness/isolation [Derived]	
Pdprop2PsyLoneIsolate_2	Numeric				1	Loneliness/isolation [Derived]	
Pdprop2PsyLoneIsolate_3	Numeric				1	Loneliness/isolation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						[Derived]	
Pdprop2PsyLoneIsolate_4	Numeric				1	Loneliness/isolation [Derived]	
Pdprop2PsyLoneIsolate_5	Numeric				1	Loneliness/isolation [Derived]	
Pdprop2PsyNegEmoCogNOS_1	Numeric				1	Negative emotions or cognition NOS [Derived]	
Pdprop2PsyNegEmoCogNOS_2	Numeric				1	Negative emotions or cognition NOS [Derived]	
Pdprop2PsyNegEmoCogNOS_3	Numeric				1	Negative emotions or cognition NOS [Derived]	
Pdprop2PsyNegEmoCogNOS_4	Numeric				1	Negative emotions or cognition NOS [Derived]	
Pdprop2PsyNegEmoCogNOS_5	Numeric				1	Negative emotions or cognition NOS [Derived]	
Pdprop2PsyPseudobulbar_1	Numeric				1	Pseudobulbar affect [Derived]	
Pdprop2PsyPseudobulbar_2	Numeric				1	Pseudobulbar affect [Derived]	
Pdprop2PsyPseudobulbar_3	Numeric				1	Pseudobulbar affect [Derived]	
Pdprop2PsyPseudobulbar_4	Numeric				1	Pseudobulbar affect [Derived]	
Pdprop2PsyPseudobulbar_5	Numeric				1	Pseudobulbar affect [Derived]	
Pdprop2Rig_1	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value.
Pdprop2Rig_2	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
Pdprop2Rig_3	Numeric				1	Rigidity [Derived]	This variable refers

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
							to a Domain value
Pdprop2Rig_4	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
Pdprop2Rig_5	Numeric				1	Rigidity [Derived]	This variable refers to a Domain value
PdProp2RigStiffness_1	Numeric				1	Stiffness [Derived]	
PdProp2RigStiffness_2	Numeric				1	Stiffness [Derived]	
PdProp2RigStiffness_3	Numeric				1	Stiffness [Derived]	
PdProp2RigStiffness_4	Numeric				1	Stiffness [Derived]	
PdProp2RigStiffness_5	Numeric				1	Stiffness [Derived]	
Pdprop2Slp_1	Numeric				1	Sleep [Derived]	This variable refers to a Domain value.
Pdprop2Slp_2	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
Pdprop2Slp_3	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
Pdprop2Slp_4	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
Pdprop2Slp_5	Numeric				1	Sleep [Derived]	This variable refers to a Domain value
PdProp2SlpDream_1	Numeric				1	Dreams [Derived]	
PdProp2SlpDream_2	Numeric				1	Dreams [Derived]	
PdProp2SlpDream_3	Numeric				1	Dreams [Derived]	
PdProp2SlpDream_4	Numeric				1	Dreams [Derived]	
PdProp2SlpDream_5	Numeric				1	Dreams [Derived]	
PdProp2SlpEarlyAwake_1	Numeric				1	Early morning awakening [Derived]	
PdProp2SlpEarlyAwake_2	Numeric				1	Early morning awakening [Derived]	
PdProp2SlpEarlyAwake_3	Numeric				1	Early morning awakening [Derived]	
PdProp2SlpEarlyAwake_4	Numeric				1	Early morning awakening [Derived]	
PdProp2SlpEarlyAwake_5	Numeric				1	Early morning awakening [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
PdProp2SlpExcessSleep_1	Numeric				1	Excessive daytime sleepiness [Derived]	
PdProp2SlpExcessSleep_2	Numeric				1	Excessive daytime sleepiness [Derived]	
PdProp2SlpExcessSleep_3	Numeric				1	Excessive daytime sleepiness [Derived]	
PdProp2SlpExcessSleep_4	Numeric				1	Excessive daytime sleepiness [Derived]	
PdProp2SlpExcessSleep_5	Numeric				1	Excessive daytime sleepiness [Derived]	
PdProp2SlpMaintInsomnia_1	Numeric				1	Sleep maintenance insomnia [Derived]	
PdProp2SlpMaintInsomnia_2	Numeric				1	Sleep maintenance insomnia [Derived]	
PdProp2SlpMaintInsomnia_3	Numeric				1	Sleep maintenance insomnia [Derived]	
PdProp2SlpMaintInsomnia_4	Numeric				1	Sleep maintenance insomnia [Derived]	
PdProp2SlpMaintInsomnia_5	Numeric				1	Sleep maintenance insomnia [Derived]	
PdProp2SlpOnsetInsomnia_1	Numeric				1	Sleep onset insomnia [Derived]	
PdProp2SlpOnsetInsomnia_2	Numeric				1	Sleep onset insomnia [Derived]	
PdProp2SlpOnsetInsomnia_3	Numeric				1	Sleep onset insomnia [Derived]	
PdProp2SlpOnsetInsomnia_4	Numeric				1	Sleep onset insomnia [Derived]	
PdProp2SlpOnsetInsomnia_5	Numeric				1	Sleep onset insomnia [Derived]	
PdProp2SlpParasomnia_1	Numeric				1	Parasomnia unspecified [Derived]	
PdProp2SlpParasomnia_2	Numeric				1	Parasomnia unspecified [Derived]	
PdProp2SlpParasomnia_3	Numeric				1	Parasomnia	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
						unspecified [Derived]	
Pdprop2SlpParasomnia_4	Numeric				1	Parasomnia unspecified [Derived]	
Pdprop2SlpParasomnia_5	Numeric				1	Parasomnia unspecified [Derived]	
Pdprop2SlpPoorSleepNOS_1	Numeric				1	Poor sleep quality unspecified [Derived]	
Pdprop2SlpPoorSleepNOS_2	Numeric				1	Poor sleep quality unspecified [Derived]	
Pdprop2SlpPoorSleepNOS_3	Numeric				1	Poor sleep quality unspecified [Derived]	
Pdprop2SlpPoorSleepNOS_4	Numeric				1	Poor sleep quality unspecified [Derived]	
Pdprop2SlpPoorSleepNOS_5	Numeric				1	Poor sleep quality unspecified [Derived]	
Pdprop2SlpRBD_1	Numeric				1	RBD like symptoms [Derived]	
Pdprop2SlpRBD_2	Numeric				1	RBD like symptoms [Derived]	
Pdprop2SlpRBD_3	Numeric				1	RBD like symptoms [Derived]	
Pdprop2SlpRBD_4	Numeric				1	RBD like symptoms [Derived]	
Pdprop2SlpRBD_5	Numeric				1	RBD like symptoms [Derived]	
Pdprop2SlpRLS_1	Numeric				1	RLS/restlessness [Derived]	
Pdprop2SlpRLS_2	Numeric				1	RLS/restlessness [Derived]	
Pdprop2SlpRLS_3	Numeric				1	RLS/restlessness [Derived]	
Pdprop2SlpRLS_4	Numeric				1	RLS/restlessness [Derived]	
Pdprop2SlpRLS_5	Numeric				1	RLS/restlessness [Derived]	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Unless otherwise noted and described in the table Details above, question text for all variables is the two-part open response question pair, 'What is the [Rank] most bothersome problem for you due to your Parkinson's disease? In what way does this problem bother you (by affecting your everyday functioning or ability to accomplish what needs to be done)?'							
Pdprop2Trem_1	Numeric				1	Tremor [Derived]	This variable refers to a Domain value.
Pdprop2Trem_2	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
Pdprop2Trem_3	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
Pdprop2Trem_4	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
Pdprop2Trem_5	Numeric				1	Tremor [Derived]	This variable refers to a Domain value
PdProp2TremIntTremor_1	Numeric				1	Internal tremor [Derived]	
PdProp2TremIntTremor_2	Numeric				1	Internal tremor [Derived]	
PdProp2TremIntTremor_3	Numeric				1	Internal tremor [Derived]	
PdProp2TremIntTremor_4	Numeric				1	Internal tremor [Derived]	
PdProp2TremIntTremor_5	Numeric				1	Internal tremor [Derived]	
PdProp2TremTremor_1	Numeric				1	Tremor [Derived]	
PdProp2TremTremor_2	Numeric				1	Tremor [Derived]	
PdProp2TremTremor_3	Numeric				1	Tremor [Derived]	
PdProp2TremTremor_4	Numeric				1	Tremor [Derived]	
PdProp2TremTremor_5	Numeric				1	Tremor [Derived]	

ACUTE HEALTH (Acute)

Table Description: Your Acute Medical Conditions

View Source Instrument: [link]

Details: Participants first complete this survey twelve months after Baseline and every 12 months thereafter. The instrument is referred to as "Your Annual Acute Health Conditions" in Fox DEN, the questionnaire forms, and as "Your Acute Medical Conditions" in the Participant Schedule of Activities. All Participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AcuteHeart	Numeric	In the past year, did you have a heart attack?			0 1 3	No Yes Prefer not to answer	If a participant responds 'yes' to this question, the are asked to quantify the number of such events. This figure is not available in FoxDEN at this time.
AcuteStroke	Numeric	In the past year, did you have a stroke (including TIA or transient ischemic attack)?			0 1 3	No Yes Prefer not to answer	If a participant responds 'yes' to this question, the are asked to quantify the number of such events. This figure is not available in FoxDEN at this time.
AcuteStrokeTrt	Numeric	Do you take medications for stroke prevention?			0 1	No Yes	Participants only receive this question if they endorse having had a stroke in the past year (a value

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							of 1 is present for 'AcuteStroke.')
AcuteSurgery	Numeric	In the past year, did you have any surgeries that required anesthesia?			0 1 3	No Yes Prefer not to answer	
AcuteSurgeryTypeCar	Numeric	In the past year, did you have any surgeries that required anesthesia?	Cardiac surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.' Participants may select multiple responses.
AcuteSurgeryTypeCos	Numeric	In the past year, did you have any surgeries that required anesthesia?	Cosmetic surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeCra	Numeric	In the past year, did you have any surgeries that required anesthesia?	Cranial or brain surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeENT	Numeric	In the past year, did you have any surgeries that required anesthesia?	ENT surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AcuteSurgeryTypeEye	Numeric	In the past year, did you have any surgeries that required anesthesia?	Eye surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeGas	Numeric	In the past year, did you have any surgeries that required anesthesia?	Gastrointestinal surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeOrt	Numeric	In the past year, did you have any surgeries that required anesthesia?	Orthopaedic surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeOth	Numeric	In the past year, did you have any surgeries that required anesthesia?	Other		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypePul	Numeric	In the past year, did you have any surgeries that required anesthesia?	Pulmonary (lung) surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
AcuteSurgeryTypeRep	Numeric	In the past year, did you have any surgeries that required anesthesia?	Reproductive surgery		0 1	Not Checked Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AcuteSurgeryTypeTum	Numeric	In the past year, did you have any surgeries that required anesthesia?	Tumor removal		0	Not Checked	Participant only receives this question if a Value of 1 is present for 'AcuteSurgery.'
					1	Checked	
AcuteTBI	Numeric	In the past year, did you have a traumatic brain injury (TBI)?			0	No	
					1	Yes	
					3	Prefer not to answer	
AcuteTBICon	Numeric	Did you lose consciousness (> 10 minutes) during any TBI in the past year?			0	No	Participant only receives this question if a value of 1 is present for 'AcuteTBI.'
					1	Yes	
AcuteTBILim	Numeric	Did it limit your activities?			0	No	Participant only receives this question if a value of 1 is present for 'AcuteTBI.'
					1	Yes	

DAILY ACTIVITY (Daily)

Table Description: Your Cognition and Daily Activities (PDAQ-15)

View Source Instrument: [link]

Details: Participants first complete this survey three months after Baseline and every six months thereafter. The instrument is referred to as "Your Cognition and Daily Activities" in Fox DEN, the questionnaire forms, and as "Your Cognition and Daily Activities (PDAQ-15)" in the Participant Schedule of Activities. The data and associated data dictionary for this instrument were re-coded on 6/1/2020 to reflect the current literature in which LOWER scores mean WORSE cognitive function. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
DailyClock	Numeric	How much DIFFICULTY do you currently have keeping track of time (e.g. using a clock)?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyDiscuss	Numeric	How much DIFFICULTY do you currently have discussing a TV show, book, movie, or current events?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
DailyErrand	Numeric	How much DIFFICULTY do you currently have remembering a list of 4 or 5 errands without writing it down?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyExplain	Numeric	How much DIFFICULTY do you currently have explaining how to do something involving several steps to another person?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyFinance	Numeric	How much DIFFICULTY do you currently have understanding your personal financial affairs?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	None	
					5	Prefer not to answer	
DailyInstruct	Numeric	How much DIFFICULTY do you currently have reading and following complex instructions (e.g. directions for a new medication)?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyLearn	Numeric	How much DIFFICULTY do you currently have learning to use new gadgets or machines around the house?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Prefer not to answer	
DailyMany	Numeric	How much DIFFICULTY do you currently have doing more than one thing at a time?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyMap	Numeric	How much DIFFICULTY do you currently have using a map to tell where to go?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyMoney	Numeric	How much DIFFICULTY do you currently have counting the correct amount of money when making purchases?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyNumber	Numeric	How much			0	Cannot do	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		DIFFICULTY do you currently have remembering new information like phone numbers or simple instructions?			1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyProblem	Numeric	How much DIFFICULTY do you currently have handling an unfamiliar problem (e.g. getting the refrigerator fixed)?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyRead	Numeric	Because of the Parkinson's Disease, how much DIFFICULTY do you currently have reading the newspaper or magazine?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyRememb	Numeric	How much			0	Cannot do	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		DIFFICULTY do you currently have remembering what day and month it is?			1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	
DailyThought	Numeric	How much DIFFICULTY do you currently have maintaining or completing a train of thought?			0	Cannot do	
					1	A lot	
					2	Somewhat	
					3	A little	
					4	None	
					5	Prefer not to answer	

CURRENT HEALTH (Curr)

Table Description: Your Current Health

View Source Instrument: [link]

Details: Participants first complete this survey at Baseline, then three months after Baseline, and every twelve months thereafter. The instrument is referred to as "Your Current Health" in both Fox DEN, the questionnaire forms, and the Participant Schedule of Activities. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrAnxiety	Numeric	Have you had anxiety?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrAnxietyLim	Numeric	Does your anxiety limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had anxiety?'
					1	Yes	
CurrAnxietyTrt	Numeric	Do you receive treatment for your anxiety?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had anxiety?'
					1	Yes	
CurrArth	Numeric	Do you currently have arthritis?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrArthLim	Numeric	Does your arthritis limit			0	No	Participants are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your activities?			1	Yes	presented this question if they answered 'Yes' to the question 'Do you currently have arthritis?'
CurrArthTrt	Numeric	Do you receive treatment for your arthritis?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have arthritis?'
					1	Yes	
CurrArthTypeOst	Numeric	What type of arthritis do you have?	Osteoarthritis/degenerative arthritis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have arthritis?' Participants may select multiple responses.
					1	Checked	
CurrArthTypeOth	Numeric		Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have arthritis?'
					1	Checked	
CurrArthTypeRhe	Numeric		Rheumatoid arthritis		0	Not Checked	Participants may select multiple responses.
					1	Checked	
CurrBack	Numeric	Have you had back pain lasting longer than a			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		week?			3	Prefer not to answer	
CurrBackLim	Numeric	Did your back pain limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had back pain lasting longer than a week?'
					1	Yes	
CurrBackTrt	Numeric	Did you receive treatment for your back pain?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had back pain lasting longer than a week?'
					1	Yes	
CurrBlood	Numeric	Do you currently have a blood disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrBloodLim	Numeric	Does your blood disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a blood disease
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(not cancer)?'
CurrBloodTrt	Numeric	Do you receive treatment for your blood disease?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a blood disease (not cancer)?'
CurrBloodTypeAne	Numeric	What blood disease do you have?	Anemia		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a blood disease (not cancer)?' Participants may select multiple responses.
CurrBloodTypeOth	Numeric	What blood disease do you have?	Other		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a blood disease (not cancer)?' Participants may select multiple responses.
CurrBloodTypeSic	Numeric	What blood disease do you have?	Sickle cell disease		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you currently have a blood disease (not cancer)?' Participants may select multiple responses.
CurrBloodTypeTha	Numeric	What blood disease do you have?	Thalassemia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a blood disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrCancer	Numeric	Do you currently have cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrCancerLim	Numeric	Does your cancer limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?'
					1	Yes	
CurrCancerTrt	Numeric	Do you receive treatment for your cancer?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							cancer?'
CurrCancerTypeBla	Numeric	What type of cancer do you currently have?	Bladder		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?'
CurrCancerTypeBre	Numeric	What type of cancer do you currently have?	Breast		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
CurrCancerTypeCol	Numeric	What type of cancer do you currently have?	Colon		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrCancerTypeKid	Numeric	What type of cancer do you currently have?	Kidney (Renal cancer)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
CurrCancerTypeLeu	Numeric	What type of cancer do you currently have?	Leukemia		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
CurrCancerTypeLiv	Numeric	What type of cancer do you currently have?	Liver (Hepatic cancer)		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrCancerTypeLung	Numeric	What type of cancer do you currently have?	Lung		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
CurrCancerTypeLym	Numeric	What type of cancer do you currently have?	Lymphoma		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
CurrCancerTypeMel	Numeric	What type of cancer do you currently have?	Melanoma		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							responses.
CurrCancerTypeOth	Numeric	What type of cancer do you currently have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
					1	Checked	
CurrCancerTypePro	Numeric	What type of cancer do you currently have?	Prostate		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
					1	Checked	
CurrCancerTypeSkin	Numeric	What type of cancer do you currently have?	Skin (non-melanoma)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							select multiple responses.
CurrCancerTypeThy	Numeric	What type of cancer do you currently have?	Thyroid		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
					1	Checked	
CurrCancerTypeUte	Numeric	What type of cancer do you currently have?	Uterine		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have cancer?' Participants may select multiple responses.
					1	Checked	
CurrDepress	Numeric	Do you currently have depression?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrDepressLim	Numeric	Does your depression limit your activities?			0	No	Participants are presented this question if they
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you currently have depression?'
CurrDepressTrt	Numeric	Do you receive treatment for your depression?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have depression?'
CurrDiabetes	Numeric	Do you currently have diabetes?			0 1 3	No Yes Prefer not to answer	
CurrDiabetesLim	Numeric	Does your diabetes limit your activities?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have diabetes?'
CurrDiabetesTrt	Numeric	Do you receive treatment for your diabetes?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have diabetes?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrGastric	Numeric	Do you currently have gastric disturbances (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrGastricLim	Numeric	Do your gastric disturbances limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?'
					1	Yes	
CurrGastricTrt	Numeric	Do you receive treatment for your gastric disturbances?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?'
					1	Yes	
CurrGastricTypeGERD	Numeric	What type of gastric disturbances do you have?	Acid reflux (GERD)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrGastricTypeGas	Numeric	What type of gastric disturbances do you have?	Gastritis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrGastricTypeHer	Numeric	What type of gastric disturbances do you have?	Hiatal hernia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrGastricTypeOth	Numeric	What type of gastric disturbances do you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							cancer)?' Participants may select multiple responses.
CurrGastricTypeUlcer	Numeric	What type of gastric disturbances do you have?	Ulcer		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have gastric disturbances (not cancer)?' Participants may select multiple responses.
CurrHBP	Numeric	Do you currently have high blood pressure?			0 1 3	No Yes Prefer not to answer	
CurrHBPLim	Numeric	Does your high blood pressure limit your activities?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have high blood pressure?'
CurrHBPTrt	Numeric	Do you receive treatment for your high blood pressure?			0 1	No Yes	Participants are presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you currently have high blood pressure?'
CurrHeart	Numeric	Do you currently have a form of heart disease?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrHeartLim	Numeric	Does your heart disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a form of heart disease?'
					1	Yes	
CurrHeartTrt	Numeric	Do you receive treatment for your heart disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have a form of heart disease?'
					1	Yes	
CurrHeartTypeArr	Numeric	What kind of heart disease do you have?	Arrhythmia		0	Not Checked	Participants only receive this question if they report having heart disease. Participants may select multiple
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							responses.
CurrHeartTypeAtr	Numeric	What kind of heart disease do you have?	Atrial fibrillation		0 1	Not Checked Checked	Participants only receive this question if they report having heart disease. Participants may select multiple responses.
CurrHeartTypeCon	Numeric	What kind of heart disease do you have?	Congestive heart failure		0 1	Not Checked Checked	Participants only receive this question if they report having heart disease. Participants may select multiple responses.
CurrHeartTypeCor	Numeric	What kind of heart disease do you have?	Coronary heart disease		0 1	Not Checked Checked	Participants only receive this question if they report having heart disease. Participants may select multiple responses.
CurrHeartTypeOth	Numeric	What kind of heart disease do you have?	Other		0 1	Not Checked Checked	Participants only receive this question if they report having heart disease.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Participants may select multiple responses.
CurrHeartTypeVal	Numeric	What kind of heart disease do you have?	Valvular heart disease		0	Not Checked	Participants only receive this question if they report having heart disease. Participants may select multiple responses.
					1	Checked	
CurrKidney	Numeric	Do you currently have kidney disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrKidneyLim	Numeric	Does your kidney disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have kidney disease (not cancer)?'
					1	Yes	
CurrKidneyTrt	Numeric	Do you receive treatment for your kidney disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have kidney disease (not cancer)?'
					1	Yes	
CurrKidneyTypeCys	Numeric	What type of kidney disease do you have?	Cysts		0	Not Checked	Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					1	Checked	question if they answered 'Yes' to the question 'Do you currently have kidney disease (not cancer)?' Participants may select multiple responses.
CurrKidneyTypeKid	Numeric	What type of kidney disease do you have?	Kidney stones		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have kidney disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrKidneyTypeOth	Numeric	What type of kidney disease do you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have kidney disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrKidneyTypeRen	Numeric	What type of kidney disease do you have?	Renal failure		0	Not Checked	Participants are presented this question if they answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you currently have kidney disease (not cancer)?' Participants may select multiple responses.
CurrLiver	Numeric	Do you currently have liver disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrLiverLim	Numeric	Does your liver disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have liver disease (not cancer)?'
					1	Yes	
CurrLiverTrt	Numeric	Do you receive treatment for your liver disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have liver disease (not cancer)?'
					1	Yes	
CurrLiverTypeCir	Numeric	What type of liver disease do you have?	Cirrhosis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							liver disease (not cancer)?' Participants may select multiple responses.
CurrLiverTypeHepA	Numeric	What type of liver disease do you have?	Hepatitis A		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have liver disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrLiverTypeHepB	Numeric	What type of liver disease do you have?	Hepatitis B		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have liver disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrLiverTypeHepC	Numeric	What type of liver disease do you have?	Chronic viral hepatitis (Hepatitis C or hep C)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you currently have liver disease (not cancer)?' Participants may select multiple responses.
CurrLiverTypeOth	Numeric	What type of liver disease do you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have liver disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrLung	Numeric	Do you currently have lung disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
CurrLungLim	Numeric	Does your lung disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrLungTrt	Numeric	Do you receive treatment for your lung disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?'
					1	Yes	
CurrLungTypeAst	Numeric	What kind of lung disease do you have?	Asthma		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?'
					1	Checked	
CurrLungTypeCOPD	Numeric	What kind of lung disease do you have?	Chronic obstructive pulmonary disease (COPD)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrLungTypeEmp	Numeric	What kind of lung disease do you have?	Emphysema		0	Not Checked	Participants are presented this question if they answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you currently have lung disease (not cancer)?' Participants may select multiple responses.
CurrLungTypeOth	Numeric	What kind of lung disease do you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CurrLungTypePne	Numeric	What kind of lung disease do you have?	Pneumonia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CurrLungTypeTB	Numeric	What kind of lung disease do you have?	Tuberculosis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Do you currently have lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	

DAILY LIVING (LivePD)

Table Description: Your Daily Living (PDQ – 8)

View Source Instrument: [link]

Details: Participants first complete this instrument at their first study visit and every study visit thereafter. The instrument is referred to as "Your Daily Living" in Fox DEN, the questionnaire forms, and as "Your Daily Living (PDQ – 8)" in the Participant Schedule of Activities. Only participants with PD complete this instrument.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LivePDComm	Numeric	Due to having Parkinson's disease, how often during the last month have you had felt unable to communicate with people properly?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	
LivePDConcen	Numeric	Due to having Parkinson's disease, how often during the last month have you had concentrating, e.g. when reading or watching TV?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LivePDDepress	Numeric	Due to having Parkinson's disease, how often during the last month have felt depressed?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	
LivePDDress	Numeric	Due to having Parkinson's disease, how often during the last month have you had difficulty dressing yourself?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	
LivePDEmbar	Numeric	Due to having Parkinson's disease, how often during the last month have you had felt embarrassed in public due to having Parkinson's disease?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Prefer not to answer	
LivePDMove	Numeric	Due to having Parkinson's disease, how often during the last month have you had difficulty getting around in public?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	
LivePDPain	Numeric	Due to having Parkinson's disease, how often during the last month have you had painful muscle cramps or spasms?			0	Never	
					1	Occasionally	
					2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	
LivePDRelate	Numeric	Due to having Parkinson's disease, how often during			0	Never	
					1	Occasionally	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the last month have you had problems with your close personal relationships?			2	Sometimes	
					3	Often	
					4	Always or cannot do at all	
					5	Prefer not to answer	

NEURO HIST (Neur)

Table Description: Your Family Neurological History Version 1

View Source Instrument: [link]

Details: Participants first complete this survey one month after baseline, three months after Baseline, and every twelve months thereafter. The instrument is referred to as "Your Family Neurological History Version 1" in Fox DEN and as "Your Family Neurological History" in the Participant Schedule of Activities. This version of the instrument was not served to participants after 2/2/2020, and was replaced with 'Your Family Neurological History Version 2.' For additional details, see the 'Your Family Neurological History Version 2' table. All participants completed this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurChildALS_n	Numeric	Does this child have any of the following neurological conditions?	ALS/Lou Gehrig's Disease		0	Not Checked	The variable NeurChildALS_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildALS_6 Refers to Child # 6.
					1	Checked	
NeurChildALSN	Numeric	Do you have any biological children?	Total number of children with ALS/Lou Gehrig's Disease [Derived]		0		
					1		
NeurChildAliveN	Numeric	Do you have any biological children?	Total number of living children [Derived]		0		
					1		
					2		
					3		
					4		
					5		
					6		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					7		
					8		
					9		
NeurChildAlz_n	Numeric	Does this child have any of the following neurological conditions?	Alzheimer's/ Dementia		0	Not Checked	The variable NeurChildAlz_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildAlz_6 Refers to Child # 6.
NeurChildAlzN	Numeric	Do you have any biological children?	Total number of children with Alzheimer's/Dementia [Derived]		0		
NeurChildBrain_n	Numeric	Does this child have any of the following neurological conditions?	Traumatic Brain Injury		0	Not Checked	The variable NeurChildBrain_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildBrain_6 Refers to Child # 6.
					1	Checked	
NeurChildBrainN	Numeric	Do you have any biological children?	Total number of children with Traumatic Brain Injury [Derived]		0		
					1		
					2		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurChildDeadN	Numeric	Do you have any biological children?	Total number of deceased children [Derived]		0		
					1		
					2		
NeurChildFemaleN	Numeric	Do you have any biological children?	Total number of female biological children [Derived]		0		
					1		
					2		
					3		
					4		
					5		
NeurChildLive_n	Numeric	Is this child living?			1	Alive	The variable NeurChildLive_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildLive_6 Refers to Child # 6.
					2	Deceased	
NeurChildMaleN	Numeric	Do you have any biological children?	Total number of male biological children [Derived]		0		
					1		
					2		
					3		
					4		
					5		
					7		
NeurChildN	Numeric	Do you have any	Total number of		0		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		biological children?	biological children [Derived]		1		
					2		
					3		
					4		
					5		
					6		
					7		
					8		
					9		
NeurChildNone_n	Numeric	Does this child have any of the following neurological conditions?	None		0	Not Checked	The variable NeurChildNone_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildNone_6 Refers to Child # 6.
					1	Checked	
NeurChildOther_n	Numeric	Does this child have any of the following neurological conditions?	Other		0	Not Checked	The variable NeurChildOther_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildOther_n Refers to Child # 6.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurChildPark_n	Numeric	Does this child have any of the following neurological conditions?	Parkinson's Disease/Parkinsonism		0	Not Checked	The variable NeurChildPark_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildPark_6 Refers to Child # 6.
					1	Checked	
NeurChildParkN	Numeric	Total number of children with Parkinson's Disease/Parkinsonism [Derived]			0		
					1		
NeurChildSex_n	Numeric	What is this child's biological sex?			1	Male	The variable NeurChildSex_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildSex_6 Refers to Child # 6.
					2	Female	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurChildUnknown_n	Numeric	Does this child have any of the following neurological conditions?	I don't know / I am unsure		0	Not Checked	The variable NeurChildUnknown_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurChildUnknown_6 Refers to Child # 6.
					1	Checked	
NeurFathCondALS	Numeric	Is your biological father living?	ALS/Lou Gehrig's Disease		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	
NeurFathCondAlz	Numeric	Is your biological father living?	Alzheimer's/Dementia		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked). for Father.
					1	Checked	
NeurFathCondBrain	Numeric	Is your biological father living?	Traumatic Brain Injury		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	
NeurFathCondNone	Numeric	Is your biological father living?	None		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurFathCondOther	Numeric	Is your biological father living?	Other		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	
NeurFathCondPNA	Numeric	Is your biological father living?	Prefer not to answer		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	
NeurFathCondPark	Numeric	Is your biological father living?	Parkinson's Disease/Parkinsonism		0	Not Checked	Option checked specifies type of condition for living Father (if this option was also checked).
					1	Checked	
NeurFathCondUnknown	Numeric	Is your biological father living?	I don't know/ I am unsure		0	Not Checked	
					1	Checked	
NeurFathLive	Numeric	Is your biological father living?			1	Alive	
					2	Deceased	
					3		
					4	Prefer not to answer	
NeurMothCondALS	Numeric	Is your biological mother living?	ALS/Lou Gehrig's Disease		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondAlz	Numeric	Is your biological mother living?	Alzheimer's/Dementia		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurMothCondBrain	Numeric	Is your biological mother living?	Traumatic Brain Injury		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondNone	Numeric	Is your biological mother living?	None		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondOther	Numeric	Is your biological mother living?	Other		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondPNA	Numeric	Is your biological mother living?	Prefer not to answer		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondPark	Numeric	Is your biological mother living?	Parkinson's Disease/Parkinsonism		0	Not Checked	Option checked specifies type of condition for living Mother (if this option was also checked).
					1	Checked	
NeurMothCondUnknown	Numeric	Is your biological mother living?	I don't know/ I am unsure		0	Not Checked	Option checked specifies type of

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					1	Checked	condition for living Mother (if this option was also checked).
NeurMothLive	Numeric	Is your biological mother living?			1	Alive	
					2	Deceased	
					4	Prefer not to answer	
NeurSib	Numeric	Do you have any biological siblings?			0		
					1	Yes	
					3	Prefer not to answer	
NeurSibALS_n	Numeric	Does this sibling have any of the following neurological conditions?	ALS/Lou Gehrig's Disease		0	Not Checked	The variable NeurSibALS_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibALS_6 Refers to Sibling # 6.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurSibALSN	Numeric	Do you have any biological siblings?	Total number of siblings with ALS/Lou Gehrig's Disease [Derived]		0		
					1		
NeurSibAlz_n	Numeric	Does this sibling have any of the following neurological conditions?	Alzheimer's/Dementia		0	Not Checked	The variable NeurSibAlz_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibAlz_6 Refers to Sibling # 6
					1	Checked	
NeurSibAlzN	Numeric	Do you have any biological siblings?	Total number of siblings with Alzheimer's/Dementia [Derived]		0		
					1		
					2		
NeurSibBrain_n	Numeric	Does this sibling have any of the following neurological conditions?	Traumatic Brain Injury		0	Not Checked	The variable NeurSibBrain_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibBrain_6 Refers to Sibling # 6
					1	Checked	
NeurSibBrainN	Numeric	Do you have any biological siblings?	Total number of siblings with Traumatic Brain		0		
					1		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			Injury [Derived]		2		
NeurSibDeadN	Numeric	Do you have any biological siblings?	Total number of deceased siblings [Derived]		0		
					1		
					2		
					3		
					4		
					5		
					6		
					7		
NeurSibFemaleN	Numeric	Do you have any biological siblings?	Total number of female biological siblings [Derived]		0		
					1		
					2		
					3		
					4		
					5		
					6		
					7		
					8		
					9		
NeurSibLive_n	Numeric	Is this sibling living?			1	Alive	The variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Deceased	NeurSibLive_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibLive_6 Refers to Sibling # 6
					3	I don't know/I am unsure	
NeurSibMHalfN	Numeric	Do you have any biological siblings?	Total number of half siblings, maternal [Derived]		0		
					1		
					2		
					3		
					4		
					5		
					6		
					7		
					9		
NeurSibMaleN	Numeric	Do you have any biological siblings?	Total number of male biological siblings [Derived]		0		
					1		
					2		
					3		
					4		
					5		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					6		
					7		
					8		
					9		
NeurSibNone_n	Numeric	Does this sibling have any of the following neurological conditions?	None		0	Not Checked	The variable NeurSibNone_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibNone_6 Refers to Sibling # 6
					1	Checked	
NeurSibOther_n	Numeric	Does this sibling have any of the following neurological conditions?	Other		0	Not Checked	The variable NeurSibOther_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibOther_6 Refers to Sibling # 6
					1	Checked	
NeurSibPHalfN	Numeric	Do you have any biological siblings?	Total number of half siblings, paternal [Derived]		0		
					1		
					2		
					3		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4		
					5		
					8		
NeurSibPark_n	Numeric	Does this sibling have any of the following neurological conditions?	Parkinson's Disease/Parkinsonism		0	Not Checked	The variable NeurSibPark_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibPark_6 Refers to Sibling # 6
					1	Checked	
NeurSibParkN	Numeric	Do you have any biological siblings?	Total number of siblings with Parkinson's Disease/Parkinsonism [Derived]		0		
					1		
					2		
					3		
NeurSibRelate_n	Numeric	How are you related to this sibling?			1	Full sibling	The variable NeurSibRelate_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibRelate_6 Refers to Sibling # 6
					2	Half sibling, maternal	
					3	Half sibling, paternal	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NeurSibSex_n	Numeric	What is this sibling's biological sex?			1	Male	The variable NeurSibSex_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibSex_6 Refers to Sibling # 6
					2	Female	
NeurSibUnknown_n	Numeric	Does this sibling have any of the following neurological conditions?	I don't know / I am unsure		0	Not Checked	The variable NeurSibUnknown_n will have a different number suffix *n* depending on the number of the child specified. For example, NeurSibUnknown_6 Refers to Sibling # 6
					1	Checked	

NEURO HIST 2 (Fam)

Table Description: Your Family Neurological History Version 2

View Source Instrument: [link]

Details: Participants first complete this survey one month after baseline, three months after Baseline, and every twelve months thereafter. The instrument is referred to as "Your Family Neurological History Version 2" in Fox DEN and as "Your Family Neurological History" in the Fox Insight Schedule of Activities. This instrument began being served to participants on 2/3/2020. It was revised to simplify data collection and focus on highest priority items as related to PD, removing questions on: autism, epilepsy, multiple sclerosis, stroke, suicide; added question on: benign or essential tremor. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamALSChild	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Child		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSFath	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Father		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamALSGrand	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Grandchild		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSGreat	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
FamALSHalfSib	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSHx	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Do you have a family history of Amyotrophic Lateral Sclerosis (ALS)?			1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamALSMatAunt	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSMatCous	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSMatGrFath	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
FamALSMatGrMoth	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSMatNieNep	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSMatUnc	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of ALS?'
FamALSMoth	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Mother		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSOth	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Other		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSPatAunt	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you have a family history of ALS?'
FamALSPatCous	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSPatGrFath	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSPatGrMoth	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamALSPatNieNep	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSPatUnc	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	
FamALSSib	Numeric	Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?	Sibling		0	Not Checked	Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of ALS?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAlzheimerChild	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerFath	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerGrand	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerGreat	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerHalfSib	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							disease, dementia or memory loss?'
FamAlzheimerHx	Numeric	Do you have a family history of Alzheimer's disease, dementia or memory loss?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamAlzheimerMatAunt	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerMatCous	Numeric	Which family members have/had Alzheimer's	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease, dementia or memory loss?					condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerMatGrFath	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerMatGrMoth	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerMatNieNep	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerMatUnc	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAlzheimerMoth	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Mother		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerOth	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Other		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerPatAunt	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Aunt		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerPatCous	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Cousin		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAlzheimerPatGrFath	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Grandfather		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Alzheimer's disease, dementia or memory loss?'
FamAlzheimerPatGrMoth	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerPatNieNep	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAlzheimerPatUnc	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAlzheimerSib	Numeric	Which family members have/had Alzheimer's disease, dementia or memory loss?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
					1	Checked	
FamAnxietyChild	Numeric	Which family members have/had anxiety?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of Alzheimer's disease, dementia or memory loss?'
FamAnxietyFath	Numeric	Which family members have/had anxiety?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyGrand	Numeric	Which family members have/had anxiety?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAnxietyGreat	Numeric	Which family members have/had anxiety?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyHalfSib	Numeric	Which family members have/had anxiety?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyHx	Numeric	Do you have a family history of anxiety?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamAnxietyMatAunt	Numeric	Which family members have/had anxiety?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
FamAnxietyMatCous	Numeric	Which family members have/had anxiety?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyMatGrFath	Numeric	Which family members have/had anxiety?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyMatGrMoth	Numeric	Which family members have/had anxiety?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
FamAnxietyMatNieNep	Numeric	Which family members have/had anxiety?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyMatUnc	Numeric	Which family members have/had anxiety?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyMoth	Numeric	Which family members have/had anxiety?	Mother		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
FamAnxietyOth	Numeric	Which family members have/had anxiety?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyPatAunt	Numeric	Which family members have/had anxiety?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyPatCous	Numeric	Which family members have/had anxiety?	Paternal Cousin		0	Not Checked	Option checked specifies which family members
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
FamAnxietyPatGrFath	Numeric	Which family members have/had anxiety?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyPatGrMoth	Numeric	Which family members have/had anxiety?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAnxietyPatNieNep	Numeric	Which family members have/had anxiety?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietyPatUnc	Numeric	Which family members have/had anxiety?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	
FamAnxietySib	Numeric	Which family members have/had anxiety?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of anxiety?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAutismChild	Numeric	Which family members have/had autism?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismFath	Numeric	Which family members have/had autism?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismGrand	Numeric	Which family members have/had autism?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAutismGreat	Numeric	Which family members have/had autism?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismHalfSib	Numeric	Which family members have/had autism?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismHx	Numeric	Do you have a family history of autism?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamAutismMatAunt	Numeric	Which family members have/had autism?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of autism?'
FamAutismMatCous	Numeric	Which family members have/had autism?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismMatGrFath	Numeric	Which family members have/had autism?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismMatGrMoth	Numeric	Which family members have/had autism?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you have a family history of autism?'
FamAutismMatNieNep	Numeric	Which family members have/had autism?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family have/had members the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismMatUnc	Numeric	Which family members have/had autism?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismMoth	Numeric	Which family members have/had autism?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAutismOth	Numeric	Which family members have/had autism?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismPatAunt	Numeric	Which family members have/had autism?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismPatCous	Numeric	Which family members have/had autism?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAutismPatGrFath	Numeric	Which family members have/had autism?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismPatGrMoth	Numeric	Which family members have/had autism?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismPatNieNep	Numeric	Which family members have/had autism?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamAutismPatUnc	Numeric	Which family members have/had autism?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamAutismSib	Numeric	Which family members have/had autism?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of autism?'
					1	Checked	
FamBipolarChild	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamBipolarChild_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarFath	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarFath_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of bi-polar disorder or schizophrenia?'
FamBipolarGrand	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarGrand_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarGreat	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarGreat_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarHalfSib	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamBipolarHalfSib_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarHx	Numeric	Do you have a family history of bi-polar disorder or schizophrenia?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamBipolarMatAunt	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatAunt_single	Numeric	Which family members have/had	Maternal Aunt		0	Not Checked	Option checked specifies which

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		bi-polar disorder or schizophrenia? (single select)			1	Checked	family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarMatCous	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatCous_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							disorder or schizophrenia?'
FamBipolarMatGrFath	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatGrFath_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatGrMoth	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarMatGrMoth_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatNieNep	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatNieNep_single	Numeric	Which family members have/had bi-polar disorder	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or schizophrenia? (single select)					have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarMatUnc	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMatUnc_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							disorder or schizophrenia?'
FamBipolarMoth	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarMoth_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarOth	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarOth_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatAunt	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatAunt_single	Numeric	Which family members have/had bi-polar disorder	Paternal Aunt		0	Not Checked	Option checked specifies which family members
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or schizophrenia? (single select)					have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarPatCous	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatCous_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamBipolarPatGrFath	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatGrFath_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatGrMoth	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of bi-polar disorder or schizophrenia?'
FamBipolarPatGrMoth_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatNieNep	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatNieNep_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarPatUnc	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (multiple select)	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarPatUnc_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
					1	Checked	
FamBipolarSib	Numeric	Which family members have/had	Sibling		0	Not Checked	Option checked specifies which
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		bi-polar disorder or schizophrenia? (multiple select)					family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamBipolarSib_single	Numeric	Which family members have/had bi-polar disorder or schizophrenia? (single select)	Sibling		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of bi-polar disorder or schizophrenia?'
FamDepressionChild	Numeric	Which family members have/had depression?	Child		0 1	Not Checked Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamDepressionFath	Numeric	Which family members have/had depression?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionGrand	Numeric	Which family members have/had depression?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionGreat	Numeric	Which family members have/had depression?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of depression?'
FamDepressionHalfSib	Numeric	Which family members have/had depression?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionHx	Numeric	Do you have a family history of depression?			0	No	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamDepressionMatAunt	Numeric	Which family members have/had depression?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of depression?'
FamDepressionMatCous	Numeric	Which family members have/had depression?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionMatGrFath	Numeric	Which family members have/had depression?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionMatGrMoth	Numeric	Which family members have/had depression?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of depression?'
FamDepressionMatNieNep	Numeric	Which family members have/had depression?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionMatUnc	Numeric	Which family members have/had depression?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionMoth	Numeric	Which family members have/had depression?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
FamDepressionOth	Numeric	Which family members have/had depression?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionPatAunt	Numeric	Which family members have/had depression?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionPatCous	Numeric	Which family members have/had depression?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
FamDepressionPatGrFath	Numeric	Which family members have/had depression?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionPatGrMoth	Numeric	Which family members have/had depression?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionPatNieNep	Numeric	Which family members have/had depression?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
FamDepressionPatUnc	Numeric	Which family members have/had depression?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDepressionSib	Numeric	Which family members have/had depression?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of depression?'
					1	Checked	
FamDystoniaChild	Numeric	Which family members have/had dystonia (painful,	Child		0	Not Checked	Option checked specifies which family members
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?					have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repettive twisting and sustained muscle contractions)?'
FamDystoniaFath	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repettive twisting and sustained muscle contractions)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamDystoniaGrand	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaGreat	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							muscle contractions)?'
FamDystoniaHalfSib	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repettive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaHx	Numeric	Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamDystoniaMatAunt	Numeric		Maternal Aunt		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repettive twisting and sustained muscle contractions)?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamDystoniaMatCous	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaMatGrFath	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaMatGrMoth	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamDystoniaMatNieNep	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaMatUnc	Numeric		Maternal Uncle		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaMoth	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaOth	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaPatAunt	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaPatCous	Numeric		Paternal Cousin		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaPatGrFath	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		cause involuntary repetitive twisting and sustained muscle contractions)?					option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
FamDystoniaPatGrMoth	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							repetitive twisting and sustained muscle contractions)?'
FamDystoniaPatNieNep	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamDystoniaPatUnc	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'
					1	Checked	
FamDystoniaSib	Numeric	Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		muscle contractions)?					the question 'Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamEpilepsyChild	Numeric	Which family members have/had epilepsy?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyFath	Numeric	Which family members have/had epilepsy?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of epilepsy?'
FamEpilepsyGrand	Numeric	Which family members have/had epilepsy?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyGreat	Numeric	Which family members have/had epilepsy?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of epilepsy?'
FamEpilepsyHalfSib	Numeric	Which family members have/had epilepsy?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyHx	Numeric	Do you have a family history of epilepsy?			0	No	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamEpilepsyMatAunt	Numeric	Which family members have/had epilepsy?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyMatCous	Numeric	Which family members have/had epilepsy?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of epilepsy?'
FamEpilepsyMatGrFath	Numeric	Which family members have/had epilepsy?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyMatGrMoth	Numeric	Which family members have/had epilepsy?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamEpilepsyMatNieNep	Numeric	Which family members have/had epilepsy?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyMatUnc	Numeric	Which family members have/had epilepsy?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamEpilepsyMoth	Numeric	Which family members have/had epilepsy?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyOth	Numeric	Which family members have/had epilepsy?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyPatAunt	Numeric		Paternal Aunt		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had epilepsy?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
FamEpilepsyPatCous	Numeric	Which family members have/had epilepsy?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyPatGrFath	Numeric				0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had epilepsy?	Paternal Grandfather		1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
FamEpilepsyPatGrMoth	Numeric	Which family members have/had epilepsy?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsyPatNieNep	Numeric	Which family members have/had epilepsy?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
FamEpilepsyPatUnc	Numeric	Which family members have/had epilepsy?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of epilepsy?'
					1	Checked	
FamEpilepsySib	Numeric	Which family members have/had epilepsy?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of epilepsy?'
FamMSChild	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSFath	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamMSGrand	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSGreat	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSHalfSib	Numeric		Half-Sibling		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had Multiple Sclerosis (MS)?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSHx	Numeric	Do you have a family history of Multiple Sclerosis (MS)?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamMSMatAunt	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSMatCous	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSMatGrFath	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of Multiple Sclerosis (MS)?'
FamMSMatGrMoth	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSMatNieNep	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamMSMatUnc	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSMoth	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamMSOth	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSPatAunt	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSPatCous	Numeric		Paternal Cousin		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had Multiple Sclerosis (MS)?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSPatGrFath	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSPatGrMoth	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSPatNieNep	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamMSPatUnc	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of Multiple Sclerosis (MS)?'
FamMSSib	Numeric	Which family members have/had Multiple Sclerosis (MS)?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Multiple Sclerosis (MS)?'
					1	Checked	
FamParkinsonChild	Numeric	Which family members have/had Parkinson's disease?	Child		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Parkinson's disease?'
FamParkinsonFath	Numeric	Which family members have/had Parkinson's disease?	Father		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonGrand	Numeric	Which family members have/had Parkinson's disease?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of Parkinson's disease?'
FamParkinsonGreat	Numeric	Which family members have/had Parkinson's disease?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonHalfSib	Numeric	Which family members have/had Parkinson's disease?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
FamParkinsonHx	Numeric	Do you have a family history of Parkinson's disease?			0	No	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamParkinsonMatAunt	Numeric	Which family members have/had Parkinson's disease?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonMatCous	Numeric	Which family members have/had Parkinson's disease?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamParkinsonMatGrFath	Numeric	Which family members have/had Parkinson's disease?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonMatGrMoth	Numeric	Which family members have/had Parkinson's disease?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Parkinson's disease?'
FamParkinsonMatNieNep	Numeric	Which family members have/had Parkinson's disease?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonMatUnc	Numeric	Which family members have/had Parkinson's disease?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of Parkinson's disease?'
FamParkinsonMoth	Numeric	Which family members have/had Parkinson's disease?	Mother		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonOth	Numeric	Which family members have/had Parkinson's disease?	Other		0	Not Checked	Option checked specifies which family members have/had the PD. The option is
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
FamParkinsonPatAunt	Numeric	Which family members have/had Parkinson's disease?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonPatCous	Numeric		Paternal Cousin		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had Parkinson's disease?			1	Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
FamParkinsonPatGrFath	Numeric	Which family members have/had Parkinson's disease?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamParkinsonPatGrMoth	Numeric	Which family members have/had Parkinson's disease?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonPatNieNep	Numeric	Which family members have/had Parkinson's disease?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Parkinson's disease?'
FamParkinsonPatUnc	Numeric	Which family members have/had Parkinson's disease?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of Parkinson's disease?'
					1	Checked	
FamParkinsonSib	Numeric	Which family members have/had Parkinson's disease?	Sibling		0	Not Checked	Option checked specifies which family members have/had the PD. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of Parkinson's disease?'
FamStrokeChild	Numeric	Which family members have/had a stroke?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeFath	Numeric	Which family members have/had a stroke?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of stroke?'
FamStrokeGrand	Numeric	Which family members have/had a stroke?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeGreat	Numeric	Which family members have/had a stroke?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamStrokeHalfSib	Numeric	Which family members have/had a stroke?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeHx	Numeric	Do you have a family history of stroke?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamStrokeMatAunt	Numeric	Which family members have/had a stroke?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of stroke?'
FamStrokeMatCous	Numeric	Which family members have/had a stroke?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeMatGrFath	Numeric	Which family members have/had a stroke?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamStrokeMatGrMoth	Numeric	Which family members have/had a stroke?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeMatNieNep	Numeric	Which family members have/had a stroke?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeMatUnc	Numeric	Which family members have/had a stroke?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
FamStrokeMoth	Numeric	Which family members have/had a stroke?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeOth	Numeric	Which family members have/had a stroke?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you have a family history of stroke?'
FamStrokePatAunt	Numeric	Which family members have/had a stroke?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokePatCous	Numeric	Which family members have/had a stroke?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamStrokePatGrFath	Numeric	Which family members have/had a stroke?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokePatGrMoth	Numeric	Which family members have/had a stroke?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamStrokePatNieNep	Numeric	Which family members have/had a stroke?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokePatUnc	Numeric	Which family members have/had a stroke?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
					1	Checked	
FamStrokeSib	Numeric	Which family members have/had a stroke?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of stroke?'
FamSuicideChild	Numeric	Which family members have/had committed or attempted suicide?	Child		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideFath	Numeric	Which family members have/had committed or attempted suicide?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideGrand	Numeric	Which family members have/had committed or attempted suicide?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideGreat	Numeric	Which family members have/had committed or attempted suicide?	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideHalfSib	Numeric	Which family members have/had committed or attempted suicide?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FamSuicideHx	Numeric	Do you have a family history of suicide or suicide attempt?			0	No	
					1	Yes	
					2	Unknown	
					3	Prefer not to answer	
FamSuicideMatAunt	Numeric	Which family members have/had committed or attempted suicide?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideMatCous	Numeric		Maternal Cousin		0	Not Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which family members have/had committed or attempted suicide?			1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideMatGrFath	Numeric	Which family members have/had	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		committed or attempted suicide?					condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideMatGrMoth	Numeric	Which family members have/had committed or attempted suicide?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideMatNieNep	Numeric	Which family members have/had committed or attempted suicide?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideMatUnc	Numeric	Which family members have/had committed or attempted suicide?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideMoth	Numeric	Which family members have/had committed or attempted suicide?	Mother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicideOth	Numeric	Which family members have/had committed or attempted suicide?	Other		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicidePatAunt	Numeric	Which family members have/had committed or attempted suicide?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicidePatCous	Numeric	Which family members have/had committed or attempted suicide?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicidePatGrFath	Numeric	Which family members have/had	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		committed or attempted suicide?					condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicidePatGrMoth	Numeric	Which family members have/had committed or attempted suicide?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicidePatNieNep	Numeric	Which family members have/had committed or attempted suicide?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamSuicidePatUnc	Numeric	Which family members have/had committed or attempted suicide?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
					1	Checked	
FamSuicideSib	Numeric	Which family members have/had committed or attempted suicide?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to participants who answered 'Yes' to the question 'Do you have a family history of suicide or suicide attempt?'
FamTremorChild	Numeric	Which family members have/had benign or essential tremor?	Child		0	Not Checked	
					1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
FamTremorFath	Numeric	Which family members have/had benign or essential tremor?	Father		0	Not Checked	Option checked specifies which family members have/had the condition. The
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
FamTremorGrand	Numeric	Which family members have/had benign or essential tremor?	Grandchild		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorGreat	Numeric	Which family members have/had	Great-Grandchild		0	Not Checked	Option checked specifies which family members have/had the
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		benign or essential tremor?					condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
FamTremorHalfSib	Numeric	Which family members have/had benign or essential tremor?	Half-Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorHx	Numeric	Do you have a family history of			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		benign or essential tremor?			2	Unknown	
					3	Prefer not to answer	
FamTremorMatAunt	Numeric	Which family members have/had benign or essential tremor?	Maternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorMatCous	Numeric	Which family members have/had benign or essential tremor?	Maternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Do you have a family history of benign or essential tremor?'
FamTremorMatGrFath	Numeric	Which family members have/had benign or essential tremor?	Maternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorMatGrMoth	Numeric	Which family members have/had benign or essential tremor?	Maternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you have a family history of benign or essential tremor?'
FamTremorMatNieNep	Numeric	Which family members have/had benign or essential tremor?	Maternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorMatUnc	Numeric	Which family members have/had benign or essential tremor?	Maternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of benign or essential tremor?'
FamTremorMoth	Numeric	Which family members have/had benign or essential tremor?	Mother		0	Not Checked	
					1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
FamTremorOth	Numeric	Which family members have/had benign or essential tremor?	Other		0	Not Checked	
					1	Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you have a family history of benign or essential tremor?'
FamTremorPatAunt	Numeric	Which family members have/had benign or essential tremor?	Paternal Aunt		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorPatCous	Numeric	Which family members have/had benign or essential tremor?	Paternal Cousin		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							history of benign or essential tremor?'
FamTremorPatGrFath	Numeric	Which family members have/had benign or essential tremor?	Paternal Grandfather		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorPatGrMoth	Numeric	Which family members have/had benign or essential tremor?	Paternal Grandmother		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							or essential tremor?'
FamTremorPatNieNep	Numeric	Which family members have/had benign or essential tremor?	Paternal Niece/Nephew		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	
FamTremorPatUnc	Numeric	Which family members have/had benign or essential tremor?	Paternal Uncle		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							or essential tremor?'
FamTremorSib	Numeric	Which family members have/had benign or essential tremor?	Sibling		0	Not Checked	Option checked specifies which family members have/had the condition. The option is presented to participants who answered 'Yes' to the question 'Do you have a family history of benign or essential tremor?'
					1	Checked	

HEALTH HIS

Table Description: Your Health History

View Source Instrument: [link]

Details: Participants complete this survey one month after baseline. The instrument is referred to as “Your Health History” in Fox DEN, the Participant Schedule of Activities, and the questionnaire forms. This instrument replaced "Your Medical History" and "Your Surgical History” on 10/20/2017. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AnxietyHx	Numeric	Have you had anxiety?			0	No	
					1	Yes	
					3	Prefer not to answer	
AnxietyHxLim	Numeric	Did your anxiety limit your activities?			0	No	Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had anxiety?’
					1	Yes	
AnxietyHxTrt	Numeric	Did you receive treatment for your anxiety?			0	No	Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had anxiety?’
					1	Yes	
ArthritisHx	Numeric	Have you had arthritis?			0	No	
					1	Yes	
					3	Prefer not to answer	
ArthritisHxLim	Numeric	Did your arthritis limit your			0	No	Participants are presented this
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		activities?					question if they answered 'Yes' to the question 'Have you had arthritis?'
ArthritisHxTrt	Numeric	Did you receive treatment for your arthritis?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had arthritis?'
					1	Yes	
ArthritisHxTypeOst	Numeric	What type of arthritis did you have?	Osteoarthritis/degenerative arthritis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had arthritis?' Participants may select multiple responses.
					1	Checked	
ArthritisHxTypeOth	Numeric	What type of arthritis did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had arthritis?' Participants may select multiple responses.
					1	Checked	
ArthritisHxTypeRhe	Numeric	What type of arthritis did you have?	Rheumatoid arthritis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had arthritis?' Participants may
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							select multiple responses.
BackHx	Numeric	Have you had back pain lasting longer than a week?			0	No	
					1	Yes	
					3	Prefer not to answer	
BackHxLim	Numeric	Did your back pain limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had back pain lasting longer than a week? ?'
					1	Yes	
BackHxTrt	Numeric	Did you receive treatment for your back pain?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had back pain lasting longer than a week? ?'
					1	Yes	
BloodHx	Numeric	Have you ever had a blood disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
BloodHxLim	Numeric	Did your blood disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							you ever had a blood disease (not cancer)?'
BloodHxTrt	Numeric	Did you receive treatment for your blood disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a blood disease (not cancer)?'
					1	Yes	
BloodHxTypeAne	Numeric	What blood disease did you have?	Anemia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a blood disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
BloodHxTypeOth	Numeric	What blood disease did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a blood disease (not cancer)?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BloodHxTypeSic	Numeric	What blood disease did you have?	Sickle cell disease		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a blood disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
BloodHxTypeTha	Numeric	What blood disease did you have?	Thalassemia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a blood disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
CancerHx	Numeric	Have you ever had cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
CancerHxLim	Numeric	Did your cancer limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?'
					1	Yes	
CancerHxTrt	Numeric	Did you receive treatment for your			0	No	Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		cancer?			1	Yes	question if they answered 'Yes' to the question 'Have you ever had cancer?'
CancerHxTypeBla	Numeric	What type of cancer did you have?	Bladder		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeBre	Numeric	What type of cancer did you have?	Breast		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeCol	Numeric	What type of cancer did you have?	Colon		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeKid	Numeric	What type of cancer did you	Kidney (Renal cancer)		0	Not Checked	Participants are presented this
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		have?					question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
CancerHxTypeLeu	Numeric	What type of cancer did you have?	Leukemia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeLiv	Numeric	What type of cancer did you have?	Liver (Hepatic cancer)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeLung	Numeric	What type of cancer did you have?	Lung		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CancerHxTypeLym	Numeric	What type of cancer did you have?	Lymphoma		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
CancerHxTypeMel	Numeric	What type of cancer did you have?	Melanoma		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
CancerHxTypeOth	Numeric	What type of cancer did you have?	Other		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
CancerHxTypePro	Numeric	What type of cancer did you have?	Prostate		0 1	Not Checked Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							select multiple responses.
CancerHxTypeSkin	Numeric	What type of cancer did you have?	Skin (non-melanoma)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeThy	Numeric	What type of cancer did you have?	Thyroid		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
CancerHxTypeUte	Numeric	What type of cancer did you have?	Uterine		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had cancer?' Participants may select multiple responses.
					1	Checked	
DepressionHx	Numeric	Have you had depression?			0	No	
					1	Yes	
					3	Prefer not to answer	
DepressionHxLim	Numeric	Did your depression limit			0	No	Participants are presented this
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your activities?					question if they answered 'Yes' to the question 'Have you had depression?'
DepressionHxTrt	Numeric	Did you receive treatment for your depression?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Have you had depression?'
DiabetesHx	Numeric	Have you ever had diabetes?			0 1 3	No Yes Prefer not to answer	
DiabetesHxLim	Numeric	Did your diabetes limit your activities?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had diabetes?'
DiabetesHxTrt	Numeric	Did you receive treatment for your diabetes?			0 1	No Yes	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had diabetes?'
GastricHx	Numeric	Have you had gastric			0 1	No Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disturbances (not cancer)?			3	Prefer not to answer	
GastricHxLim	Numeric	Did your gastric disturbances limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?'
					1	Yes	
GastricHxTrt	Numeric	Did you receive treatment for your gastric disturbances?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?'
					1	Yes	
GastricHxTypeGERD	Numeric	What type of gastric disturbances did you have?	Acid reflux (GERD)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	
GastricHxTypeGas	Numeric	Have you had	Gastritis		0	Not Checked	Participants are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		gastric disturbances (not cancer)?			1	Checked	presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?' Participants may select multiple responses.
GastricHxTypeHer	Numeric	Have you had gastric disturbances (not cancer)?	Hiatal hernia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	
GastricHxTypeOth	Numeric	Have you had gastric disturbances (not cancer)?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric disturbances (not cancer)?' Participants may select multiple responses.
					1	Checked	
GastricHxTypeUlcer	Numeric	Have you had gastric disturbances (not cancer)?	Ulcer		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had gastric
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							disturbances (not cancer)?' Participants may select multiple responses.
HBPHx	Numeric	Have you ever had high blood pressure?			0	No	
					1	Yes	
					3	Prefer not to answer	
HBPHxLim	Numeric	Did your high blood pressure limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had high blood pressure?'
					1	Yes	
HBPHxTrt	Numeric	Did you receive treatment for your high blood pressure?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had high blood pressure?'
					1	Yes	
HeartAttHx	Numeric	Have you ever had a heart attack?			0	No	
					1	Yes	
					3	Prefer not to answer	
HeartHx	Numeric	Have you ever had a form of heart disease?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HeartHxLim	Numeric	Have you ever had a form of heart Did your heart condition(s) limit your activities? ?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?'
					1	Yes	
HeartHxTrt	Numeric	Did you receive treatment for your heart disease condition(s)?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?'
					1	Yes	
HeartHxTypeArr	Numeric	What kind of heart disease did you have?	Arrhythmia		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?'
					1	Checked	
HeartHxTypeAtr	Numeric	What kind of heart disease did you have?	Atrial fibrillation		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HeartHxTypeCon	Numeric	What kind of heart disease did you have?	Congestive heart failure		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?' Participants may select multiple responses.
					1	Checked	
HeartHxTypeCor	Numeric	What kind of heart disease did you have?	Coronary heart disease		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?' Participants may select multiple responses.
					1	Checked	
HeartHxTypeOth	Numeric	What kind of heart disease did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a form of heart disease?' Participants may select multiple responses.
					1	Checked	
HeartHxTypeVal	Numeric	What kind of heart disease did you have?	Valvular heart disease		0	Not Checked	Participants are presented this question if they answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Have you ever had a form of heart disease?' Participants may select multiple responses.
KidneyHx	Numeric	Have you ever had kidney disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
KidneyHxLim	Numeric	Did your kidney disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?'
					1	Yes	
KidneyHxTrt	Numeric	Did you receive treatment for your kidney disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?'
					1	Yes	
KidneyHxTypeCys	Numeric	What type of kidney disease	Cysts		0	Not Checked	Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		did you have?			1	Checked	question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?'
KidneyHxTypeKid	Numeric	What type of kidney disease did you have?	Kidney stones		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
KidneyHxTypeOth	Numeric	What type of kidney disease did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
KidneyHxTypeRen	Numeric	What type of kidney disease did you have?	Renal failure		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had kidney disease (not cancer)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Participants may select multiple responses.
LiverHx	Numeric	Have you ever had liver disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
LiverHxLim	Numeric	Did your liver disease limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?'
					1	Yes	
LiverHxTrt	Numeric	Did you receive treatment for your liver disease?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?'
					1	Yes	
LiverHxTypeCir	Numeric	What type of liver disease did you have?	Cirrhosis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?'
					1	Checked	
LiverHxTypeHepA	Numeric	What type of liver disease did you	Hepatitis A		0	Not Checked	Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		have?			1	Checked	question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?' Participants may select multiple responses.
LiverHxTypeHepB	Numeric	What type of liver disease did you have?	Hepatitis B		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
LiverHxTypeHepC	Numeric	What type of liver disease did you have?	Chronic viral hepatitis (Hepatitis C or hep C)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
LiverHxTypeOth	Numeric	What type of liver disease did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had liver
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							disease (not cancer)?' Participants may select multiple responses.
LungHx	Numeric	Have you ever had lung disease (not cancer)?			0	No	
					1	Yes	
					3	Prefer not to answer	
LungHxLim	Numeric	Did your lung disease(s) limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?'
					1	Yes	
LungHxTrt	Numeric	Did you receive treatment for your lung disease(s)?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?'
					1	Yes	
LungHxTypeAst	Numeric	What kind of lung disease did you have?	Asthma		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?'
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LungHxTypeCOPD	Numeric	What kind of lung disease did you have?	Chronic obstructive pulmonary disease (COPD)		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
LungHxTypeEmp	Numeric	What kind of lung disease did you have?	Emphysema		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
LungHxTypeOth	Numeric	What kind of lung disease did you have?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
LungHxTypePne	Numeric	What kind of lung disease did you have?	Pneumonia		0	Not Checked	Participants are presented this question if they answered 'Yes' to
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question 'Have you ever had lung disease (not cancer)?' Participants may select multiple responses.
LungHxTypeTB	Numeric	What kind of lung disease did you have?	Tuberculosis		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had lung disease (not cancer)?' Participants may select multiple responses.
					1	Checked	
StrokeHx	Numeric	Have you ever had a stroke (including TIA or transient ischemic attack)?			0	No	
					1	Yes	
					3	Prefer not to answer	
StrokeHxLim	Numeric	Did your stroke(s) limit your activities?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you ever had a stroke (including TIA or transient ischemic attack)?'
					1	Yes	
SurgeryHx	Numeric	Have you had any			0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		surgeries that required anesthesia?			1	Yes	
					3	Prefer not to answer	
SurgeryHxTypeCar	Numeric	What type(s) of surgery have you had?	Cardiac surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?'
					1	Checked	
SurgeryHxTypeCos	Numeric	What type(s) of surgery have you had?	Cosmetic surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypeCra	Numeric	What type(s) of surgery have you had?	Cranial or brain surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							responses.
SurgeryHxTypeENT	Numeric	What type(s) of surgery have you had?	ENT surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypeEye	Numeric	What type(s) of surgery have you had?	Eye surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypeGas	Numeric	What type(s) of surgery have you had?	Gastrointestinal surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							responses.
SurgeryHxTypeOrt	Numeric	What type(s) of surgery have you had?	Orthopaedic surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypeOth	Numeric	What type(s) of surgery have you had?	Other		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypePul	Numeric	What type(s) of surgery have you had?	Pulmonary (lung) surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgeryHxTypeRep	Numeric	What type(s) of surgery have you had?	Reproductive surgery		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
SurgeryHxTypeTum	Numeric	What type(s) of surgery have you had?	Tumor removal		0	Not Checked	Participants are presented this question if they answered 'Yes' to the question 'Have you had any surgeries that required anesthesia?' Participants may select multiple responses.
					1	Checked	
TBIHx	Numeric	Have you had a traumatic brain injury (TBI)?			0	No	
					1	Yes	
					3	Prefer not to answer	
TBIHxCon	Numeric	Did you lose consciousness (for more than 10 minutes) during any TBI?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had a traumatic brain injury (TBI)?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TBIHxLim	Numeric	Have you had a traumatic brain injury (TBI)?	Did any of your TBI's limit your activities?		0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had a traumatic brain injury (TBI)?'
					1	Yes	

MED HIS

Table Description: Your Medical History

View Source Instrument: [link]

Details: Participants completed this survey one month after baseline. The instrument is referred to as "Your Medical History" in Fox DEN, the questionnaire forms, and the Participant Schedule of Activities. This instrument was replaced by "Your Health History" on 10/20/2017.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ADHD	Numeric	Have you had ADD/ADHD?			0	No	
					1	Yes	
					3	Prefer not to answer	
ADHDDia	Numeric	Has a Physician diagnosed you with this condition??			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had ADD/ADHD?'
					1	Yes	
ADHDStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had ADD/ADHD?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Acne	Numeric	Have you had acne?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AcneDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had acne?' (Acne = 1)
					1	Yes	
AcneStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had acne?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
AllergDia	Numeric	Has a Physician diagnosed you with this condition??			0	No	
					1	Yes	
AllergStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had allergies?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Allergies	Numeric	Have you had allergies?			0	No	Participants respond to this question if they
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	answered 'Yes' to the question 'Have you had allergies?'
AnemDia	Numeric	Has a Physician diagnosed you with this condition??			0	No	
					1	Yes	
AnemStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had anemia?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Anemia	Numeric	Have you had anemia?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had anemia?'
					1	Yes	
					3	Prefer not to answer	
Aneurysm	Numeric	Have you had an aortic aneurysm?			0	No	
					1	Yes	
					3	Prefer not to answer	
AneurysmDia	Numeric	Has a Physician diagnosed you with this condition??			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had an aortic aneurysm?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
AneurysmStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had an aortic aneurysm?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Anxiety	Numeric	Have you had anxiety disorder?			0	No	
					1	Yes	
					3	Prefer not to answer	
AnxietyDia	Numeric	Has a Physician diagnosed you with this condition??			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had anxiety disorder?'
					1	Yes	
AnxietyStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had anxiety disorder?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Aortic	Numeric	Have you had an aortic dissection?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	
AorticDia	Numeric	Has a Physician diagnosed you with this condition??			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had an aortic dissection?'
AorticStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had an aortic dissection?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Arrhyth	Numeric	Have you had arrhythmia?			0	No	
					1	Yes	
					3	Prefer not to answer	
ArrhythDia	Numeric	Has a Physician diagnosed you with this condition??			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had arrhythmia?'
					1	Yes	
ArrhythStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	answered 'Yes' to the question 'Have you had arrhythmia?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
ArthrType	Numeric	What type of arthritis did you have?			1	Osteoarthritis	Participants respond to this question if they answered 'Yes' to the question 'Have you had arthritis?'
					2	Rheumatoid	
					3	Septic	
Arthrit	Numeric	Have you had arthritis?			0	No	
					1	Yes	
					3	Prefer not to answer	
ArthritDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had arthritis?'
					1	Yes	
ArthritStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had arthritis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						therapy, diet or other means	
					4	Resolved or cured	
Asthma	Numeric	Have you had asthma?			0	No	
					1	Yes	
					3	Prefer not to answer	
AsthmaDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had asthma?'
					1	Yes	
AsthmaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had asthma?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
BasalCell	Numeric	Have you had skin cancer (basal cell)?			0	No	
					1	Yes	
					3	Prefer not to answer	
BasalCellDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (basal cell)?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BasalCellStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (basal cell)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BasalCellType	Numeric	What type of skin cancer (basal cell) did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (basal cell)?'
					2	Metastatic	
Bipolar	Numeric	Have you had biopolar disorder?			0	No	
					1	Yes	
					3	Prefer not to answer	
BipolarDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had biopolar disorder?'
					1	Yes	
BipolarStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had biopolar disorder?'
					2	Under treatment, but not controlled	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
BladderCancer	Numeric	Have you had bladder cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
BladderCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had bladder cancer?'
BladderCancerStat	Numeric	What is your current status?			2	Under treatment, but not controlled	Participants respond to this question if they answered 'Yes' to the question 'Have you had bladder cancer?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BladderCancerType	Numeric	What type of bladder cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had bladder cancer?'
					2	Metastatic	
BloodCancer	Numeric	Have you had leukemia/other blood cancers?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BloodCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had leukemia/other blood cancers?'
BloodCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had leukemia/other blood cancers?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BloodCancerType	Numeric	What type of leukemia/other blood cancers did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had leukemia/other blood cancers?'
					2	Metastatic	
BloodClots	Numeric	Have you had blood clots?			0	No	
					1	Yes	
					3	Prefer not to answer	
BloodClotsDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had blood clots?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BloodClotsStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had blood clots?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BloodClotsType	Numeric	Where were your blood clots located?			1	In legs	Participants respond to this question if they answered 'Yes' to the question 'Have you had blood clots?'
					2	In Lungs	
					3	In other location	
BrainCancer	Numeric	Have you had brain cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
BrainCancerAge	Text	Age when first experienced this condition (to the best of memory) [Derived]			42.4		Participants respond to this question if they answered 'Yes' to the question 'Have you had brain cancer?'
					59.7		
					60.8		
					70.8		
					8.7		
BrainCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had brain cancer?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BrainCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had brain cancer?'
					4	In remission	
BrainCancerType	Numeric	What type of brain cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had brain cancer?'
BrainInjury	Numeric	Have you had traumatic brain injury?			0	No	
					1	Yes	
					3	Prefer not to answer	
BrainInjuryDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had traumatic brain injury?'
					1	Yes	
BrainInjuryStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had traumatic brain injury?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BrainInjuryType	Numeric	What type of traumatic brain injury did you have?			1	Mild	Participants respond to this question if they answered 'Yes' to the question 'Have you had traumatic brain injury?'
					2	Moderate	
					3	Severe	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
BreastCancer	Numeric	Have you had breast cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
BreastCancerDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had breast cancer?'
					1	Yes	
BreastCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had breast cancer?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
BreastCancerType	Numeric	What type of breast cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had breast cancer?'
					2	Metastatic	
COPD	Numeric	Have you had COPD?			0	No	
					1	Yes	
					3	Prefer not to answer	
COPDDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question 'Have you had COPD?'
COPDStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had COPD?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
COPDType	Numeric	What type of COPD did you have?			1	Emphysema	Participants respond to this question if they answered 'Yes' to the question 'Have you had COPD?'
					2	Chronic bronchitis	
					3	Other	
CatarDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had cataracts?'
					1	Yes	
CatarStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had cataracts?'
					2	Under treatment, but not controlled	
					3	Controlled by medication,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						therapy, diet or other means	
					4	Resolved or cured	
Cataract	Numeric	Have you had cataracts?			0	No	
					1	Yes	
					3	Prefer not to answer	
Cholest	Numeric	Have you had high cholesterol?			0	No	
					1	Yes	
					3	Prefer not to answer	
CholestDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had high cholesterol?'
					1	Yes	
CholestStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had high cholesterol?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
ColonCancer	Numeric	Have you had colon cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
ColonCancerDia	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had colon cancer?'
ColonCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had colon cancer?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
ColonCancerType	Numeric	What type of colon/rectal cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had colon cancer?'
					2	Metastatic	
Concuss	Numeric	Have you had a concussion?			0	No	
					1	Yes	
					3	Prefer not to answer	
ConcussDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a concussion?'
					1	Yes	
ConcussStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had a concussion?'
					2	Under treatment, but not controlled	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
CongesDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	
					1	Yes	
CongesStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had congestive heart failure?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
CongestHeart	Numeric	Have you had congestive heart failure?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had congestive heart failure?'
					1	Yes	
					3	Prefer not to answer	
Dement	Numeric	Have you had dementia?			0	No	
					1	Yes	
					3	Prefer not to answer	
DementDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question 'Have you had dementia?'
DementStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had dementia?'
					2	Under treatment, but not controlled	
Depress	Numeric	Have you had depression?			0	No	
					1	Yes	
					3	Prefer not to answer	
DepressDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had depression?'
					1	Yes	
DepressStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had depression?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Derma	Numeric	Have you had seborrheic dermatitis?			0	No	
					1	Yes	
					3	Prefer not to answer	
DermaDia	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had seborrheic dermatitis?'
DermaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had seborrheic dermatitis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Diabetes	Numeric	Have you had diabetes?			0	No	
					1	Yes	
					3	Prefer not to answer	
DiabetesDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had seborrheic diabetes?'
DiabetesStat	Numeric	What year did you first experience this condition (to the best of your memory)?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had seborrheic diabetes?'
					2	Under treatment, but not controlled	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Controlled by medication, therapy, diet or other means	
DiabetesType	Numeric	What type of diabetes did you have?			1	Type 1	Participants respond to this question if they answered 'Yes' to the question 'Have you had seborrheic diabetes?'
					2	Type 2	
					3	Type 3	
					4	Gestational	
Divertic	Numeric	Have you had diverticulosis/diverticulitis?			0	No	
					1	Yes	
					3	Prefer not to answer	
DiverticDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had diverticulosis/diverticulitis?'
					1	Yes	
DiverticStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had diverticulosis/diverticulitis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						therapy, diet or other means	
					4	Resolved or cured	
Epilep	Numeric	Have you had epilepsy?			0	No	
					1	Yes	
					3	Prefer not to answer	
EpilepDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had epilepsy?'
					1	Yes	
EpilepStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had epilepsy?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
Fibro	Numeric	Have you had fibromyalgia?			0	No	
					1	Yes	
					3	Prefer not to answer	
FibroDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had fibromyalgia?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FibroStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had fibromyalgia?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
GERD	Numeric	Have you had GERD?			0	No	
					1	Yes	
					3	Prefer not to answer	
GERDDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had GERD?'
					1	Yes	
GERDStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had GERD?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
GlaucDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question 'Have you had glaucoma?'
GlaucStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had glaucoma?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Glaucoma	Numeric	Have you had glaucoma?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had glaucoma?'
					1	Yes	
					3	Prefer not to answer	
HIV	Numeric	Have you had HIV/AIDS?			0	No	
					1	Yes	
					3	Prefer not to answer	
HIVAge	Text	Age when first experienced this condition (to the best of memory) [Derived]			23.7		Participants respond to this question if they answered 'Yes' to the question 'Have you had HIV/AIDS?'
					35.8		
					38.2		
					40.3		
					47.9		
					48.9		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HIVDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had HIV/AIDS?'
					1	Yes	
HIVStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had HIV/AIDS?'
					3	Controlled by medication, therapy, diet or other means	
HeartAtt	Numeric	Have you had a heart attack?			0	No	
					1	Yes	
					3	Prefer not to answer	
HeartAttDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had a heart attack?'
HighBP	Numeric	Have you had high blood pressure?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a heart attack?'
					1	Yes	
					3	Prefer not to answer	
HighBPDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had high blood pressure?'
					1	Yes	
HighBPStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	question 'Have you had high blood pressure?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
IBS	Numeric	Have you had irritable bowel syndrome (IBS)?			0	No	
					1	Yes	
					3	Prefer not to answer	
IBSDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had irritable bowel syndrome (IBS)?'
					1	Yes	
IBSStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had irritable bowel syndrome (IBS)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Insom	Numeric	Have you had insomnia?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	
InsomDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had insomnia?'
					1	Yes	
InsomStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had insomnia?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
IronDef	Numeric	Have you had iron deficiency?			0	No	
					1	Yes	
					3	Prefer not to answer	
IronDefDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had iron deficiency?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
IronDefStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had iron deficiency?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
KidStone	Numeric	Have you had kidney stones?			0	No	
					1	Yes	
					3	Prefer not to answer	
KidStoneDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney stones?'
					1	Yes	
KidStoneStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney stones?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
KidneyCancer	Numeric	Have you had kidney cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
KidneyCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney cancer?'
KidneyCancerStat	Numeric	What is your current status?			3	Controlled by medication, therapy, diet or other means	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney cancer?'
					4	In remission	
KidneyCancerType	Numeric	What type of kidney cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney cancer?'
					2	Metastatic	
KidneyFail	Numeric	Have you had kidney failure?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney cancer?'
					1	Yes	
					3	Prefer not to answer	
KidneyFailDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney failure?'
KidneyFailStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	question 'Have you had kidney failure?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
KidneyFailType	Numeric	What type of kidney failure did you have?			1	Injury	Participants respond to this question if they answered 'Yes' to the question 'Have you had kidney failure?'
					2	Disease	
Liver	Numeric	Have you had liver disease?			0	No	
					1	Yes	
					3	Prefer not to answer	
LiverDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had liver disease?'
					1	Yes	
LiverDisType	Numeric	What type of liver disease do you have?			1	Hepatitis	Participants respond to this question if they answered 'Yes' to the question 'Have you had liver disease?'
					2	Fatty liver	
					3	Cirrhosis	
LiverStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had liver disease?'
					2	Under treatment, but not controlled	
					3	Controlled by medication,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						therapy, diet or other means	
					4	Resolved or cured	
LowBP	Numeric	Have you had low blood pressure?		`	0	No	
					1	Yes	
					3	Prefer not to answer	
LowBPDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had low blood pressure?'
					1	Yes	
LowBPStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had low blood pressure?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
LungCancer	Numeric	Have you had lung cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
LungCancerAge	Text	Age when first experienced this condition (to the best of memory) [Derived]			45		Participants respond to this question if they answered 'Yes' to the question 'Have you had lung cancer?'
					57.2		
					60.2		
					70.9		
					72.1		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LungCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had lung cancer?'
LungCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had lung cancer?'
					4	In remission	
LungCancerType	Numeric	What type of lung cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had lung cancer?'
					2	Metastatic	
Lymphoma	Numeric	Have you had lymphoma?			0	No	
					1	Yes	
					3	Prefer not to answer	
LymphomaDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had lymphoma?'
LymphomaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had lymphoma?'
					3	Controlled by medication,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						therapy, diet or other means	
					4	Resolved or cured	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LymphomaType	Numeric	What type of lymphoma did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had lymphoma?'
					2	Metastatic	
Macular	Numeric	Have you had macular degeneration?			0	No	
					1	Yes	
					3	Prefer not to answer	
MacularDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had macular degeneration?'
					1	Yes	
MacularStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had macular degeneration?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
Melanoma	Numeric	Have you had skin cancer (melanoma)?			0	No	
					1	Yes	
					3	Prefer not to answer	
MelanomaDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (melanoma)?'
					1	Yes	
MelanomaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	you had skin cancer (melanoma)?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
MelanomaType	Numeric	What type of skin cancer (melanoma) did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (melanoma)?'
					2	Metastatic	
Mengitis	Numeric	Have you had meningitis/encephalitis?			0	No	
					1	Yes	
					3	Prefer not to answer	
MengitisDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had meningitis/encephalitis?'
					1	Yes	
MengitisStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had meningitis/encephalitis?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Migraine	Numeric	Have you had migraines?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	
MigraineDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had migraines?'
					1	Yes	
MigraineStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had migraines?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
MiniStroke	Numeric	Have you had a mini-stroke/transient ischemic attack (TIA)?			0	No	
					1	Yes	
					3	Prefer not to answer	
MiniStrokeDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a mini-stroke/transient ischemic attack (TIA)?'
					1	Yes	
MiniStrokeStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	you had a mini-stroke/transient ischemic attack (TIA)?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
Miscarry	Numeric	Have you had a miscarriage?			0	No	
					1	Yes	
					3	Prefer not to answer	
MiscarryDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a miscarriage?'
					1	Yes	
MiscarryStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had a miscarriage?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
Mono	Numeric	Have you had mononucleosis?			0	No	
					1	Yes	
					3	Prefer not to answer	
MonoDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had mononucleosis?'
					1	Yes	
MonoStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	'Yes' to the question 'Have you had mononucleosis?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Myeloma	Numeric	Have you had multiple myeloma?			0	No	
					1	Yes	
					3	Prefer not to answer	
MyelomaDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had multiple myeloma?'
MyelomaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had multiple myeloma?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
MyelomaType	Numeric	What type of multiple myeloma did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had multiple myeloma?'
					2	Metastatic	
OCD	Numeric				0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Have you had obsessive compulsive disorder (OCD)?			3	Prefer not to answer	
OCDDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had obsessive compulsive disorder (OCD)?'
					1	Yes	
OCDStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had obsessive compulsive disorder (OCD)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Osteo	Numeric	Have you had osteoporosis/osteopenia?			0	No	
					1	Yes	
					3	Prefer not to answer	
OsteoDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had osteoporosis/osteopenia?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OsteoStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had osteoporosis/osteopenia?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
OvarianCancer	Numeric	Have you had ovarian cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
OvarianCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had ovarian cancer?'
OvarianCancerStat	Numeric	What is your current status?			3	Controlled by medication, therapy, diet or other means	Participants respond to this question if they answered 'Yes' to the question 'Have you had ovarian cancer?'
					4	In remission	
OvarianCancerType	Numeric	What type of ovarian cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had ovarian cancer?'
					2	Metastatic	
PancreasCancer	Numeric	Have you had pancreatic cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
PancreasCancerAge	Text	Age when first experienced this condition (to the best of memory) [Derived]			57.4		Participants respond to this question if they answered
					70.2		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'Yes' to the question 'Have you had pancreatic cancer?'
PancreasCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had pancreatic cancer?'
PancreasCancerStat	Numeric	What is your current status?			2	Under treatment, but not controlled	Participants respond to this question if they answered 'Yes' to the question 'Have you had pancreatic cancer?'
					4	In remission	
PancreasCancerType	Numeric	What type of pancreatic cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had pancreatic cancer?'
Pneumon	Numeric	Have you had pneumonia?			0	No	
					1	Yes	
					3	Prefer not to answer	
PneumonDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had pneumonia?'
					1	Yes	
PneumonStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had pneumonia?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Prostate	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Have you had a prostate enlargement (BPH)?			1	Yes	
					3	Prefer not to answer	
ProstateCancer	Numeric	Have you had prostate cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
ProstateCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had prostate cancer?'
ProstateCancerStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had prostate cancer?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
ProstateCancerType	Numeric	What type of prostate cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had prostate cancer?'
					2	Metastatic	
ProstateDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a prostate enlargement (BPH)?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ProstateStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had a prostate enlargement (BPH)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Psorias	Numeric	Have you had psoriasis?			0	No	
					1	Yes	
					3	Prefer not to answer	
PsoriasDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had psoriasis?'
					1	Yes	
PsoriasStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had psoriasis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
RLS	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Have you had restless legs syndrome (RLS)?			1	Yes	
					3	Prefer not to answer	
RLSDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had restless legs syndrome (RLS)?'
					1	Yes	
RLSStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had restless legs syndrome (RLS)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Rosacea	Numeric	Have you had rosacea?			0	No	
					1	Yes	
					3	Prefer not to answer	
RosaceaDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had rosacea?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
RosaceaStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had rosacea?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Shingl	Numeric	Have you had shingles?			0	No	
					1	Yes	
					3	Prefer not to answer	
ShinglDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had shingles?'
					1	Yes	
ShinglStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had shingles?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Sinus	Numeric	Have you had sinusitis?			0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					1	Yes	
					3	Prefer not to answer	
SinusDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had sinusitis?'
					1	Yes	
SinusStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had sinusitis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
SleepAp	Numeric	Have you had sleep apnea?			0	No	
					1	Yes	
					3	Prefer not to answer	
SleepApDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had sleep apnea?'
					1	Yes	
SleepApStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	'Yes' to the question 'Have you had sleep apnea?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
SpineSten	Numeric	Have you had spinal stenosis?			0	No	
					1	Yes	
					3	Prefer not to answer	
SpineStenDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had spinal stenosis?'
					1	Yes	
SpineStenStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had spinal stenosis?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Squamous	Numeric	Have you had skin cancer (squamous cell)?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	
SquamousDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (squamous cell)?'
					1	Yes	
SquamousStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (squamous cell)?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
SquamousType	Numeric	What type of skin cancer (squamous) did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had skin cancer (squamous cell)?'
					2	Metastatic	
Stroke	Numeric	Have you had a stroke?			0	No	
					1	Yes	
					3	Prefer not to answer	
StrokeDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a stroke?'
					1	Yes	
StrokeStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Under treatment, but not controlled	'Yes' to the question 'Have you had a stroke?'
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
SubstAbuse	Numeric	Have you had substance abuse/dependence?			0	No	
					1	Yes	
					3	Prefer not to answer	
SubstAbuseDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had substance abuse/dependence?'
					1	Yes	
SubstAbuseStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had substance abuse/dependence?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
SubstAbuseType	Numeric	What type of substance abuse/dependence did you have?			1	Non-prescription	Participants respond to this question if they answered 'Yes' to the question 'Have you had substance abuse/dependence?'
					2	Illegal Drugs	
					3	Alcohol	
					4	Prescription Drugs	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ThyrDisType	Numeric	What type of thyroid disease do you have?			1	Low functioning (hypothyroid)	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid disease?'
					2	Overactive (hyperthyroid)	
Thyroid	Numeric	Have you had thyroid disease?			0	No	
					1	Yes	
					3	Prefer not to answer	
ThyroidCancer	Numeric	Have you had thyroid cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
ThyroidCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid cancer?'
ThyroidCancerStat	Numeric	What is your current status?			2	Under treatment, but not controlled	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid cancer?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
ThyroidCancerType	Numeric	What type of thyroid cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid cancer?'
					2	Metastatic	
ThyroidDia	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid disease?'
ThyroidStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had thyroid disease?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
UTI	Numeric	Have you had a urinary tract infection?			0	No	
					1	Yes	
					3	Prefer not to answer	
UTIDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a urinary tract infection?'
					1	Yes	
UTIStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had a urinary tract infection?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Resolved or cured	
UTIType	Numeric	What type of urinary tract infection did you have?			1	Injury	Participants respond to this question if they answered 'Yes' to the question 'Have you had a urinary tract infection?'
					2		
Ulcers	Numeric	Have you had stomach (peptic) ulcers?			0	No	
					1	Yes	
					3	Prefer not to answer	
UlcersDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had stomach (peptic) ulcers?'
					1	Yes	
UlcersStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had stomach (peptic) ulcers?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
Uterine	Numeric	Have you had a uterine fibroids?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
UterineCancer	Numeric	Have you had uterine cancer?			0	No	
					1	Yes	
					3	Prefer not to answer	
UterineCancerDia	Numeric	Has a Physician diagnosed you with this condition?			1	Yes	Participants respond to this question if they answered 'Yes' to the question 'Have you had a uterine cancer?'
UterineCancerStat	Numeric	What is your current status?			2	Under treatment, but not controlled	Participants respond to this question if they answered 'Yes' to the question 'Have you had a uterine cancer?'
					3	Controlled by medication, therapy, diet or other means	
					4	In remission	
UterineCancerType	Numeric	What type of uterine cancer did you have?			1	Local	Participants respond to this question if they answered 'Yes' to the question 'Have you had a uterine cancer?'
UterineDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had a uterine fibroids?'
					1	Yes	
UterineStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had a uterine fibroids?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Resolved or cured	
VascDisease	Numeric	Have you had peripheral vascular/arterial disease?			0	No	
					1	Yes	
					3	Prefer not to answer	
VascDiseaseDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had peripheral vascular/arterial disease?'
					1	Yes	
VascDiseaseStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had peripheral vascular/arterial disease?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	
VitaminD	Numeric	Have you had vitamin D deficiency?			0	No	
					1	Yes	
					3	Prefer not to answer	
VitaminDDia	Numeric	Has a Physician diagnosed you with this condition?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Have you had vitamin D deficiency?'
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
VitaminDStat	Numeric	What is your current status?			1	Not currently under treatment	Participants respond to this question if they answered 'Yes' to the question 'Have you had vitamin D deficiency?'
					2	Under treatment, but not controlled	
					3	Controlled by medication, therapy, diet or other means	
					4	Resolved or cured	

MEDICATIONS (Med)

Table Description: Your Medications (Non-PD)

View Source Instrument: [link]

Details: Participants first complete this survey one month after baseline and every three months thereafter. The instrument is referred to as "Your Medications" in Fox DEN, as "Your Medications (Non-PD)" in the Participant Schedule of Activities, and as "Your Medications (Controls)" in the questionnaire forms This survey is completed only by participants who have not reported a diagnosis of PD.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsOtherAnxiety	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Anxiety		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherBowel	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Bowel incontinence		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherCogni	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Problems with cognition (e.g. trouble thinking or staying focused) or memory?		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							may select multiple responses.
MedsOtherConstip	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Constipation		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherDepres	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Depression		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherNone	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	I am not taking medication to treat any of the conditions listed above		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherPNA	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Prefer not to answer		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							which participants may select multiple responses.
MedsOtherPain	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Pain		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherPsych	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Psychoses (e.g. Seeing or hearing things that you know or are told are not there).		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherSexual	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Sexual dysfunction		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsOtherSleep	Numeric	Are you currently taking medications (prescription or over the counter) for any	Sleep problems		0	Not Checked	All variables beginning with a 'MedsOther' prefix are
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		of the following conditions?					presented as a single question in which participants may select multiple responses.
MedsOtherUrinary	Numeric	Are you currently taking medications (prescription or over the counter) for any of the following conditions?	Urinary dysfunction		0	Not Checked	All variables beginning with a 'MedsOther' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitC	Numeric	Are you currently taking any of the following supplements or vitamins?	Vitamin C (alone or multivitamin)		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitCoQ	Numeric	Are you currently taking any of the following supplements or vitamins?	CoQ10		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitCreat	Numeric	Are you currently taking any of the	Creatine		0	Not Checked	All variables beginning with a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		following supplements or vitamins?			1	Checked	'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
MedsVitD	Numeric	Are you currently taking any of the following supplements or vitamins?	Vitamin D (alone or multivitamin)		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitE	Numeric	Are you currently taking any of the following supplements or vitamins?	Vitamin E (alone or multivitamin)		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitNone	Numeric	Are you currently taking any of the following supplements or vitamins?	I am not taking any of the supplements or vitamins listed above		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in which participants may select multiple responses.
					1	Checked	
MedsVitPNA	Numeric	Are you currently taking any of the following supplements or vitamins?	Prefer not to answer		0	Not Checked	All variables beginning with a 'MedsVit' prefix are presented as a single question in
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							which participants may select multiple responses.

MEDICATIONS PD (MedsCurrPD)

Table Description: Your Medications (PD)

View Source Instrument: [link]

Details: Participants first complete this survey one month after baseline and every three months thereafter. The instrument is referred to as "Your Medications (PD)" in Fox DEN, the Participant Schedule of Activities, and the questionnaire forms. This instrument is only completed by participants who endorse having received a diagnosis of PD.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsCurrPD	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?			0	No	
					1	Yes	
					3	Prefer not to answer	
MedsCurrPDAdar	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Adartel (Ropinirole)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDApoT	Numeric	Are you currently taking prescription medication for treating the symptoms of	Apo-Trihex (Trihexyphenidyl)		0	Not Checked	This is presented as a single list from which participants can select multiple
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease?					responses if they endorse currently taking medication for treatment of PD symptoms.
MedsCurrPDApok	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Apomorphine (Apokyn)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDArApo	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Trihexyphenidyl [Derived]		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDArice	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Aricept (Donepezil)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsCurrPDArta	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Artane (Trihexyphenidyl)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDAzil	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Rasagiline (Azilect)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDBotox	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Botox (Botulinum toxin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDCogen	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Benztropine (Cogentin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							for treatment of PD symptoms.
MedsCurrPDComt	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Entacapone (Comtan)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDDeElZe	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Selegiline [Derived]		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDDepr	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Deprenyl (Selegiline)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							PD symptoms.
MedsCurrPDDuop	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Intestinal Gel (Duopa or Duodopa)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDDyspo	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Dysport (Botulinum toxin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDEbix	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Ebixa (Memantine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDEldep	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Eldepryl (Selegiline)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							taking medication for treatment of PD symptoms.
MedsCurrPDEmas	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Selegiline Transdermal (Emasm)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDEtho	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Ethopropazine (Parsitan or Parsidan or Profenamine or Parsidol, or Parkin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDExel	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Exelon (Rivastigmine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDGoco	Numeric	Are you currently taking prescription medication for	Amantadine Extended Release (Gocovri ER or		0	Not Checked	This is presented as a single list from which

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		treating the symptoms of Parkinson's disease?	Osmolex ER)		1	Checked	participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
MedsCurrPDHaru	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Ropinirole Transdermal Patch (Haruropi Tape or HP-3000)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDInbr	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Inhalation Powder (Inbrija)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDIstra	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Istradefylline (Nourianz or Nouriast)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsCurrPDKynm	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Apomorphine sublingual film (Kynmobi)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDLeci	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa and Entacapone Intestinal Gel (Lecigon)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDLod	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa (Lodosyn)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDMadop	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Levodopa / Benserazide Immediate Release (Madopar or Prolopa)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							for treatment of PD symptoms.
MedsCurrPDMadopC	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Levodopa / Benserazide Controlled Release (Madopar CR, Madopar HBS, or Prolopa CR)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDMadopR	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Levodopa / Benserazide Dispersible (Madopar Rapid)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDMiraER	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Pramipexole Extended Release or Modified Release Tablets (Mirapex ER or Sifrol ER or Pramipexole XR GP)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDMuc	Numeric	Are you currently taking prescription medication for treating the symptoms of	Mucuna Pruriens		0	Not Checked	This is presented as a single list from which participants can select multiple
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease?					responses if they endorse currently taking medication for treatment of PD symptoms.
MedsCurrPDMyobl	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Myobloc (Botulinum toxin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDNamen	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Namenda or Namenda XR (Memantine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDNeupr	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Rotigotine Transdermal Patch (Neupro Patch)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDNone	Numeric	Are you currently taking prescription	None of these		0	Not Checked	This is presented as a single list

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		medication for treating the symptoms of Parkinson's disease?			1	Checked	from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
MedsCurrPDNorthe	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Northera (Droxidopa)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDNupla	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Nuplazid (Pimavanserin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDOpica	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Opicapone (Ongentys)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsCurrPDParc	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Orally Disintegrating Tablets (Parcopa)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDParlo	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Parlodel (Bromocriptine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDRazady	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Razadyne (Galantamine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDReAd	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Ropinirole [Derived]		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							taking medication for treatment of PD symptoms.
MedsCurrPDRemin	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Reminyl (Galantamine)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDRequi	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Requip (Ropinirole)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDRequiXL	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Ropinirole Extended Release (Requip XL)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedsCurrPDRyta	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Extended Release Capsules (Rytary or Numient)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDSifro	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Pramipexole (Mirapex)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDSine	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Immediate Release (Sinemet)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDSineCR	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa Controlled Release (Sinemet CR)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							taking medication for treatment of PD symptoms.
MedsCurrPDStale	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Carbidopa / Levodopa and Entacapone (Stalevo)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDSymm	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Amantadine (Symmetrel)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDTasm	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Tolcapone (Tasmar)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDXada	Numeric	Are you currently taking prescription medication for treating the	Safinamide (Xadago or Equfina)		0	Not Checked	This is presented as a single list from which participants can
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptoms of Parkinson's disease?					select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
MedsCurrPDXeom	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Xeomin (Botulinum toxin)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsCurrPDZela	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?	Zelapar (Selegiline)		0	Not Checked	This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.
					1	Checked	
MedsEverPD	Numeric	Have you ever taken prescription medication for treating the symptoms of Parkinson's disease?			0	No	Participants respond to this question if they answered 'Yes' to the question 'Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?'
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MedPDProcedBrain	Numeric	Have you ever undergone any of these PD procedures?	Deep Brain Stimulation		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	
MedPDProcedGamma	Numeric	Have you ever undergone any of these PD procedures?	Gamma knife radiosurgery		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	
MedPDProcedNone	Numeric	Have you ever undergone any of these PD procedures?	I have not undergone any of the PD procedures listed above		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	
MedPDProcedPNA	Numeric	Have you ever undergone any of these PD procedures?	Prefer not to answer		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							select multiple responses.
MedPDProcedPallid	Numeric	Have you ever undergone any of these PD procedures?	Pallidotomy		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	
MedPDProcedThala	Numeric	Have you ever undergone any of these PD procedures?	Thalamotomy		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	
MedPDProcedUltra	Numeric	Have you ever undergone any of these PD procedures?	Focused ultrasound		0	Not Checked	Variables with the 'MedPDProceed' prefix are presented in a single question from which the participant can select multiple responses.
					1	Checked	

MOOD (Mood)

Table Description: Your Mood

View Source Instrument: [link]

Details: This instrument is referred to as "Your Mood (GDS)" in the Participant Schedule of Activities, "Your Mood" in Fox DEN and the questionnaire forms. It is the short-form version of the Geriatric Depression Scale (GDS-15). Discussion on development and validation of this instrument can be found here: link. All participants complete this questionnaire.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MoodAfraid	Numeric	Are you afraid that something bad is going to happen to you?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodAlive	Numeric	Do you think it is wonderful to be alive?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodBetter	Numeric	Do you think that most people are better off than you?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodBored	Numeric	Do you often get bored?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodEmpty	Numeric	Do you feel that your life is empty?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodEnergy	Numeric	Do you feel full of energy?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	
MoodHappy	Numeric	Do you feel happy most of the time?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodHelp	Numeric	Do you often feel helpless?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodHome	Numeric	Do you prefer to stay at home, rather than going out and doing new things?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodHopeless	Numeric	Do you feel that your situation is hopeless?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodInterest	Numeric	Have you dropped many of your activities and interests?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodMemory	Numeric	Do you feel you have more problems with memory than most people?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodSatis	Numeric	Are you basically satisfied with your life?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodSpirits	Numeric	Are you in good spirits most of the time?			0	No	
					1	Yes	
					3	Prefer not to answer	
MoodWorth	Numeric	Do you feel pretty worthless the way you are now?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Prefer not to answer	

MOVEMENT (Move)

Table Description: Your Movement Experiences (MDS-UPDRS Part II)

View Source Instrument: [link]

Details: Participants complete this survey at Baseline and then every six months thereafter. For additional details on the full MDS-UPDRS, please visit: link. This instrument is an online administration of Part II of the MDS-UPDRS. It is referred to as "Your Movement Experiences" in the Participant Schedule of Activities, the questionnaire forms and in Fox DEN, but is titled by the Movement Disorders Society as "motor experiences of daily living." Discussion of online vs. in-person administration of this instrument can be found here: [link]. Only participants who endorse having received a diagnosis of PD complete this instrument.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MoveChew	Numeric	Chewing and Swallowing: Over the past week, have you usually had problems swallowing pills or eating meals? Do you need your pills cut or crushed or your meals to be made soft, chopped or blended to avoid choking?			0	Normal: Not at all (no problems)	
					1	Slight: I am aware of slowness in my chewing or increased effort at swallowing, but I do not choke or need to have my food specially prepared.	
					2	Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, but I have not choked over the past week.	
					3	Moderate: I choked at least once in the past week.	
					4	Severe: Because of chewing and swallowing problems, I need a feeding tube.	
MoveDress	Numeric	Dressing: Over the past week, have you usually had problems dressing? For example, are you slow or do you			0	Normal: Not at all (no problems)	
					1	Slight: I am slow but I do not need help.	
					2	Mild: I am slow and need help for a few dressing tasks (buttons, bracelets).	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		need help with buttoning, using zippers, putting on or taking off your clothes or jewelry?			3	Moderate: I need help for many dressing tasks.	
					4	Severe: I need help for most or all dressing tasks.	
MoveEat	Numeric	Eating Tasks: Over the past week, have you usually had troubles handling your food and using eating utensil? For example, do you have trouble handling finger foods or using forks, knifes, spoons, chopsticks?			0	Normal: Not at all (no problems)	
					1	Slight: I am slow, but I do not need any help handling my food and have not had food spills while eating.	
					2	Mild: I am slow with my eating and have occasional food spills. I may need help with a few tasks such as cutting meat.	
					3	Moderate: I need help with many eating tasks but can manage some alone.	
					4	Severe: I need help for most or all eating tasks.	
MoveFreeze	Numeric	Freezing: Over the past week, on your usual day when walking, do you suddenly stop or freeze as if your feet are stuck to the floor?			0	Normal: Not at all (no problems)	
					1	Slight: I briefly freeze but I can easily start walking again. I do not need help from someone else or a walking aid (cane or walker) because of freezing.	
					2	Mild: I freeze and have trouble starting to walk again, but I do not need someone's help or a walking aid (cane or walker) because of freezing.	
					3	Moderate: When I freeze I have a lot of trouble starting to walk again and, because of freezing, I sometimes need to use a walking aid or need someone else's help.	
					4	Severe: Because of freezing, most or all of the time, I need to use a walking aid or someone's help.	
MoveHobby	Numeric				0	Normal: Not at all (no problems)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Doing hobbies or other activities: Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?			1	Slight: I am a bit slow but do these activities easily.	
					2	Mild: I have some difficulty doing these activities.	
					3	Moderate: I have major problems doing these activities, but still do most.	
					4	Severe: I am unable to do most or all of these activities.	
MoveHygiene	Numeric	Hygiene: Over the past week, have you usually been slow or do you need help with washing, bathing, shaving, brushing teeth, combing your hair or with other personal hygiene?			0	Normal: Not at all (no problems)	
					1	Slight: I am slow but I do not need help.	
					2	Mild: I need someone else to help me with some hygiene tasks.	
					3	Moderate: I need help for many hygiene tasks.	
					4	Severe: I need help for most or all of my hygiene tasks.	
MoveSaliva	Numeric	Saliva and Drooling: Over the past week, have you usually had too much saliva during when you are awake or when you sleep?			0	Normal: Not at all (no problems)	
					1	Slight: I have too much saliva, but do not drool.	
					2	Mild: MI have some drooling during sleep, but none when I am awake.	
					3	Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief.	
					4	Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes.	
MoveSleep	Numeric	Turning in Bed: Over the past week, have you usually have trouble turning over in bed?			0	Normal: Not at all (no problems)	
					1	Slight: I have a bit of trouble turning, but I do not need any help.	
					2	Mild: I have a lot of trouble turning and need occasional help from someone else.	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Moderate: To turn over I often need help from someone else.	
					4	Severe: I am uable to turn over without help from someone else.	
MoveSpeech	Numeric	Speech: Over the past week, have you had problems with your speech?			0	Normal: Not at all (no problems)	
					1	Slight: My speech is soft, slurred or uneven, but it does not cause others to ask me to repeat myself	
					2	Mild: My speech causes people to ask me to occasionally repeat myself, but not everyday.	
					3	Moderate: My speech is unclear enough that others ask me to repeat myself every day even though most of my speech is understood.	
					4	Severe: Most or all of my speech is understood	
MoveTremor	Numeric	Temor: Over the past week, have you usually had shaking or tremor?			0	Normal: Not at all. I have no shaking or tremors.	
					1	Slight: Shaking or tremor occurs but does not cause problems with any activities.	
					2	Mild: Shaking or tremor causes problems with only a few activities.	
					3	Moderate: Shaking or tremor causes problems with many of my daily activities.	
					4	Severe: Shaking or tremor causes problems with most or all activities.	
MoveUp	Numeric	Getting out of bed, a care, or a deep chair: Over the past week, have you usually had trouble getting out of a bed, a car seat, or a deep chair?			0	Normal: Not at all (no problems)	
					1	Slight: I am slow or awkward, but I usually can do it on my first try.	
					2	Mild: I need more than one try to get up or need occasional help.	
					3	Moderate: I sometimes need help to get up, but most times I can still do it on my own.	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Severe: I need help most or all of the time.	
MoveWalk	Numeric	Walking and Balance: Over the past week, have you usually had problems with balance and walking?			0	Normal: Not at all (no problems)	
					1	Slight: I am slightly slow or may drag a leg, I never use a walking aid.	
					2	Mild: I occasionally use a walking aid, but I do not need any help from another person.	
					3	Moderate: I usually use a walking aid (cane, walker) to walk safely without falling. However, I do not usually need the support of another person.	
					4	Severe: I usually use the support of another person to walk safely without falling.	
MoveWho	Numeric	Who is filling out this questionnaire?			1	Patient	
					2	Caregiver	
					3	Patient and Caregiver in equal proportion	
MoveWrite	Numeric	Handwriting: Over the past week, have people usually had trouble reading your handwriting?			0	Normal: Not at all (no problems)	
					1	Slight: My writing is slow, clumsy or uneven, but all words are clear.	
					2	Mild: Some words are unclear and difficult to read.	
					3	Moderate: Many words are unclear and difficult to read.	
					4	Severe: Most or all words cannot be read.	

NONMOVEMENT (NonMove)

Table Description: Your Non-Movement Experiences (NMS-Quest)

View Source Instrument: [link]

Details: This instrument is labeled as "Your Non-Movement Experiences NMS Quest" (appended with either "PD" or "Non-PD") and as "Your Non-Movement Experiences" in Fox DEN. Both PD and Control cohorts receive the same questionnaire. Participants from both PD and Control cohorts complete the survey at their first Study Visit, and every three months thereafter. For development and validation of this instrument, please visit [link] and [link], respectively.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NonMoveAnxious	Numeric	Have you experienced feeling anxious, frightened or panicky in the last month?			0	No	
					1	Yes	
NonMoveAwake	Numeric	Have you experienced finding it difficult to stay awake during activities such as working, driving or eating in the last month?			0	No	
					1	Yes	
NonMoveBowelEmpty	Numeric	Have you experienced feeling that your bowel emptying is incomplete after having been to the toilet in the last month?			0	No	
					1	Yes	
NonMoveConcent	Numeric	Have you experienced difficulty concentrating or staying focused in the last month?			0	No	
					1	Yes	
NonMoveConstip	Numeric	Have you experienced constipation (less than three bowel movements a week) or having to strain to pass a stool in the last month?			0	No	
					1	Yes	
NonMoveDizzy	Numeric	Have you experienced feeling light-headed, dizzy or weak standing from sitting or lying in the last month?			0	No	
					1	Yes	
NonMoveDream	Numeric	Have you experienced intense, vivid or frightening dreams in the last month?			0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
NonMoveFall	Numeric	Have you experienced falling in the last month?			0	No	
					1	Yes	
NonMoveFeel	Numeric	Have you experienced feeling sad, 'low' or 'blue' in the last month?			0	No	
					1	Yes	
NonMoveForget	Numeric				0	No	
					1	Yes	
NonMoveHappen	Numeric	Have you experienced believing things are happening to you that other people say are not in the last month?			0	No	
					1	Yes	
NonMoveIBowelIncon	Numeric	Have you experienced bowel (fecal) incontinence in the last month?			0	No	
					1	Yes	
NonMoveInterest	Numeric	Have you experienced loss of interest in what is happening around you or in doing things in the last month?			0	No	
					1	Yes	
NonMovePain	Numeric	Have you experienced unexplained pains (not due to known conditions such as arthritis) in the last month?			0	No	
					1	Yes	
NonMoveSaliva	Numeric	Have you experienced dribbling of saliva during the daytime in the last month?			0	No	
					1	Yes	
NonMoveSee	Numeric	Have you experienced seeing or hearing things that you know or are told are not there in the last month?			0	No	
					1	Yes	
NonMoveSens	Numeric	Have you experienced unpleasant sensations in your legs at night or while resting, and a feeling that you need to move in the last month?			0	No	
					1	Yes	
NonMoveSex	Numeric	Have you experienced feeling less interested in sex or more interested in sex in the last month?			0	No	
					1	Yes	
NonMoveSexDiff	Numeric	Have you experienced finding it difficult to have sex when you try in the last month?			0	No	
					1	Yes	
NonMoveSleep	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Have you experienced difficulty getting to sleep at night or staying asleep at night in the last month?			1	Yes	
NonMoveSmell	Numeric	Have you experienced loss or change in your ability to taste or smell in the last month?			0	No	
					1	Yes	
NonMoveSwall	Numeric	Have you experienced difficulty swallowing food or drink or problems with choking in the last month?			0	No	
					1	Yes	
NonMoveSweat	Numeric	Have you experienced excessive sweating in the last month?			0	No	
					1	Yes	
NonMoveSwell	Numeric	Have you experienced swelling of the legs in the last month?			0	No	
					1	Yes	
NonMoveTalk	Numeric	Have you experienced talking or moving about in your sleep, as if you are 'acting out' a dream in the last month?			0	No	
					1	Yes	
NonMoveUrine	Numeric	Have you experienced a sense of urgency to pass urine that makes you rush to the toilet in the last month?			0	No	
					1	Yes	
NonMoveUrinePM	Numeric	Have you experienced getting up regularly at night to pass urine in the last month?			0	No	
					1	Yes	
NonMoveVision	Numeric	Have you experienced double vision in the last month?			0	No	
					1	Yes	
NonMoveVomit	Numeric	Have you experienced vomiting or feelings of sickness (nausea) in the last month?			0	No	
					1	Yes	
NonMoveWeight	Numeric	Have you experienced unexplained change in weight (not due to change in diet) in the last month?			0	No	
					1	Yes	

PASE

Table Description: Your Physical Activities (PASE)

View Source Instrument: [link]

Details: Participants first complete this survey one and three months after baseline, and every twelve months thereafter. The instrument is referred to as "Your Physical Activities" in Fox DEN, the questionnaire forms, and as "Your Physical Activities (PASE)" in the Participant Schedule of Activities.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HouseCare	Numeric	Household activity: During the past 7 days, did you engage in caring for another person, such as children, dependent, spouse, or another adult?			0	No	
					1	Yes	
					3	Prefer not to answer	
HouseGarden	Numeric	Household activity: During the past 7 days, did you engage in outdoor gardening?			0	No	
					1	Yes	
					3	Prefer not to answer	
HouseHeavy	Numeric	Household activity: During the past 7 days, have you done any heavy housework or chores such as vacuuming, scrubbing floors, washing windows, or carrying wood?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
HouseLawn	Numeric	Household activity: During the past 7 days, did you engage in lawn work or yard care, including snow or leaf removal, wood chopping, etc.?			0	No	
					1	Yes	
					3	Prefer not to answer	
HouseLight	Numeric	Household activity: During the past 7 days, have you done any light housework, such as dusting or washing dishes?			0	No	
					1	Yes	
					3	Prefer not to answer	
HouseRepair	Numeric	Household activity: During the past 7 days, did you engage in home repairs like painting, wallpapering, electrical work etc.?			0	No	
					1	Yes	
					3	Prefer not to answer	
LeisureDay	Numeric	Leisure time activity: Over the past 7 days, how often did you particpate in activities such as			0	Never	
					1	Seldom (1-2 days)	
					2	Sometimes (3-4 days)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		reading, watching TV or doing handcrafts?			3	Often (5-7) days	
					4	Prefer not to answer	
LeisureHours	Numeric	On average, how many hours per day did you enage in sitting activities?			1	Less than 1 hour	
					2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	
LightSportDay	Numeric	Light sport and recreational activities: Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, gold with a cart, shuffleboard, fishing from a boat or pier or other similar activities?			0	Never	
					1	Seldom (1-2 days)	
					2	Sometimes (3-4 days)	
					3	Often (5-7) days	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
LightSportHours	Numeric	On average, how many hours per day did you engage in these light sport or recreational activities?			1	Less than 1 hour	
					2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	
ModSportDay	Numeric	Moderate sport and recreational activities: Over the past 7 days, how often did you engage in moderate sport recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, gold without a care, softball or other similar activities?			0	Never	
					1	Seldom (1-2 days)	
					2	Sometimes (3-4 days)	
					3	Often (5-7) days	
					4	Prefer not to answer	
ModSportHours	Numeric	On average, how many hours per day did you engage in these moderate sport and recreational activities?			1	Less than 1 hour	
					2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StrenSportDay	Numeric	Strenuous sport and recreational activities: Over the past 7 days, how often did you engage in strenuous sport activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross country) or other similar activities?			0	Never	
					1	Seldom (1-2 days)	
					2	Sometimes (3-4 days)	
					3	Often (5-7) days	
					4	Prefer not to answer	
StrenSportHours	Numeric	On average, how many hours per day did you engage in these strenuous sport and recreational activities?			1	Less than 1 hour	
					2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	
StrengthDay	Numeric	Muscle strength: Over the past 7 days, how often did you do exercise specifically to			0	Never	
					1	Seldom (1-2 days)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		increase muscle strength and endurance, such as lifting weights or push-ups etc.?			2	Sometimes (3-4 days)	
					3	Often (5-7) days	
					4	Prefer not to answer	
StrengthHours	Numeric	On average, how many hours per day did you engage in exercise to increase muscle strength and endurance?			1	Less than 1 hour	
					2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	
WalkDay	Numeric	Walking activities: Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog etc.?			0	Never	
					1	Seldom (1-2 days)	
					2	Sometimes (3-4 days)	
					3	Often (5-7) days	
					4	Prefer not to answer	
WalkHours	Numeric	On average, how			1	Less than 1 hour	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		many hours per day did you spend walking			2	1 but less than 2 hours	
					3	2-4 hours	
					4	More than 4 hours	
Work	Numeric	Work-Related Activity: During the past 7 days, did you work for pay or as a volunteer?			0	No	
					1	Yes	
					3	Prefer not to answer	
WorkActive	Numeric	Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?			1	Mainly sitting with slight arm movements (Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.)	
					2	Sitting or standing with some walking (Examples: cashier, general office worker, light tool and machinery worker).	
					3	Walking with some handling of materials generally weighing less than 50 pounds (Examples: mailman, waiter/waitress, construciton worker, heavy tool and machinery worker).	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Walking and heavy manual work often requiring handling of materials weighing over 50 pounds (Examples: lumberjack, stone mason, farm or general laborer).	

PHYSICAL EXPERIENCES

Table Description: Your Physical Experiences (EQ-5D-5L)

View Source Instrument: [link]

Details: This instrument is labeled as "Your Physical Experiences (EQ-5D-5L)" in the Participant Schedule of Activities, as "Your Physical Experiences" in Fox DEN and the questionnaire forms. Participants complete the survey at Baseline, their first Study Visit, and then every six months thereafter. For reading on use of the EQ-5D-5L, please visit: link. For research into validation of the instrument, please visit: link.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Mobility	Numeric	Mobility: Please tick the one box that best describes your health today			0	I have no problems in walking about	
					1	I have slight problems in walking about	
					2	I have moderate problems in walking about	
					3	I have severe problems in walking about	
					4	I am unable to walk about	
					5	Prefer not to answer	
Care	Numeric	Self-Care: Please tick the one box that best describes your health today			0	I have no problems washing or dressing myself	
					1	I have slight problems washing or dressing myself	
					2	I have moderate problems washing or dressing myself	
					3	I have severe problems washing or dressing myself	
					4	I am unable to wash or dress myself	
					5	Prefer not to answer	
Active	Numeric	Usual activities (e.g. work, study, housework, family or leisure activities): Please tick the one box that best describes your health today			0	I have no problems doing my usual activities	
					1	I have slight problems doing my usual activities	
					2	I have moderate problems doing my usual activities	
					3	I have severe problems doing my usual activities	
					4	I am unable to do my usual activities	
					5	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Pain	Numeric	Pain/discomfort: Please tick the one box that best describes your health today			0	I have no pain or discomfort	
					1	I have slight pain or discomfort	
					2	I have moderate pai or discomfort	
					3	I have severe pain or discomfort	
					4	I have extreme pain or discomfort	
					5	Prefer not to answer	
Anxious	Numeric	Anxiety/depression: Please tick the one box that best describes your health today			0	I am not anxious or depressed	
					1	I am slightly anxious or depressed	
					2	I am moderately anxious or depressed	
					3	I am severely anxious or depressed	
					4	I am extremely anxious or depressed	
					5	Prefer not to answer	
Today	Numeric	We would like to know how good or bad your health is TODAY. Think about your health on a scale numbered from 0 to 100. Now, please write the number that best represents your health TODAY in the box below.			0-100	100 means the best health you can imagine. 0 means the worst health you can imagine.	The ‘value description' for this question is included as ‘hint text’ to participants when completing this question.

SLEEP

Table Description: Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q)

View Source Instrument: [link]

Details: Participants first complete this survey one and six months after baseline, and every twelve months thereafter. The instrument is referred to as “Your Sleep Habits” in Fox DEN, the questionnaire forms, and as “Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q)” in the Participant Schedule of Activities.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Sleep	Numeric	Have you ever been told, or suspected yourself, that you seem to 'act out your dreams' while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?			0	No	
					1	Yes	

SURG HIS (Surg)

Table Description: Your Surgical History

View Source Instrument: [link]

Details: The instrument is referred to as "Your Surgical History" in Fox Den. This instrument was replaced by "Your Health History" on 10/20/2017.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgAdenoid	Numeric	Have you had a an adenoid removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgAneurClip	Numeric	Have you had an aneurysm clipping?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgAneurClipAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had an aneurysm clipping?'
SurgAneurRepair	Numeric	Have you had an other aneurysm repair?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgAortic	Numeric	Have you had an aortic aneurysm repair?			0	No	Participants are presented this question if they answered 'Yes' to the question 'Have you had an other aneurysm repair?'
					1	Yes	
					3	Prefer not to answer	
SurgAorticAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had an other aneurysm repair?'
SurgAppend	Numeric	Have you had an appendix removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBladder	Numeric	Have you had bladder surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBladderType	Numeric	Have you had bladder surgery?	Type:		1	Cancerous tumor removal	Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Benign tumor removal	question if they answered 'Yes' to the question 'Have you had bladder surgery?'
					3	Stone removal	
					4	Bladder prolapse surgery	
					5	Urinary incontinence surgery	
SurgBoneFrac	Numeric	Have you had a bone fracture repair?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBrainBen	Numeric	Have you had a benign brain tumor removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBrainBleed	Numeric	Have you had removal of bleeding around the brain?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBrainCanc	Numeric	Have you had cancerous brain tumor removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBrainCancAge	Text	Age of procedure (to the best of			70.8		Participants are presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your memory) [Derived]					question if they answered 'Yes' to the question 'Have you had cancerous brain tumor removal?'
SurgBreast	Numeric	Have you had a breast surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgBreastType	Numeric	Have you had a breast surgery?	Type:		1	Cancerous tumor removal	Participants are presented this question if they answered 'Yes' to the question 'Have you had a breast surgery?'
					2	Benign tumor removal	
					3	Removal of entire breast (mastectomy)	
					4	Cosmetic surgery	
SurgCaesarean	Numeric	Have you had a caesarean section (c-section)?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgCataract	Numeric	Have you had cataract removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgCerebShun	Numeric	Have you had cerebral shunt insertion?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgCerebShunAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had cerebral shunt insertion?'
SurgCervical	Numeric	Have you had a cervical polyp removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgCervicalType	Numeric	Have you had a cervical polyp removal?	Type:		1	Cancerous	Participants are presented this question if they answered 'Yes' to the question 'Have you had a cervical polyp removal?'
					2	Precancerous	
					3	Benign	
SurgColon	Numeric	Have you had a removal of part of the colon?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgColonPolyp	Numeric	Have you had a colon polyp removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgColonType	Numeric	Have you had a removal of part of the colon?	Type:		1	Due to cancer	Participants are presented this question if they answered 'Yes' to the question 'Have you had a removal of part of the colon?'
					2	Due to diverticulitis	
					3	Due to inflammatory bowel disease (Crohn's, ulcerative colitis)	
					4	Due to an obstruction	
SurgCosmNose	Numeric	Have you had a cosmetic nose job?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgEarTube	Numeric	Have you had an ear tube insertion?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgElbow	Numeric	Have you had an elbow repair or replacement?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgEsoph	Numeric	Have you had esophageal surgery?			0	No	
					1	Yes	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						answer	
SurgEsophType	Numeric	Have you had esophageal surgery?	Type:		1	Esophageal stricture dilation (surgery for treatment of narrowing of the esophagus)	Participants are presented this question if they answered 'Yes' to the question 'Have you had esophageal surgery?'
					3	Partial removal due to cancerous tumor	
					4	Partial removal due to ulcer	
SurgEyeLaser	Numeric	Have you had laser eye surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgFaceLift	Numeric	Have you had a face lift?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgGallblad	Numeric	Have you had a gallbladder removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgGlaucoma	Numeric	Have you had glaucoma surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgHeart	Numeric	Have you had a heart surgery?			0	No	
					1	Yes	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						answer	
SurgHeartType	Numeric	Have you had a heart surgery?	Type:		1	Bypass (bypassing grafting, CABG)	Participants are presented this question if they answered 'Yes' to the question 'Have you had heart surgery?'
					2	Valve surgery	
					3	Pacemaker insertion	
					4	Defibrillatory insertion	
					5	Ablation (for irregular heart rhythm, arrhythmia	
SurgHemm	Numeric	Have you had a hemorrhoid ligation?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgHernia	Numeric	Have you had hernia repair in the groin?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgHip	Numeric	Have you had a hip replacement?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgKidney	Numeric	Have you had a kidney surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgKidneyType	Numeric	Have you had a	Type:		1	Kidney removal	Participants are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		kidney surgery?				(nephrectomy)	presented this question if they answered 'Yes' to the question 'Have you had kidney surgery?'
					2	Stone ablation (lithotripsy)	
					3	Benign tumor removal	
					4	Cancerous tumor removal	
					5	Transplant	
SurgKnee	Numeric	Have you had a knee replacement?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgLigament	Numeric	Have you had a ligament repair?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgLimbAmp	Numeric	Have you had a limb amputation?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgLimbAmpAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had a limb amputation?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgLiver	Numeric	Have you had a liver surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgLiverAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had a liver surgery?'
SurgLiverTumor	Numeric	Have you had a tumor removal from the liver?			0	No	
					3	Prefer not to answer	
SurgLiverType	Numeric	Have you had a liver surgery?	Type:		1	Benign tumor removal	Participants are presented this question if they answered 'Yes' to the question 'Have you had a tumor removal from the liver?'
					3	Transplant	
SurgLung	Numeric	Have you had a lung surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgLungType	Numeric	Have you had a	Type:		1	Lobectomy	Participants are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		lung surgery?				(partial lung removal)	presented this question if they answered 'Yes' to the question 'Have you had a lung surgery?'
					3	Cancerous tumor removal	
					4	Benign tumor removal	
SurgMeniscus	Numeric	Have you had ever had a meniscus repair?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgNeck	Numeric	Have you had a neck/spine surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgOvary	Numeric	Have you had an ovary surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgOvaryType	Numeric	Have you had an ovary surgery?	Type:		1	Removal along with uterus, reason unspecified	Participants are presented this question if they answered 'Yes' to the question 'Have you had an ovary surgery?'
					2	Cancerous tumor removal	
					3	Benign tumor removal	
					4	Tubal ligation	
					5	Removal due to ectopic pregcy	
SurgProstate	Numeric	Have you had a			0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		prostate surgery?			1	Yes	
					3	Prefer not to answer	
SurgProstateType	Numeric	Have you had a prostate surgery?	Type:		1	Removal due to cancer	Participants are presented this question if they answered 'Yes' to the question 'Have you had a prostate surgery?'
					2	Removal due to enlargement	
SurgRotator	Numeric	Have you had a rotator cuff surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgSinus	Numeric	Have you had sinus surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgSkin	Numeric	Have you had skin surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgSkinType	Numeric	Have you had skin surgery?	Type:		1	Squamous cell removal	Participants are presented this question if they answered 'Yes' to the question 'Have you had skin surgery?'
					2	Melanoma removal	
					3	Basal cell carcinoma removal	
					4	Removal of	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cancer (type unknown)	
					5	Benign lesion removal	
					6	Skin graft for burns	
					7	Skin graft for other reasons	
SurgSpinalFus	Numeric	Have you had spinal fusion?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgSpleen	Numeric	Have you had a removal of the speen (splenectomy)?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgStaped	Numeric	Have you had a stapedectomy?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgStapedAge	Text	Age of procedure (to the best of your memory) [Derived]			Age Text		Participants are presented this question if they answered 'Yes' to the question 'Have you had a stapedectomy?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgStom	Numeric	Have you had a stomach surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgStomType	Numeric	Have you had a stomach surgery?	Type:		1	Bariatric (weight loss) surgery (gastric bypass, partial gastrectomy, banding)	Participants are presented this question if they answered 'Yes' to the question 'Have you had a stomach surgery?'
					2	Hernia repair in stomach (hiatal hernia)	
					3	Partial removal due to cancerous tumor	
					4	Partial removal due to ulcer	
					5	Pyloric stenosis repair (removal of narrowing in stomach)	
SurgTendon	Numeric	Have you had a tendon repair?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgTestes	Numeric	Have you had a			0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		testicular surgery?			1	Yes	
					3	Prefer not to answer	
SurgTestesType	Numeric	Have you had a testicular surgery?	Type:		1	Cancerous tumor removal	Participants are presented this question if they answered 'Yes' to the question 'Have you had a testicular surgery?'
					2	Surgery due to development (undescended testes, torsion)	
					3	Surgery due to traumatic injury	
					4	Testicle(s) removal due to cancer	
SurgThyroid	Numeric	Have you had a thyroid surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgThyroidType	Numeric	Have you had a thyroid surgery?	Type:		1	Partial removal (partial thyroidectomy)	Participants are presented this question if they answered 'Yes' to the question 'Have you had a thyroid surgery?'
					2	Complete removal (total thyroidectomy)	
SurgTonsil	Numeric	Have you had tonsil removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgUretStent	Numeric	Have you had ureteral stent?			0	No	
					1	Yes	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						answer	
SurgUterFib	Numeric	Have you had a uterine fibroid removal?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgUterineProl	Numeric	Have you had a uterine prolapse surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgVagProlapse	Numeric	Have you had a vaginal prolapse surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgVaricose	Numeric	Have you had a varicose vein surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgVaricoseType	Numeric	Have you had a varicose vein surgery?	Type:		1	Removal	Participants are presented this question if they answered 'Yes' to the question 'Have you had a varicose vein surgery?'
					2	Abilation	
SurgVascMalf	Numeric	Have you had vascular malformation surgery?			0	No	
					1	Yes	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SurgVasect	Numeric	Have you had a vasectomy?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgVocalPolyp	Numeric	Have you had a removal of polyps on vocal cords?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgeDC	Numeric	Have you had a dilation and curettage (d and c)?			0	No	
					1	Yes	
					3	Prefer not to answer	
SurgeHysterect	Numeric	Have you had a hysterectomy (removal of uterus)?			0	No	
					1	Yes	
					3	Prefer not to answer	

ASSESSING DISCRIMINATION (ADIHealth)

Table Description: Assessing Discrimination in Healthcare

View Source Instrument: [link]

Details: This one-time survey is referred to as "Assessing Discrimination in Healthcare" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities and as "Assessing Discrimination" in the Questionnaire Forms. This one-time survey was launched in June 2021 and closed in January 2023. 5,270 participants have provided responses to this survey. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ADIHealthPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?			1	Yes	
					2	No	
ADIHealthCourtesy	Numeric	You are treated with less courtesy than other people			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
					1	Never	
					2	Rarely	
					4	Most of the time	
					5	Always	
ADIHealthRespect	Numeric	You are treated with less respect than other people			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care
					1	Never	
					2	Rarely	
					4	Most of the time	
					5	Always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
ADIHealthService	Numeric	You receive poorer service than others			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
					1	Never	
					2	Rarely	
					4	Most of the time	
					5	Always	
ADIHealthDrSmart	Numeric	A doctor or nurse acts as if they think you are not smart			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
					1	Never	
					2	Rarely	
					4	Most of the time	
					5	Always	
ADIHealthDrAfraid	Numeric	A doctor or nurse acts as if they are afraid of you			2	Rarely	Participants are presented with the following prompt, 'Please think about
					1	Never	
					3	Sometimes	
					4	Most of the time	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Always	all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
ADIHealthDrBetter	Numeric	A doctor or nurse acts as if they are better than you			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
					1	Never	
					2	Rarely	
					4	Most of the time	
					5	Always	
ADIHealthDrNotListen	Numeric	You feel like a doctor or nurse is not listening to what you are saying			3	Sometimes	Participants are presented with the following prompt, 'Please think about all the times in your life when you've gotten health care related to your PD diagnosis. When getting health care, how often have any of the following things happened to you?'
					1	Never	
					2	Rarely	
					5	Always	
					4	Most of the time	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ADIHealthGenderRole	Numeric	In your experience(s) described above, do you think your gender played a role in how you were treated?			1	Yes	Participants are only presented this question if they did not answer 'Yes' to any of the questions in Variables: ADIHealthCourtesy. ADIHealthRespect, ADIHealthService, ADIHealthDrSmart, ADIHealthDrAfraid, ADIHealthDrBetter, ADIHealthDrNotListen.
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ADIHealthSexOrientRole	Numeric	In your experience(s) described above, do you think your sexual orientation played a role in how you were treated?			3	Not sure	Participants are only presented this question if they did not answer 'Yes' to any of the questions in Variables: ADIHealthCourtesy. ADIHealthRespect, ADIHealthService, ADIHealthDrSmart, ADIHealthDrAfraid, ADIHealthDrBetter, ADIHealthDrNotListen.
					2	No	
					1	Yes	
					4	Prefer not to answer	
ADIHealthRaceRole	Numeric	In your experience(s) described above, do you think your race or ethnicity played a role in how you were treated?			1	Yes	Participants are only presented this question if they did not answer 'Yes' to any of the questions in Variables: ADIHealthCourtesy. ADIHealthRespect, ADIHealthService, ADIHealthDrSmart, ADIHealthDrAfraid,
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							ADIHealthDrBetter, ADIHealthDrNotListen.
ADIHealthSexAssign	Numeric	What sex were you assigned at birth, on your original birth certificate?			2	Female	
					1	Male	
					3	Prefer not to answer	
ADIHealthGenIdentity	Numeric	What is your current gender identity?			2	Female	
					1	Male	
					6	Prefer not to answer	
					3	Transgender	
					4	Something else (gender non-conforming, genderqueer, non-binary, etc.)	
					5	Not sure	
ADIHealthSexualOrient	Numeric	Do you consider yourself to be:			2	Female	
					1	Male	
					6	Prefer not to answer	
					3	Transgender	
					4	Something else (gender non-conforming, genderqueer, non-binary, etc.)	
					5	Not sure	

ATTITUDES AND BELIEFS (ABRGPD)

Table Description: Attitudes and Beliefs Regarding Research and Genetic Testing for PD

View Source Instrument: [link]

Details: This one-time survey is referred to as "Attitudes and Beliefs Regarding Research and Genetic Testing for PD" in Fox DEN, the cross - sectional health and disease questionnaires section of the Participant Schedule of Activities, and the Questionnaire Forms. This survey is completed by participants from both the PD and the Control cohort. This survey was launched in Fox Insight in January 2022 and closed in January 2023. 6,481 participants have provided responses to this survey.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGPDDiag	Numeric	Have you been diagnosed with Parkinson's disease?			1	Yes	
					2	No	
ABRGPDDiagAge	Numeric	At what age were you diagnosed? Age:			Age Text	Age of Diagnosis	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGPDDiag'. (ABRGPDDiag == 1)
ABRGPDReComOld	Numeric	Parkinson's disease is more common in older adults. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReUnkno	Numeric	In most cases, the cause of Parkinson's disease is unknown. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReKnowRisk	Numeric	In most cases, people with Parkinson's disease did not know they were at risk of developing the disease before they were diagnosed. When			1	Agree	
					2	Disagree	
					3	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		answering, please select whether or not you agree with this statement.			4	Prefer not to answer	
ABRGPDReImproMed	Numeric	Medicines can improve the symptoms of Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReImproEx	Numeric	Exercise can improve the symptoms of Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReImproDiet	Numeric	Diet can improve the symptoms of Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReClinTest	Numeric	Clinical studies test the effects of procedures, drugs, or treatments that no one is yet certain about. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReHelpSci	Numeric	Research studies can help scientists find new treatments or cures for diseases. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReAnyQual	Numeric	Anyone who qualifies can take part in medical			1	Agree	
					2	Disagree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		research studies. When answering, please select whether or not you agree with this statement.			3	Not sure	
					4	Prefer not to answer	
ABRGPDReHearOpp	Numeric	I hear about research opportunities in my community. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReFinStu	Numeric	If I wanted to take part in a research study, I would know where to find a study and sign up. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGPDReAcFIOther	Numeric	In addition to participating in Fox Insight, do you participate in other Parkinson's disease research studies?			1	Yes, I am participating in other Parkinson's disease research studies at present	
					2	Yes, I have participated in other Parkinson's disease research studies in the past	
					3	Yes, I am participating in other Parkinson's disease research studies now and have participated in the past	
					4	No	
					5	Not sure	
					6	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGPDReAcSurCom	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	complete surveys or questionnaires online using a computer or smartphone		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcSurTele	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	complete surveys or questionnaires by telephone interview		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcSurClin	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	complete surveys or questionnaires in the clinic		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcIntCom	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	participate in a medical interview and examination using a computer or smartphone (telemedicine)		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcIntClin	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	participate in a medical interview and examination in the clinic		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedPO	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	take medicine by mouth		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedVein	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	receive medicine directly into a vein		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedSkin	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	receive medicine as a skin patch		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedInj	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	receive medicine as an injection into the muscle		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedInh	Numeric	Please indicate the types of Parkinson's disease research activities that you	receive medicine through an inhaler		1	Checked	Participants are only presented this question if they confirmed participation in other

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		have done. Please select all that apply.					PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcMedTube	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	receive medicine through a tube into the intestine		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcSamSal	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	give saliva samples		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcSamBlood	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	give blood samples		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcSkinBxLP	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	have an outpatient procedure, such as a skin biopsy or lumbar puncture		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcExerc	Numeric	Please indicate the types of Parkinson's disease	exercise, such as walking or		1	Checked	Participants are only presented this question

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		research activities that you have done. Please select all that apply.	running on an exercise machine				if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcBrainScan	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	have a brain scan		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcBrainSurg	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	have brain surgery		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcNone	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	none of the above		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.
ABRGPDReAcPTNA	Numeric	Please indicate the types of Parkinson's disease research activities that you have done. Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they confirmed participation in other PD research studies in the variable ABRGPDReAcFIOther == 1 or 2 or 3.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGMeReNPD	Numeric	I participate in medical research studies unrelated to Parkinson's disease.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReNPDSurCom	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	complete surveys or questionnaires online using a computer or smartphone		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSurTele	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	complete surveys or questionnaires by telephone interview		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSurClin	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	complete surveys or questionnaires in the clinic		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDIntTele	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	participate in a medical interview and examination using a computer or smartphone (telemedicine)		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDIntClin	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	participate in a medical interview and examination in the clinic		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGMeReNPDMedPO	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	take medicine by mouth		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDMedVein	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	receive medicine directly into a vein		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDMedSkin	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	receive medicine as a skin patch		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDMedInj	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	receive medicine as an injection into the muscle		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDMedInh	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	receive medicine through an inhaler		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDMedTube	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	receive medicine through a tube into the intestine		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSamSal	Numeric	Please indicate the types of other medical research	give saliva samples		1	Checked	Participants are only presented this question

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		activities unrelated to PD that you have done. Please select all that apply.					if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSamBlood	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	give blood samples		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSkinBxLP	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	have an outpatient procedure, such as a skin biopsy or lumbar puncture		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDExerc	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	exercise, such as walking or running on an exercise machine		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDBrainScan	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	have an x-ray, mri, ultrasound or nuclear medicine scan		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDEKG	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	have a test such as an electrocardiogram (ecg or ekg)		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDSurg	Numeric	Please indicate the types of other medical research activities unrelated to PD	have surgery		1	Checked	Participants are only presented this question if their response to the

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		that you have done. Please select all that apply.					question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDNone	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	none of the above		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReNPDPTNA	Numeric	Please indicate the types of other medical research activities unrelated to PD that you have done. Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if their response to the question in ABRGPDReAcSurCom == 1.
ABRGMeReCXNHelpPD	Numeric	I would take part in a research study that might help people with Parkinson's disease, even if it did not benefit me directly. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReCXNIfPD	Numeric	If I had Parkinson's disease, I would not care if others knew. When answering, please select whether or not you agree with this statement.			1	Agree	Participants are only presented this question if they answered 'No' to the question in Variable 'ABRGPDDiag'. (ABRGPDDiag == 2)
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReCXNDxPD	Numeric	I do not care if others know about my Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	Participants are only presented this question if they answered 'No' to the question in Variable 'ABRGPDDiag'. (ABRGPDDiag == 2)
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGMeReCXNGroup	Numeric	I am a member of a community center or group.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReCXNTimeOut	Numeric	In general, I spent ___ hours a week outside of my home (not counting time spent at medical visits). When answering this question, please think back to a time before COVID			1	0-2 hours	
					2	2-4 hours	
					3	4-8 hours	
					4	8 hours or more	
					5	Not sure	
					6	Prefer not to answer	
ABRGMeReCXNEvent	Numeric	How often did you take part in community events or activities? When answering this question, please think back to a time before COVID			1	I did not take part	
					2	1-2 times a month	
					3	3-5 times a month	
					4	More than 5 times a month	
ABRGMeReCXNTrust	Numeric	If a trusted member of my community told me about a research study, it would make me more likely to take part. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReCXNDr	Numeric	If my doctor told me about a research study, it would make me more likely to take part. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReCXNAcIn	Numeric	If a research study was linked to an academic institution, it would make me more likely to take part.			1	Agree	
					2	Disagree	
					3	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		When answering, please select whether or not you agree with this statement.			4	Prefer not to answer	
ABRGMeReCXNPersonal	Numeric	If I had a personal connection to the disease being studied in a research study, I would be more likely to take part. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReConDist	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	distance from where i live to the research center		1	Checked	
ABRGMeReConTransp	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	transportation to and from the research center		1	Checked	
ABRGMeReConComp	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	complex instructions or consent forms		1	Checked	
ABRGMeReConTime	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	time it takes to do research activities		1	Checked	
ABRGMeReConEffort	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	overall effort involved in participation		1	Checked	
ABRGMeReConPriv	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	privacy of my health information		1	Checked	
ABRGMeReConDiffer	Numeric	Do you have any concerns about taking part in	research participants may be		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		medical research? Please select all that apply.	different than me				
ABRGMeReConLang	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	researchers may not speak my preferred language		1	Checked	
ABRGMeReConRelig	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	researchers may not understand and respect my religious or cultural beliefs		1	Checked	
ABRGMeReConOther	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	other		1	Checked	
ABRGMeReConNone	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	i do not have any concerns about taking part		1	Checked	
ABRGMeReConPTNA	Numeric	Do you have any concerns about taking part in medical research? Please select all that apply.	prefer not to answer		1	Checked	
ABRGMeReParSurCom	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	complete surveys or questionnaires online using a computer or smartphone		1	Checked	
ABRGMeReParSurTele	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	complete surveys or questionnaires by telephone interview		1	Checked	
ABRGMeReParSurClin	Numeric	If you were taking part in a research study, what research activities would	complete surveys or		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you be willing to do? Please select all that apply.	questionnaires in the clinic				
ABRGMeReParIntCom	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	participate in a medical interview and examination using a computer or smartphone (telemedicine)		1	Checked	
ABRGMeReParIntClin	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	participate in a medical interview and examination in the clinic		1	Checked	
ABRGMeReParMedPO	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	take medicine by mouth		1	Checked	
ABRGMeReParMedVein	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	receive medicine directly into a vein		1	Checked	
ABRGMeReParMedSkin	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	receive medicine as a skin patch		1	Checked	
ABRGMeReParMedInj	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	receive medicine as an injection into the muscle		1	Checked	
ABRGMeReParMedInh	Numeric	If you were taking part in a research study, what research activities would	receive medicine		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you be willing to do? Please select all that apply.	through an inhaler				
ABRGMeReParMedTube	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	receive medicine through a tube into the intestine		1	Checked	
ABRGMeReParSamSal	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	give saliva samples		1	Checked	
ABRGMeReParSamBlood	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	give blood samples		1	Checked	
ABRGMeReParSkinBxLP	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	have an outpatient procedure, such as a skin biopsy or lumbar puncture		1	Checked	
ABRGMeReParExerc	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	exercise, such as walking or running on an exercise machine		1	Checked	
ABRGMeReParBrainScan	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	have a brain scan (mri, ultrasound or nuclear medicine)		1	Checked	
ABRGMeReParXray	Numeric	If you were taking part in a research study, what research activities would	have an x-ray, mri, ultrasound or nuclear medicine scan		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you be willing to do? Please select all that apply.	of another area (not the brain)				
ABRGMeReParBrainSurg	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	have brain surgery		1	Checked	
ABRGMeReParNone	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	none of the above		1	Checked	
ABRGMeReParPTNA	Numeric	If you were taking part in a research study, what research activities would you be willing to do? Please select all that apply.	prefer not to answer		1	Checked	
ABRGMeReSoDiCOV	Numeric	I have practiced some form of social distancing behaviors since the COVID			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGMeReSoDiLift	Numeric	Once social distancing guidelines due to the COVID			1	More likely to participate in medical research	
					2	Less likely to participate in medical research	
					3	Equally likely to participate in medical research	
					4	Not sure	
					5	Prefer not to answer	
ABRGMeReSoDiOnline	Numeric	Once social distancing guidelines due to the COVID	conducted online		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGMeReSoDiHome	Numeric	Once social distancing guidelines due to the COVID	conducted in my home		1	Checked	
ABRGMeReSoDiClin	Numeric	Once social distancing guidelines due to the COVID	conducted in the clinic		1	Checked	
ABRGMeReSoDiNone	Numeric	Once social distancing guidelines due to the COVID	none of the above		1	Checked	
ABRGMeReSoDiNotSure	Numeric	Once social distancing guidelines due to the COVID	not sure		1	Checked	
ABRGMeReSoDiPTNA	Numeric	Once social distancing guidelines due to the COVID	prefer not to answer		1	Checked	
ABRGGeTeChange	Numeric	Changes in genes can lead to a higher chance of getting certain diseases. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTeLikely	Numeric	Genetic testing can tell me if I am more likely to get certain diseases. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTePDLink	Numeric	Researchers have found genes that are linked to Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTePDFam	Numeric	Parkinson's disease can be passed down in the family through genes. When answering, please select			1	Agree	
					2	Disagree	
					3	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		whether or not you agree with this statement.			4	Prefer not to answer	
ABRGGeTePDGene	Numeric	A genetic test to determine whether or not one has a genetic form of Parkinson's disease is available right now. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTePDFindCure	Numeric	Genetic testing could help scientists' efforts to find cures and treatments for Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTePDBloodTest	Numeric	If a blood test accurately showed if I had inherited a Parkinson's disease gene, I would want to have that test. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTePDTryTreat	Numeric	A test showing that I had a gene for Parkinson's disease would make me more likely to look into new therapies and treatments for Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTeDrManage	Numeric	Genetic testing would help my doctor better manage			1	Agree	
					2	Disagree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease. When answering, please select whether or not you agree with this statement.			3	Not sure	
					4	Prefer not to answer	
ABRGGeTeFamReac	Numeric	I would be concerned about my family's reaction to my genetic test results. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTeSharSpou	Numeric	I would share my genetic test results with: Please select all that apply.	my spouse or partner		1	Checked	
ABRGGeTeSharChild	Numeric	I would share my genetic test results with: Please select all that apply.	my children		1	Checked	
ABRGGeTeSharSib	Numeric	I would share my genetic test results with: Please select all that apply.	my siblings		1	Checked	
ABRGGeTeSharGran	Numeric	I would share my genetic test results with: Please select all that apply.	my grandchildren		1	Checked	
ABRGGeTeSharDist	Numeric	I would share my genetic test results with: Please select all that apply.	distant relatives		1	Checked	
ABRGGeTeSharFri	Numeric	I would share my genetic test results with: Please select all that apply.	my close friends		1	Checked	
ABRGGeTeSharDr	Numeric	I would share my genetic test results with: Please select all that apply.	my physician or another healthcare provider		1	Checked	
ABRGGeTeSharOth	Numeric	I would share my genetic test results with: Please select all that apply.	other		1	Checked	
ABRGGeTeSharNoOne	Numeric	I would share my genetic test results with: Please select all that apply.	no one		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGGeTeSharPTNA	Numeric	I would share my genetic test results with: Please select all that apply.	prefer not to answer		1	Checked	
ABRGGeTeDelegate	Numeric	If I preferred not knowing my results, I would delegate a trusted person to know these results and make decisions for me. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTeDeleSpou	Numeric	Please indicate who you would delegate: Please select all that apply.	my spouse or partner		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleChild	Numeric	Please indicate who you would delegate: Please select all that apply.	my children		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleSib	Numeric	Please indicate who you would delegate: Please select all that apply.	my siblings		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleGran	Numeric	Please indicate who you would delegate: Please select all that apply.	my grandchildren		1	Checked	Participants are only presented this question if they answered 'Yes'

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleDist	Numeric	Please indicate who you would delegate: Please select all that apply.	distant relatives		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleFri	Numeric	Please indicate who you would delegate: Please select all that apply.	my close friends		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleDr	Numeric	Please indicate who you would delegate: Please select all that apply.	my physician or another healthcare provider		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)
ABRGGeTeDeleOth	Numeric	Please indicate who you would delegate: Please select all that apply.	other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate. (ABRGGeTeDelegate == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGGeTDelePTNA	Numeric	Please indicate who you would delegate: Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeDelegate'. (ABRGGeTeDelegate == 1)
ABRGGeTeConcern	Numeric	I have concerns about genetic testing. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGGeTeConKnow	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i don't know much about it		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConWhere	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i would not know where to go get it		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConCost	Numeric	I have the following concerns about genetic testing: Please select all that apply.	cost		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGGeTeConAgainst	Numeric	I have the following concerns about genetic testing: Please select all that apply.	it goes against my personal or cultural beliefs		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConNeg	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i know, or have heard, that there are negative things that can come from it		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConInsur	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i am worried that my results would put me at risk of losing insurance		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConPriv	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i am worried that my results will not remain private		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConPrevJob	Numeric	I have the following concerns about genetic testing: Please select all that apply.	i am worried that my results would prevent me from keeping or finding a job		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							(ABRGGeTeConcern == 1)
ABRGGeTeConOther	Numeric	I have the following concerns about genetic testing: Please select all that apply.	other, please describe: - text		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGGeTeConPTNA	Numeric	I have the following concerns about genetic testing: Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGGeTeConcern'. (ABRGGeTeConcern == 1)
ABRGDisRiPDChem	Numeric	Researchers have found that certain chemical exposures or lifestyle behaviors can predict a higher chance of getting Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiPDSymp	Numeric	Researchers have found that certain symptoms can occur years before typical Parkinson's disease symptoms develop. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiPDCure	Numeric	Studying these exposures, behaviors, or symptoms			1	Agree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		could help scientists' efforts to find cures and treatments for Parkinson's disease. When answering, please select whether or not you agree with this statement.			2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiPDKnow	Numeric	If I had an exposure, behavior, or symptom that was linked to developing Parkinson's disease, I would want to know. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiFamReac	Numeric	If I had an exposure, behavior, or symptom that was linked to developing Parkinson's disease, I would be worried about my family's reaction. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiSharSpou	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	my spouse or partner		1	Checked	
ABRGDisRiSharChild	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	my children		1	Checked	
ABRGDisRiSharSib	Numeric	If I knew I had an exposure, behavior, or	my siblings		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.					
ABRGDisRiSharGran	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	my grandchildren		1	Checked	
ABRGDisRiSharDist	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	distant relatives		1	Checked	
ABRGDisRiSharFri	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	my close friends		1	Checked	
ABRGDisRiSharDr	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	my physician or another healthcare provider		1	Checked	
ABRGDisRiSharOth	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	other		1	Checked	
ABRGDisRiSharNoOne	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share	no one		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		this information with: Please select all that apply.					
ABRGDisRiSharPTNA	Numeric	If I knew I had an exposure, behavior, or symptom that was linked to Parkinson's, I would share this information with: Please select all that apply.	prefer not to answer		1	Checked	
ABRGDisRiTrusted	Numeric	I would prefer not knowing I had an exposure, behavior, or symptom that was linked to Parkinson's disease, but a trusted person could know and make decisions for me. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiTruSpou	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my spouse or partner		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruChild	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my children		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruSib	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my siblings		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruGran	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my grandchildren		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruDist	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	distant relatives		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruFri	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my close friends		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruDr	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	my physician or another healthcare provider		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruOth	Numeric	The trusted person who could know and make	other		1	Checked	Participants are only presented this question

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		decisions for me would be: Please select all that apply.					if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiTruPTNA	Numeric	The trusted person who could know and make decisions for me would be: Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiTrusted'. (ABRGDisRiTrusted == 1)
ABRGDisRiConcern	Numeric	I have concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease. When answering, please select whether or not you agree with this statement.			1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGDisRiConType	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i do not know much about this type of study		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConCost	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i am worried about cost associated with participation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGDisRiConPDExp	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i would prefer not to know what exposures, behaviors, or symptoms may be linked to developing parkinson's disease		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConAgainst	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	it goes against my personal or cultural beliefs		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConNeg	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i know, or have heard, that there are negative things that can come from this type of study		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConInsur	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i am worried about losing insurance		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConPriv	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms	i am worried that my health information will not remain private		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		that may be linked to Parkinson's disease: Please select all that apply.					'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConPrevJob	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	i am worried that my health information would prevent me from keeping or finding a job		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConOther	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGDisRiConPTNA	Numeric	I have the following concerns about participating in a research study on exposures, behaviors, or symptoms that may be linked to Parkinson's disease: Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGDisRiConcern'. (ABRGDisRiConcern == 1)
ABRGYouHeSeekOpp	Numeric	I tend to seek out new opportunities for my health, such as learning about new programs, treatments, remedies, or exercises. When answering, please select whether or not you agree with this statement.	i tend to seek out new opportunities for my health, such as learning about new programs, treatments, remedies, or exercises.		1 2 3 4	Agree Disagree Not sure Prefer not to answer	
ABRGYouHeVisitDr	Numeric				1	Agree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		I tend to only visit the doctor when I am in pain or if I am feeling sick. When answering, please select whether or not you agree with this statement.	i tend to only visit the doctor when i am in pain or if i am feeling sick.		2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGYouHeAltMed	Numeric	I prefer alternative or traditional medicine to Western medicine. When answering, please select whether or not you agree with this statement.	i prefer alternative or traditional medicine to western medicine.		1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGYouHeAvoMed	Numeric	I try to avoid taking medicines as much as I can. When answering, please select whether or not you agree with this statement.	i try to avoid taking medicines as much as i can.		1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGYouHeSideEff		I worry a lot about side effects when it comes to taking medication. When answering, please select whether or not you agree with this statement.	i worry a lot about side effects when it comes to taking medication.		1	Agree	
					2	Disagree	
					3	Not sure	
					4	Prefer not to answer	
ABRGYouExOften		How often did you exercise? When answering this question, please think back to a time before COVID	how often did you exercise?		1	Everyday	
					2	A few times per week	
					3	A few times per month	
					4	Less than once a month	
					5	Never	
ABRGYouExLight		What did you do to exercise? When answering this question, please think back to a time before COVID	engaged in light activities, such as walking, household chores, or		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
			other similar activities				
ABRGYouExMod		What did you do to exercise? When answering this question, please think back to a time before COVID	engaged in moderate activities, such as playing recreational sports, dancing, or other similar activities		1	Checked	
ABRGYouExStren		What did you do to exercise? When answering this question, please think back to a time before COVID	engaged in strenuous activities, such as jogging, swimming, playing competitive sports, or other similar activities		1	Checked	
ABRGYouExMuscle		What did you do to exercise? When answering this question, please think back to a time before COVID	engaged in exercises to increase muscle strength and endurance, such as lifting weights, pushups, or other similar activities		1	Checked	
ABRGYouExOther		What did you do to exercise? When answering this question, please think back to a time before COVID	other		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGYouExPTNA		What did you do to exercise? When answering this question, please think back to a time before COVID	prefer not to answer		1	Checked	
ABRGYouExAffPhysical		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i had a physical condition that limited my activities		1	Checked	
ABRGYouExAffBenefit		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i was not sure about the benefits of exercising		1	Checked	
ABRGYouExAffInterest		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i was not interested in exercising		1	Checked	
ABRGYouExAffAccess		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i did not have access to a gym or exercise equipment		1	Checked	
ABRGYouExAffTime		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think	i did not have the time		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		back to a time before the COVID					
ABRGYouExAffEnjoy		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i did not enjoy exercising		1	Checked	
ABRGYouExAffAgainst		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	it went against my personal or cultural beliefs		1	Checked	
ABRGYouExAffSafety		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i did not feel safe exercising in my neighborhood		1	Checked	
ABRGYouExAffOther		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	other		1	Checked	
ABRGYouExAffNone		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	none of the above		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
ABRGYouExAffPTNA		Which of the following circumstances affects your participation in exercise activities? When answering this question, please think back to a time before the COVID	i prefer not to answer		1	Checked	
ABRGFamPD		Does anyone in your family have Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ABRGFamPDFather		Who in your family has Parkinson's disease? Please select all that apply.	father		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDMother		Who in your family has Parkinson's disease? Please select all that apply.	mother		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDSibFull		Who in your family has Parkinson's disease? Please select all that apply.	full brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDSibHalf		Who in your family has Parkinson's disease? Please select all that apply.	half brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDAunUnc		Who in your family has Parkinson's disease? Please select all that apply.	aunt or uncle		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDGrandpar		Who in your family has Parkinson's disease? Please select all that apply.	grandparent		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDCousin		Who in your family has Parkinson's disease? Please select all that apply.	cousin		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDOther		Who in your family has Parkinson's disease? Please select all that apply.	other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamPDPTNA		Who in your family has Parkinson's disease? Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamPD'. (ABRGFamPD == 1)
ABRGFamAlz					1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Does anyone in your family have Alzheimer's disease?			2	No	
					3	Not sure	
					4	Prefer not to answer	
ABRGFamAlzFather		Who in your family has Alzheimer's disease? Please select all that apply.	father		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzMother		Who in your family has Alzheimer's disease? Please select all that apply.	mother		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzSibFull		Who in your family has Alzheimer's disease? Please select all that apply.	full brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzSibHalf		Who in your family has Alzheimer's disease? Please select all that apply.	half brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzAunUnc		Who in your family has Alzheimer's disease? Please select all that apply.	aunt or uncle		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzGradpar		Who in your family has Alzheimer's disease? Please select all that apply.	grandparent		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzCousin		Who in your family has Alzheimer's disease? Please select all that apply.	cousin		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzOther		Who in your family has Alzheimer's disease? Please select all that apply.	other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamAlzPTNA		Who in your family has Alzheimer's disease? Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamAlz'. (ABRGFamAlz == 1)
ABRGFamDem		Does anyone in your family have other types of dementia?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ABRGFamDemFather		Who in your family has other types of dementia? Please select all that apply.	father		1	Checked	Participants are only presented this question if they answered 'Yes'

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemMother		Who in your family has other types of dementia? Please select all that apply.	mother		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemSibFull		Who in your family has other types of dementia? Please select all that apply.	full brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemSibHalf		Who in your family has other types of dementia? Please select all that apply.	half brother or sister		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemAunUnc		Who in your family has other types of dementia? Please select all that apply.	aunt or uncle		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemGrandpar		Who in your family has other types of dementia? Please select all that apply.	grandparent		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemCousin		Who in your family has other types of dementia? Please select all that apply.	cousin		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemOther		Who in your family has other types of dementia? Please select all that apply.	other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)
ABRGFamDemPTNA		Who in your family has other types of dementia? Please select all that apply.	prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ABRGFamDem'. (ABRGFamDem == 1)

CANNABIS USE (Cann)

Table Description: Cannabis use in PD

View Source Instrument: [link]

Details: This survey instrument is referred to as "Cannabis use in PD" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and in the Questionnaire Forms. This survey was administered twice, initially collecting responses from 1/31/2020 through 2/26/2020. Responses were then collected a second time from 2/24/2020 through 06/14/2020 to account for a technical error during initial data collection – no changes were made to the questions themselves. Only participants with PD were invited to complete this survey. 11,596 participants completed this survey. A manuscript detailing findings from the survey can be found here: [link]. Questions with free-text responses are not made publicly available to protect participant privacy.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannCDBdose	Numeric	On the days you take/took CBD products, how much CBD do/did you take total per day on average?			1	Up to 5 mg	
					2	6 - 50 mg	
					3	51 - 200 mg	
					4	201 - 600 mg	
					5	More than 600 mg	
					6	Don't know	
					7	None	
CannChgMedAnxiety	Numeric	Anxiety			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	
CannChgMedDepression	Numeric	Depression			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannChgMedHallucination	Numeric	Hallucinations			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	
CannChgMedPain	Numeric	Pain			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	
CannChgMedSleep	Numeric	Sleep			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	
CannChgMedTremor	Numeric	Tremor, slowness, stiffness			1	No change	
					2	Increased	
					3	Decreased	
					4	Stopped	
					5	Not applicable (not taking any prescription medication for this)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannConfidential	Numeric	Acknowledgement of Certificate of Confidentiality (CoC)			1	I agree	If participants did not agree to the CoC, or didn't endorse consuming cannabis prior to being diagnosed with PD they were ineligible to complete the remainder of the survey.
					2	I do not agree	
CannDoseDispensary	Numeric	A dispensary worker told me the product had more or less of CBD compared to THC			1	Yes	
CannDoseDontKnow	Numeric	I don't know how much I took			1	Yes	
CannDoseLabel	Numeric	I have the package and the amounts are on the label			1	Yes	
CannDoseOther	Numeric	Other			1	Yes	
CannDuration	Numeric	How long have you taken or did you take this type of cannabis, total?			1	Less than 1 month	
					2	1 - 6 months	
					3	7 months - 1 year	
					4	More than 1 year	
CannEffectAgitation	Numeric	Agitation			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom;	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectAnxiety	Numeric	Anxiety			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannEffectApathy	Numeric	Apathy (lack of interest or motivation)			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectBackPain	Numeric	Spine pain, low back or neck			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectBalance	Numeric	Balance problems			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannEffectBasicADL	Numeric	Ability to perform basic daily activities (such as dressing, bathing, etc.)			1	Cannabis made it MARKEDLY WORSE	
					3	Cannabis made it MILDLY WORSE	
					4	Cannabis had NO EFFECT	
					5	Cannabis made it MILDLY BETTER	
					7	Cannabis made it MARKEDLY BETTER	
CannEffectBladder	Numeric	Bladder problems			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectCognition	Numeric	Thinking or memory			1	This symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		problem				STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectComplexADL	Numeric	Ability to perform complicated daily activities (such as managing medications, paying bills, etc.)			1	Cannabis made it MARKEDLY WORSE	
					3	Cannabis made it MILDLY WORSE	
					4	Cannabis had NO EFFECT	
					5	Cannabis made it MILDLY BETTER	
					7	Cannabis made it MARKEDLY BETTER	
CannEffectConstipation	Numeric	Constipation			1	This symptom STARTED WITH	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectCramps	Numeric	Muscle cramps			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom;	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis made it MARKEDLY BETTER	
CannEffectDaySleep	Numeric	Daytime sleepiness			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDepression	Numeric	Depression			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDiarrhea	Numeric	Diarrhea			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannEffectDizziness	Numeric	Dizziness			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDream	Numeric	Acting out dreams			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDrooling	Numeric	Drooling			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDryMouth	Numeric	Dry mouth			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom;	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDyskinesia	Numeric	Dyskinesia (extra movement from levodopa)			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectDystonia	Numeric	Dystonia (sustained muscle contraction of foot/leg or hand/arm)			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectFatigue	Numeric	Fatigue			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannEffectFreezing	Numeric	Freezing (your foot or feet won't move,usually occurs when you start to walk or when turning)			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectHallucination	Numeric	Hallucinations			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectHeadache	Numeric	Headache			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectHeart	Numeric	Increased heart rate			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectLessAppetite	Numeric	Decreased appetite or weight			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectLiver	Numeric	Liver problems			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectMoreAppetite	Numeric	Increased appetite or weight			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom;	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectMusclePain	Numeric	Muscle or arthritis pain (other than spine pain)			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectNausea	Numeric	Nausea			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectOtherPain	Numeric	Any other pain			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectSex	Numeric	Sexual dysfunction			1	This symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectSleep	Numeric	Sleep problems at night			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectSlowMove	Numeric	Slow movement			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectStiffness	Numeric	Stiffness			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom;	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannEffectTremor	Numeric	Tremor			1	This symptom STARTED WITH cannabis	
					12	I have NOT HAD this symptom	
					2	Had symptom; cannabis made it MARKEDLY WORSE	
					3	Had symptom; cannabis made it MILDLY WORSE	
					4	Had symptom; cannabis had NO EFFECT	
					6	Had symptom; cannabis made it MILDLY BETTER	
					8	Had symptom; cannabis made it MARKEDLY BETTER	
CannFrequency	Numeric	How often do/did you take this type of cannabis?			1	Less than once a month	
					2	Less than 1 time a week, but at least once/month	
					3	Not daily, but more	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						than 1 time/week	
					4	1 time a day	
					5	2-3 times a day	
					6	More than 3 times a day	
CannHowDrink	Numeric	Swallow: drink (beverage)			1	Yes	
CannHowFood	Numeric	Swallow: food (edible: gummy, chocolate bar, etc.)			1	Yes	
CannHowOil	Numeric	Swallow: oil			1	Yes	
CannHowPatch	Numeric	Patch			1	Yes	
CannHowSkin	Numeric	Apply to skin (oil, lotion, cream)			1	Yes	
CannHowSmoke	Numeric	Smoke/combustion (cigarette, pipe)			1	Yes	
CannHowSuppository	Numeric	Suppository			1	Yes	
CannHowTincture	Numeric	Sublingual/tincture			1	Yes	
CannHowVape	Numeric	Vape (vaporizer/vape pen)			1	Yes	
CannNegativePast	Numeric	Have you taken a different type of cannabis in the past and stopped it due to negative side effects?			1	Yes	
					2	No	
CannPFSurvey	Numeric	Have you recently completed a survey on cannabis use and Parkinson's, distributed by the Parkinson's Foundation (or PF representative)?			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CannPurpose	Numeric	What would you consider to be the primary purpose of your cannabis use?			1	Medicinal	
					2	Recreational	
					3	Both	
CannTHCdose	Numeric	On the days you take/took THC products, how much THC do/did you take total per day on average?			1	Up to 5 mg	
					2	6 - 50 mg	
					3	More than 50 mg	
					4	Don't know	
					5	None, or not applicable, because I use/used hemp	
CannType	Numeric	What type of cannabis do/did you use most frequently?			1	High CBD/low THC	
					2	High THC/low/no/unknown CBD	
					3	Similar amounts of CBD and THC	
					4	Hemp	
					5	Don't know	
CannTypeDoctor	Numeric	Have you discussed the use of cannabis with any of your physicians?			1	Yes	
					2	No	
CannWhen	Numeric	Are you filling out this			1	Now	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		survey about cannabis you are taking now or have taken in the past?			2	Not now, but less than 1 year ago	
					3	More than 1 year ago	
CannWho	Numeric	Who is filling out this survey			1	Person with PD	
					3	Caregiver (on behalf of person with PD)	
					4	Person with PD and caregiver in equal proportion	

CARE PARTNER EXPERIENCES (CPE)

Table Description: Care Partner Experiences

View Source Instrument: [link]

Details: This one-time survey is referred to as "Care Partner Experiences" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the questionnaire forms. This survey was deployed twice, initially collecting responses from November 2021 through January 2022. Responses were then collected a second time beginning in May 2022, and remains available to participants as of March 2023. Participants who provided a response in the first deployment are also able to provide a second response and no changes were made to the instrument itself. Approximately 2,500 responses have been collected across both administrations as of March 2023. This survey is only completed by participants from the Control cohort.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	
CPEPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?			1	Yes	Participants are skipped to the end of the survey if they didn't respond with 'Yes' to this question.
					2	No	
CPEPDCarePartner	Numeric	Do you identify yourself as a care partner for someone with Parkinson's disease?			1	Yes	Participants are skipped to the end of the survey if they didn't respond with 'Yes' to this question.
					2	No	
					3	Not sure	
					4	answer	
CPEUnpaid	Numeric	Do you identify yourself as an informal non-paid care partner for a person with Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
CPEPrimary	Numeric	Do you identify yourself as a primary care partner for a person with Parkinson's disease?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
CPERelationship	Numeric	What is your relationship to the person with			1	Spouse	
					2	Parent	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Parkinson's? The person with Parkinson's is my:			3	Other family member	
					4	Other	
CPEOtherCare	Numeric	Other than your care responsibilities for the person with PD, did you help care for anyone else during the past 4 weeks?			1	Yes, I am the primary care provider for someone else	
					2	Yes, I am the secondary care provider for someone else	
					3	No, I do not provide care for anyone else	
					4	Not sure	
						Prefer not to answer	
CPECareParents	Numeric	Who else did you help care for?	Parent(s)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1 or CPEUnpaid == 2)
CPECareSpouse	Numeric	Who else did you help care for?	Spouse		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1 or CPEUnpaid == 2)
CPECareChild	Numeric	Who else did you help care for?	Child, children		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1 or CPEUnpaid == 2)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPECareOtherFam	Numeric	Who else did you help care for?	Other family member(s)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1 or CPEUnpaid == 2)
CPECareOther	Numeric	Who else did you help care for?	Other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1 or CPEUnpaid == 2)
CPECareAssist	Numeric	Did you receive assistance from anyone else to help you with your care partner responsibilities during the past 4 weeks?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
CPESupportGroup	Numeric	Do you attend support groups for Parkinson's disease for your own benefit or support groups for care partners?			1	Yes, in person	
					3	No	
					2	Yes, but virtually	
					5	Prefer not to answer	
					4	Not sure	
CPEPDAge	Numeric	What is the age of the person with Parkinson's?			Age Text	Age [Derived]	
CPEPDGender	Numeric	What is the gender of the person with Parkinson's?			1	Male	
					2	Female	
					4	Not sure	
					3	Other	
					5	Prefer not to answer	
CPERPDAIAN	Numeric	What is the race of the person with Parkinson's?	American Indian or Alaska Native		1	Checked	
CPEPDAsian	Numeric	What is the race of the person with Parkinson's?	Asian		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEPDBlackAA	Numeric	What is the race of the person with Parkinson's?	Black or African American		1	Checked	
CPEPDNativeHawaiiannPI	Numeric	What is the race of the person with Parkinson's?	Native Hawaiian or Other Pacific Islander		1	Checked	
CPEPDWhite	Numeric	What is the race of the person with Parkinson's?	White or Caucasian		1	Checked	
CPEPDRaceOther	Numeric	What is the race of the person with Parkinson's?	Other		1	Checked	
CPEPDRacePNTA	Numeric	What is the race of the person with Parkinson's?	Prefer not to answer		1	Checked	
CPEPDNotHispanic	Numeric	What is the ethnicity of the person with Parkinson's? Are they Hispanic, Latino/a, or Spanish Origin? Please select all that apply.	No, not of Hispanic, Latino/a, or Spanish Origin		1	Checked	
CPEPDMexican	Numeric	What is the ethnicity of the person with Parkinson's? Are they Hispanic, Latino/a, or Spanish Origin? Please select all that apply.	Yes, Mexican, Mexican American, Chicano/a		1	Checked	
CPEPDCuban	Numeric	What is the ethnicity of the person with Parkinson's? Are they Hispanic, Latino/a, or Spanish Origin? Please select all that apply.	Yes, Cuban		1	Checked	
CPEPDOtherHispanic	Numeric	What is the ethnicity of the person with Parkinson's? Are they Hispanic, Latino/a, or Spanish Origin? Please select all that apply.	Yes, another Hispanic, Latino/a, or Spanish origin		1	Checked	
CPEPDDiagYears	Numeric	How many years ago was the person with Parkinson's diagnosed?			Year Text	Years since diagnosis	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEPDEmergency	Numeric	Within the past 12 months, did the person with Parkinson's have to visit the emergency room due to Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
CPEPDHospitalized	Numeric	Within the past 12 months, has the person with Parkinson's been hospitalized due to Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
CPERolePersonalCare	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Assisting with personal care (e.g., helping with bathing, grooming, dressing, etc.)		1	Checked	
CPERoleFoodPrep	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Food preparation		1	Checked	
CPERoleFeeding	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Feeding		1	Checked	
CPERoleMeds	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Obtaining and/or administering prescribed medications		1	Checked	
CPERoleGenCare	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	General health care (such as scheduling medical appointments, making sure they get to appointments, etc., but does not		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
			include medications)				
CPERoleMobility	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Mobility assistance (e.g., helping them getting up from a chair, assisting with balance)		1	Checked	
CPERoleEmoSupport	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Providing emotional support		1	Checked	
CPERoleSocEngage	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Organizing social engagement		1	Checked	
CPERoleTransport	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Transportation		1	Checked	
CPERoleHomeOrg	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Home organization (e.g., cleaning and organizing the home)		1	Checked	
CPERoleHandleCrisis	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Handling a crisis or medical emergency		1	Checked	
CPERoleFinancial	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Financial responsibilities		1	Checked	
CPERoleGrocery	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Grocery shopping and errands		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPERoleNotSure	Numeric	Which of the following roles do you have as a care partner? Please select all the apply.	Not sure		1	Checked	
CPEPDSympFalls	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Falls		1	Checked	
CPEPDSympDepressed	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Depressed mood		1	Checked	
CPEPDSympAnxious	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Anxious mood		1	Checked	
CPEPDSympApathy	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Apathy or a loss of motivation		1	Checked	
CPEPDSympMemory	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Difficulty with memory or thinking		1	Checked	
CPEPDSympPsychosis	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the	Hallucinations/psychosis		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		following symptoms? Please select all the apply.					
CPEPDSympNotSure	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Not sure		1	Checked	
CPEPDSympPNTA	Numeric	Over the past month, has the person with Parkinson's disease suffered from any of the following symptoms? Please select all the apply.	Prefer not to answer		1	Checked	
CPEUPDRSWho	Numeric	Who is filling out this questionnaire			1	Caregiver	
					2	Patient and Caregiver in equal proportion	
CPEUPDRSSpeech	Numeric	Over the past week, have you had problems with your speech?			1	Slight: My speech is soft, slurred or uneven, but it does not cause others to ask me to repeat myself.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: My speech causes people to ask me to occasionally repeat myself, but not every day.	
					3	Moderate: My speech is unclear enough that others ask me to repeat myself every day even though most of my speech is understood.	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					0	Normal: Not at all (no problems).	
					4	Severe: Most or all of my speech cannot be understood.	
CPEUPDRSSaliva	Numeric	Over the past week, have you usually had too much saliva during when you are awake or when you sleep?			2	Mild: I have some drooling during sleep, but none when I am awake.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					3	Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief.	
					4	Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes.	
					1	Slight: I have too much saliva, but do not drool.	
					0	Normal: Not at all (no problems).	
CPEUPDRSChew	Numeric	Over the past week, have you usually had problems swallowing pills or eating meals?			0	Normal: No problems.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					1	Slight: I am aware of slowness in my chewing or increased effort at swallowing, but I do not choke or need to have my food specially prepared.	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					2	Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, but I have not choked over the past week.	
					3	Moderate: I choked at least once in the past week.	
					4	Severe: Because of chewing and swallowing problems, I need a feeding tube.	
CPEUPDRSEating	Numeric	Over the past week, have you usually had troubles handling your food and using eating utensils?			1	Slight: I am slow, but do not need any help handling my food and have not had food spills while eating.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: I am slow with my eating and have occasional food spills. I may need help with a few tasks such as cutting meat.	
					3	Moderate: I need help with many eating tasks, but I can manage some alone.	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					4	Severe: I need help for most or all eating tasks.	
					0	Normal: Not at all (no problems).	
CPEUPDRSDressing	Numeric	Over the past week, have you usually had problems dressing?			1	Slight: I am slow, but do not need help	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: I am slow and need help for a few dressing tasks (buttons, bracelets).	
					3	Moderate: I need help for many dressing tasks.	
					0	Normal: Not at all (no problems).	
CPEUPDRSHygiene	Numeric	Over the past week, have you usually been slow or do you need help with washing, bathing, shaving, brushing teeth, combing your hair, or with other personal hygiene?			1	Slight: I am slow, but I do not need help.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: I need someone else to help me with some hygiene tasks.	
					3	Moderate: I need help for many hygiene tasks.	
					4	Severe: I need help for most or all my hygiene tasks.	
					0	Normal: Not at all (no problems).	
CPEUPDRSHandwrite	Numeric	Over the past week, have people usually had trouble reading your handwriting?			2	Mild: Some words are unclear and difficult to read.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the
					3	Moderate: Many words are unclear	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
						and difficult to read.	person with Parkinson's.
					4	Severe: Most or all words cannot be read.	
					1	Slight: My writing is slow, clumsy or uneven, but all words are clear.	
					0	Normal: Not at all (no problems).	
CPEUPDRSHobbies	Numeric	Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?			2	Mild: I have some difficulty doing these activities.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					4	Severe: I am unable to do most or all of these activities.	
					3	Moderate: I have major problems doing these activities, but still do most.	
					1	Slight: I am a bit slow but do these activities easily.	
					0	Normal: Not at all (no problems).	
CPEUPDRSTurnBed	Numeric	Over the past week, do you usually have trouble turning over in bed?			1	Slight: I have a bit of trouble turning, but I do not need any help.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					3	Moderate: To turn over I often need help from someone else.	
					2	Mild: I have a lot of trouble turning	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
						and need occasional help from someone else.	
					4	Severe: I am unable to turn over without help from someone else.	
					0	Normal: Not at all (no problems).	
CPEUPDRSTremor	Numeric	Over the past week, have you usually had shaking or tremor?			0	Normal: Not at all. I have no shaking or tremor.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: Shaking or tremor causes problems with only a few activities.	
					1	Slight: Shaking or tremor occurs but does not cause problems with any activities.	
					4	Severe: Shaking or tremor causes problems with most or all activities.	
					3	Moderate: Shaking or tremor causes problems with many of my daily activities.	
CPEUPDRSGetOutBed	Numeric	Over the past week, have you usually had trouble getting out of bed, a car seat, or a deep chair?			1	Slight: I am slow or awkward, but I usually can do it on my first try.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the
					2	Mild: I need more than one try to get	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
						up or need occasional help.	person with Parkinson's.
					4	Severe: I need help most or all of the time.	
					3	Moderate: I sometimes need help to get up, but most times I can still do it on my own.	
					0	Normal: Not at all (no problems).	
CPEUPDRSWalking	Numeric	Over the past week, have you usually had problems with balance and walking?			1	Slight: I am slightly slow or may drag a leg. I never use a walking aid.	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					3	Moderate: I usually walk using a walking aid (cane, walker) to walk safely without falling. However, I do not usually need the support from another person.	
					4	Severe: I usually use the support of another person to walk safely without falling.	
					0	Normal: Not at all (no problems).	
					2	Mild: I occasionally use a walking aid, but I do not need help	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
						from another person.	
CPEUPDRSFreezing	Numeric	Over the past week, on your usual day when walking, do you suddenly stop or freeze as if your feet are stuck on the floor?			0	Normal: Not at all (no problems).	If a caregiver is filling out this questionnaire, this question was asked to be answered from the perspective of the person with Parkinson's.
					2	Mild: I freeze and have trouble starting to walk again, but I do not need someone's help or a walking aid (cane or walker) because of freezing.	
					3	Moderate: When I freeze, I have a lot of trouble starting to walk again and, because of freezing, I sometimes need to use a walking aid or need someone else's help.	
					1	Slight: I briefly freeze, but I can easily start walking again. I do not need help from someone else or a walking aid (cane or walker) because of freezing.	
					4	Severe: Because of freezing, most or all of the time, I need to use a walking aid or someone's help.	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEEmployment	Numeric	Are you employed (working for pay)?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
CPEMissWorkHours	Numeric	During the past seven days, how many hours did you miss from work because of caregiving?			Hour Text	Hours	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEEmployment'. (CPEEmployment == 1)
CPEWorkHours	Numeric	During the past seven days, how many hours did you actually work?			Hour Text	Hours	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEEmployment'. (CPEEmployment == 1)
CPEStopPaidJob	Numeric	Did you stop your paid job, or did you retire early because of your caregiving responsibilities for the person with Parkinson's?			4	Not sure	
					2	No	
					1	Yes	
					3	I am currently not employed for pay	
					5	Prefer not to answer	
CPEFeelAskMore	Numeric	Do you feel that your relative asks for more help than he/she needs?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelTimeSelf	Numeric	Do you feel that, because of the time you spend with your relative, you don't have enough time for yourself?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEFeelStressed	Numeric	Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelEmbarrass	Numeric	Do you feel embarrassed about your relative's behavior?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelAngry	Numeric	Do you feel angry when you are around your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelAffectRelation	Numeric	Do you feel that your relative currently affects your relationship with other family members?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelAfraidFuture	Numeric	Are you afraid about what the future holds for your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelDependent	Numeric	Do you feel that your relative is dependent upon you?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelStrained	Numeric	Do you feel strained when you are around your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelHealthSuffer	Numeric	Do you feel that your health has suffered			0	Never	
					1	Rarely	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		because of your involvement with your relative?			2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelPrivacy	Numeric	Do you feel that you don't have as much privacy as you would like, because of your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelSocialSuffer	Numeric	Do you feel that your social life has suffered because you are caring for your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelUncomfortable	Numeric	Do you feel uncomfortable having your friends over because of your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelExpectCare	Numeric	Do you feel that your relative seems to expect you to take care of him or her, as if you were the only one, he or she could depend on?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelExpenses	Numeric	Do you feel that you don't have enough money to care for your relative, in addition to the rest of your expenses?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelUnableCare	Numeric	Do you feel that you will be unable to take care of your relative much longer?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelLostControl	Numeric	Do you feel that you have lost control of your life			0	Never	
					1	Rarely	
					2	Sometimes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		since your relative's illness?			3	Quite frequently	
					4	Nearly always	
CPEFeelLeaveCare	Numeric	Do you wish that you could just leave the care of your relative to someone else?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelUncertain	Numeric	Do you feel uncertain about what to do about your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelDoMore	Numeric	Do you feel that you should be doing more for your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelBetterJob	Numeric	Do you feel that you could do a better job in caring for your relative?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite frequently	
					4	Nearly always	
CPEFeelOverallBurden	Numeric	Overall, how burdened do you feel in caring for your relative?			1	A little	
					2	Moderately	
					4	Extremely	
					0	Not at all	
					3	Quite a bit	
CPECopeWork	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been turning to work or other activities to take my mind off things.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPECopeConcentrate	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been concentrating my efforts on doing something about the situation I'm in.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeNotReal	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been saying to myself "this isn't real".		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeDrugBetter	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been using alcohol or other drugs to make myself feel better.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeEmoSupport	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been getting emotional support from others.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeGiveUp	Numeric	The following questions ask about the ways you			1	I haven't been doing this at all	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been giving up trying to deal with it.		2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeTakeAction	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been taking action to try to make the situation better.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeRefuseBel	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been refusing to believe that it has happened.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeSayEscape	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been saying things to let my unpleasant feelings escape.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeAdvice	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care	I've been getting help and advice from other people.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.			4	I've been doing this a lot	
CPECopeDrugGetThru	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been using alcohol or other drugs to help me get through it.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopePositive	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been trying to see it in a different light, to make it seem more positive.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeCriticize	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been criticizing myself.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeStrategy	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question	I've been trying to come up with a strategy about what to do.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		based on what you are currently doing to cope.					
CPECopeComfort	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been getting comfort and understanding from someone.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeGiveUpAttempt	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been giving up the attempt to cope.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeLookForGood	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been looking for something good in what is happening.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeJoke	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been making jokes about it.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPECopeThinkLess	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I'tve been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeAcceptReal	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been accepting the reality of the fact that is has happened.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeExpressNeg	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been expressing my negative feelings.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeReligion	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been trying to find comfort in my religion or spiritual beliefs.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeTryGetAdvice	Numeric	The following questions ask about the ways you	I've been trying to get advice		1	I haven't been doing this at all	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	from other people about what to do.		2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeLearnLive	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been learning to live with it.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeThinkSteps	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been thinking hard about what steps to take.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeBlameSelf	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been blaming myself for things that happened.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopePray	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care	I've been praying or meditating.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.			4	I've been doing this a lot	
CPECopeFun	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been making fun of the situation.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeSport	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been exercising or doing sports.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeSupGroup	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question based on what you are currently doing to cope.	I've been visiting support groups.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	
CPECopeTherapy	Numeric	The following questions ask about the ways you are coping (right now) with your role as a care partner to someone with Parkinson's. Please answer each question	I've been visiting a therapist.		1	I haven't been doing this at all	
					2	A little bit	
					3	A medium amount	
					4	I've been doing this a lot	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		based on what you are currently doing to cope.					
CPECopeEffeWork	Numeric	How effective do you perceive this coping strategy to be?	I've been turning to work or other activities to take my mind off things.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeConcentrate	Numeric	How effective do you perceive this coping strategy to be?	I've been concentrating my efforts on doing something about the situation I'm in.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeNotReal	Numeric	How effective do you perceive this coping strategy to be?	I've been saying to myself "this isn't real".		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeDrugBetter	Numeric	How effective do you perceive this coping strategy to be?	I've been using alcohol or other drugs to make myself feel better.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeEmoSupport	Numeric	How effective do you perceive this coping strategy to be?	I've been getting emotional support from others.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeGiveUp	Numeric	How effective do you perceive this coping strategy to be?	I've been giving up trying to deal with it.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeTakeAction	Numeric	How effective do you perceive this coping strategy to be?	I've been taking action to try to make the situation better.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeRefuseBel	Numeric	How effective do you perceive this coping strategy to be?	I've been refusing to believe that it has happened.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPECopeEffeSayEscape	Numeric	How effective do you perceive this coping strategy to be?	I've been saying things to let my unpleasant feelings escape.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeAdvice	Numeric	How effective do you perceive this coping strategy to be?	I've been getting help and advice from other people.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeDrugGetThru	Numeric	How effective do you perceive this coping strategy to be?	I've been using alcohol or other drugs to help me get through it.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffePositive	Numeric	How effective do you perceive this coping strategy to be?	I've been trying to see it in a different light, to make it seem more positive.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeCriticize	Numeric	How effective do you perceive this coping strategy to be?	I've been criticizing myself.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeStrategy	Numeric	How effective do you perceive this coping strategy to be?	I've been trying to come up with a strategy about what to do.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeComfort	Numeric	How effective do you perceive this coping strategy to be?	I've been getting comfort and understanding from someone.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeGiveUpAttempt	Numeric	How effective do you perceive this coping strategy to be?	I've been giving up the attempt to cope.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeLookForGood	Numeric	How effective do you perceive this coping strategy to be?	I've been looking for something good in what is happening.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeJoke	Numeric				1	Not effective	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		How effective do you perceive this coping strategy to be?	I've been making jokes about it.		2	Somewhat effective	Participants are only presented this question if they endorsed using this coping strategy.
					3	Very effective	
CPECopeEffeThinkLess	Numeric	How effective do you perceive this coping strategy to be?	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeAcceptReal	Numeric	How effective do you perceive this coping strategy to be?	I've been accepting the reality of the fact that is has happened.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeExpressNeg	Numeric	How effective do you perceive this coping strategy to be?	I've been expressing my negative feelings.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeReligion	Numeric	How effective do you perceive this coping strategy to be?	I've been trying to find comfort in my religion or spiritual beliefs.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeTryGetAdvice	Numeric	How effective do you perceive this coping strategy to be?	I've been trying to get advice from other people about what to do.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
CPECopeEffeLearnLive	Numeric	How effective do you perceive this coping strategy to be?	I've been learning to live with it.		1	Not effective	Participants are only presented this question if they endorsed using this coping strategy.
					2	Somewhat effective	
					3	Very effective	
	Numeric				1	Not effective	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPECopeEffeThinkSteps		How effective do you perceive this coping strategy to be?	I've been thinking hard about what steps to take.		2 3	Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffeBlameSelf	Numeric	How effective do you perceive this coping strategy to be?	I've been blaming myself for things that happened.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffePray	Numeric	How effective do you perceive this coping strategy to be?	I've been praying or meditating.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffeFun	Numeric	How effective do you perceive this coping strategy to be?	I've been making fun of the situation.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffeSport	Numeric	How effective do you perceive this coping strategy to be?	I've been exercising or doing sports.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffeSupGroup	Numeric	How effective do you perceive this coping strategy to be?	I've been visiting support groups.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPECopeEffeTherapy	Numeric	How effective do you perceive this coping strategy to be?	I've been visiting a therapist.		1 2 3	Not effective Somewhat effective Very effective	Participants are only presented this question if they endorsed using this coping strategy.
CPEUnmetInfoHome	Numeric	This part of the survey is about unmet needs that relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding information about how to manage the illness at home		0 1 2 3	Need not applicable Low Unmet Need Moderate Unmet Need High Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEUnmetInfoSex	Numeric	This part of the survey is about unmet needs that relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding information about Parkinson's and its impact on sexual relationships		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetTalkProf	Numeric	This part of the survey is about unmet needs that relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Being able to talk openly about my feelings or worries with health care professionals		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetInfoAltTherapy	Numeric	This part of the survey is about unmet needs that relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding information about complementary or alternative therapies		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetInfoLongTerm	Numeric	This part of the survey is about unmet needs that relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding information about the long-term side effects of treatments and medicines		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetSpeakSupport	Numeric	This part of the survey is about unmet needs that	Knowing how to speak openly		0	Need not applicable	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		relate to finding information IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	about Parkinson's with the person I support		1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetWorryWorse	Numeric	This part of the survey is about unmet needs IN THE LAST MONTH that relate to knowing about the future. For each statement, select the choice that best describes your level of unmet need.	Dealing with worry about Parkinson's getting worse		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetKnowFuture	Numeric	This part of the survey is about unmet needs IN THE LAST MONTH that relate to knowing about the future. For each statement, select the choice that best describes your level of unmet need.	Dealing with not knowing what lies in the future		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetBossSupport	Numeric	This part of the survey is about your unmet needs that relate to your job and finances IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Getting my boss to be more supportive and understanding		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetKeepWork	Numeric	This part of the survey is about your unmet needs that relate to your job and finances IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Being able to keep working		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEUnmetPayNonMed	Numeric	This part of the survey is about your unmet needs that relate to your job and finances IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Paying non-medical costs (such as travel, special foods)		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetCoWorkers	Numeric	This part of the survey is about your unmet needs that relate to your job and finances IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Dealing with the way co-workers feel about my situation		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetFindFinHelp	Numeric	This part of the survey is about your unmet needs that relate to your job and finances IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding and getting financial help		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetAccessVari	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Having access to a variety of health care services and providers (dieticians, physiotherapists, occupational therapists)		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetApptQuick	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select	Getting appointments with health care providers quickly enough		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		the choice that best describes your level of unmet need.			3	High Unmet Need	
CPEUnmetSameFollow	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Making sure the person I support could see the same health care professional at each follow-up visit		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetTimeDoctor	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Having enough time with the doctor		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetResultsQuick	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Getting test results for the person I support quickly enough		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetCaseManage	Numeric	This part of the survey is about your unmet needs that relate to medical care IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Having an ongoing case manager		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetNotSleep	Numeric	This part of the survey is about unmet needs that relate to you personally	Not sleeping well		0	Need not applicable	
					1	Low Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.			2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetStressed	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Dealing with feeling stressed		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetWorryEmoFam	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Dealing with worries about the emotional well-being of your family		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetWorkHouse	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Working around the house (cooking, cleaning, home repairs, etc.)		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetReduceTime	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Help to reduce the time burden of caring		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
CPEUnmetAssistPhys	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Assistance with physical care		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetSelfNeeds	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Ability to attend to my own health needs		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetSocRelation	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Maintaining social relationships		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetKnowBest	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Knowing that I am doing the best I can		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetLetDown	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best	Dealing with feeling like I'm letting the person I support down		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		describes your level of unmet need.					
CPEUnmetFindMean	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Finding meaning in this experience		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetDiscussFeel	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Discussing feelings with other care partners		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEUnmetChangeRelation	Numeric	This part of the survey is about unmet needs that relate to you personally IN THE LAST MONTH. For each statement, select the choice that best describes your level of unmet need.	Dealing with changes in the relationship with the person I care for		0	Need not applicable	
					1	Low Unmet Need	
					2	Moderate Unmet Need	
					3	High Unmet Need	
CPEProductivity	Numeric	Consider only how much caregiving affected productivity while you were working.			0		Participants rated the affect of caregiving on a scale of 0-10. 0 = Caregiving had no effect on my work. 10 = Caregiving completely prevented me from working.
					1		
					2		
					3		
					4		
					5		
					6		
					7		
					8		
					9		
					10		
CPERegActivity	Numeric				0		

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Consider only how much health problems affected your ability to do your regular daily activities, other than work at a job.			1 2 3 4 5 6 7 8 9 10		Participants rated the affect of caregiving on a scale of 0-10. 0 = Caregiving had no effect on my work. 10 = Caregiving completely prevented me from working.
CPEImpactRate	Numeric	How big do you perceive the impact of being a care partner on your social life (i.e., lack of social interactions, not having time to yourself, dependence of a person with Parkinson's on you)?			0 1 2 3 4 5 6 7 8 9 10		Participants were presented with the prompt, “On a rating scale from 0 to 10 (0 being no impact and 10 being the highest impact).”

COMPENSATION STRATEGIES (Comp)

Table Description: Compensation Strategies to Improve Walking in Persons with Parkinson's Disease

View Source Instrument: [link]

Details: This one-time survey is referred to as "Compensation Strategies to Improve Walking in Persons with Parkinson's Disease" in Fox DEN and as "Compensation strategies to improve walking in persons with PD" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in March 2020 and closed in January 2023. 8,157 participants have provided responses to this survey. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CompBalanceEffectADL	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectCarry	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of	When walking while carrying something (e.g., a drink, a meal)		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Compensating for balance problems has no effect on my	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)				ability to move	Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectChair	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	When taking your first step after getting up from a chair		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectCrowd	Numeric	The effect of compensating for balance problems may	When walking in a crowded area (e.g., a busy		1	Compensating for balance problems improves my ability	All Variables with prefix "CompBalanceEffect" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	market place)			to move	subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectDoor	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	When walking through a doorway		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CompBalanceEffectOutdoor	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	Outdoors (e.g., when walking on the street)		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectSpace	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step,	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		making wider turns, etc.)					
CompBalanceEffectStop	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	When attempting to stop walking		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectTalk	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for	When walking while talking to someone		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)				balance problems' in this situation	'CompBalanceTried.'
CompBalanceEffectTime	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)	In a situation of time pressure (e.g., going to the toilet, crossing the street)		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems worsens my ability to move	
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceEffectTurn	Numeric	The effect of compensating for balance problems may vary depending on the situation or context in which it is used. Please indicate the effect of 'compensating for balance problems' on your ability to move	When making a turn		1	Compensating for balance problems improves my ability to move	All Variables with prefix "CompBalanceEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No,
					2	Compensating for balance problems has no effect on my ability to move	
					3	Compensating for balance problems	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for the different situations described below: (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)				worsens my ability to move	I have never tried a form of compensating for balance problems,' for the question in variable 'CompBalanceTried.'
					4	I have never used 'compensating for balance problems' in this situation	
CompBalanceHeardOf	Numeric	Have you heard of compensating for balance problems to improve walking?			1	Yes, I have heard of it before	Participants are presented with the following prompt, 'A third compensation strategy involves compensating for balance problems during gait. With this strategy, you change walking conditions to make it easier to move your weight from one leg to the other, or you use tools (e.g., a walker) to reduce the need to make weight shifts. Examples include: Shifting your weight to one leg before taking a step; Making wider turns; Using a wheeled-walker.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for
					2	No, I have never heard of it before	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question in variable 'CompDiffWalk.'
CompBalanceHeardOfHow	Numeric	How did you hear about the 'compensating for balance problems' strategy?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompBalanceHeardOf.'
					2	Through my physiotherapist (physical therapist)	
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another source. (Please fill in a description of the source):	
CompBalanceTried	Numeric	Have you ever tried a form of compensating for balance problems? (Examples of compensating for balance problems include shifting your weight to one leg before taking a step, making wider turns, etc.)			1	Yes, I have tried a form of compensating for balance problems and I still use it in my daily life	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompBalanceHeardOf.'
					2	Yes, I have tried a form of compensating for balance problems, but I do not use it in my daily life (anymore)	
					3	No, I have never tried a form of compensating for balance problems	
CompDiffWalk	Numeric	Do you experience walking difficulties due to Parkinson's disease?			1	No, I do not experience difficulties walking	
					2	Yes, I do experience difficulties walking but it does not affect my ability to perform	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						my usual daily activities	
					3	Yes, I do experience difficulties walking and it negatively affects my ability to perform my usual daily activities	
CompExCueEffectADL	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueEffectCarry	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing	When walking while carrying something (e.g., a drink, a meal)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)					the question in variable 'CompExCueTried.'
CompExCueEffectChair	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	When taking your first step after getting up from a chair		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueEffectCrowd	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the	When walking in a crowded area (e.g., a busy market place)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)					'CompExCueTried.'
CompExCueEffectDoor	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	When walking through a doorway		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueEffectOutdoor	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described	Outdoors (e.g., when walking on the street)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No,
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)				external cueing in this situation	I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
CompExCueEffectSpace	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueEffectStop	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of	When attempting to stop walking		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)				this situation	of external cueing,' for the question in variable 'CompExCueTried.'
CompExCueEffectTalk	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	When walking while talking to someone		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueEffectTime	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing	In a situation of time pressure (e.g., going to the toilet, crossing the street)		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)					the question in variable 'CompExCueTried.'
CompExCueEffectTurn	Numeric	The effect of external cueing may vary depending on the situation or context in which it is used. Please indicate the effect of external cueing on your ability to move for the different situations described below: (Examples of external cueing include walking to the beat of music; walking while stepping over lines pasted to the floor, or a certain pattern on the floor; etc.)	When making a turn		1	External cueing improves my ability to move	All Variables with prefix "CompExCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of external cueing,' for the question in variable 'CompExCueTried.'
					2	External cueing has no effect on my ability to move	
					3	External cueing worsens my ability to move	
					4	I have never used external cueing in this situation	
CompExCueHeardOf	Numeric	Have you heard of external cueing to improve walking?			1	Yes, I have heard of it before	Participants are presented with the following prompt, 'The first category of compensation strategies involves external cueing. During external cueing, visual, auditory or tactile stimuli are used. These stimuli are usually rhythmic. Examples include: Walking to the rhythm of a metronome;
					2	No, I have never heard of it before	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Walking to the beat of music; Walking while stepping over lines pasted to the floor, or a certain pattern on the floor; Stepping over someone else's foot.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
CompExCueHeardOfHow	Numeric	How did you hear about external cueing?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompExCueHeardOf.'
					2	Through my physiotherapist (physical therapist)	
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another source. (Please fill in a description of the source):	
CompExCueTried	Numeric	Have you ever tried a form of external cueing?			1	Yes, I have tried a form of external cueing and I still use it in my daily life	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompExCueHeardOf.'
					2	Yes, I have tried a form of external cueing, but I do not use it in my daily life (anymore)	
					3	No, I have never tried	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						a form of external cueing	
CompFreezeADL	Numeric	Are your freezing episodes affecting your daily activities?			1	Not at all, I continue doing things as normal	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Mildly, I avoid only few daily activities	
					3	Moderately, I avoid a significant amount (about half) of daily activities	
					4	Severely, I am very restricted in carrying out most daily activities	
CompFreezeFear Fall	Numeric	Do the freezing episodes cause feelings of insecurity and fear of falling?			1	Not at all	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Very little	
					3	Moderately	
					4	Significantly	
CompFreezeFreq	Numeric	How frequently do you experience freezing episodes?			1	Less than once a week	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Not often, about once a week	
					3	Often, about once a day	
					4	Very often, more than once a day	
CompFreezeInjury	Numeric	Did you sustain any injuries from falling in the past 12 months?			1	I sustained no injury	Participants are only presented this question if they did not answer, 'I did not fall,' for the question in variable 'CompFreezeMonthNumber.'
					2	I sustained an injury that did not need to be treated	
					3	I sustained an injury that needed to be treated	
CompFreezeMon	Numeric	Have you experienced			1	I have not	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
th		freezing episodes over the past month?				experienced such a feeling or episode over the past month	presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	I have experienced such a feeling or episode over the past month	
CompFreezeMonthNumber	Numeric	How many times did you fall in the past 12 months?			1	I did not fall	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	Once	
					3	Once every month	
					4	Once every week	
					5	Daily	
CompFreezeStepFreq	Numeric	How frequently do you experience episodes of freezing when initiating the first step?			1	Never	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Rarely, about once a month	
					3	Not often, about once a week	
					4	Often, about once a day	
					5	Very often, more than once a day	
CompFreezeStepLong	Numeric	How long is your longest freezing episode when initiating the first step?			1	Very short, 1 second	Participants are only presented this question if they did not answer, 'Never' for the question in variable 'CompFreezeStepFreq.'
					2	Short, 2-5 seconds	
					3	Long, between 5 and 30 seconds	
					4	Very long, unable to walk for more than 30 seconds	
CompFreezeTurnFreq	Numeric	How frequently do you experience freezing episodes during turning?			1	Never	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Rarely, about once a month	
					3	Not often, about once a week	
					4	Often, about once a day	
					5	Very often, more	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						than once a day	
CompFreezeTurnLong	Numeric	How long is your longest freezing episode during turning?			1	Very short, 1 second	Participants are only presented this question if they did not answer, 'Never' for the question in variable 'CompFreezeTurnFreq.'
					2	Short, 2 - 5 seconds	
					3	Long, between 5 and 30 seconds	
					4	Very long, unable to walk for more than 30 seconds	
CompFreezeWalkDisturb	Numeric	How disturbing are the freezing episodes for your daily walking?			1	Not at all	Participants are only presented this question if they answered, 'I have experienced such a feeling or episode over the past month' for the question in variable 'CompFreezeMonth.'
					2	Very little	
					3	Moderately	
					4	Significantly	
CompInCueEffectADL	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectCarry	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the	When walking while carrying something (e.g., a drink, a meal)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)				move	presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					4	I have never used internal cueing in this situation	
CompInCueEffectChair	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	When taking your first step after getting up from a chair		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectCrowd	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	When walking in a crowded area (e.g., a busy market place)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectDoor	Numeric	The effect of internal cueing may vary	When walking through a		1	Internal cueing improves my ability	All Variables with prefix "CompInCueEffect" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	doorway			to move	part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectOutdoor	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	Outdoors (e.g., when walking on the street)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectSpace	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		cueing includes counting and making a heel strike at every count.)				situation	of internal cueing,' for the question in variable 'CompInCueTried.'
CompInCueEffectStop	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	When attempting to stop walking		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectTalk	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	When walking while talking to someone		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CompInCueEffectTime	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	In a situation of time pressure (e.g., going to the toilet, crossing the street)		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueEffectTurn	Numeric	The effect of internal cueing may vary depending on the situation or context in which it is used. Please indicate the effect of internal cueing on your ability to move for the different situations described below: (An example of internal cueing includes counting and making a heel strike at every count.)	When making a turn		1	Internal cueing improves my ability to move	All Variables with prefix "CompInCueEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of internal cueing,' for the question in variable 'CompInCueTried.'
					2	Internal cueing has no effect on my ability to move	
					3	Internal cueing worsens my ability to move	
					4	I have never used internal cueing in this situation	
CompInCueHeardOf	Numeric	Have you heard of internal cueing to			1	Yes, I have heard of it before	Participants are presented with the following

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		improve walking?			2	No, I have never heard of it before	prompt, 'Rather than being guided by external cues, persons with Parkinson's disease can also use internal cues to improve their ability to walk. Internal cues can help to focus attention on (a specific part of) walking. Examples include: Counting and making a heel strike at every count.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
CompInCueHeardOfHow	Numeric	How did you hear about internal cueing?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it,' for the question in variable 'CompInCueHeardOf.'
					2	Through my physiotherapist (physical therapist)	
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another source. (Please fill in a description of the source):	
CompInCueTried	Numeric	Have you ever tried a form of internal cueing?			1	Yes, I have tried a form of internal cueing and I still use it in my daily life	Participants are only presented this question if they answered, 'Yes, I have heard of it,' for the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Yes, I have tried a form of internal cueing, but I do not use it in my daily life (anymore)	question in variable 'CompInCueHeardOf.'
					3	No, I have never tried a form of internal cueing	
CompMentalAnxiety	Numeric	Do you feel stress or anxiety have a negative effect on your ability to walk?			1	Yes, stress and anxiety negatively affect my gait	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	No, stress and anxiety have no effect on my gait	
CompMentalEffectADL	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectCarry	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental	When walking while carrying something (e.g., a drink, a meal)		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)				state worsens my ability to move	Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectChair	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	When taking your first step after getting up from a chair		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectCrowd	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of	When walking in a crowded area (e.g., a busy market place)		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Altering my mental state has no effect on my ability to move	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)			3	Altering my mental state worsens my ability to move	Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectDoor	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	When walking through a doorway		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectOutdoor	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please	Outdoors (e.g., when walking on the street)		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown
					2	Altering my mental state has no effect on	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)				my ability to move	as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectSpace	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectStop	Numeric	The effect of altering the mental state may vary depending on the situation or context in	When attempting to stop walking		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the
					2	Altering my mental	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)				state has no effect on my ability to move	specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectTalk	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	When walking while talking to someone		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectTime	Numeric	The effect of altering the mental state may vary depending on the	In a situation of time pressure (e.g., going to the		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	toilet, crossing the street)		2	Altering my mental state has no effect on my ability to move	subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalEffectTurn	Numeric	The effect of altering the mental state may vary depending on the situation or context in which it is used. Please indicate the effect of 'altering the mental state' on your ability to move for the different situations described below: (An example of altering the mental state includes relaxation through breathing exercises before starting to walk.)	When making a turn		1	Altering my mental state improves my ability to move	All Variables with prefix "CompMentalEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of altering mental state,' for the question in variable 'CompMentalTried.'
					2	Altering my mental state has no effect on my ability to move	
					3	Altering my mental state worsens my ability to move	
					4	I have never used 'altering the mental state' in this situation	
CompMentalHeardOf	Numeric	Have you heard of altering the mental state to improve walking?			1	Yes, I have heard of it before	Participants are presented with the following prompt, 'Alteration of the mental state is the fourth category of
					2	No, I have never heard of it before	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							compensation strategies that might improve walking in persons with Parkinson's disease. This strategy stimulates alertness and helps to focus attention. In an extreme form, this strategy occurs in stressful situations: a classic example is patients' improved ability to walk during an earthquake. Obviously, life-threatening situations cannot be used as a compensation strategy on a daily basis. However, improvements of gait impairments owing to increased motivation or relaxation might have a similar effect. An example could be: Relaxation through breathing exercises before starting to walk' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
CompMentalHeardOfHow	Numeric	How did you hear about the 'altering the mental state' strategy?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it before,'
					2	Through my physiotherapist	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						(physical therapist)	for the question in variable 'CompMentalHeardOf.'
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another source. (Please fill in a description of the source):	
CompMentalStress	Numeric	Do you avoid stressful situations because it has a negative effect on your ability to walk?			1	Yes, I try to avoid stressful situations because of this	Participants are only presented this question if they answered, 'Yes, stress and anxiety negatively affect my gait,' for the question in variable 'CompMentalAnxiety.'
					2	No, I do not avoid stressful situations because of this	
CompMentalTried	Numeric	Have you ever tried a form of altering the mental state?			1	Yes, I have tried a form of altering the mental state and I still use it in my daily life	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	Yes, I have tried a form of altering the mental state, but I do not use it in my daily life (anymore)	
					3	No, I have never tried a form of altering the mental state	
CompMotorEffectADL	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only
					2	Motor imagery or action observation has no effect on my ability to move	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)			3	Motor imagery or action observation worsens my ability to move	presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectCarry	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	When walking while carrying something (e.g., a drink, a meal)		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectChair	Numeric	The effect of motor imagery and action observation may vary	When taking your first step after getting up		1	Motor imagery or action observation improves my ability	All Variables with prefix "CompMotorEffect" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	from a chair			to move	subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectCrowd	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to	When walking in a crowded area (e.g., a busy market place)		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		mimic the walking pattern.)					
CompMotorEffectDoor	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	When walking through a doorway		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectOutdoor	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery,	Outdoors (e.g., when walking on the street)		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)				action observation in this situation	'CompMotorTried.'
CompMotorEffectSpace	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectStop	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or	When attempting to stop walking		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only
					2	Motor imagery or action observation has no effect on my ability to move	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)			3	Motor imagery or action observation worsens my ability to move	presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectTalk	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	When walking while talking to someone		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectTime	Numeric	The effect of motor imagery and action	In a situation of time pressure		1	Motor imagery or action observation	All Variables with prefix "CompMotorEffect" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else walking and try to mimic the walking pattern.)	(e.g., going to the toilet, crossing the street)			improves my ability to move	part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	
CompMotorEffectTurn	Numeric	The effect of motor imagery and action observation may vary depending on the situation or context in which it is used. Please indicate the effect of 'motor imagery or action observation' on your ability to move for the different situations described below: (For example, during motor imagery, you walk while you visualize someone walking. During action observation you observe someone else	When making a turn		1	Motor imagery or action observation improves my ability to move	All Variables with prefix "CompMotorEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried a form of motor imagery or action observation,' for the question in variable 'CompMotorTried.'
					2	Motor imagery or action observation has no effect on my ability to move	
					3	Motor imagery or action observation worsens my ability to move	
					4	I have never used motor imagery or action observation in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		walking and try to mimic the walking pattern.)					
CompMotorHeardOf	Numeric	Have you heard of motor imagery or action observation to improve walking?			1	Yes, I have heard of it before	Participants are presented with the following prompt, 'Motor imagery and action observation are the fifth category of compensation strategies to improve gait in persons with Parkinson's disease. During motor imagery, you walk while you visualize someone walking. During action observation, you observe someone else walking and try to mimic the walking pattern.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	No, I have never heard of it before	
CompMotorHeardOfHow	Numeric	How did you hear about motor imagery or action observation?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompMotorHeardOf.'
					2	Through my physiotherapist (physical therapist)	
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						source. (Please fill in a description of the source):	
CompMotorTried	Numeric	Have you ever tried a form of motor imagery or action observation?			1	Yes, I have tried a form of motor imagery or action observation and I still use it in my daily life	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompMotorHeardOf.'
					2	Yes, I have tried a form of motor imagery or action observation, but I do not use it in my daily life (anymore)	
					3	No, I have never tried a form of motor imagery or action observation	
CompOtherAdvice	Numeric	Clinicians and therapists (e.g., physiotherapists, occupational therapists, rehabilitation physicians, and neurologists) can offer advice on the use of compensation strategies. Have you ever received advice on the use of compensation strategies?			1	Yes, I have received advice that was focused on the use of compensation strategies	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	No, I have not received advice that was focused on the use of compensation strategies	
CompOtherIntervention	Numeric	Would you be interested in receiving (additional) interventions to learn all available compensation			1	Yes, I would be interested	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable
					2	No, I would not be interested.	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		strategies?					'CompDiffWalk.'
CompOtherSwitch	Numeric	Were you ever compelled to switch to different compensation strategies over time, because the effect of a particular strategy tapered off over time?			1	Yes, I was obliged to switch to different strategies over time	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	No, I am still using my original strategies	
					3	I have never used compensation strategies	
CompOtherTried	Numeric	Have you ever tried alternatives to normal walking?			1	Yes, I have tried alternatives to normal walking and I still use them in my daily life	Particpants are presented with the following prompt, 'The final category of compensation strategies for walking difficulties caused by Parkinson's disease is using other means than walking to move forward. Examples include: Riding a bicycle; Ice skating; Using a scooter; Roller skating; Skateboarding.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
					2	Yes, I have tried alternatives to normal walking, but I do not use them in my daily life (anymore)	
					3	No, I have never tried alternatives to normal walking.	
CompOtherUsed	Numeric	Do you use compensation strategies that were not mentioned in this questionnaire?			1	Yes, I do	Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for
					2	No, I do not	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question in variable 'CompDiffWalk.'
CompWalkEffect ADL	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	During the performance of a purposeful daily activity (e.g., getting dressed, kitchen activities)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffect Carry	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When walking while carrying something (e.g., a drink, a meal)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CompWalkEffect Chair	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When taking your first step after getting up from a chair		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffect Crowd	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When walking in a crowded area (e.g., a busy market place)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
CompWalkEffect Door	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When walking through a doorway		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffect Outdoor	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are	Outdoors (e.g., when walking on the street)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		skating, etc.)					
CompWalkEffect Space	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When walking in a small or narrow space (e.g., walking in the bathroom, in a room packed with furniture)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffect Stop	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern	When attempting to stop walking		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		include walking with the knees lifted high, walking as if you are skating, etc.)				walking pattern' in this situation	'CompWalkTried.'
CompWalkEffect Talk	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When walking while talking to someone		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffect Time	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described	In a situation of time pressure (e.g., going to the toilet, crossing the street)		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)				move	adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkEffectTurn	Numeric	The effect of adapting a new walking pattern may vary depending on the situation or context in which it is used. Please indicate the effect of adapting a new walking pattern on your ability to move for the different situations described below: (Examples of adopting a new walking pattern include walking with the knees lifted high, walking as if you are skating, etc.)	When making a turn		1	Adapting a new walking pattern improves my ability to move	All Variables with prefix "CompWalkEffect" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they did not answer, 'No, I have never tried adopting a new walking pattern,' for the question in variable 'CompWalkTried.'
					2	Adapting a new walking pattern has no effect on my ability to move	
					3	Adapting a new walking pattern worsens my ability to move	
					4	I have never used 'adapting a new walking pattern' in this situation	
CompWalkHeardOf	Numeric	Have you heard of adopting a new walking pattern to improve walking?			1	Yes, I have heard of it before	Participants are presented with the following prompt, 'The sixth category of compensation strategies is the adoption of a new walking pattern. Usually, these movements are not
					2	No, I have never heard of it before	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							completely new but have been learned previously. Examples of adopting a new walking pattern include: walking with the knees lifted high, walking as if you are skating, making a cross pass, walking backwards, walking sideways, climbing stairs, jumping, and running.' Participants are only presented this question if they did not answer, 'No, I do not experience difficulties walking,' for the question in variable 'CompDiffWalk.'
CompWalkHeardOfHow	Numeric	How did you hear about 'adoption of a new walking pattern' strategy?			1	Through my medical doctor	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in variable 'CompWalkHeardOf.'
					2	Through my physiotherapist (physical therapist)	
					3	Through my occupational therapist	
					4	I have read about it	
					5	I came up with it myself	
					6	Through another source. (Please fill in a description of the source):	
CompWalkTried	Numeric	Have you ever tried adopting a new walking pattern?			1	Yes, I have tried adopting a new walking pattern and I still use it in my daily life	Participants are only presented this question if they answered, 'Yes, I have heard of it before,' for the question in

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					2	Yes, I have tried adopting a new walking pattern, but I do not use it in my daily life (anymore)	variable 'CompWalkHeardOf.'
					3	No, I have never tried adopting a new walking pattern	

COVID-19 EXPERIENCE IN THE PD COMMUNITY (COV)

Table Description: COVID-19 Experience in the PD Community

View Source Instrument: [link]

Details: This one-time survey is referred to as "COVID-19 Experience in the PD Community " in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the questionnaire forms. This survey was launched in April 2020 and closed in March 2021. 9,146 participants provided responses for this survey. A manuscript detailing findings from the survey was published in the Journal of Parkinson's Disease, and can be found here: [link]. A revised version of this survey was deployed in Fox Insight in April 2021 with both new questions, as well as overlapping variables (see the subsequent entry, COV2 – "COVID-19 Experiences in the PD Community Part 2 on page 610). This survey was completed by participants from both the PD and Control cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVAlterClinVisit	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following	In-person clinical research visits		1	Cancelled	All variables with prefix "COVAlter" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterCommunAct	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Community activities		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVAlterExercise	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Exercising		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterMenHealth	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Mental health therapy		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterOccTher	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Occupational therapy		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVAlterOthMedApt	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Medical appointments unrelated to Parkinsons disease (e.g., colonoscopy, cataract surgery, dental visit)		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterPhysTher	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Physical therapy		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterReligAct	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Religious or spiritual activities		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVAlterSeeFamily	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Seeing family		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterSeeFriend	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Seeing friends		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterSpeechTher	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Speech therapy		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVAlterSpprtGrp	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Support group attendance		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAlterVolntrAct	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you had to cancel, postpone, or alter (where alter means conduct via phone, video, online, or from a distance) any of the following activities?	Volunteer activities		1	Cancelled	
					2	Postponed	
					3	Conducted via alternative method(s)	
					4	Not applicable	
COVAmantadinePD	Numeric	Do you regularly take the medication amantadine for your Parkinsons disease symptoms?			1	Yes	
					2	No	
					3	I don't know	
COVAmantadinePDMonths	Numeric	How many months have you taken amantadine for your Parkinsons disease symptoms?			1	Yes	
					2	No	
					3	I don't know	
COVConIllDK	Numeric	Have you been diagnosed with another viral or	I dont know		1	Yes	All variables with prefix COVCon are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)					possible values of a multi-select item and are not mutually exclusive.
COVConIlllFlu	Numeric	Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)	Yes, influenza (flu)		1	Yes	
COVConIllNo	Numeric	Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)	No		1	Yes	
COVConIllOther	Numeric	Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)	Yes, other (please describe):		1	Yes	
COVConIllResp	Numeric	Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)	Yes, another respiratory illness (please describe):		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVConIllStrep	Numeric	Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)	Yes, strep throat		1	Yes	
COVCough	Numeric	Have you experienced a cough anytime since the COVID-19 pandemic began (December 31, 2019)?			1	Yes	
					2	No	
					3	I don't know	
COVCoughType	Numeric	What kind of cough did you experience?			1	Dry cough	
					2	Cough with mucus	
					3	Other (please describe):	
COVDrugAmantadine	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Amantadine		1	Checked	For CDC guidance on investigational treatments, see: https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html
COVDrugAscorbicAcid	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as	Ascorbic acid & zinc		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		investigational treatment for COVID-19? (Select all that apply)					
COVDrugAzithromycin	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Azithromycin (Zithromax or Z-Pak)		1	Checked	
COVDrugFavipiravir	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Favipiravir (Avigan)		1	Checked	
COVDrugHydroxychloroquine	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment	Hydroxychloroquine (Plaquenil)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for COVID-19? (Select all that apply)					
COVDrugHypbricOxgn	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Hyperbaric oxygen		1	Checked	
COVDrugIDK	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	I dont know		1	Checked	
COVDrugIVIG	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment	Immunoglobulin therapy (IVIG)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for COVID-19? (Select all that apply)					
COVDrugLosartan	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Losartan		1	Checked	
COVDrugOther	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Other (please describe):		1	Checked	
COVDrugPlasma	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment	Convalescent plasma therapy (plasma from someone that has been infected)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for COVID-19? (Select all that apply)					
COVDrugRemdesivir	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Remdesivir		1	Checked	
COVDrugToclizumab	Numeric	As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)	Toclizumab (an antibody against IL-6)		1	Checked	
COVDrugTreat	Numeric	Have you received a drug treatment for diagnosed or suspected COVID-19?			1	Yes, I received a drug treatment in a hospital	
					2	Yes, I received a drug treatment from a medical doctor, but I was not hospitalized	
					3	Yes, I received a drug treatment, but not from a medical	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						doctor (please describe):	
					4	No	
					5	I don't know	
COVFever	Numeric	Whether or not you were diagnosed withCOVID-19, have you experienced a fever anytime since the COVID-19 pandemic began (December 31, 2019)?			1	Yes	
					2	No	
					3	I don't know	
COVFeverLast	Numeric	How many days did your fever last?					
COVFeverTemp	Numeric	What was your highest temperature during the COVID-19 pandemic? (Answers are rounded to nearest 0.5°. Please choose the closest answer)			1	98°F/37°C	
					10	103°F/39.5°C	
					2	99.5°F/37.5°C	
					3	106°F/41°C	
					4	100°F/38°C	
					5	101°F/38.5°C	
					6	102°F/39°C	
					7	104°F/40°C	
					8	105°F/40.5°C	
COVFinanceIncomeDecl	Numeric	How have your household finances been impacted? (Select all that apply)	Household income declined		1	Yes	
COVFinanceOther	Numeric	How have your household finances been impacted? (Select all that apply)	Other (please describe):		1	Yes	
COVFinancePayBills	Numeric	How have your household finances been impacted? (Select all that apply)	Difficulty paying other bills		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVFinanceRentMortg	Numeric	How have your household finances been impacted? (Select all that apply)	Difficulty paying rent or mortgage		1	Yes	
COVFinanceSavingDecl	Numeric	How have your household finances been impacted? (Select all that apply)	Household savings or retirement funds declined		1	Yes	
COVHospitalized	Numeric	Have you been hospitalized due to COVID-19?			1	Yes	
					2	No	
					3	I was hospitalized, but don't know if it was due to COVID-19	
COVHospitalizedICU	Numeric	When you were hospitalized, were you in the intensive care unit (ICU)?			1	Yes	
					2	No	
					3	I don't know	
COVHousehold	Numeric	How many people live (or are currently staying) in your household including yourself?					
COVLivingFacility	Numeric	What is the approximate number of people living in your facility including yourself?			1	1-10 people	
					2	11-30 people	
					3	31-50 people	
					4	More than 50 people	
COVLivingSituation	Numeric	Please tell us a little about where you currently live:			1	Single family home or mobile home	
					2	Apartment or co-op	
					3	Living in a dormitory, military barracks, religious order, or other shared living environment	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Senior independent living facility	
					5	Assisted living facility	
					6	Skilled nursing facility	
					7	Currently experiencing housing insecurity or homelessness	
					8	Other (please describe):	
COVMedCareCancel	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical care affected? (Select all that apply)	Yes, I have had to cancel healthcare appointments		1	Yes	For state-by-state social distancing guidelines, see: https://www.aarp.org/politics-society/government-elections/info-2020/coronavirus-state-restrictions.html
COVMedCareKept	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical care affected? (Select all that apply)	No, I had appointments scheduled and kept them		1	Yes	
COVMedCareNA	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical	No, I did not have any appointments scheduled		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		care affected? (Select all that apply)					
COVMedCareNoLoss	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical care affected? (Select all that apply)	No, I did not lose or have to reduce in-home care services		1	Yes	
COVMedCareReduce	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical care affected? (Select all that apply)	Yes, I have lost or had to reduce in-home care services		1	Yes	
COVMedCareTele	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to receive medical care affected? (Select all that apply)	Yes, I have attended some healthcare appointments through telemedicine (video) or a phone call		1	Yes	
COVObtainPDMed	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Was your ability to obtain medications for your			1	Yes	
					2	No	
					3	I don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinsons disease affected?					
COVPDAnxiety	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Anxiety - feeling nervous, worried, or tense more than usual		1	I did not have this symptom	For research on COVID-19's impact on symptoms of PD, see: https://www.apdaparkinson.org/article/newly-published-studies-on-covid-and-pd/
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDApathy	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Apathy - decreased motivation, initiative, or spontaneity		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDBalance	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Problems with balance		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDCognition	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Cognition - trouble thinking clearly, remembering things, and being attentive		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDConfusion	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Confusion - not knowing where you are, the date/time, who familiar people are		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDConstipation	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your	Constipation - fewer than three bowel movements a week or		1	I did not have this symptom	
					2	I had this symptom and it became worse	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinsons disease related symptoms?	having to strain to pass a stool		3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDDepression	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDDiag	Numeric	Please share your current health status:			1	I have been diagnosed with Parkinson's disease	
COVPDDiag	Numeric	Please share your current health status:			2	I have not been diagnosed with Parkinson's disease	
COVPDDyskinesia	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Experienced dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing,		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			wriggling, head bobbing, or body swaying		4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDEating	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Problems eating meals		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDExcessSleep	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Excessive sleepiness - trouble staying awake during the daytime		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDFalling	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your	Problems with falling		1	I did not have this symptom	
					2	I had this symptom and it became worse	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinsons disease related symptoms?			3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDFatigue	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Fatigue - physical and mental state of having extremely low energy		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDHallucinations	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Hallucinations - hearing, seeing, feeling, tasting or smelling something that wasnt really there		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDLowBP	Numeric	While you were sick with a diagnosed or suspected	Low blood pressure -		1	I did not have this symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDMemory	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Memory - trouble remembering things and/or trouble handling complicated problems		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDOFFTime	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Experienced OFF time - a period during which PD medication(s) are not working as well		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVPDRBD	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDSleeping	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Difficulty sleeping (insomnia) - trouble getting to sleep or staying asleep through the night		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDSlowMove	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Slow movements		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	This was a new symptom	
COVPDStifff	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Stiffness		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDSwallowing	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Problems swallowing pills		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDTreatBotox	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or	Botulinum toxin (Botox) injections		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		postponed as a result of the COVID-19 pandemic? (Select all that apply)					
COVPDTreatDBS	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or postponed as a result of the COVID-19 pandemic? (Select all that apply)	Deep Brain Stimulation (DBS) surgery		1	Yes	
COVPDTreatDBSBat	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or postponed as a result of the COVID-19 pandemic? (Select all that apply)	Deep Brain Stimulation (DBS) battery replacement		1	Yes	
COVPDTreatDBSPrg	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or postponed as a result of	Deep Brain Stimulation (DBS) programming		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the COVID-19 pandemic? (Select all that apply)					
COVPDTreatNA	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or postponed as a result of the COVID-19 pandemic? (Select all that apply)	None of the above		1	Yes	
COVPDTreatOther	Numeric	Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Which of the following treatments related to your Parkinsons disease were cancelled or postponed as a result of the COVID-19 pandemic? (Select all that apply)	Other (please describe):		1	Yes	
COVPDTremor	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Shaking or tremor		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDUrinary	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or urine accidents		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPDWalking	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinsons disease related symptoms?	Problems with walking		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVPPEGloves	Numeric	When you have gone out in public, have you worn any protective accessories more than half of the time since the COVID-19 pandemic began or since	Yes, protective gloves		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		local guidelines were implemented in your area? (Select all that apply)					
COVPPEMask	Numeric	When you have gone out in public, have you worn any protective accessories more than half of the time since the COVID-19 pandemic began or since local guidelines were implemented in your area? (Select all that apply)	Yes, face covering or mask		1	Yes	
COVPPENA	Numeric	When you have gone out in public, have you worn any protective accessories more than half of the time since the COVID-19 pandemic began or since local guidelines were implemented in your area? (Select all that apply)	No, I have not gone out in public since the COVID-19 pandemic began		1	Yes	
COVPPENone	Numeric	When you have gone out in public, have you worn any protective accessories more than half of the time since the COVID-19 pandemic began or since local guidelines were implemented in your area? (Select all that apply)	No, I have not worn protective accessories		1	Yes	
COVPneumonia	Numeric	Have you been diagnosed with pneumonia since the COVID-19 pandemic began (December 31, 2019)?			1	Yes	
					2	No	
					3	I don't know	
COVProDiag	Numeric	Have you been diagnosed with COVID-19 by a medical professional?			1	I have been diagnosed with COVID-19	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	I have been told I may have COVID-19	
					5	I have not been diagnosed with COVID-19	
					6	I don't know	
COVProDiagWhen	Numeric	When were you diagnosed or told you may have COVID-19 by a medical professional?			1	Within the past 7 days	
					2	Between 8 and 30 days ago	
					3	Between 31 and 90 days ago	
					4	More than 90 days ago	
					5	I don't know	
COVRegion	Numeric	Please describe the area/region you live in:			1	City or large metropolitan area	
					2	Town or village	
					3	Rural	
					4	Other	
COVRiskAdultCare	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in an adult care, assisted living, or skilled nursing facility		1	Yes	
COVRiskChildCare	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in a child care facility or school		1	Yes	
COVRiskCnctAdultCare	Numeric	Please tell us if you have had other close contact with anyone meeting the	Worked in an adult care, assisted living,		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	or skilled nursing facility				
COVRiskCnctChildCare	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in a child care facility or school		1	Yes	
COVRiskCnctDiag	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had a confirmed COVID-19 diagnosis from a medical professional		1	Yes	
COVRiskCnctEssential	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in an industry deemed essential		1	Yes	
COVRiskCnctFirstRespond	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a first responder, such as fire, police, emergency services		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskCnctHealthCare	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a healthcare professional with clinical duties		1	Yes	
COVRiskCnctNA	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	None of the above		1	Yes	
COVRiskCnctShip	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Spent time on a ship with confirmed COVID-19 cases		1	Yes	
COVRiskCnctStayHome	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Lived in an area that received a stay at home advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskCnctSusptDiag	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had a suspected COVID-19 diagnosis from a medical professional		1	Yes	
COVRiskCnctSymp	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had COVID-19 symptoms		1	Yes	
COVRiskCnctTravel	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Traveled to areas that had or later received a travel advisory because of a high number of COVID-19 cases		1	Yes	
COVRiskCnctVisitCare	Numeric	Please tell us if you have had other close contact with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Frequent visitor to an adult care, assisted living, or skilled nursing facility		1	Yes	
COVRiskEssential	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in an industry deemed essential		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskFirstRespond	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a first responder, such as fire, police, emergency services		1	Yes	
COVRiskHealthCare	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a healthcare professional with clinical duties		1	Yes	
COVRiskHomeAdultCare	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in an adult care, assisted living, or skilled nursing facility		1	Yes	
COVRiskHomeChildCare	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked in a child care facility or school		1	Yes	
COVRiskHomeDiag	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had a confirmed COVID-19 diagnosis from a medical professional		1	Yes	
COVRiskHomeEssential	Numeric	Please tell us if anyone in your household (not	Worked in an industry		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	deemed essential				
COVRiskHomeFirstRespond	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a first responder, such as fire, police, emergency services		1	Yes	
COVRiskHomeHealthCare	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Worked as a healthcare professional with clinical duties		1	Yes	
COVRiskHomeNA	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	None of the above		1	Yes	
COVRiskHomeShip	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Spent time on a ship with confirmed COVID-19 cases		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskHomeStayHome	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Lived in an area that received a stay at home advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)		1	Yes	
COVRiskHomeSusptDiag	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had a suspected COVID-19 diagnosis from a medical professional		1	Yes	
COVRiskHomeSymp	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Had COVID-19 symptoms		1	Yes	
COVRiskHomeTravel	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Traveled to areas that had or later received a travel advisory because of a high number of COVID-19 cases		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskHomeVisitCare	Numeric	Please tell us if anyone in your household (not including yourself) met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Frequent visitor to an adult care, assisted living, or skilled nursing facility		1	Yes	
COVRiskNA	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	None of the above		1	Yes	
COVRiskPastChemo	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Had chemotherapy within the past year		1	Yes	
COVRiskPastCurrSmoke	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Current smoker		1	Yes	
COVRiskPastDiabetes	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Diabetes mellitus		1	Yes	
COVRiskPastFormSmoke	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Former smoker		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskPastHIV	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	HIV or AIDS		1	Yes	
COVRiskPastHeartDis	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Heart disease		1	Yes	
COVRiskPastHighBP	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	High blood pressure		1	Yes	
COVRiskPastImmuneSupp	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Taking immune suppressing medication, such as those to treat for rheumatoid arthritis or inflammatory bowel disease		1	Yes	
COVRiskPastLungDis	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Chronic lung disease (for example: asthma, chronic obstructive pulmonary disease (COPD), emphysema, etc.)		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVRiskPastNA	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	None of the above		1	Yes	
COVRiskPastSteroid	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)	Taking steroid medications by mouth		1	Yes	
COVRiskShip	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Spent time on a ship with confirmed COVID-19 cases		1	Yes	
COVRiskStayHome	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Lived in an area that received a stay at home advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)		1	Yes	
COVRiskTravel	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Traveled to areas that had or later received a travel advisory because of a high number		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			of COVID-19 cases				
COVRiskVisitCare	Numeric	Please tell us if any of the following apply to you since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)	Frequent visitor to an adult care, assisted living, or skilled nursing facility		1	Yes	
COVRschAttdtChange	Numeric	Factors related to theCOVID-19 pandemic may have impacted attitudes towards research. Has the COVID-19 pandemic changed your likelihood of participation in clinical research or clinical trials?			1	Yes	For impacts and mitigation plans in the AD space, see: https://www.sciencedirect.com/science/article/pii/S1064748120302943
					2	No	
					3	Maybe	
COVRschPartcpChance	Numeric	How has the COVID-19 pandemic changed your likelihood of participation in clinical research or clinical trials?			1	I am more likely than before to participate in research	
					4	I am less likely than before to participate in research	
COVRschPartcpLikely	Numeric	After the COVID-19 pandemic is over, what is the likelihood that you would participate in clinical research or clinical trials?			1	Not at all likely	
					4	Not likely	
					5	Neutral	
					6	Somewhat likely	
					7	Very Likely	
COVSelfIsolate	Numeric	Have you been instructed by a healthcare professional to quarantine			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or self-isolate since the COVID-19 pandemic began (December 31, 2019)?			3	I don't know	
COVSelfIsolateTime	Numeric	How long did you have to be in quarantine or self-isolation?			1	One week or less	
					2	Between 8 and 14 days	
					3	Between 15 and 21 days	
					4	More than 21 days	
COVServiceFood	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following services? (Select all that apply)	I had problems getting food		1	Yes	
COVServiceHomeCare	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following services? (Select all that apply)	I had problems getting help with my usual homecare/housekeeping		1	Yes	
COVServiceHomeEssent	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following	I had problems getting household essentials (toilet paper, cleaning supplies, etc.)		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		services? (Select all that apply)					
COVServiceMeds	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following services? (Select all that apply)	I had problems getting my medication(s) from the pharmacy		1	Yes	
COVServiceNA	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following services? (Select all that apply)	None of the above		1	Yes	
COVServicePersonalCare	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have you experienced a disruption in any of the following services? (Select all that apply)	I had problems getting help with my usual personal care assistance		1	Yes	
COVSocDisHouseFinance	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your			23	Yes	
					24	No	
					25	I don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		everyday life. Have your household finances been negatively impacted?					
COVSocDisPDAnxiety	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Anxiety - feeling nervous, worried, or tense more than usual		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDApathy	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Apathy - decreased motivation, initiative, or spontaneity		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDBalance	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Problems with balance		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDCognition	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Cognition - trouble thinking clearly, remembering things, and being attentive		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDConfusion	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Confusion - not knowing where you are, the date/time, who familiar people are		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDConstipation	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Constipation - fewer than three bowel movements a week or having to strain to pass a stool		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDDepression	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDDyskinesia	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Experienced dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDEating	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Problems eating meals		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDExcessSleep	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Excessive sleepiness - trouble staying awake during the daytime		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDFalling	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Problems with falling		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDFatigue	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Fatigue - physical and mental state of having extremely low energy		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDHallucinations	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Hallucinations - hearing, seeing, feeling, tasting or smelling something that wasnt really there		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDLowBP	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDMemory	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Memory - trouble remembering things and/or trouble handling complicated problems		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDOFFTime	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Experienced OFF time - a period during which PD medication(s) are not working as well		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDRBD	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDSleeping	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Difficulty sleeping (insomnia) - trouble getting to sleep or staying asleep through the night		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDSlowMove	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Slow movements		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDStifff	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Stiffness		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDSwallowing	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Problems swallowing pills		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDTremor	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Shaking or tremor		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSocDisPDUrinary	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or urine accidents		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisPDWalking	Numeric	Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinsons disease related symptoms as a result of social distancing, local guidelines, or other factors?	Problems with walking		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This was a new symptom	
COVSocDisWork	Numeric	Social distancing, local guidelines, and other			1	I was retired prior to the pandemic	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		factors related to the COVID-19 pandemic may have affected your everyday life. Has your work been affected?			4	I was not working prior to the pandemic	
					5	I have been laid off during the pandemic	
					6	I am still employed but have had to stop all work-related activities	
					7	I am still employed and have been able to continue at least some work from home	
					8	My work has not changed since the pandemic started	
					9	None of the above	
COVSocialDistancing	Numeric	Have you practiced social distancing behaviors since the COVID-19 pandemic began or since local guidelines were implemented in your area?			1	Yes, most or all of the time	
					2	Yes, some of the time	
					3	No	
COVSrcInfo	Numeric	Are you: 1: The person registered to this Fox Insight account, answering for yourself 2: Answering on behalf of the person registered for this account 3: Other (please describe)			1	The person registered to this Fox Insight account, answering for yourself	
					2	Answering on behalf of the person registered for this account	
					3	Other (please describe):	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSuppOxygen	Numeric	Have you been given supplemental oxygen since the COVID-19 pandemic began (December 31, 2019)?			1	Yes	
					2	No	
					3	I don't know	
COVSympChestPain	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Chest pain		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympChestTight	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Chest tightness		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympChill	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced	Chills		1	I did not have this symptom	
					2	I had this symptom and it became worse	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		changes in any of the following symptoms?			3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympCongest	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Nasal congestion or a runny nose		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympDiarrhea	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Diarrhea		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympInfect	Numeric	Have you had symptoms that you believe were due			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to infection with COVID-19?			3	I don't know	
COVSympJointPain	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Joint pain		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympLast	Numeric	How long did your symptoms last?			1	1-2 days	
					2	3-7 days	
					3	8-14 days	
					4	15-21 days	
					5	22-27 days	
					6	4-5 weeks	
					7	More than 8 weeks	
					8	6-8 weeks	
COVSympLightHead	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Light-headedness or dizziness		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	This is a new symptom	
COVSympLoseApetite	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Loss of appetite		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympLoseSmell	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Loss of smell		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympLoseTase	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Loss of taste or ability to sense food flavor		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympMuscleAche	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Muscle aches or pains		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympNausea	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Nausea		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympShortBreath	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced	Shortness of breath or have trouble breathing		1	I did not have this symptom	
					2	I had this symptom and it became worse	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		changes in any of the following symptoms?			3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympSleepy	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Excessive sleepiness such as falling asleep during the day		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympSoreThroat	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Sore throat		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympStomachPain	Numeric	Since the COVID-19 pandemic began	Stomach pain		1	I did not have this symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(December 31, 2019), have you experienced changes in any of the following symptoms?			2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympSweat	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Excessive sweating		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVSympTired	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Excessive tiredness or fatigue		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COVSympVomit	Numeric	Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?	Vomiting		1	I did not have this symptom	
					2	I had this symptom and it became worse	
					3	I had this symptom, but it did not change	
					4	I had this symptom and it became better	
					5	This is a new symptom	
COVTest	Numeric	Have you been tested for COVID-19?			1	Yes	
					2	No	
					3	I don't know	
COVTestRslt	Numeric	When were you tested for COVID-19?			1	Within the past 7 days	
					2	Between 8 and 30 days ago	
					4	Between 31 and 90 days ago	
					5	More than 90 days ago	
COVTestRsltWhen	Numeric	What was your COVID-19 test result?			1	According to the result, I had coronavirus	
					2	According to the result, I did not have coronavirus	
					3	The test result could not be interpreted by my doctor	
					4	The test results are not available yet	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	I don't know the test results	
COVVentilator	Numeric	During your hospitalization, were you placed on a ventilator to support your breathing?			1	Yes	
					2	No	

COVID-19 EXPERIENCE IN THE PD COMMUNITY– PART 2 (COV2)

Table Description: COVID-19 Experience in the PD Community – Part 2

View Source Instrument: [link]

Details: This one-time survey is referred to as "COVID-19 Experience in the PD Community – Part 2" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the Questionnaire Forms. This survey was deployed in Fox Insight in June 2021 and January 2023. A previous version of this survey was deployed in Fox Insight in April 2020 with fewer questions, as well as overlapping variables (see the previous entry, COV – "COVID-19 Experiences in the PD Community on page 548). 7,619 participants have Provided responses to this survey. This survey was completed by participants from both the PD and Control cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2PDDiag	Numeric	Have you been diagnosed with Parkinson's disease?			1	Yes, I have been diagnosed with Parkinson's disease	Participants are only presented this question if they answered 'Yes' to the question in Variable 'CPEUnpaid'. (CPEUnpaid == 1)
					2	No, I have not been diagnosed with Parkinson's disease	
COV2Vaccine	Numeric	Have you received a COVID-19 vaccine?			2	Yes, two doses	
					3	No	
					1	Yes, one dose	
					5	Prefer not to answer	
					4	Not sure	
COV2VacDose1Month	Numeric	When did you receive your first COVID-19 vaccine dose?			Month (MM) [Derived]		Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacDose1Year	Numeric	When did you receive your first COVID-19 vaccine dose?			Year (YYYY) [Derived]		Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacDose1	Numeric	Which COVID-19 vaccine did you receive for your first dose?			2	Moderna	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
					1	Pfizer-BioNTech	
					3	Johnson & Johnson's Janssen	
					4	AstraZeneca/Oxford	
					7	Not sure	
					6	Other	
					8	Prefer not to answer	
					5	Novavax	
COV2VacDose2Month	Numeric	When did you receive your second COVID-19 vaccine dose? If you are not sure, please make your best guess.			Month (MM) [Derived]		When did you receive your second COVID-19 vaccine dose? If you are not sure, please make your best guess.
COV2VacDose2Year	Numeric	When did you receive your second COVID-19 vaccine dose? If you are not sure, please make your best guess.			Year (YYYY) [Derived]		Participants are only presented this question if they answered COV2Vaccine == 2.
COV2VacDose2	Numeric	Which COVID-19 vaccine did you receive for your second dose?			2	Moderna	Participants are only presented this question if they answered COV2Vaccine == 2.
					1	Pfizer-BioNTech	
					4	AstraZeneca/Oxford	
					7	Not sure	
					6	Other	
					3	Johnson & Johnson's Janssen	
					8	Prefer not to answer	
					5	Novavax	
COV2VacFuture	Numeric				3	Neutral	Participants are only presented this question if
					1	Not at all likely	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		How likely are you to get the COVID-19 vaccine in the future?			2	Not likely	they answered 'No' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 3)
					4	Somewhat likely	
					5	Very Likely	
COV2VacSoreArm	Numeric	Did you experience any of the following symptoms in the days immediately after your COVID-19 vaccine? Please select all that apply.	Sore arm		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacFever	Numeric	Did you experience any of the following symptoms in the days immediately after your COVID-19 vaccine? Please select all that apply.	Fever above 100 F/37.8 C		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacChills	Numeric	Did you experience any of the following symptoms in the days immediately after your COVID-19 vaccine? Please select all that apply.	Chills		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacOther	Numeric	Did you experience any of the following symptoms in the days immediately after your COVID-19 vaccine? Please select all that apply.	Other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'. (COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacNA	Numeric	Did you experience any of the following symptoms in the days immediately after your COVID-19	None of the above		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Vaccine'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		vaccine? Please select all that apply.					(COV2Vaccine == 1 or COV2Vaccine == 2)
COV2VacSymp	Numeric	How severe were the symptoms you experienced in the days immediately after your COVID-19 vaccine?			2	Moderate - symptoms limited some daily activities	
					1	Mild - symptoms did not interfere with daily activities	
					3	Severe - symptoms prevented most or all daily activities (i.e., bedbound)	
COV2VacPDSymp	Numeric	Did any of your Parkinson's disease related symptoms worsen in the days immediately after your COVID-19 vaccine?			2	No	
					3	Not sure	
					1	Yes	
					4	Prefer not to answer	
COV2VacPDWalking	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Problems with walking		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDBalance	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Problems with balance		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDFalling	Numeric	Which Parkinson's disease related movement symptoms worsened in the days	Problems with falling		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		immediately after your COVID-19 vaccine?					'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDTremor	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Shaking or tremor		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDSlowMove	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Slow movements		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDStifff	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Stiffness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDSwallowing	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Problems swallowing pills		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDEating	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Problems eating meals		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2VacPDOFFTime	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	OFF time - period during which PD medication(s) were not working as well		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDDyskinesia	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	Dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDMoveNA	Numeric	Which Parkinson's disease related movement symptoms worsened in the days immediately after your COVID-19 vaccine?	None of the above		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDSleeping	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Difficulty sleeping- trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDAwake	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after	Trouble staying awake during the daytime		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your COVID-19 vaccine?					(COV2VacPDSymp == 1)
COV2VacPDDRBD	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDThinking	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Trouble thinking clearly, remembering things, and being attentive		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDMemory	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Memory loss-trouble remembering things		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDConfusion	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Confusion - not knowing where you are, the date/time, who familiar people are		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDHallucinations	Numeric	Which Parkinson's disease related	Hallucinations - hearing,		1	Checked	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	seeing, feeling, tasting, or smelling something that wasn't really there				they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDAnxiety	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Anxiety - feeling nervous, worried, or tense more than usual		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDDepression	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDFatigue	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Fatigue - physical and mental state of having extremely low energy		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDApathy	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	Apathy - decreased motivation, initiative, or spontaneity		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2VacPDFeelNA	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened in the days immediately after your COVID-19 vaccine?	None of the above		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDUrinary	Numeric	Which Parkinson's disease related bodily function symptoms worsened in the days immediately after your COVID-19 vaccine?	Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or having urine accidents		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDLowBP	Numeric	Which Parkinson's disease related bodily function symptoms worsened in the days immediately after your COVID-19 vaccine?	Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDConstipation	Numeric	Which Parkinson's disease related bodily function symptoms worsened in the days immediately after your COVID-19 vaccine?	Constipation - fewer than three bowel movements a week or having to strain to pass a stool		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'. (COV2VacPDSymp == 1)
COV2VacPDBodyNA	Numeric	Which Parkinson's disease related bodily function symptoms worsened in the days immediately after	None of the above		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2VacPDSymp'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your COVID-19 vaccine?					(COV2VacPDSymp == 1)
COV2VacPDSympLast	Numeric	How long did the worsening of your Parkinson's disease symptoms last?			5	More than 3 days	
					1	Less than 1 day	
					4	3 days	
					2	1 day	
					3	2 days	
COV2ProDiag	Numeric	Have you ever been diagnosed with COVID-19 by a medical professional?			4	Not sure	
					3	I have not been diagnosed with COVID-19	
					1	I have been diagnosed with COVID-19	
					2	I have been told I may have COVID-19	
					5	Prefer not to answer	
COV2ProDiagMonth	Numeric	When were you diagnosed or told you may have COVID-19 by a medical professional?			Month (MM) [Derived]		Participants are only presented this question if they indicated possible diagnosis of Covid-19 in 'COV2ProDiag'. (COV2VacPDSymp == 1 or 2.)
COV2ProDiagYear	Numeric	When were you diagnosed or told you may have COVID-19 by a medical professional?			Year (YYYY) [Derived]		Participants are only presented this question if they indicated possible diagnosis of Covid-19 in 'COV2ProDiag'. (COV2VacPDSymp == 1 or 2.)
COV2Test	Numeric	When you were diagnosed with COVID-19, were you			1	Yes	Participants are only presented this question if they indicated possible diagnosis of Covid-19 in
					2	No	
					3	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		also tested for COVID-19?			4	Prefer not to answer	'COV2ProDiag'. (COV2VacPDSymp == 1 or 2.)
COV2TestRslt	Numeric	What was the COVID-19 test result?			1	According to the result, I had COVID-19	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2Test'. (COV2Test == 1)
					2	According to the result, I did not have COVID-19	
					3	The test result could not be interpreted by my doctor	
COV2Asymptomatic	Numeric	Have you ever received a positive COVID-19 test result while not showing symptoms (asymptomatic COVID-19 infection)?			3	Not sure	Participants are only presented this question if they answered COV2TestRslt == 2.
					2	No	
					4	Prefer not to answer	
COV2SympSmell	Numeric	Prior to your COVID-19 diagnosis or your suspected diagnosis, did you have any problems with your sense of smell?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
COV2WorseSmell	Numeric	Did you experience worsening of your sense of smell when you had COVID-19?			2	No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'COV2SympSmell'. (COV2SympSmell == 1)
					3	Not sure	
					1	Yes	
COV2ProblemSmell	Numeric	Did you experience problems with your sense of smell when you had COVID-19?			2	No	Participants are only presented this question if they answered
					1	Yes	
					3	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							COV2SympSmell == 2 or 3.
COV2ImprovedSmell	Numeric	Has your sense of smell improved since you have recovered from COVID-19?			1	Yes	
					3	Not sure	
					2	No	
COV2HowLongImproved Smell	Numeric	How long did it take for your sense of smell to improve after your COVID-19 diagnosis?			4	More than 3 but less than 6 months	
					2	More than 1 but less than 2 months	
					3	More than 2 but less than 3 months	
					1	Less than or equal to 1 month	
					5	More than 6 months	
COV2SympTaste	Numeric	Prior to your COVID-19 diagnosis or your suspected diagnosis, did you have any problems with your sense of taste or ability to sense food flavor?			2	No	
					1	Yes	
					3	Not sure	
COV2WorseTaste	Numeric	Did you experience worsening of your sense of taste or ability to sense food flavor when you had COVID-19?			1	Yes	
					2	No	
					3	Not sure	
COV2ProblemTaste	Numeric	Did you experience problems with your sense of taste or ability to sense food flavor when you had COVID-19?			1	Yes	
					3	Not sure	
					2	No	
COV2ImprovedTaste	Numeric				3	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Has your sense of taste or ability to sense food flavor improved since you have recovered from COVID-19?			1	Yes	
					2	No	
COV2HowLongImproved Taste	Numeric	How long did it take for your sense of taste or ability to sense food flavor to improve after your COVID-19 diagnosis?			4	More than 3 but less than 6 months	
					2	More than 1 but less than 2 months	
					1	Less than or equal to 1 month	
					3	More than 2 but less than 3 months	
					5	More than 6 months	
COV2SympFever	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Fever above 100 F/37.8 C		1	Checked	
COV2SympChills	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Chills		1	Checked	
COV2SympHeadache	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Headache		1	Checked	
COV2SympTired	Numeric	Did you experience any of the following symptoms when you had COVID-19?	Excessive tiredness or fatigue		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Please select all that apply.					
COV2SympSleepy	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Excessive sleepiness such as falling asleep during the day		1	Checked	
COV2SympInsomnia	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Difficulty sleeping - trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	
COV2SympConjunctivitis	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Red, itchy, painful eyes (conjunctivitis or pink eye)		1	Checked	
COV2SympSkinRash	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Skin Rash		1	Checked	
COV2SympSoreThroat	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Sore throat		1	Checked	
COV2SympCongest	Numeric	Did you experience any of the following symptoms when you had COVID-19?	Nasal congestion or runny nose		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Please select all that apply.					
COV2Cough	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Cough		1	Checked	
COV2SympShortBreath	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Shortness of breath or have trouble breathing		1	Checked	
COV2SympChestTight	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Chest tightness		1	Checked	
COV2SympChestPain	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Chest pain		1	Checked	
COV2SympMuscleAche	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Muscle aches or pains		1	Checked	
COV2SympJointPain	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Joint pain		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2SympNausea	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Nausea		1	Checked	
COV2SympVomit	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Vomiting		1	Checked	
COV2SympDiarrhea	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Diarrhea		1	Checked	
COV2SympStomachPain	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Stomach pain		1	Checked	
COV2SympLoseAppetite	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Loss of appetite		1	Checked	
COV2SympDizzy	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Dizziness/vertigo		1	Checked	
COV2SympLightHead	Numeric	Did you experience any of the following	Lightheadedness		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptoms when you had COVID-19? Please select all that apply.					
COV2SympConcentrate	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Concentration problems		1	Checked	
COV2SympAnxiety	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Anxiety		1	Checked	
COV2SympDepression	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Depression		1	Checked	
COV2SympOther	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	I had symptoms but none of the symptoms above		1	Checked	
COV2SympNA	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	I did not have any symptoms		1	Checked	
COV2SympNotSure	Numeric	Did you experience any of the following symptoms when you had COVID-19?	Not sure		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Please select all that apply.					
COV2SympPNTA	Numeric	Did you experience any of the following symptoms when you had COVID-19? Please select all that apply.	Prefer not to answer		1	Checked	
COV2SympLong	Numeric	How long did you experience COVID-19 symptoms?			1	Less than or equal to 1 month	
					4	More than 3 but less than 6 months	
					2	More than 1 but less than 2 months	
					3	More than 2 but less than 3 months	
					5	More than 6 months	
COV2Hospitalized	Numeric	When you had COVID-19 were you hospitalized?			2	No	
					1	Yes	
					3	I was hospitalized, but don't know if it was due to COVID-19	
COV2HospitalizedICU	Numeric	When you had COVID-19 were you in the intensive care unit (ICU)?			2	No	
					1	Yes	
					3	Not sure	
COV2Ventilator	Numeric	During your hospitalization, were you placed on a ventilator to support your breathing?			2	No	
					1	Yes	
					3	Not sure	
COV2DrugTreat	Numeric	Have you received a prescription drug treatment for diagnosed or			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		suspected COVID-19 infection?					
COV2DrugIV	Numeric	Were you given COVID-19 treatments into your vein (an IV or infusion) or by injections (a shot)?			1	Yes	
					2	No	
					3	Not sure	
COV2DrugRemdesivir	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Remdesivir (Veklury)		1	Checked	
COV2DrugPlasma	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Convalescent plasma therapy (plasma from someone that has been infected)		1	Checked	
COV2DrugAscorbicAcid	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Ascorbic acid & zinc		1	Checked	
COV2DrugMonoAntibody	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Monoclonal antibodies to SARS-CoV-2 e.g bamlanivimab and etesevimab, casirivimab plus imdevimab (REGEN-COV), sotrovimab		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2DrugDexamethasone	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Dexamethasone		1	Checked	
COV2DrugOtherIV	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Other treatments into your vein (an IV or infusion) or by injections (a shot)		1	Checked	
COV2DrugNotSureIV	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Not sure		1	Checked	
COV2DrugOral	Numeric	Were you given any COVID-19 drugs by mouth (orally)?			2	No	
					1	Yes	
					3	Not sure	
COV2DrugAmantadine	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Amantadine		1	Checked	
COV2DrugChloroquine	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Chloroquine (Aralen)		1	Checked	
COV2DrugHydroxychloroquine	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Hydroxychloroquine (Plaquenil)		1	Checked	
COV2DrugLopinavir	Numeric	Were you given any of the following treatments for	Lopinavir/Ritonavir (Kaletra)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		COVID-19? Please select all that apply					
COV2DrugAzithromycin	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Azithromycin (Zithromax or Z-Pak)		1	Checked	
COV2DrugLosartan	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Losartan (Cozaar)		1	Checked	
COV2DrugLinagilptin	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Linagliptin (Tradjenta)		1	Checked	
COV2DrugIveremectin	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Iveremectin		1	Checked	
COV2DrugVitaminD	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Vitamin D		1	Checked	
COV2DrugOtherOral	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Other oral treatments		1	Checked	
COV2DrugNotSureOral	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply	Not sure		1	Checked	
COV2DrugOtherWays	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Were you treated for COVID-19 in other ways?			2	No	
					3	Not sure	
COV2DrugSuppOxygen	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Supplemental oxygen		1	Checked	
COV2DrugHyperOxygen	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Hyperbaric oxygen		1	Checked	
COV2DrugOtherOtherWays	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Other		1	Checked	
COV2DrugNotSure	Numeric	Were you given any of the following treatments for COVID-19? Please select all that apply.	Not sure		1	Checked	
COV2PDSympWorse	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience worsening of your Parkinson's disease related symptoms?			1	Yes	
					2	No	
					3	Not sure	
COV2PDWalking	Numeric	Which Parkinson’s disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of	Problems with walking		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		COVID-19? Please select all that apply.					
COV2PDBalance	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with balance		1	Checked	
COV2PDFalling	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with falling		1	Checked	
COV2PDTremor	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Shaking or tremor		1	Checked	
COV2PDSlowMove	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Slow movements		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2PDStiff	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Stiffness		1	Checked	
COV2PDSwallowing	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems swallowing pills		1	Checked	
COV2PDEating	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems eating meals		1	Checked	
COV2PDOFFTime	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	OFF time - period during which PD medication(s) were not working as well		1	Checked	
COV2PDDyskinesia	Numeric	Which Parkinson's disease related movement symptoms	Dyskinesia - uncontrolled, involuntary		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying				
COV2PDMoveWorseNA	Numeric	Which Parkinson's disease related movement symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	None of the above		1	Checked	
COV2PDSleeping	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Difficulty sleeping - trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	
COV2PDExcessSleep	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Trouble staying awake during the daytime		1	Checked	
COV2PDRBD	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened	Acting out your dreams while asleep - punching,		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	flailing your arms in the air, making running movements, etc.				
COV2PDCognition	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Trouble thinking clearly, remembering things, and being attentive		1	Checked	
COV2PDMemory	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Memory loss - trouble remembering things		1	Checked	
COV2PDConfusion	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Confusion - not knowing where you are, the date/time, who familiar people are		1	Checked	
COV2PDHallucinations	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or	Hallucinations - hearing, seeing, feeling, tasting, or smelling something that		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		suspected case of COVID-19? Please select all that apply.	wasn't really there				
COV2PDAnxiety	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Anxiety - feeling nervous, worried, or tense more than usual		1	Checked	
COV2PDDepression	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment		1	Checked	
COV2PDFatigue	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Fatigue - physical and mental state of having extremely low energy		1	Checked	
COV2PDApathy	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Apathy - decreased motivation, initiative, or spontaneity		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2PDFeelWorseNA	Numeric	Which Parkinson's disease related thinking and feeling symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	None of the above		1	Checked	
COV2PDUrinary	Numeric	Which Parkinson's disease related bodily function symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or having urine accidents		1	Checked	
COV2PDLowBP	Numeric	Which Parkinson's disease related bodily function symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		1	Checked	
COV2PDConstipation	Numeric	Which Parkinson's disease related bodily function symptoms worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Constipation - fewer than three bowel movements a week or having to strain to pass a stool		1	Checked	
COV2PDBodyWorseNA	Numeric	Which Parkinson's disease related bodily function symptoms	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		worsened while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.					
COV2PDNewSymp	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did you experience new Parkinson's disease related symptoms?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
COV2PDNewWalking	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with walking		1	Checked	
COV2PDNewBalance	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with balance		1	Checked	
COV2PDNewFalling	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a	Problems with falling		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		diagnosed or suspected case of COVID-19? Please select all that apply.					
COV2PDNewTremor	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Shaking or tremor		1	Checked	
COV2PDNewSlowMove	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Slow movements		1	Checked	
COV2PDNewStiff	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Stiffness		1	Checked	
COV2PDNewSwallowing	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you	Problems swallowing pills		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.					
COV2PDNewEating	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Problems eating meals		1	Checked	
COV2PDNewOFFTime	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	OFF time - period during which PD medication(s) were not working as well		1	Checked	
COV2PDNewDyskinesia	Numeric	Which new Parkinson's disease related movement symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying		1	Checked	
COV2PDNewMoveNA	Numeric	Which new Parkinson's disease related movement	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.					
COV2PDNewSleeping	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Difficulty sleeping - trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	
COV2PDNewExcessSleep	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Trouble staying awake during the daytime		1	Checked	
COV2PDNewRBD	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.		1	Checked	
COV2PDNewCognition	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did	Trouble thinking clearly, remembering		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you experience while you were sick with a diagnosed or suspected case of COVID-19?	things, and being attentive				
COV2PDNewMemory	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Memory loss - trouble remembering things		1	Checked	
COV2PDNewConfusion	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Confusion - not knowing where you are, the date/time, who familiar people are		1	Checked	
COV2PDNewHallucinations	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Hallucinations - hearing, seeing, feeling, tasting, or smelling something that wasn't really there		1	Checked	
COV2PDNewAnxiety	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or	Anxiety - feeling nervous, worried, or tense more than usual		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		suspected case of COVID-19?					
COV2PDNewDepression	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment		1	Checked	
COV2PDNewFatigue	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Fatigue - physical and mental state of having extremely low energy		1	Checked	
COV2PDNewApathy	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	Apathy - decreased motivation, initiative, or spontaneity		1	Checked	
COV2PDNewFeelNA	Numeric	Which new Parkinson's disease related thinking and feeling symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19?	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2PDNewUrinary	Numeric	Which new Parkinson's disease related bodily function symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or having urine accidents		1	Checked	
COV2PDNewLowBP	Numeric	Which new Parkinson's disease related bodily function symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		1	Checked	
COV2PDNewConstipation	Numeric	Which new Parkinson's disease related bodily function symptoms did you experience while you were sick with a diagnosed or suspected case of COVID-19? Please select all that apply.	Constipation - fewer than three bowel movements a week or having to strain to pass a stool		1	Checked	
COV2PDNewBodyNA	Numeric	Which new Parkinson's disease related bodily function symptoms did you experience while you were sick with a diagnosed or suspected case of	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		COVID-19? Please select all that apply.					
COV2PDImproveSymp	Numeric	While you were sick with a diagnosed or suspected case of COVID-19, did any of your Parkinson's disease related symptoms improve?			2	No	
					3	Not sure	
					1	Yes	
COV2PDImproWalking	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with walking		1	Checked	
COV2PDImproBalance	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with balance		1	Checked	
COV2PDImproFalling	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Problems with falling		1	Checked	
COV2PDImproTremor	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or	Shaking or tremor		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		suspected case of COVID-19? Please select all that apply.					
COV2PDImproSlowMove	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Slow movements		1	Checked	
COV2PDImproStiff	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Stiffness		1	Checked	
COV2PDImproSwallowing	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Problems swallowing pills		1	Checked	
COV2PDImproEating	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Problems eating meals		1	Checked	
COV2PDImproOFFTime	Numeric	Which Parkinson's disease related movement symptoms	OFF time - period during which PD		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	medication(s) were not working as well				
COV2PDImproDyskinesia	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying		1	Checked	
COV2PDImproveMoveNA	Numeric	Which Parkinson's disease related movement symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	None of the above		1	Checked	
COV2PDImproSleeping	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Difficulty sleeping - trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	
COV2PDImproRBD	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Acting out your dreams while asleep - punching, flailing your arms in the air, making		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			running movements, etc.				
COV2PDImproCognition	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Trouble thinking clearly, remembering things, and being attentiv		1	Checked	
COV2PDImproMemory	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Memory loss - trouble remembering things		1	Checked	
COV2PDImproHallucinations	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Hallucinations - hearing, seeing, feeling, tasting, or smelling something that wasn't really there		1	Checked	
COV2PDImproAnxiety	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Anxiety - feeling nervous, worried, or tense more than usual		1	Checked	
COV2PDImproDepression	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed	Depression - periods of sadness, hopelessness, emptiness, or		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or suspected case of COVID-19?	loss of enjoyment				
COV2PDImproFatigue	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Fatigue - physical and mental state of having extremely low energy		1	Checked	
COV2PDImproApathy	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	Apathy - decreased motivation, initiative, or spontaneity		1	Checked	
COV2PDImproFeelNA	Numeric	Which Parkinson's disease related thinking and feeling symptoms improved with your diagnosed or suspected case of COVID-19?	None of the above		1	Checked	
COV2PDImproLowBP	Numeric	Which Parkinson's disease related bodily function symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting		1	Checked	
COV2PDImproConstipation	Numeric	Which Parkinson's disease related bodily function symptoms improved with your diagnosed or suspected case of	Constipation - fewer than three bowel movements a week or having to		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		COVID-19? Please select all that apply.	strain to pass a stool				
COV2PDImproBodyNA	Numeric	Which Parkinson's disease related bodily function symptoms improved with your diagnosed or suspected case of COVID-19? Please select all that apply.	None of the above		1	Checked	
COV2LongSymp	Numeric	Did you experience any new COVID-19 symptoms, or did any of your existing symptoms last longer than 4 weeks after your COVID-19 diagnosis?			3	Not sure	
					1	Yes	
					2	No	
					4	Prefer not to answer	
COV2LongSympFever	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Fever above 100 F/37.8 C		1	Checked	
COV2LongSympChills	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Chills		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2LongSympHeadache	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Headache		1	Checked	
COV2LongSympFatigue	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Excessive tiredness of fatigue		1	Checked	
COV2LongSympExcessSleep	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Excessive sleepiness such as falling asleep during the day		1	Checked	
COV2LongSympDifSleep	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new	Difficulty sleeping - trouble getting to sleep or staying asleep through the night (insomnia)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or continuing long COVID symptoms?					
COV2LongSympPinkEye	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Red, itchy, painful eyes (conjunctivitis or pink eye)		1	Checked	
COV2LongSympRash	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Skin Rash		1	Checked	
COV2LongSympSoreThroat	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Sore throat		1	Checked	
COV2LongSympNose	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any	Nasal congestion or runny nose		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		of the following new or continuing long COVID symptoms?					
COV2LongSympCough	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Cough		1	Checked	
COV2LongSympShortBreath	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Shortness of breath or have trouble breathing		1	Checked	
COV2LongSympChestTight	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Chest tightness		1	Checked	
COV2LongSympChestPain	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did	Chest pain		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you experience any of the following new or continuing long COVID symptoms?					
COV2LongSympMuscule Pain	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Muscle aches or pains		1	Checked	
COV2LongSympJointPai n	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Joint pain		1	Checked	
COV2LongSympDizzy	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Dizziness/verti go		1	Checked	
COV2LongSympLighthe ad	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to	Lightheadedne ss		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		as long COVID. Did you experience any of the following new or continuing long COVID symptoms?					
COV2LongSympConcentrate	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Concentration problems		1	Checked	
COV2LongSympAnxiety	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Anxiety		1	Checked	
COV2LongSympDepression	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Depression		1	Checked	
COV2LongSympOther	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is	I had long COVID symptoms but none of the		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	symptoms above				
COV2LongSympNotSure	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Not sure		1	Checked	
COV2LongSympPTNA	Numeric	Experiencing new or continuing COVID-19 symptoms longer than 4 weeks is commonly referred to as long COVID. Did you experience any of the following new or continuing long COVID symptoms?	Prefer not to answer		1	Checked	
COV2LongSympHowLong	Numeric	For how long did you experience long COVID symptoms?			4	More than 3 but less than 6 months	
					3	More than 2 but less than 3 months	
					5	More than 6 months	
					2	More than 1 but less than 2 months	
					1	1 month	
COV2MedPSTD	Numeric	Were you diagnosed with any of the following after a	Post-traumatic Stress		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		diagnosed or suspected case of COVID-19? Please select all that apply.	Disorder (PTSD)				
COV2MedMIS	Numeric	Were you diagnosed with any of the following after a diagnosed or suspected case of COVID-19? Please select all that apply.	Multisystem Inflammatory Syndrome (MIS)		1	Checked	
COV2MedAutoimmune	Numeric	Were you diagnosed with any of the following after a diagnosed or suspected case of COVID-19? Please select all that apply.	Autoimmune conditions		1	Checked	
COV2MedNoneDx	Numeric	Were you diagnosed with any of the following after a diagnosed or suspected case of COVID-19? Please select all that apply.	I was not diagnosed with any of these conditions		1	Checked	
COV2MedNotSure	Numeric	Were you diagnosed with any of the following after a diagnosed or suspected case of COVID-19? Please select all that apply.	Not sure		1	Checked	
COV2MedHowLong	Numeric	For how long did you experience these conditions (PTSD, multiple organ failure, MIS, and/or			5	More than 6 months	
					1	1 month	
					4	More than 3 but less than 6 months	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		autoimmune conditions)?					
COV2LivingSituation	Numeric	Please tell us a little about where you currently live			2	Apartment or co-op	
					1	Single family home or mobile home	
					8	Other	
					4	Senior independent living facility	
					3	Living in a dormitory, military barracks, religious order, or other shared living environment	
					5	Assisted living facility	
					6	Skilled nursing facility	
					7	Currently experiencing housing insecurity or homelessness	
COV2Household	Numeric	How many people live (or are currently staying) in your household including yourself?			Number Text		
COV2LivingFacility	Numeric	What is the approximate number of people living in your facility including yourself?			1	1-10 people	
					4	More than 50 people	
					3	31-50 people	
					2	11-30 people	
COV2Region	Numeric	Please describe the area/region you live in			1	City or large metropolitan area	
					2	Town or village	
					3	Rural	
					4	Other	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2RiskPastCurrSmoke	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Current smoker		1	Checked	
COV2RiskPastFormSmoke	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Former smoker		1	Checked	
COV2RiskPastHeartDis	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Heart disease		1	Checked	
COV2RiskPastHighBP	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	High blood pressure		1	Checked	
COV2RiskPastLungDis	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the	Chronic lung disease (for example: asthma, chronic obstructive pulmonary		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		past: Please select all that apply.	disease (COPD), emphysema, etc.)				
COV2RiskPastDiabetes	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Diabetes mellitus		1	Checked	
COV2RiskPastHIV	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	HIV or AIDS		1	Checked	
COV2RiskPastChemo	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Had chemotherapy within the past year		1	Checked	
COV2RiskPastSteroid	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	Taking steroid medications by mouth		1	Checked	
COV2RiskPastImmuneSupp	Numeric	Please select any of the following	Taking immune		1		

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	suppressing medication, such as those to treat for rheumatoid arthritis or inflammatory bowel disease				
COV2RiskPastNA	Numeric	Please select any of the following behaviors or conditions that you currently have or previously had in the past: Please select all that apply.	None of the above		1	Checked	
COV2ObtainMed	Numeric	Was your ability to obtain medications affected?			2	No	
					3	I do not take medications	
					1	Yes	
					4	Not sure	
					5	Prefer not to answer	
COV2ObtainPDMed	Numeric	Was your ability to obtain medications for your Parkinson's disease affected?			2	No	
					1	Yes	
					3	I do not take PD medications	
					5	Prefer not to answer	
					4	Not sure	
COV2MedPostpone	Numeric	Did you have any medical treatments cancelled or postponed as a result of the COVID-19 pandemic?			2	No	
					1	Yes	
					3	Not applicable	
					4	Not sure	
					5	Prefer not to answer	
COV2VisitPDNeuro	Numeric	Which of the following treatments	Visit with PD neurologist		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?					
COV2PDTreatBotox	Numeric	Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?	Botulinum toxin injections		1	Checked	
COV2PDTreatDBS	Numeric	Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?	Deep Brain Stimulation (DBS) surgery		1	Checked	
COV2PDTreatDBSBat	Numeric	Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?	Deep Brain Stimulation (DBS) battery replacement		1	Checked	
COV2PDOther	Numeric	Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?	Other		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2PDTreatNA	Numeric	Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic?	None of the above		1	Checked	
COV2ServiceFood	Numeric	Have you experienced a disruption in any of the following daily needs or services as a result of the COVID-19 pandemic? Please select all that apply.	I had problems getting food		1	Checked	
COV2ServiceHomeEssent	Numeric	Have you experienced a disruption in any of the following daily needs or services as a result of the COVID-19 pandemic? Please select all that apply.	I had problems getting household essentials (toilet paper, cleaning supplies, etc.)		1	Checked	
COV2ServiceMeds	Numeric	Have you experienced a disruption in any of the following daily needs or services as a result of the COVID-19 pandemic? Please select all that apply.	I had problems getting help with my usual homecare/housekeeping		1	Checked	
COV2ServiceHomeCare	Numeric	Have you experienced a disruption in any of the following daily needs or services as a result of the COVID-	I had problems getting help with my usual personal care assistance		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		19 pandemic? Please select all that apply.					
COV2ServiceNA	Numeric	Have you experienced a disruption in any of the following daily needs or services as a result of the COVID-19 pandemic? Please select all that apply.	None of the above		1	Checked	
COV2FinanceIncomeDecl	Numeric	How have your household finances been negatively impacted as a result of the COVID-19 pandemic?	Household income declined		1	Checked	
COV2FinanceSavingDecl	Numeric	How have your household finances been negatively impacted as a result of the COVID-19 pandemic?	Household savings or retirement funds declined		1	Checked	
COV2FinanceRentMortg	Numeric	How have your household finances been negatively impacted as a result of the COVID-19 pandemic?	Difficulty paying rent or mortgage		1	Checked	
COV2FinancePayBills	Numeric	How have your household finances been negatively impacted as a result of the COVID-19 pandemic?	Difficulty paying other bills		1	Checked	
COV2FinanceNA	Numeric	How have your household finances been negatively impacted as a result	Household finances were not negatively impacted		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		of the COVID-19 pandemic?					
COV2FinanceOther	Numeric	How have your household finances been negatively impacted as a result of the COVID-19 pandemic?	Other		1	Checked	
COV2CarePartner	Numeric	Do you identify yourself as a care partner for someone with Parkinson's disease?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
COV2CarePInformal	Numeric	Do you identify yourself as an informal/non-paid care partner for someone with Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
COV2CarePPrimary	Numeric	Do you identify yourself as a primary care partner for a person with Parkinson's disease?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
COV2CarePPDYears	Numeric	How many years ago was the person you care for diagnosed with Parkinson's disease?			Year Text		
COV2CarePPDFall	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson’s disease suffered from any of the following symptoms?	Falls		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2CarePPDDepressed	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of the following symptoms?	Depressed mood		1	Checked	
COV2CarePPDAnxious	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of the following symptoms?	Anxious mood		1	Checked	
COV2CarePPDApathy	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of the following symptoms?	Apathy or a loss of motivation		1	Checked	
COV2CarePPDMemory	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of the following symptoms?	Difficulty with memory or thinking		1	Checked	
COV2CarePPDPsychosis	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of	Hallucinations/ psychosis		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the following symptoms?					
COV2CarePPDMonthNone	Numeric	For the past month during the COVID-19 pandemic, has the person with Parkinson's disease suffered from any of the following symptoms?	None of the above		1	Checked	
COV2CarePPDProbSwallow	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Have problems swallowing pills or eating meals		1	Checked	
COV2CarePPDHandleFood	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Have trouble handling their food and using eating utensils		1	Checked	
COV2CarePPDHelpDress	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Need help dressing		1	Checked	
COV2CarePPDMoveSlow	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Move slowly, or need help with washing, bathing, shaving, brushing teeth, combing their		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			hair, or with other personal hygiene				
COV2CarePPDGetOutBed	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Have trouble getting out of bed, a car seat, or a deep chair		1	Checked	
COV2CarePPDControlUrine	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Have trouble with control of urine		1	Checked	
COV2CarePPDConstipation	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	Have constipation		1	Checked	
COV2CarePPDWeekNone	Numeric	For the past week during the COVID-19 pandemic, did the person with Parkinson's disease usually: Please select all that apply.	None of the above		1	Checked	
COV2CarePPersonalCare	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Assisting with personal care (e.g., helping with bathing, grooming, dressing, etc.)		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2CarePFoodPrep	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Food preparation		1	Checked	
COV2CarePFeeding	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Feeding		1	Checked	
COV2CarePMedications	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Obtaining and/or administering prescribed medications		1	Checked	
COV2CarePGenHealth	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	General health care (such as scheduling medical appointments, making sure they get to appointments, etc., but does not include administering medications)		1	Checked	
COV2CarePMobility	Numeric	Which of the following responsibilities did you have as a care partner over the past	Mobility assistance (e.g., helping them getting up from a		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		week? Please select all that apply.	chair, assisting with balance)				
COV2CarePEmoSupport	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Providing emotional support		1	Checked	
COV2CarePTransportation	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Transportation		1	Checked	
COV2CarePOrganization	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Home organization (e.g., cleaning and organizing the home)		1	Checked	
COV2CarePEmergency	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Handling a crisis or medical emergency		1	Checked	
COV2CarePFinancial	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Financial responsibilities		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2CarePGrocery	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	Grocery shopping and errands		1	Checked	
COV2CareResponNA	Numeric	Which of the following responsibilities did you have as a care partner over the past week? Please select all that apply.	None of the above		1	Checked	
COV2CarePSupportGroup	Numeric	Do you attend support groups for Parkinson's disease for your own benefit or support groups for care partners?			5	Not sure	
					1	Yes, in person	
					6	Prefer not to answer	
					2	Yes, but virtually	
					4	No	
					3	I used to, but not anymore due to the COVID pandemic	
COV2CarePSleep1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	My sleep is disturbed		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePInconvenient1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	Caregiving is inconvenient		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePPhysStrain1	Numeric				0	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	Caregiving is a physical strain		1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePConfining1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	Caregiving is confining		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePFamAdjust1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	There have been family adjustments		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePChangePlan1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	There have been changes in my personal plans		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePDemandTime 1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	There have been other demands on my time		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePEmoAdjust1	Numeric	Here is a list of things that other care	There have been		0	No	
					1	Yes, sometimes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		partners have found to be difficult. Please put a checkmark in the columns that apply to you.	emotional adjustments		2	Yes, on a regular basis	
COV2CarePBevUpset1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	Some behavior is upsetting		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePChangeUpset 1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	It is upsetting to find the person I care for has changed so much from his/her former self		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePWorkAdjust1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	There have been work adjustments		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePFinStrain1	Numeric	Here is a list of things that other care partners have found to be difficult. Please put a checkmark in the columns that apply to you.	Caregiving is a financial strain		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	
COV2CarePOverwhelm1	Numeric	Here is a list of things that other care partners have found to be difficult. Please	I feel completely overwhelmed		0	No	
					1	Yes, sometimes	
					2	Yes, on a regular basis	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		put a checkmark in the columns that apply to you.					
COV2CarePSleep2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	My sleep is disturbed		1 2 3	Increased Remained the same Decreased	
COV2CarePInconvenient2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	Caregiving is inconvenient		1 2 3	Increased Remained the same Decreased	
COV2CarePPhysStrain2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	Caregiving is a physical strain		1 2 3	Increased Remained the same Decreased	
COV2CarePConfining2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to	Caregiving is confining		1 2 3	Increased Remained the same Decreased	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		BEFORE the COVID-19 pandemic, has this issue:					
COV2CarePFamAdjust2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	There have been family adjustments		1 2 3	Increased Remained the same Decreased	
COV2CarePChangePlan2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	There have been changes in my personal plans		1 2 3	Increased Remained the same Decreased	
COV2CarePDemandTime2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	There have been other demands on my time		1 2 3	Increased Remained the same Decreased	
COV2CarePEmoAdjust2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult.	There have been emotional adjustments		1 2 3	Increased Remained the same Decreased	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		In comparison to BEFORE the COVID-19 pandemic, has this issue:					
COV2CarePBevUpset2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	Some behavior is upsetting		1 2 3	Increased Remained the same Decreased	
COV2CarePChangeUpset2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	It is upsetting to find the person I care for has changed so much from his/her former self		1 2 3	Increased Remained the same Decreased	
COV2CarePWorkAdjust2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	There have been work adjustments		1 2 3	Increased Remained the same Decreased	
COV2CarePFinStrain2	Numeric	In the prior question, you rated the following things as regularly or	Caregiving is a financial strain		1 2 3	Increased Remained the same Decreased	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:					
COV2CarePOverwhelm2	Numeric	In the prior question, you rated the following things as regularly or sometimes difficult. In comparison to BEFORE the COVID-19 pandemic, has this issue:	I feel completely overwhelmed		1 2 3	Increased Remained the same Decreased	
COV2CarePSocIsolation	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Social isolation		1	Checked	
COV2CarePDiffTaskHome	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Difficulty accomplishing tasks of daily life outside the home		1	Checked	
COV2CarePOwnHealth	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Concern over your own health		1	Checked	
COV2CarePPDDecline	Numeric	How did the COVID-19 pandemic contribute to your burden as a care	Increase in symptoms or decline in health of the		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		partner? Please select all that apply.	person with Parkinson's disease you care for				
COV2CarePRedAccess	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Reduced access to health care services		1	Checked	
COV2CarePRedHelpPay	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Reduced help from paid care partners		1	Checked	
COV2CarePRedHelpFam	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Reduced help from family and friends		1	Checked	
COV2CarePNotJoy	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	Not being able to do the things that give you joy		1	Checked	
COV2CarePNotContribute	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select all that apply.	The COVID-19 pandemic did not contribute to my burden as a care partner		1	Checked	
COV2CarePBurdenNA	Numeric	How did the COVID-19 pandemic contribute to your burden as a care	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		partner? Please select all that apply.					
COV2CarePSocIsolation3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Social isolation		1	Checked	
COV2CarePDiffTaskHome3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Difficulty accomplishing tasks of daily life outside the home		1	Checked	
COV2CarePOwnHealth3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Concern over your own health		1	Checked	
COV2CarePPDDecline3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Increase in symptoms or decline in health of the person with Parkinson's disease you care for		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
COV2CarePRedAccess3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Reduced access to health care services		1	Checked	
COV2CarePRedHelpPay3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Reduced help from paid care partners		1	Checked	
COV2CarePRedHelpFam3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Reduced help from family and friends		1	Checked	
COV2CarePNotJoy3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	Not being able to do the things that give you joy		1	Checked	
COV2CarePNA3	Numeric	How did the COVID-19 pandemic contribute to your	The COVID-19 pandemic did not		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		burden as a care partner? Please select up to three of the following that contributed the most to your burden.	contribute to my burden as a care partner				
COV2CarePPTNA3	Numeric	How did the COVID-19 pandemic contribute to your burden as a care partner? Please select up to three of the following that contributed the most to your burden.	None of the above		1	Checked	
COV2ZipCode	Numeric	What are the first 3 numbers/letters of your zip code or postal code?			Zip Code		

DBS in Early-Stage PD (DBSES1)

Table Description: Deep Brain Stimulation (DBS) in Early-Stage Parkinson's Disease

View Source Instrument: [link]

Details: This one-time survey is referred to as "Deep Brain Stimulation (DBS) in Early-Stage Parkinson's Disease" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the questionnaire forms. This survey was launched in November 2023. As of January 2024, 3,743 responses have been provided. This survey is completed by participants from both cohorts.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
DBSES1PDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease by a physician or other health care professional?		1	Yes	
				2	No	
DBSES1PDHaveDBS	Numeric	Have you had deep brain stimulation (DBS)?		1	Yes	
				2	No	
				3	Not Sure	
DBSES1PDTakeMeds	Numeric	Are you currently taking prescription medications for Parkinson's disease?		1	Yes	
				2	No	
				3	Not Sure	
DBSES1PDTakeMedsTime	Numeric	How long have you been taking prescription medications for Parkinson's disease?		1	Less than or equal to 4 years	
				2	Greater than 4 years	
				3	Not sure	
DBSES1PDDyskinesia	Numeric	Do you ever have abnormal movements on your body that you can't control such as twisting, writhing, or jerking that you think are caused by your medication? You may have heard your doctor call these movements dyskinesia.		1	Yes	This is not referring to typical rest tremor that is often present when medications wear off.
				2	No	
				3	Not Sure	
DBSES1PDLearnMore	Numeric			1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		Would you consider learning more about becoming a participant in a trial like this? Please refer to the trial description above.		2	No	
				3	Not Sure	
DBSES1PDMotiveSlowProg	Numeric	Do any of the following motivations influence your interest in learning more about participating in a clinical trial like this? Please select all that apply	Progression of my PD motor symptoms may be slowed	0	Not Checked	
				1	Checked	
DBSES1PDMotiveReduMeds	Numeric	Do any of the following motivations influence your interest in learning more about participating in a clinical trial like this?	I may be able to reduce my PD medication(s)	0	Not Checked	
				1	Checked	
DBSES1PDMotiveControlSymp	Numeric	Do any of the following motivations influence your interest in learning more about participating in a clinical trial like this?	My PD symptoms are not adequately controlled	0	Not Checked	
				1	Checked	
DBSES1PDMotiveNone	Numeric	Do any of the following motivations influence your interest in learning more about participating in a clinical trial like this?	None of the above	0	Not Checked	
				1	Checked	
DBSES1NonPDCarePartner	Numeric	Do you identify yourself as a care partner for someone with Parkinson's disease? A care partner is someone who regularly provides support to a person with a health condition so that they can meet their day-to-day care needs, such as through		1	Yes	
				2	No	
				3	Not Sure	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		physical, emotional, or social support.				
DBSES1NonPDPwPCriteria	Numeric	Does the person with Parkinson's disease for whom you are a care partner meet all of the following criteria? - Has never had deep brain stimulation (DBS) AND - Is not taking PD meds or has not taken PD medications longer than four years AND - Does not experience abnormal movements that they cannot control such as twisting, writhing, or jerking that are caused by their medication. You may have heard their doctor call these movements dyskinesia		1	Yes, the person with PD meets all of the above criteria	This is not referring to typical rest tremor that is often present when medications wear off
				2	No	
				3	Not Sure	
DBSES1NonPDPwPLearnMore	Numeric	Would you consider supporting the person with Parkinson's in learning more about becoming a participant in a trial like this? Please refer to the trial description above.		1	Yes	
				2	No	
				3	Not Sure	
DBSES1NonPDMotiveSlowProg	Numeric			0	Not Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		Do any of the following motivations influence your support of the person with Parkinson's learning more about participating in a clinical trial like this? Please select all that apply.	The progression of their PD symptoms may be slowed	1	Checked	
DBSES1NonPDMotiveReduMeds	Numeric	Do any of the following motivations influence your support of the person with Parkinson's learning more about participating in a clinical trial like this?	They may be able to reduce their PD medication(s)	0	Not Checked	
				1	Checked	
DBSES1NonPDMotiveControlSymp	Numeric	Do any of the following motivations influence your support of the person with Parkinson's learning more about participating in a clinical trial like this?	Their PD symptoms are not adequately controlled	0	Not Checked	
				1	Checked	
DBSES1NonPDMotiveNone	Numeric	Do any of the following motivations influence your support of the person with Parkinson's learning more about participating in a clinical trial like this?	None of the above	0	Not Checked	
				1	Checked	

ENVIRONMENTAL EXPOSURE (al)

Table Description: Environmental Exposure Questionnaire: Alcohol

View Source Instrument: [link]

Details: This one-time survey is titled “Environmental Exposure Questionnaire: Alcohol” in Fox DEN, the questionnaire forms, and is part of the “Environmental Exposure Questionnaires” in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one- time survey was launched in October 2017 and closed in March 2019. 2,645 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyal	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other Relative	
					4	Someone Else	
alq1	Numeric	In your lifetime, have you drunk 100 or more alcoholic drinks (beer, wine, liquor, spirits)?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
al2	Numeric	In your lifetime, have			1	Yes	Participants are only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you ever regularly drunk alcohol, that is, at least one drink per week for 6 months or longer?			2	No	this question if they answered 'Yes' to the question 'In your lifetime, have you drunk 100 or more alcoholic drinks (beer, wine, liquor, spirits)?'
					3	Don't Know	
					4	Prefer Not to Answer	
al3a	Numeric	At what age (or in what year) did you start regularly drinking alcohol?			1	Age started	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly drunk alcohol, that is, at least one drink per week for 6 months or longer?' If al3a = 1 or 2, then al3a_age = decimal number for the Age/Year.
					2	Year started	
					3	Don't Know	
					4	Prefer Not to Answer	
al4	Numeric	At what age (or in what year) did you stop regularly drinking alcohol?			1	Age stopped	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly drunk alcohol, that
					2	Year stopped	
					3	Currently drink	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Don't know	is, at least one drink per week for 6 months or longer?' If al4 = 1 or 2, then al4_age = decimal number for the Age/Year.
					5	Prefer Not to Answer	
al5	Numeric	Were there periods of a year or more when you did NOT regularly drink alcohol?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly drunk alcohol, that is, at least one drink per week for 6 months or longer?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
al5stop1	Numeric	At what age did you first stop drinking alcohol?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly drink alcohol?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
al5astart1		At what age did you start to drink at least 1 drink per week again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly drink alcohol?'
al5a1more	Numeric	Were there other periods when you temporarily stopped drinking alcohol regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly drink alcohol?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
al5astop2	Numeric	At what age did you stop drinking alcohol again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'al5a1more.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
al5astart2	Numeric	At what age did you start to drink at least 1 drink per week again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'al5a1more.'
al5a2more	Numeric	Were there other periods when you temporarily stopped drinking alcohol regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'al5a1more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
al5astop3	Numeric	At what age did you stop drinking alcohol again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'al5a2more.'
al5astart3	Numeric	At what age did you start to drink at least 1 drink per week again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'al5a2more.'
al6_beer		During the years when you regularly drank alcohol, on average, how many servings of each type of alcohol did you drink per week? (A serving of alcohol is one can or bottle of beer, one glass of wine, or one shot of liquor or spirits.)	Beer			Number of Servings/Week Never Drank Don't Know	All variables with prefix "al6" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						Prefer Not to Answer	
al6_liquor		During the years when you regularly drank alcohol, on average, how many servings of each type of alcohol did you drink per week? (A serving of alcohol is one can or bottle of beer, one glass of wine, or one shot of liquor or spirits.)	Liquor or Spirits			Number of Servings/Week	All variables with prefix "al6" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
						Never Drank	
						Don't Know	
						Prefer Not to Answer	
al6_red		During the years when you regularly drank alcohol, on average, how many servings of	Red Wine			Number of Servings/Week	All variables with prefix "al6" are part of a large multi-subitem question with the specific subitem shown as the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		each type of alcohol did you drink per week? (A serving of alcohol is one can or bottle of beer, one glass of wine, or one shot of liquor or spirits.)				Never Drank	Sub Choice.
						Don't Know	
						Prefer Not to Answer	
al6_white		During the years when you regularly drank alcohol, on average, how many servings of each type of alcohol did you drink per week? (A serving of alcohol is one can or bottle of beer, one glass of wine, or one shot of liquor or spirits.)	White Wine			Number of Servings/Week	All variables with prefix "al6" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
						Never Drank	
						Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						Prefer Not to Answer	

ENVIRONMENTAL EXPOSURE (ns)

Table Description: Environmental Exposure Questionnaire: Anti-Inflammatory Medication History

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Anti-Inflammatory Medication History" in Fox DEN, the questionnaire forms and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of in the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 3,369 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyns	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
ns1	Numeric	Have you ever regularly taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others.			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ns1aage	Numeric	At what age (or in what year) did you start regularly taking an ibuprofen-based medication?			1 2 3 4	Age Started Year Started Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others.' (ns1 = 1)
ns1bage	Numeric	At what age (or in what year) did you stop regularly taking an ibuprofen-based medication?			1 2 3 4 5	Age Stopped Year Stopped Currently take Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others.' If *ns1bage* == 1 or 2, then

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							ns1b_age == integer or decimal values for the Age/Year.
ns1c	Numeric	Were there periods of a year or more when you did NOT regularly take an ibuprofen-based medication?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others.' (ns1 = 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ns1c1	Numeric	During this time, approximately how many years in total did you NOT regularly take ibuprofen-based medication:			1	Years	Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take an ibuprofen-based medication?' (ns1c = 1)
					2	Don't Know	
					3	Prefer Not to Answer	
ns1d	Numeric	During the time you			1	Number of	Participants

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		were regularly taking an ibuprofen-based medication, on average, about how many pills per week did you take?				pills/week	are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others.' (ns1 = 1)
					2	Don't know	
					3	Prefer Not to Answer	
ns2	Numeric	Have you ever regularly taken aspirin, that is, at least two pills per week for 6 months or longer?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ns2aage	Numeric	At what age (or in what year) did you start regularly taking aspirin?			1	Age Started	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken
					2	Year Started	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							aspirin, that is, at least two pills per week for 6 months or longer?' (ns2 = 1)
ns2bage	Numeric	At what age (or in what year) did you stop regularly taking aspirin?			1	Age Stopped	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken aspirin, that is, at least two pills per week for 6 months or longer?' (ns2 = 1)
					2	Year Stopped	
					3	Currently take	
					4	Don't know	
					5	Prefer Not to Answer	
ns2c	Numeric	Were there periods of a year or more when you did NOT regularly take aspirin?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken aspirin, that is, at least two pills per week for 6 months or longer?' (ns2 = 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ns2c1	Numeric	During this time, approximately how many years in total did you NOT regularly take aspirin:			1	Years	Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT
					2	Don't Know	
					3	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							regularly take aspirin?' (ns2c = 1)
ns2d	Numeric	During the time you were regularly taking asprin, on average, about how many pills per week did you take?			1	Number of pills/week	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken aspirin, that is, at least two pills per week for 6 months or longer?' (ns2 = 1)
					2	Don't know	
					3	Prefer Not to Answer	
ns3	Numeric	Have you ever regularly taken other anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol.			1	Yes	
					2	No	
					3	Don't Know	
					4		
ns3aage	Numeric	At what age (or in what			1	Age Started	Participants

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		year) did you start regularly taking other anti-inflammatory medications?			2	Year Started	are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken other anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol.' (ns3 = 1)
					3	Don't know	
					4	Prefer Not to Answer	
ns3bage	Numeric	At what age (or in what year) did you stop regularly taking other anti-inflammatory medications?			1	Age Stopped	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken other anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the
					2	Year Stopped	
					3	Currently take	
					4	Don't know	
					5	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol.' (ns3 = 1)
ns3c	Numeric	Were there periods of a year or more when you did NOT regularly take other anti-inflammatory medications?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken other anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol.' (ns3 = 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ns3c1	Numeric	During this time, approximately how many years in total did you NOT regularly take			1	Years	Participants are only presented this question if they answered 'Yes' to the question 'Were
					2	Don't Know	
					3	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		other anti-inflammatory medication:					there periods of a year or more when you did NOT regularly take other anti-inflammatory medications?' (ns3c = 1)
ns3d	Numeric	During the time you were regularly taking other anti-inflammatory medication, on average, about how many pills per week did you take?			1	Number of pills/week	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever regularly taken other anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol.' (ns3 = 1)
					2	Don't know	
					3	Prefer Not to Answer	

ENVIRONMENTAL EXPOSURE (cf)

Table Description: Environmental Exposure Questionnaire: Caffeine

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Caffeine" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in January 2020. 6,518 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
cfa1	Numeric	In your lifetime, have you ever regularly drunk caffeinated coffee, that is, at least once per week for 6 months or longer?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfa2ageyr	Numeric	At what age (or in what year) did you start regularly drinking caffeinated coffee?			1	Age started	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa1.'
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
cfa2age	Numeric				Age Text	Age	If participants answered 'Age started' or 'Year started' to the question in Variable 'cfa2ageyr' then this variables describes the derived age value from the provided response.
cfa3ageyr	Numeric	At what age (or in what year) did you stop regularly drinking caffeinated coffee?			1	Age stopped	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa1.'
					2	Year stopped	
					3	Currently drink	
					4	Don't know	
					5	Prefer Not to Answer	
cfa3age	Numeric				Age Text	Age	If participants answered 'Age stopped or 'Year stopped' to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question in Variable 'cfa3ageyr' then this variables describes the derived age value from the provided response.
cfa4	Numeric	Were there periods of a year or more when you did NOT regularly drink caffeinated coffee?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa1.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfa4astart1	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated coffee again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4.'
cfa4astop1	Numeric	At what age did you first stop drinking caffeinated coffee?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4.'
cfa4a1_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated coffee regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfa4astart2	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated coffee again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4a1_more'
cfa4astop2	Numeric	At what age did you stop drinking caffeinated coffee again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4a1_more.'
cfa4a2_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated coffee regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4a1_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfa4astart3	Numeric	At what age did you			Age	Age	Participants are only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		start drinking at least 1 cup per week of caffeinated coffee again?			Text		this question if they answered 'Yes' to the question in Variable 'cfa4a2_more.'
cfa4astop3	Numeric	At what age did you stop drinking caffeinated coffee again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa4a2_more.'
cfa5day	Numeric	During the time you were regularly drinking caffeinated coffee, on average, about how many cups per week did you drink?			1 2 3	Number of cups/week Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfa1.'
cfa5cup	Numeric				Number Text	Number of cups/week	If participants answered 'Number of cups/week' to the question in Variable 'cfa5day' then this variables describes the response provided.
cfb1	Numeric	In your lifetime, have you ever regularly drunk hot or iced caffeinated black tea, that is, at least once per week for 6 months or longer? (black tea includes most types of non-herbal tea, such as Lipton, Earl Grey and others)			1 2 3 4	Yes No Don't Know Prefer Not to Answer	
cfb2ageyr	Numeric	At what age (or in what year) did you start regularly drinking caffeinated black tea?			1 2 3 4	Age started Year started Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb1.'
cfb2age	Numeric				Age Text	Age Started	If participants answered 'Age started' or 'Year started' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'cfb2ageyr' then this variables describes the derived age value from the provided response.
cfb3ageyr	Numeric	At what age (or in what year) did you stop regularly drinking caffeinated black tea?			1	Age stopped	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb1.'
					2	Year stopped	
					3	Currently drink	
					4	Don't know	
					5	Prefer Not to Answer	
cfb3age	Numeric				Age Text	Age stopped	If participants answered 'Age stopped' or 'Year stopped' to the question in Variable 'cfb3ageyr' then this variables describes the derived age value from the provided response.
cfb4	Numeric	Were there periods of a year or more when you did NOT regularly drink caffeinated black tea?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb1.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfb4astart1	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated black tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4.'
cfb4astop1	Numeric	At what age did you first stop drinking caffeinated black tea?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4.'
cfb4a1_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated black tea regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfb4astart2	Numeric	At what age did you start drinking at least			Age Text	Age	Participants are only presented this question if they answered

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		1 cup per week of caffeinated black tea again?					'Yes' to the question in Variable 'cfb4a1_more.'
cfb4astop2	Numeric	At what age did you stop drinking caffeinated black tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4a1_more.'
cfb4a2_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated black tea regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4a1_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfb4astart3	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated black tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4a2_more.'
cfb4astop3	Numeric	At what age did you stop drinking caffeinated black tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb4a2_more.'
cfb5day	Numeric	During the time you were regularly drinking caffeinated black tea, on average, about how many cups per week did you drink?			1	Number of cups/week	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfb1.'
					2	Don't know	
					3	Prefer Not to Answer	
cfb5cup	Numeric				Number Text	Number of cups/week	If participants answered 'Number of cups/week' to the question in Variable 'cfb5day' then this variable describes the provided response in whole numbers.
cfc1	Numeric	In your lifetime, have you ever regularly drunk caffeinated green tea, that is, at least once per week			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for 6 months or longer?					
cfc2ageyr	Numeric	At what age (or in what year) did you start regularly drinking caffeinated green tea?			1 2 3 4	Age started Year started Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc1.'
cfc2age	Numeric				Age Text	Age started	If participants answered 'Age started' or 'Year started' to the question in Variable 'cfc2ageyr' then this variables describes the derived age value from the provided response.
cfc3ageyr	Numeric	At what age (or in what year) did you stop regularly drinking caffeinated green tea?			1 2 3 4 5	Age stopped Year stopped Currently drink Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc1.'
cfc3age	Numeric				Age Text	Age stopped	If participants answered 'Age stopped' or 'Year stopped' to the question in Variable 'cfc3ageyr' then this variables describes the derived age value from the provided response.
cfc4	Numeric	Were there periods of a year or more when you did NOT regularly drink caffeinated green tea?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc1.'
cfc4astart1	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated green tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
cfc4astop1	Numeric	At what age did you first stop drinking caffeinated green tea?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4.'
cfc4a1_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated green tea?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfc4astart2	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated green tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4a1_more.'
cfc4astop2	Numeric	At what age did you stop drinking caffeinated green tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4a1_more.'
cfc4a2_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated green tea?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4a1_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfc4astart3	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated green tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4a2_more.'
cfc4astop3	Numeric	At what age did you stop drinking caffeinated green tea again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc4a2_more.'
cfc5day	Numeric	During the time you were regularly drinking caffeinated green tea, on average, about how many cups per week did you drink?			1	Number of cups/week	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfc1.'
					2	Don't know	
					3	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
cfc5cup	Numeric				Number Text	Number of cups/week	If participants answered 'Number of cups/week' to the question in Variable 'cfc5day' then this variable describes the provided response in whole numbers.
cfd0	Numeric	In your lifetime, have you ever regularly drunk caffeinated soda, that is, at least once per week for 6 months or longer?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfd2ageyr	Numeric	At what age (or in what year) did you start regularly drinking caffeinated soda?			1	Age started	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd0.'
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
cfd2age	Numeric				Age Text	Age started	If participants answered 'Age started' or 'Year started' to the question in Variable 'cfd2ageyr' then this variables describes the derived age value from the provided response.
cfd3ageyr	Numeric	At what age (or in what year) did you stop regularly drinking caffeinated soda?			1	Age stopped	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd0.'
					2	Year stopped	
					3	Currently drink	
					4	Don't know	
					5	Prefer Not to Answer	
cfd3age	Numeric				Age Text	Age stopped	If participants answered 'Age stopped' or 'Year stopped' to the question in Variable 'cfd3ageyr' then this variables describes the derived age value from the provided response.
cfd4	Numeric	Were there periods of a year or more when you did NOT			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		regularly drink caffeinated soda?			4	Prefer Not to Answer	Variable 'cfd0.'
cfd4astart1	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated soda again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4.'
cfd4astop1	Numeric	At what age did you first stop drinking caffeinated soda?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4.'
cfd4a1_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated soda regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfd4astart2		At what age did you start drinking at least 1 cup per week of caffeinated soda again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4a1_more.'
cfd4astop2		At what age did you stop drinking caffeinated soda again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4a1_more.'
cfd4a2_more	Numeric	Were there other periods when you temporarily stopped drinking caffeinated soda regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4a1_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
cfd4astart3	Numeric	At what age did you start drinking at least 1 cup per week of caffeinated soda again?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'cfd4a2_more.'
cfd4astop3	Numeric	At what age did you stop drinking caffeinated soda			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		again?					Variable ‘cfd4a2_more.’
cfd5dayweek	Numeric	During the time you were regularly drinking caffeinated soda, on average, about how many cups per week did you drink?			1	Number of cups/week	Participants are only presented this question if they answered ‘Yes’ to the question in Variable ‘cfd0.’
					2	Don't know	
					3	Prefer Not to Answer	
cfd5can	Numeric				Number Text	Number of cups/week	If participants answered ‘Number of cups/week’ to the question in Variable ‘cfd5dayweek’ then this variable describes the provided response in whole numbers.
compbycf	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	

ENVIRONMENTAL EXPOSURE (ca)

Table Description: Environmental Exposure Questionnaire: Calcium Channel Blocker Medication History

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Calcium Channel Blocker Medication History" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 2,091 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyca	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
caintro	Numeric	Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca1a	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check	Amlodipine or Norvasc		1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain,
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		all that apply.					stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ca1b	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.	Felodipine or Plendil		1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca1c	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or	Nifedipine or Procardia, Adalat, Afeditab, Nifediac, Nifedical		1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		longer? Please check all that apply.					problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ca1d	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.	Nicardipine or Cardene, Carden SR		1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ca1e	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day	Isradipine or Dynacirc		1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		for 6 months or longer? Please check all that apply.					for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ca1f	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.	Nisoldipine or Sular		1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca1" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ca2a	Numeric	At what age (or in what year) did you start regularly taking any of the medicines			1 2 3 4	Age started Year started Don't know Prefer Not to	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		listed? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)				Answer	'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' If ca2a = 1 or 2, then ca2a_age = decimal number of the age.
ca2b	Numeric	At what age (or in what year) did you stop regularly taking any of the medicines listed? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)			1	Age stopped	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' If ca2b = 1 or 2, then ca2b_age = decimal number of the age.
					2	Year stopped	
					3	Currently take	
					4	Don't know	
					5	Prefer Not to Answer	
ca2c	Numeric	Were there periods of a year or more when you did NOT regularly take any of the medicines listed? (Amlodipine,			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)					problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?'
ca2c1_stop1	Numeric	At what age did you first stop taking the medication?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)'
ca2c1_start1	Numeric	At what age did you start drinking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine,

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)'
ca2c11_more	Numeric	Were there other periods when you temporarily stopped taking these medications regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed? (Amlodipine, Norvasc, Felodipine, Plendil Nifedipine, Procardia, Adalat, Afeditab, Nifediac, Nifedical, Nicardipine, Cardene, Carden SR, Isradipine, Dynacirc, Nisoldipine or Sular)'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca2c1_stop2	Numeric	At what age did you stop taking the medication again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'ca2c11_more.'
ca2c1_start2	Numeric	At what age did you start taking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'ca2c11_more.'
ca2c12_more	Numeric	Were there other periods when you temporarily stopped taking these medications regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'ca2c11_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca2c1_stop3	Numeric	At what age did you stop taking the medication again?			Age Text		Participants are only presented this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question associated with the variable 'ca2c12_more.'
ca2c1_start3	Numeric	At what age did you start taking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'ca2c11_more.'
ca3a	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.	Verapamil or Calan, Covera-HS, Isoptin, Verelan.		1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' All variables with prefix "ca3" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca3b	Numeric	Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.	Diltiazem or Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD, Diltia XT		1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Prefer Not to Answer	Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?'
ca4a	Numeric	At what age (or in what year) did you start regularly taking any of the medicines listed? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)			1	Age Started	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' If ca4a = 1 or 2, then ca4a_age = decimal number of the age.
					2	Year Started	
					3	Don't Know	
					4	Prefer Not to Answer	
ca4b	Numeric	At what age (or in what year) did you stop regularly taking any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?' If ca4b = 1 or 2, then
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Don't Know	ca4b_age = decimal number of the age.
					4	Prefer Not to Answer	
ca4c	Numeric	Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Don't Know' to the question 'Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca4c1_stop1	Numeric	At what age did you first stop taking the medication?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 3? (Verapamil,

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)?'
ca4c1_start1	Numeric	At what age did you start taking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)?'
ca4c11_more	Numeric	Were there other periods when you temporarily stopped taking these medications regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly take any of the medicines listed in question 3? (Verapamil, Calan, Covera-HS, Isoptin, Verelan, Diltiazem, Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD or Diltia XT)?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ca4c1_stop2	Numeric	At what age did you stop taking the medication again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'ca4c11_more.'
ca4c1_start2	Numeric	At what age did you start taking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question associated with the variable ‘ca4c11_more.’
ca4c12_more	Numeric	Were there other periods when you temporarily stopped taking these medications regularly?			1	Yes	Participants are only presented this question if they answered ‘Yes’ to the question associated with the variable ‘ca4c11_more.’
					2	No	
					3	Don’t Know	
					4	Prefer Not to Answer	
ca4c1_stop3	Numeric	At what age did you stop taking the medication again?			Age Text		Participants are only presented this question if they answered ‘Yes’ to the question associated with the variable ‘ca4c12_more.’
ca4c1_start3	Numeric	At what age did you start taking at least 1 pill per day again?			Age Text		Participants are only presented this question if they answered ‘Yes’ to the question associated with the variable ‘ca4c12_more.’

ENVIRONMENTAL EXPOSURE (rp)

Table Description: Environmental Exposure Questionnaire: Female Health History

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Female Health History (For Women Only)" in Fox DEN, the Questionnaire Forms and is listed under "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 1,988 participants provided responses to this survey. This survey was only completed by female participants.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyrq	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
rp1	Numeric	Have you ever been pregnant?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
rp1a	Numeric	How many pregnancies have you had? (Please include all live births, miscarriages, stillbirths, and abortions.)			Number Text	Number of Pregnancies	Participants are only presented this question if they answered 'Yes' to the question in Variable 'rp1'. (rp1 == 1)
rp1b	Numeric	How many live births have you had?			Number Text	Number of live births	Participants are only presented this question if they answered 'Yes' to the question in Variable 'rp1'. (rp1 == 1)
rp2	Numeric	At what age did you have your first menstrual period?			1	Age	
					2	Never had a menstrual period	
					3	Don't know	
					4	Prefer Not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						Answer	
rp2age	Numeric				Age Text	Age	This variable describes the provided value by participants, if they responded 'Age' to the question in variable 'rp2'. (rp2 == 1)
rp3	Numeric	What is your current menstrual status?			1	Pregnant or breastfeeding	
					2	Still having periods and not going through menopause	
					3	Still having periods and on hormone replacement therapy	
					4	Going through menopause	
					5	Periods stopped themselves or natural menopause	
					6	Periods stopped by surgery or surgical menopause	
					7	Other (specify):	
					8	Don't Know	
					9	Prefer Not to Answer	
rp3choice5	Numeric	What date did your periods stop themselves or did you experience natural menopause?			1	Year	Participants were only presented this question if they responded 'Periods stopped themselves or natural menopause' to the question in Variable 'rp3'. (rp3 == 5).
					2	Age	
					3	Don't know	
rp3choice6	Numeric	What date did your periods stop by surgery			1	Year	Participants were only presented this question if
					2	Age	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or surgical menopause?			3	Don't know	they responded 'Periods stopped by surgery or surgical menopause' to the question in Variable 'rp3'. (rp3 == 6).
rp3mensother	Numeric	Other menstrual status. DATE:			1	Year	Participants were only presented this question if they responded 'Other (specify):' to the question in Variable 'rp3'. (rp3 == 7).
					2	Age	
					3	Don't know	
					4	nan	
rp3mensother_age	Numeric				Age Text	Age	This variable describes the value provided by participants, if they responded 'Year' or 'Age' to the question in variable 'rp3mensother'. (rp3mensother == 1 or rp3mensother == 2)
rp3surgtype	Numeric	What type of surgery did you have?			1	Removal of uterus and both ovaries	Participants were only presented this question if they responded 'Periods stopped by surgery or surgical menopause' to the question in Variable 'rp3'. (rp3 == 6).
					2	Removal of one ovary	
					3	Removal of both ovaries	
					4	Removal of uterus but not both ovaries	
					5	Other (specify):	
					6	Don't Know	
					7	Prefer Not to Answer	
rp4	Numeric	Have you ever used hormone replacement therapy during or after menopause for a period of at least 6 months? This includes pills, injections, vaginal			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		creams, skin patches, and suppositories.					
rp4a	Numeric	At what age did you start taking hormone replacement therapy?			1	Age Started	Participants are only presented this question if they answered 'Yes' to the question in Variable 'rp4'. (rp4 == 1)
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
rp4a_age	Numeric				Age Text	Age Started	This variable describes the value provided by participants, if they responded 'Age started' or 'Year Started' to the question in variable 'rp4a'. (rp4a == 1 or rp4a == 2)
rp4b	Numeric	At what age did you stop taking hormone replacement therapy?			1	Age Stopped	Participants are only presented this question if they answered 'Yes' to the question in Variable 'rp4'. (rp4 == 1)
					2	Year stopped	
					3	Currently take	
					4	Don't know	
					5	Prefer Not to Answer	
rp4b_age	Numeric				Age Text	Age Stopped	This variable describes the value provided by participants, if they responded 'Age started' or 'Year Started' to the question in variable 'rp4b'. (rp4b == 1 or rp4b == 2)
rp4c	Numeric	During the above period, how many years in total did you take hormone replacement therapy? Please don't include any months/years during the above period when you may have temporarily stopped taking hormone			1	Years	Participants are only presented this question if they answered 'Yes' to the question in Variable 'rp4'. (rp4 == 1)
					2	Don't know	
					3	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		replacement therapy.					
rp4c_years	Numeric				Number Text	Total Years	This variable describes the value provided by participants, if they responded 'Years' to the question in variable 'rp4c'. (rp4c == 1)
rp3choice5_age	Numeric				Age Text	Age	This variable describes the value provided by participants, if they responded 'Year' or 'Age' to the question in variable 'rp3choice5'. (rp3choice5 == 1 or rp3choice5 == 2)
rp3choice6_age	Numeric				Age Text	Age	This variable describes the value provided by participants, if they responded 'Year' or 'Age' to the question in variable 'rp3choice6'. (rp3choice6 == 1 or rp3choice6 == 2)

ENVIRONMENTAL EXPOSURE (Head)

Table Description: Environmental Exposure Questionnaire: Head or Injury Concussion

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Head or Injury Concussion" in Fox DEN, the questionnaire forms, and is listed under "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 3,833 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Head	Numeric	Have you ever had a head injury or concussion?			1	Yes	
					2	Possibly	
					3	No	
					4	Don't Know	
					5	Prefer Not to Answer	
Head1Cognitive	Numeric	Did you have memory loss, amnesia, or trouble thinking from this injury?			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head1HeadFract	Numeric	Did you have a skull fracture from this injury?			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head1Hospitalized	Numeric	Were you hospitalized for this injury?			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Head1LoseConsc	Numeric	Did you lose consciousness from this injury?			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head1LostConscDur	Numeric	How long were you unconscious?			1	less than 5 minutes	Participants were only presented this question if they responded 'Yes' to the question in variable Head1LoseConsc (Head1LoseConsc ==1)
					2	5-59 minutes	
					3	1-24 hours	
					4	longer than 1 day	
					5	Don't Know	
Head1Seizure	Numeric	Did you have a seizure from this injury?			1	Yes	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head1When	Numeric	At what age (or in what year) did the head injury occur?			1	Age	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	Year	
					3	Don't Know	
					4	Prefer Not to Answer	
Head1WhenAge	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age' or 'Year' to the question in variable 'Head1When'. (Head1When == 1 or Head1When == 2)
Head2WhenAge	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'Age' or 'Year' to the question in variable 'Head2When'. (Head2When == 1 or Head2When == 2)
Head3WhenAge	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age' or 'Year' to the question in variable 'Head3When'. (Head3When == 1 or Head3When == 2)
Head4WhenAge	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age' or 'Year' to the question in variable 'Head4When'. (Head4When == 1 or Head4When == 2)
Head5WhenAge	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age' or 'Year' to the question in variable 'Head5When'. (Head5When == 1 or Head5When == 2)
Head2Cognitive	Numeric	Did you have memory loss, amnesia, or trouble thinking from this injury?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
					2	No	
					3	Don't Know	
Head2HeadFract	Numeric	Did you have a skull fracture from this injury?			1	Yes	Participants are only presented this question if their answer to the
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Prefer Not to Answer	question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
Head2Hospitalized	Numeric	Were you hospitalized for this injury?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
					2	No	
					3	Don't Know	
Head2LoseConsc	Numeric	Did you lose consciousness from this injury?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head2LostConscDur	Numeric	How long were you unconscious?			1	less than 5 minutes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'Head2LoseConsc'. (Head2LoseConsc ==1)
					2	5-59 minutes	
					3	1-24 hours	
					4	longer than 1 day	
					5	Don't Know	
					6	Prefer not to Answer	
Head2Seizure	Numeric	Did you have a seizure from this injury?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head2When	Numeric	At what age (or in what year) did the head injury occur?			1	Age	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 1. (HeadNumber > 1)
					2	Year	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
Head3LoseConsc	Numeric	Did you lose consciousness?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 2. (HeadNumber > 2)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head3When	Numeric	At what age (or in what year) did the head injury occur?			1	Age	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 2. (HeadNumber > 2)
					2	Year	
					3	Don't Know	
					4	Prefer Not to Answer	
Head4LoseConsc	Numeric	Did you lose consciousness?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 3. (HeadNumber > 3)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
Head4When	Numeric	At what age (or in what year) did the head injury occur?			1	Age	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 3. (HeadNumber > 3)
					2	Year	
					3	Don't Know	
					4	Prefer Not to Answer	
Head5LoseConsc	Numeric	Did you lose consciousness?			1	Yes	Participants are only presented this question if their answer to the question in Variable 'HeadNumber' is greater than 4. (HeadNumber > 4)
					2	No	
					3	Don't Know	
Head5When	Numeric	At what age (or in what year) did the head injury occur?			1	Age	Participants are only presented this question if their answer to the
					2	Year	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Don't Know	question in Variable 'HeadNumber' is greater than 4. (HeadNumber > 4)
					4	Prefer Not to Answer	
HeadNumber	Numeric	In your lifetime, how many have you had? Give your best estimate.			1	1	Participants are only presented this question if they answered 'Yes' or 'Possibly' to the question in Variable 'Head'. (Head == 1 or Head == 2)
					2	2	
					3	3	
					4	4	
					5	more than 4	
HeadPrimInfo	Numeric	These questions were primarily completed by			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	

ENVIRONMENTAL EXPOSURE (bp)

Table Description: Environmental Exposure Questionnaire: Height and Weight

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Height and Weight" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in December 2019. 5,075 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
bp1	Numeric	Select the number of the picture below that best represents your body type during your childhood:			1	Picture 1	The pictures displayed to the participants as choices can be found in the source instrument, which is the questionnaire form.
					2	Picture 2	
					3	Picture 3	
					4	Picture 4	
					5	Picture 5	
					6	Picture 6	
					7	Picture 7	
					8	Prefer Not to Answer	
					9	Don't Know	
bplt	Numeric	Please select your current age group:			1	18-24	
					2	25-39	
					3	40-59	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	60 and older	
compbybp	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
bp2	Numeric	Select the number of the picture below that best represents your body type at age 25:			1	Picture 1	The pictures displayed to the participants as choices can be found in the source instrument, which is the questionnaire form.
					2	Picture 2	
					3	Picture 3	
					4	Picture 4	
					5	Picture 5	
					6	Picture 6	
					7	Picture 7	
					8	Picture 8	
					9	Picture 9	
					10	Don’t Know	
					11	Prefer Not to Answer	
bp3	Numeric	Select the number of the picture below that best represents your body type at age 40:			1	Picture 1	Participants are only presented this question if they answered, “40-59” or “60 and older” to the question, ‘Please select
					2	Picture 2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Picture 3	your current age group:'. The pictures displayed to the participants as choices can be found in the source instrument, which is the questionnaire form.
					4	Picture 4	
					5	Picture 5	
					6	Picture 6	
					7	Picture 7	
					8	Picture 8	
					9	Picture 9	
					10	Don't Know	
					11	Prefer Not to Answer	
bp4	Numeric	Select the number of the picture below that best represents your body type at age 60:			1	Picture 1	Participants are only presented this question if they answered "60 and older" to the question, 'Please select your current age group:'. The pictures displayed to the participants as choices can be found in the source instrument, which is the questionnaire form.
					2	Picture 2	
					3	Picture 3	
					4	Picture 4	
					5	Picture 5	
					6	Picture 6	
					7	Picture 7	
					8	Picture 8	
					9	Picture 9	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					10	Don’t Know	
					11	Prefer Not to Answer	

ENVIRONMENTAL EXPOSURE (oc)

Table Description: Environmental Exposure Questionnaire: Occupation

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Occupation" in Fox DEN, the questionnaire forms, and is listed under "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 3,746 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyoc	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
oc1	Numeric	Have you ever been in the active Military?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
oc1aage	Numeric	At what age (or in what year) did you start serving in the military?			1	Age started	Participants are only presented this question if they answered 'Yes' to the question in Variable 'oc1'. (oc1 == 1)
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
oc1a_age	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age started' or 'Year started' to the question in variable 'oc1aage'. (oc1aage== 1 or oc1aage == 2)
oc1b_age	Numeric				Age Text	Age	The variable describes the derived age value if a participant responsed 'Age stopped' or 'Year stopped'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to the question in variable 'oc1bage'. (oc1bage== 1 or oc1bage == 2)
oc1bage	Numeric	At what age (or in what year) did you stop serving in the military?			1	Age stopped	Participants are only presented this question if they answered 'Yes' to the question in Variable 'oc1'. (oc1 == 1)
					2	Year stopped	
					3	Currently serve	
					4	Don't know	
					5	Prefer Not to Answer	
oc1d	Numeric	What branch of the military were you in the longest?			1	Army	Participants are only presented this question if they answered 'Yes' to the question in Variable 'oc1'. (oc1 == 1)
					2	Navy	
					3	Air force	
					4	Marines	
					5	National Guard	
					6	Other	
					7	Don't Know	
					8	Prefer Not to Answer	
oc1f	Numeric	Were you ever in combat?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'oc1'. (oc1 == 1)
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
oc1f2	Numeric	Were you ever a prisoner of war?			2	No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'oc1f'. (oc1f == 1)
					4	Prefer Not to Answer	
oc2	Numeric	Are you currently working?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
ocskipto5	Numeric	Was the job you had the longest from age 26-35 the same as the prior period?			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ocskipto6	Numeric	Was the job you had the longest from age 36-45 the same as the prior period?			1	Yes	
					2	No	
ocskipto7	Numeric	Was the job you had the longest from age 46-55 the same as the prior period?			1	Yes	
					2	No	
ocskipto8	Numeric	Was the job you had the longest from age 56-65 the same as the prior period?			1	Yes	
					2	No	
ocskiptonxtfrm	Numeric	Was the job you had the longest from age 66 and above the same as the prior period?			1	Yes	
					2	No	

ENVIRONMENTAL EXPOSURE (phg)

Table Description: Environmental Exposure Questionnaire: Pesticides at Work

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Pesticides at Work" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 3,106 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbypw	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
phg1	Numeric	Were you ever exposed to unusually high amounts of pesticides at work, for example from a spill, when either you or someone else was using pesticides?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phg1yr	Numeric	When did this occur:			1	Year	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh1'. (pgh1==1)
					2	Don't Know	
					3	Prefer Not to Answer	
phg2	Numeric	If you got concentrated pesticide on your skin, did you			1	Yes	
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		usually stop what you were doing and wash it off?			4	Never got concentrated pesticide on my skin	
					5	Prefer Not to Answer	
phg3	Numeric	If you personally mixed or applied pesticides, did you wear gloves more than half the time?			1	Yes	
					2	No	
					3	Don't Know	
					4	Never mix/apply	
phg4	Numeric	When you wore gloves, what type of gloves did you wear most of the time?			1	Chemical resistant gloves	Participants are only presented this question if they responded 'Yes' or 'Prefer Not to answer' to the question in Variable 'pgh3'. (pgh3==1)
					2	Fabric or leather gloves	
					3	Rubber, plastic, or latex gloves	
					5	Don't Know	
					4	Other	
					6	Prefer not to answer	
phg5	Numeric	If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?			1	Yes	Participants are only presented this question if they responded 'Yes' or 'Prefer Not to answer' to the question in Variable 'pgh3'. (pgh3==1)
					2	No	
					3	Don't Know	
					4	Never mix/apply	
					5	Prefer not to answer	
phg6_1	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Chemical resistant boots or shoes		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_2	Numeric	When you used any other type of protective equipment, what	Chemical resistant apron		1	Checked	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		type of protective equipment did you usually use?					they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_3	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Disposable coveralls		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_4	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Cartridge respirator, gas mask		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_5	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Goggles		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_6	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Other		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg6_other	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use?	Don't Know		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh5'. (pgh5==1)
phg7	Numeric	Did you ever feel sick after exposure to pesticides at work?			1	Yes	Participants are only presented this question if they responded 'Yes' or 'Prefer Not to answer' to the question in Variable 'pgh3'. (pgh3==1)
					2	No	
					3	Never Exposed	
					4	Don't Know	
					5	Prefer Not to Answer	
phg8	Numeric	Did you seek medical care for these symptoms?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pgh7'.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(pgh7==1)
pwa1	Numeric	During this period of life (birth through age 25), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer not to answer	
pwa1amxdapp	Numeric	During this period of life (birth through age 25), how were you exposed to pesticides?	Mixed or applied		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa1a" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa1aother	Numeric	During this period of life (birth through age 25), how were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa1a" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2DK	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Don't Know		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwa2agri	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other agricultural applications (for example, aerial spraying)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2exposecrop	Numeric	When farming or ranching during this period of life (birth through age 25), were you exposed to or did you use pesticides on any of the following ?	Crops, specify which crops:		1	Checked	Participants were only presented this question if they responded 'Farming or ranching' to the question in Variable 'pwa2farm'. (pwa2farm == 1). All Variables with prefix "pwa2expose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2exposelivestock	Numeric	When farming or ranching during this period of life (birth through age 25), were you exposed to or did you use pesticides on any of the following ?	Livestock/farm animals		1	Checked	Participants were only presented this question if they responded 'Farming or ranching' to the question in Variable 'pwa2farm'. (pwa2farm == 1). All Variables with prefix "pwa2expose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwa2farm	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Farming or Ranching		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2for	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Forestry		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2jan	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Building maintece/ Janitorial		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2land	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were	Landscaping / Gardening / Groundskeeping		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		exposed in some other way to pesticides?					All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2nur	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Nursery / Greenhouse		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2other	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwa2xterm	Numeric	During this period of life (birth through age 25), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Pest control / Exterminator		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1). All Variables with prefix "pwa2" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwa3	Numeric	During this period of life (birth through age 25), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
					2	Don't Know	
pwa3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they chose 'Total years' to the question in variable 'pwa3'.
pwa4days	Numeric	During these years (birth through age 25), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
					2	11 - 30 days	
					3	31 - 90 days	
					4	More than 90 days	
					5	Don't Know	
pwa5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 25 or less)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
					2	No	
					3	Don't Know	
pwa5fumdk	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 25 or less)?	Used fumigant, don't know name		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa5fum'. (pwa5fum == 1).
					2	No	
					3	Don't Know	
pwa5fummbr	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 25 or less)?	Methyl bromide		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa5fum'. (pwa5fum == 1).
					2	No	
					3	Don't Know	
pwa5fumoth	Numeric	Which types of fumigants you mix, apply or get exposed to	Other		1	Yes	Participants were only presented this question if they responded 'Yes' to the
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during these years (age 25 or less)?					question in Variable 'pwa5fum'. (pwa5fum == 1).
pwa5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 25 or less)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1 2 3	Yes No Don't Know	
pwa5fungben	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Benomyl products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
pwa5fungcl	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Chlorothalonil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
pwa5fungcu	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Copper compounds		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
pwa5fungdk	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Used fungicides, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
pwa5fungman	Numeric	Which types of fungicides you mix, apply or get exposed to			1 2	Yes No	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during these years (age 25 or less)?	Maneb or Mancozeb products		3	Don't Know	they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
pwa5fungoth	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
					2	No	
					3	Don't Know	
pwa5fungs	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Sulfur compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
					2	No	
					3	Don't Know	
pwa5fungzir	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 25 or less)?	Ziram products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5fung'. (pwa5fung == 1)
					2	No	
					3	Don't Know	
pwa5herDK	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 25 or less)?	Used herbicide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herb	Numeric	Did you mix, apply or get exposed to herbicides (pesticides used to kill weeds or plants) during these years (age 25 or less)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwa5herb2_4d	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	2,4-D products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herbcl	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	Metolachlor, Alachlor or Acetochlor products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herbflur	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	Trifluralin		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herboth	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herbpara	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	Paraquat or Diquat products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5herbzine	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 25 or less)?	Atrazine or Cyanazine products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5herb'. (pwa5herb==1)
					2	No	
					3	Don't Know	
pwa5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 25 or less)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)					
pwa5isctal	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Aldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctddt	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	DDT		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctdie	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Dieldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctdk	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Used insecticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctfos	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Chlorpyrifos or Terbufos		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctlin	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Lindane products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	
pwa5isctoil	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Oil		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwa5isctother	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
pwa5isctpara	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Parathion products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
pwa5isctperm	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Permethrin or other pyrethroid products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
pwa5isctrot	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 25 or less)?	Rotenone products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwa5isct'. (pwa5isct == 1)
pwa5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 25 or less)?			1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
pwa5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 25 or less)?			1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwa1'. (pwa1 == 1).
pwa5roddk	Numeric	Which types of rodenticides did you mix, apply or get exposed to during these years (age 25 or less)?	Used rodenticide, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in 'pwa5rod'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(pwa5rod == 1)
pwa5rodoth	Numeric	Which types of rodenticides did you mix, apply or get exposed to during these years (age 25 or less)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in 'pwa5rod'. (pwa5rod == 1)
pwb1	Numeric	During this period of life (age 26-35), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	
pwb1amxdapp	Numeric	During this period of life (age 26-35), how were you exposed to pesticides?	Mixed or applied		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in 'pwb1'. (pwb1 == 1)
pwb1aother	Numeric	During this period of life (age 26-35), how were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in 'pwb1'. (pwb1 == 1)
pwb2DK	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Don't Know		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2agri	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other	Other agricultural applications (for example,		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		way to pesticides? (CHECK ALL THAT APPLY)	aerial spraying)				All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2exposecrop	Numeric	When farming or ranching during this period of life (age 26-35), were you exposed to or did you use pesticides on any of the following	Crops		1	Checked	Participants were only presented this question if they responded 'Farming or ranching' to the question in Variable 'pwb2farm'. (pwb2farm == 1).
pwb2exposelivestock	Numeric	When farming or ranching during this period of life (age 26-35), were you exposed to or did you use pesticides on any of the following ?	Livestock/farm animals		1	Checked	Participants were only presented this question if they responded 'Farming or ranching' to the question in Variable 'pwb2farm'. (pwb2farm == 1).
pwb2farm	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Farming or Ranching		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2for	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Forestry		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwb2jan	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Building maintece/ Janitorial		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2land	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY	Landscaping / Gardening / Groundskeepin g		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2nur	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Nursery / Greenhouse		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2other	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in	Other		1	Checked	Participants were only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)					question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb2xterm	Numeric	During this period of life (age 26-35), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY	Pest control / Exterminator		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1). All Variables with prefix "pwb2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb3	Numeric	During this period of life (age 26-35), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1).
					2	Don't Know	
pwb3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they chose 'Total years' to the question in variable 'pwb3'.
pwc3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they chose 'Total years' to the question in variable 'pwc3'.
pwd3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							chose 'Total years' to the question in variable 'pwd3'.
pwe3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they chose 'Total years' to the question in variable 'pwe3'.
pwf3years	Numeric				Year Text	Total Years	This derived variable describes the participant provided response when they chose 'Total years' to the question in variable 'pwe3'.
pwb4days	Numeric	During these years (age 26-35), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1).
					2	11 - 30 days	
					3	31 - 90 days	
					4	More than 90 days	
					5	Don't Know	
					6	Prefer Not to Answer	
pwb5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 26-35)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
					2	No	
					3	Don't Know	
pwb5fumdk	Numeric	Which types of fumigants you mix, apply or get exposed to during these years ((age 26-35)? Please click Yes, No or Don't Know for every product.	Used fumigant, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fum'. (pwb5fum == 1)
					2	No	
					3	Don't Know	
pwb5fummbr	Numeric	Which types of fumigants you mix, apply or get exposed to during these years ((age 26-35)? Please click Yes, No or Don't Know for every product.	Methyl bromide		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fum'. (pwb5fum == 1)
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwb5fumoth	Numeric	Which types of fumigants you mix, apply or get exposed to during these years ((age 26-35)? Please click Yes, No or Don't Know for every product.	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fum'. (pwb5fum == 1)
pwb5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 26-35)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
pwb5fungben	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Benomyl products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5fungcl	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Chlorothalonil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
pwb5fungcu	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Copper compounds		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5fungdk	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Used fungicides, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5fungman	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Maneb or Mancozeb products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
pwb5fungoth	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5fungs	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product.	Sulfur compounds		1 2 3	Yes Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5fungzir	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 25 or less)? Please click Yes, No or Don't Know for every product	Ziram products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5fung'. (pwb5fung == 1) Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwb5herDK	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	Used herbicide, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
pwb5herb	Numeric	Did you mix, apply or get exposed to herbicides (pesticides used to kill weeds or plants) during these years (age 26-35)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1).
pwb5herb2_4d	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	2,4-D products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
pwb5herbcl	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	Metolachlor, Alachlor or Acetochlor products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
pwb5herbflur	Numeric		Trifluralin		1 2	Yes No	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?			3	Don't Know	they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
pwb5herboth	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
					2	No	
					3	Don't Know	
pwb5herbpara	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	Paraquat or Diquat products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
					2	No	
					3	Don't Know	
pwb5herbzine	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 26-35)?	Atrazine or Cyanazine products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5herb'. (pwb5herb == 1)
					2	No	
					3	Don't Know	
pwb5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 26-35)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
					2	No	
					3	Don't Know	
pwb5isctal	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Aldrin products		2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	Don't Know	
pwb5isctddt	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	DDT		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwb5isctdie	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Dieldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwb5isctdk	Numeric	Which types of insecticides you mix, apply or get exposed	Used insecticide,		1	Yes	Participants are only presented this question if
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	don't know name		3	Don't Know	they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctfos	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Chlorpyrifos or Terbufos		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctlin	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Lindane products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctoil	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-	Oil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		35)? Please click Yes, No or Don't Know for every product.					question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctother	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctpara	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Parathion products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctperm	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Permethrin or other pyrethroid products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5isctrot	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Rotenone products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5isct'. (pwb5isct == 1) Variables with the prefix 'pwb5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwb5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 26-35)?			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
pwb5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 26-35)?			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
pwb5roddk	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 26-35)? Please click Yes, No or Don't Know for every product.	Used rodenticide, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb5rod'. (pwb5rod == 1).
pwb5rodoth	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 25	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or less)? Please click Yes, No or Don't Know for every product.					question in Variable 'pwb5rod'. (pwb5rod == 1)
pwc2DK	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Don't Know		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2agri	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Other agricultural applications (for example, aerial spraying)		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2exposecrop	Numeric	When farming or ranching during this period of life (age 36-45), were you exposed to or did you use pesticides on any of the following	Crops		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwc2exposelivestock	Numeric	When farming or ranching during this period of life (age 36-45), were you exposed to or did you use pesticides on any of the following	Livestock/farm animals		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2farm	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Farming or Ranching		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2for	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Forestry		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwc2jan	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Building maintenance/ Janitorial		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2land	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Landscaping / Gardening / Groundskeeping		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2nur	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Nursery / Greenhouse		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwc2other	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Other		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc2xterm	Numeric	During this period of life (age 36-45), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides? (CHECK ALL THAT APPLY)	Pest control / Exterminator		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1) All Variables with prefix "pwc2" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc3	Numeric	During this period of life (age 36-45), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
					2	Don't Know	
pwc3years	Numeric				Year Text	Total Years	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwc4days	Numeric	During these years (age 36-45), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
					2	11 - 30 days	
					3	31 - 90 days	
					4	More than 90 days	
					5	Don't Know	
					6	Prefer Not to Answer	
pwc5amxdapp	Numeric	During this period of life (age 36-45), how were you exposed to pesticides?	Mixed or applied		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
pwc5aother	Numeric	During this period of life (age 36-45), how were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
pwc5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 36-45)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
					2	No	
					3	Don't Know	
pwc5fumdk	Numeric	Which types of fumigant you mix, apply or get exposed to during these years (age 36-45) ?	Used fumigant, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fum'. (pwc5fum == 1)
					2	No	
					3	Don't Know	
pwc5fummbr	Numeric	Which types of fumigant you mix, apply or get exposed to during these years (age 36-45) ?	Methyl bromide		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fum'. (pwc5fum == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwc5fumoth	Numeric	Which types of fumigant did you mix, apply or get exposed to during these years (age 36-45) ?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fum'. (pwc5fum == 1)
pwc5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 36-45)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
pwc5fungben	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Benomyl products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwc5fungcl	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Chlorothalonil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
pwc5fungcu	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Copper compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	Don't Know	
pwc5fungdk	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Used fungicides, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwc5fungman	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Maneb or Mancozeb products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwc5fungoth	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwc5fungs	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Sulfur compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwc5fungzir	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 36-45)?	Ziram products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5fung'. (pwc5fung == 1) All Variables with the prefix 'pwb5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwc5herb	Numeric	Did you mix, apply or get exposed to herbicides			1	Yes	Participants are only presented this question if
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(pesticides used to kill weeds or plants) during these years (age 36-45)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			3	Don't Know	they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
pwc5herb2_4d	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	2,4-D products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'. (pwc5herb == 1) All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5herbcl	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	Metolachlor, Alachlor or Acetochlor products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'. (pwc5herb == 1) All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5herbflur	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	Trifluralin		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(pwc5herb == 1) All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5herboth	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'. (pwc5herb == 1) All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
					2	No	
					3	Don't Know	
pwc5herbpara	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	Paraquat or Diquat products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'. (pwc5herb == 1) All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
					2	No	
					3	Don't Know	
pwc5herbzine	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 36-45) ?	Atrazine or Cyanazine products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5herb'. (pwc5herb == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "pwc5herb" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 36-45)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
pwc5isctal	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Aldrin products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctddt	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	DDT		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctdie	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Dieldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
					2	No	
					3	Don't Know	
pwc5isctdk	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Used insecticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
					2	No	
					3	Don't Know	
pwc5isctfos	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Chlorpyrifos or Terbufos		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctlin	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Lindane products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctoil	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Oil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctother	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice
pwc5isctpara	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Parathion products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctperm	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Permethrin or other pyrethroid products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
pwc5isctrot	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 36-45) ?	Rotenone products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5isct'. (pwc5isct == 1) All Variables with prefix "pwc5isct" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice
pwc5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 36-45)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwb1'. (pwb1 == 1)
					2	No	
					3	Don't Know	
pwc5otherexpo	Numeric	During this period of life (age 36-45), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
pwc5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 36-45)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5otherexpo'. (pwc5otherexpo == 1)
					2	No	
					3	Don't Know	
pwc5roddk	Numeric	Which types of rodenticides did you mix, apply or get exposed to during these years (age 36-45) ?	Used rodenticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5rod'. (pwc5rod == 1)
					2	No	
					3	Don't Know	
pwc5rodoth	Numeric	Which types of rodenticides did you mix, apply or get exposed to during these years (age 36-45) ?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwc5rod'. (pwc5rod == 1)
					2	No	
					3	Don't Know	
pwd1	Numeric	During this period of life (age 46-55), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
pwd1amxdapp	Numeric	During this period of life (age 46-55), how were you exposed to pesticides?	Mixed or applied		1	Checked	Participants were only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'pwd1'. (pwd1 == 1).
pwd1aother	Numeric	During this period of life (age 46-55), how were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
pwd2DK	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Don't Know		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2agri	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other agricultural applications (for example, aerial spraying)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2exposecrop	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Crops		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd2farm'. (pwd2farm == 1).
pwd2exposelivestock	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in	Livestock/farm animals		1	Checked	Participants were only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		when you mixed, applied, or were exposed in some other way to pesticides?					question in Variable 'pwd2farm'. (pwd2farm == 1).
pwd2farm	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Farming or Ranching		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2for	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Forestry		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2jan	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Building maintece/ Janitorial		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2land	Numeric	During this period of life (age 46-55), what type of job(s) or	Landscaping / Gardening /		1	Checked	Participants were only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Groundskeeping				they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2nur	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Nursery / Greenhouse		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2other	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1). All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd2xterm	Numeric	During this period of life (age 46-55), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Pest control / Exterminator		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwd2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd3	Numeric	During this period of life (age 46-55), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
					2	Don't Know	
pwd3years	Numeric				Year Text	Total Years	
pwd4days	Numeric	During these years (age 46-55), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
					2	11 - 30 days	
					3	31 - 90 days	
					4	More than 90 days	
					5	Don't Know	
pwd5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 46-55)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
					2	No	
					3	Don't Know	
pwd5fumdk	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 46-55)?	Used fumigant, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fum'. (pwdfum == 1)
					2	No	
					3	Don't Know	
pwd5fummbr	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 46-55)?	Methyl bromide		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fum'. (pwdfum == 1)
					2	No	
					3	Don't Know	
pwd5fumoth	Numeric		Other		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which types of fumigants you mix, apply or get exposed to during these years (age 46-55)?			2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fum'. (pwdfum == 1)
					3	Don't Know	
pwd5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 46-55)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
					2	No	
					3	Don't Know	
pwd5fungben	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Benomyl products		1		Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5fungcl	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Chlorothalonil		1		Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
pwd5fungcu	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Copper compounds		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5fungdk	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Used fungicides, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5fungman	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Maneb or Mancozeb products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwd5fungoth	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5fungs	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Sulfur compounds		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5fungzir	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 46-55)?	Ziram products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5fung'. (pwd5fung == 1) All variables with the prefix 'pwd5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5herDK	Numeric	Which types of herbicides did you mix, apply or get exposed	Used herbicide,		1 2	Yes No	Participants were only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to during these years (age 46-55)?	don't know name		3	Don't Know	they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
pwd5herb	Numeric	Did you mix, apply or get exposed to herbicides (pesticides used to kill weeds or plants) during these years (age 46-55)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
pwd5herbcl	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	Metolachlor, Alachlor or Acetochlor products		1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
pwd5herbflur	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	Trifluralin		1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
pwd5herboth	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	Other		1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
pwd5herbpara	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	Paraquat or Diquat products		1 2 3	Yes No Don't Know	Participants were only presented this question if they responded 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'pwd5herb'. (pwd5herb == 1).
pwd5herbzine	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	Atrazine or Cyanazine products		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
					2	No	
					3	Don't Know	
pwd5herd2_4d	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 46-55)?	2,4-D products		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd5herb'. (pwd5herb == 1).
					2	No	
					3	Don't Know	
pwd5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 46-55)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1).
					2	No	
					3	Don't Know	
pwd5isctal	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Aldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwd5isctddt	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	DDT		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5isctdie	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Dieldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5isctdk	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Used insecticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5isctfos	Numeric	Which types of insecticides you mix, apply or get exposed	Chlorpyrifos or Terbufos		1	Yes	Participants are only presented this question if
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to during these years (age 46-55)?			3	Don't Know	they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5isctlin	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Lindane products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5isctoil	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Oil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5isctother	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5isctpara	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Parathion products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5isctperm	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Permethrin or other pyrethroid products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1) All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwd5isctrot	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 46-55)?	Rotenone products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5isct'. (pwd5isct == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwd5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwd5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 46-55)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1)
					2	No	
					3	Don't Know	
pwd5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 46-55)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd1'. (pwd1 == 1)
					2	No	
					3	Don't Know	
pwd5roddk	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 46-55)?	Used rodenticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5rod'. (pwd5rod == 1)
					2	No	
					3	Don't Know	
pwd5rodoth	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 46-55)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwd5rod'. (pwd5rod == 1)
					2	No	
					3	Don't Know	
pwe1	Numeric	During this period of life (age 56-65), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
pwe1amxdapp	Numeric	During this period of life (age 56-65), how were you exposed to pesticides?	Mixed or applied		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwe1aother	Numeric	During this period of life (age 56-65), how were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
pwe2agri	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other agricultural applications (for example, aerial spraying)		1	Checked	
pwe2exposecrop	Numeric	When farming or ranching during this period of life (age 56-65), were you exposed to or did you use pesticides on any of the following:	Crops		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe2farm'. (pwe2farm == 1) All variables with the prefix 'pwe2expose' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2exposelivestock	Numeric	When farming or ranching during this period of life (age 56-65), were you exposed to or did you use pesticides on any of the following:	Livestock/farm animals		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe2farm'. (pwe2farm == 1) All variables with the prefix 'pwe2expose' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2farm	Numeric	During this period of life (age 56-65), what type of job(s) or	Farming or Ranching		1	Checked	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?					they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2for	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Forestry		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2jan	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Building maintece/ Janitorial		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2land	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Landscaping / Gardening / Groundskeeping		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2nur	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Nursery / Greenhouse		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2other	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Other		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe2xterm	Numeric	During this period of life (age 56-65), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Pest control / Exterminator		1	Checked	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1) All variables with the prefix 'pwe2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwe3	Numeric	During this period of life (age 56-65), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
					2	Don't Know	
pwe3years	Numeric				Year Text	Total Years	
pwe4days	Numeric	During these years (age 56-65), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
					2	11 - 30 days	
					3	31 - 90 days	
					4	More than 90 days	
					5	Don't Know	
					6	Prefer Not to Answer	
pwe5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 56-65)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
					2	No	
					3	Don't Know	
pwe5fumdk	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 56-65) ?	Used fumigant, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fum'. (pwe5fum == 1)
					3	Don't Know	
pwe5fummbr	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 56-65) ?	Methyl bromide		1		Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fum'. (pwe5fum == 1)
					3	Don't Know	
pwe5fumoth	Numeric	Which types of fumigants you mix, apply or get exposed to during these years (age 56-65) ?	Other		3	Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fum'. (pwe5fum == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwe5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 56-65)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
pwe5fungben	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Benomyl products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungcl	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Chlorothalonil		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungcu	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Copper compounds		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungdk	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Used fungicides, don't know name		1 3	Yes Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungman	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Maneb or Mancozeb products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungoth	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Other		2 3	No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5fungs	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Sulfur compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwe5fungzir	Numeric	Which types of fungicides did you mix, apply or get exposed to during these years (age 56-65)?	Ziram products		2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5fung'. (pwe5fung ==1) All variab variables with the prefix 'pwe5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	Don't Know	
pwe5herDK	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Used herbicide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwe5herb	Numeric	Did you mix, apply or get exposed to herbicides (pesticides used to kill weeds or plants) during these years (age 56-65)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
pwe5herbcl	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Metolachlor, Alachlor or Acetochlor products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5herbflur	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Trifluralin		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5herboth	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5herbpara	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Paraquat or Diquat products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5herbzine	Numeric	Which types of herbicides did you mix, apply or get exposed to during these years (age 56-65)?	Atrazine or Cyanazine products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5here2_4d	Numeric	Which types of herbicides did you mix, apply or get exposed	2,4-D products		1 2	Yes No	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to during these years (age 56-65)?			3	Don't Know	they responded 'Yes' to the question in Variable 'pwe5herb'. (pwe5herb ==1)
pwe5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 56-65)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
pwe5isctal	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Aldrin products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctddt	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	DDT		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctdie	Numeric	Which types of insecticides did you mix, apply or get	Dieldrin products		1 2	 No	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		exposed to during these years (age 56-65)?			3	Don't Know	they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctdk	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Used insecticide, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctfos	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Chlorpyrifos or Terbufos		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctlin	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Lindane products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwe5isctoil	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Oil		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwe5isctother	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwe5isctpara	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Parathion products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwe5isctperm	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Permethrin or other pyrethroid products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwe5isctrot	Numeric	Which types of insecticides did you mix, apply or get exposed to during these years (age 56-65)?	Rotenone products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5isct'. (pwe5isct ==1) All variables with the prefix 'pwe5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwe5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 56-65)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 == 1)
					2	No	
					3	Don't Know	
pwe5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 56-65)?			1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe1'. (pwe1 ==1)
					2	No	
					3	Don't Know	
pwe5roddk	Numeric	Which types of rodenticides did you mix, apply or get exposed to during these years (age 56-65)?	Used rodenticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5rod'. (pwe5rod ==1)
					3	Don't Know	
pwe5rodoth	Numeric		Other		1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which types of rodenticides did you mix, apply or get exposed to during these years (age 56-65)?			2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwe5rod'. (pwe5rod ==1)
					3	Don't Know	
pwf1	Numeric	During this period of life (age 66 and above), did you work in a job where you mixed or applied pesticides, or were exposed in some other way?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer not to answer	
pwf1amxdapp	Numeric	During this period of life (age 66 and above). How were you exposed to pesticides?	Mixed or applied		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
pwf1aother	Numeric	During this period of life (age 66 and above). How were you exposed to pesticides?	Exposed in some other way		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
pwf2DK	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Don't Know		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2PNA	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Prefer Not to Answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2exposecrop	Numeric	When farming or ranching during this period of life (age 66 and above), were you exposed to or did you use pesticides on any of the following:	Crops		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf2farm'. (pwf2farm == 1). All variables with the prefix 'pwf2expose' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2exposelivestock	Numeric	When farming or ranching during this period of life (age 66 and above), were you exposed to or did you use pesticides on any of the following:	Livestock/farm animals		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf2farm'. (pwf2farm == 1). All variables with the prefix 'pwf2expose' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2farm	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Farming or Ranching		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwf2jan	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Building maintece/ Janitorial		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2land	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Landscaping / Gardening / Groundskeeping		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2nur	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Nursery / Greenhouse		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2other	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you	Other		1	Checked	Participants were only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		working in when you mixed, applied, or were exposed in some other way to pesticides?					they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf2xterm	Numeric	During this period of life (age 66 and above), what type of job(s) or industry were you working in when you mixed, applied, or were exposed in some other way to pesticides?	Pest control / Exterminator		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1). All variables with the prefix 'pwf2' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf3	Numeric	During this period of life (age 66 and above), how many total years did you have jobs where you mixed, applied, or were exposed in some other way to pesticides?			1	Total Years	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
					2	Don't Know	
pwf4days	Numeric	During these years (age 66 and above), about how many days per year did you mix, apply, or get exposed in some other way to pesticides?			1	1 - 10 days	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
					2	11 - 30 days	
					4	More than 90 days	
					5	Don't Know	
pwf5fum	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 66 and above)? (Such as Methyl bromide or other fumigants)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwf5fumdk	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 66 and above)? (Such as Methyl bromide or other fumigants)	Used fumigant, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fum'. (pwf5fum==1)
					2	No	
					3	Don't Know	
pwf5fummbr	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 66 and above)? (Such as Methyl bromide or other fumigants)	Methyl bromide		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fum'. (pwf5fum==1)
					2	No	
					3	Don't Know	
pwf5fumoth	Numeric	Did you mix, apply or get exposed to fumigants (gas used to kill insects, fungus or plants) during these years (age 66 and above)? (Such as Methyl bromide or other fumigants)	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fum'. (pwf5fum==1)
					2	No	
					3	Don't Know	
pwf5fung	Numeric	Did you mix, apply or get exposed to fungicides (pesticides used to kill fungus, mold or rot) during these years (age 66 and above)? (Benomyl products, Chlorothalonil, Copper compounds, Maneb or Mancozeb products, Sulfur compounds, Ziram products or other fungicides)			1	Yes	
					2	No	
					3	Don't Know	
pwf5fungben	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Benomyl products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf5fungcl	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Chlorothalonil		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5fungcu	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Copper compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5fungdk	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Used fungicides, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pwf5fungman	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Maneb or Mancozeb products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5fungoth	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5fungs	Numeric	Which types of fungicides you mix, apply or get exposed to during these years (age 66 and above)?	Sulfur compounds		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5fungzir	Numeric	Which types of fungicides you mix, apply or get exposed to	Ziram products		1	Yes	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during these years (age 66 and above)?			2	No	they responded 'Yes' to the question in Variable 'pwf5fung'. (pwf5fung == 1) All variables with the prefix 'pwf5fung' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	Don't Know	
pwf5herDK	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	Used herbicide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
					2	No	
					3	Don't Know	
pwf5herb	Numeric	Did you mix, apply or get exposed to herbicides (pesticides used to kill weeds or plants) during these years (age 66 and above)? (2, 4-D products, Atrazine or Cyanazine products, Metolachlor, Alachor or Acetochlor products, Paraquat or Diquat products, Trifluralin or other herbicides)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1 == 1).
					2	No	
					3	Don't Know	
pwf5herbcl	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	Metolachlor, Alachlor or Acetochlor products		2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
					1	Yes	
					3	Don't Know	
pwf5herbflur	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	Trifluralin		2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
					1	Yes	
					3	Don't Know	
pwf5herboth	Numeric	Which types of herbicides you mix, apply or get exposed to	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during these years (age 66 and above)?					question in Variable 'pwf5herb.' (pwf5herb==1)
pwf5herbpara	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	Paraquat or Diquat products		2 1 3	No Yes Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
pwf5herbzine	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	Atrazine or Cyanazine products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
pwf5herf2_4d	Numeric	Which types of herbicides you mix, apply or get exposed to during these years (age 66 and above)?	2,4-D products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5herb.' (pwf5herb==1)
pwf5isct	Numeric	Did you mix, apply or get exposed to insecticides (pesticides used to kill insects) during these years (age 66 and above)? (Aldrin products, chlorpyrifox or terbufos, DDT, Dieldrin products, Lindane products, Oil, Parathion products, Permethrin or other pyrethroid products, Rotenone products or other insecticides)			1 2 3	Yes No Don't Know	
pwf5isctal	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Aldrin products		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwf5isctddt	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	DDT		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctdie	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Dieldrin products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctdk	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Used insecticide, don't know name		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctfos	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Chlorpyrifos or Terbufos		2	No	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	Don't Know	
pwf5isctlin	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Lindane products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctoil	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Oil		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctother	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Other		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1)
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
pwf5isctpara	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Parathion products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctperm	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Permethrin or other pyrethroid products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
pwf5isctrot	Numeric	Which types of insecticides you mix, apply or get exposed to during these years (age 66 and above)?	Rotenone products		1	Yes	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5isct'. (pwf5isct ==1) All variables with the prefix 'pwf5isct' are part of a large multi-subitem question with
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
pwf5other	Numeric	Did you mix, apply or get exposed to any other pesticides that were not previously mentioned during these years (age 66 and above)?			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1==1)
pwf5rod	Numeric	Did you mix, apply or get exposed to rodenticides (pesticides used to kill rats or mice) during these years (age 66 and above)?			1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf1'. (pwf1==1)
pwf5roddk	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 66 and above)?	Used rodenticide, don't know name		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5rod'. (pwf5rod == 1)
pwf5rodoth	Numeric	Which types of rodenticide you mix, apply or get exposed to during these years (age 66 and above)?	Other		1 2 3	Yes No Don't Know	Participants are only presented this question if they responded 'Yes' to the question in Variable 'pwf5rod'. (pwf5rod == 1)
pwintro	Numeric	Over your lifetime, have you ever had a JOB in which you mixed, applied, or were exposed in some other way to any type of pesticide, including herbicides (kill weeds), fungicides (kill fungus/mold), insecticides (kill insects), rodenticides (kill rats/mice), or fumigants (gas used to kill fungus/mold or insects)?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants are skipped to the end of the survey if they didn't respond with 'Yes' to this question. (pwintro == 1)
pwlt	Numeric	Please select your current age group:			1 2 3	18-25 26-35 36-45	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	46-55	
					5	56-65	
					6	66 and older	

ENVIRONMENTAL EXPOSURE (pha)

Table Description: Environmental Exposure Questionnaire: Pesticides in Non-Work Settings

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Pesticides in Non-Work Settings" in Fox DEN, the questionnaire forms and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 2,855 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyph	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
pha1	Numeric	During this period of life (through age 25), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
pha2	Numeric	How often were			1	Rarely (1-2	Participants are only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		insecticides used in or around your home, lawn or garden through age 25?				times/year)	this question if they answered "Yes" to the question, 'During this period of life (through age 25), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
pha3	Numeric	In or around your home, lawn, or garden through age 25, were fungicides used to kill mold, mildew, or rot?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
pha4	Numeric	How often were fungicides used in or around your home, lawn, or garden through age 25?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden through age 25, were fungicides used to kill mold, mildew, or rot?'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
pha5	Numeric	In or around your home, lawn, or garden through age 25, were herbicides used to kill weeds or plants?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pha6	Numeric	How often were herbicides used in or around your home, lawn, or garden through age 25?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden through age 25, were herbicides used to kill weeds or plants?'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phb1	Numeric	During this period of life (age 26-35), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.			1	Yes	Participants are only presented this question if they selected their age group as "26-35" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phb2	Numeric	How often were insecticides used in or around your home, lawn or garden (age 26-35)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 26-35), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
phb3	Numeric	In or around your home, lawn, or garden were, fungicides used to kill mold, mildew, or rot (age 26-35)?			1	Yes	Participants are only presented this question if they selected their age group as "26-35" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phb4	Numeric	How often were fungicides used in or around your home, lawn, or garden (age 26-35)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 26-35), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phb5	Numeric	In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 26-35)?			1	Yes	Participants are only presented this question if they selected their age group as "26-35" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phb6	Numeric	How often were herbicides used in or around your home, lawn, or garden (age 26-35)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden, were herbicides used to
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						times/year)	kill weeds or plants (age 26-35)?'
					4	Don't Know	
					5	Prefer Not to Answer	
phc1	Numeric	During this period of life (age 36-45), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.			1	Yes	Participants are only presented this question if they selected their age group as "36-45" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phc2	Numeric	How often were insecticides used in or around your home, lawn or garden (age 36-45)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 36-45), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phc3	Numeric	In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 36-45)?			1	Yes	Participants are only presented this question if they selected their age group as "36-45" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phc4	Numeric	How often were fungicides used in or around your home, lawn, or garden (age 36-45)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden, were fungicides used
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						times/year)	to kill mold, mildew, or rot (age 36-45)?'
					4	Don't Know	
					5	Prefer Not to Answer	
phc5	Numeric	In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 36-45)?			1	Yes	Participants are only presented this question if they selected their age group as "36-45" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phc6	Numeric	How often were herbicides used in or around your home, lawn, or garden (age 36-45)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 36-45)?'
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phd1	Numeric	During this period of life (age 46-55), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.			1	Yes	Participants are only presented this question if they selected their age group as "46-55" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phd2	Numeric	How often were insecticides used in or around your home, lawn or garden (age 46-55)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 46-55), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
phd3	Numeric	In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 46-55)?			1	Yes	Participants are only presented this question if they selected their age group as “46-55” or higher to the question, “Please select your current age group:”
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phd4	Numeric	How often were fungicides used in or around your home, lawn, or garden (age 46-55)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered “Yes” to the question, ‘In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 46-55)?’
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phd5	Numeric	In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 46-55)?			1	Yes	Participants are only presented this question if they selected their age group as “46-55” or higher to the question, “Please select your current age group:”
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phd6	Numeric	How often were herbicides used in or around your home, lawn, or garden (age 46-55)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered “Yes” to the question, ‘In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 46-55)?’
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phe1	Numeric	During this period of life (age 56-65), in or around your home, lawn, or garden, were			1	Yes	Participants are only presented this question if they selected their age group as “56-65” or higher to the question, “Please
					2	No	
					3	Don't Know	
					4	Prefer Not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.				Answer	select your current age group:"
phe2	Numeric	How often were insecticides used in or around your home, lawn or garden (age 56-65)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 56-65), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phe3	Numeric	In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 56-65)?			1	Yes	Participants are only presented this question if they selected their age group as "56-65" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phe4	Numeric	How often were fungicides used in or around your home, lawn, or garden (age 56-65)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 56-65)?'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
phe5	Numeric	In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 56-65)?			1	Yes	Participants are only presented this question if they selected their age group as "56-65" or higher to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phe6	Numeric	How often were herbicides used in or around your home, lawn, or garden (age 56-65)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 56-65)?'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phf1	Numeric	During this period of life (age 66 and above), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets.			1	Yes	Participants are only presented this question if they selected their age group as "66 and older" to the question, "Please select your current age group:"
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phf2	Numeric	How often were insecticides used in or around your home, lawn or garden (age 66 and above)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered "Yes" to the question, 'During this period of life (age 66 and above), in or around your home, lawn, or garden, were insecticides used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets'.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
phf3	Numeric	In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 66 and above)?			1	Yes	Participants are only presented this question if they selected their age group as “66 and older” to the question, “Please select your current age group:”
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phf4	Numeric	How often were fungicides used in or around your home, lawn, or garden (age 66 and above)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered “Yes” to the question, ‘In or around your home, lawn, or garden, were fungicides used to kill mold, mildew, or rot (age 66 and above)?’.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phf5	Numeric	In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 66 and above)?			1	Yes	Participants are only presented this question if they selected their age group as “66 and older” to the question, “Please select your current age group:”
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phf6	Numeric	How often were herbicides used in or around your home, lawn, or garden (age 66 and above)?			1	Rarely (1-2 times/year)	Participants are only presented this question if they answered “Yes” to the question, ‘In or around your home, lawn, or garden, were herbicides used to kill weeds or plants (age 66 and above)?’.
					2	Occasionally (3-6 times/year)	
					3	Often (More than 6 times/year)	
					4	Don't Know	
					5	Prefer Not to Answer	
phg1b	Numeric	Were you ever exposed to unusually			1	Yes	If participants answer ‘Yes’ to this question, they can provide
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		high amounts of pesticides at home, for example from a spill, when either you or someone else was using pesticides?			3	Don't Know	a a free-text response to explain the occurrence.
					4	Prefer Not to Answer	
phg1yrb	Numeric	When did this occur:			1	Year:	Participants can provide the year value if they answered "Year:" to this question. Age is derived as a decimal number in the "phg1ageb" variable based on this answer.
					2	Don't Know	
					3	Prefer Not to Answer	
phg2b	Numeric	If you got concentrated pesticide on your skin, did you usually stop what you were doing and wash it off?			1	Yes	
					2	No	
					3	Don't Know	
					4	Never got concentrated pesticide on my skin	
					5	Prefer Not to Answer	
phg3b	Numeric	If you personally mixed or applied pesticides, did you wear gloves more than half the time?			1	Yes	
					2	No	
					3	Don't Know	
					4	Never mix/apply	
					5	Prefer Not to Answer	
phg4b	Numeric	When you wore gloves, what type of gloves did you wear most of the time?			1	Chemical resistant gloves	Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?' Participants can provide a free-text response if they answered, "Other, spcify."
					2	Fabric or leather gloves	
					3	Rubber, plastic, or latex gloves	
					4	Other, specify	
					5	Don't Know	
					6	Prefer Not to Answer	
phg5b	Numeric	If you personally			1	Yes	Participants are only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		mixed or applied pesticides, did you use any other type of protective equipment more than half the time?			2 3 4 5	No Don't Know Never mix/apply Prefer Not to Answer	this question if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_1b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Chemical resistant boots or shoes		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_2b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Chemical resistant apron		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_3b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Disposable coveralls		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_4b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Cartridge respirator, gas mask		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							half the time?'
phg6_5b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Goggles		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_6b	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Other, specify		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6_dkb	Numeric	When you used any other type of	Prefer Not to Answer		1	Checked	All variables with prefix "phg6_" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		protective equipment, what type of protective equipment did you usually use? Check all that apply					multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg6otherb	Numeric	When you used any other type of protective equipment, what type of protective equipment did you usually use? Check all that apply	Don't Know		1	Checked	All variables with prefix "phg6_" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if they answered 'Yes' to the question, 'If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time?' and if they did not answer 'Never mix/apply' to the question, 'If you personally mixed or applied pesticides, did you wear gloves more than half the time?'
phg7b	Numeric	Did you ever feel sick after exposure to pesticides at home?			1	Yes	
					2	No	
					3	Never Exposed	
					4	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Prefer Not to Answer	
phg8b	Numeric	Did you seek medical care for these symptoms?			1	Yes	Participants are only presented this question if they answered, 'Yes' to the question, "Did you ever feel sick after exposure to pesticides at home?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phintro	Numeric	During your lifetime, did you or someone else ever use chemicals to kill insects, other pests, plants, weeds, mold, or mildew in or around any house or apartment where you lived? Include chemicals used in the house, on the lawn or garden, or on pets.			1	Yes	The survey ends at this question if the participants don't answer 'Yes' to this question.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
phlt	Numeric	Please select your current age group:			1	18-25	
					2	26-35	
					3	36-45	
					4	46-55	
					5	56-65	
					6	66 and older	

ENVIRONMENTAL EXPOSURE (pa)

Table Description: Environmental Exposure Questionnaire: Physical Activity and Sleep

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Physical Activity and Sleep" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 2,853 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbypa	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
rslt	Numeric	Please select your current age group:			1	18-25	
					2	26-35	
					3	36-45	
					4	46-55	
					5	56-65	
					6	66 or above	
pa1a	Numeric	From age 12 through age 17, in a typical week how many hours of vigorous physical activity did you engage in?			1	less than 1 hour	
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa1b	Numeric	From age 12 through age 17, in a typical week how many hours of moderate physical			1	less than 1 hour	
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		activity did you engage in?				hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa1c	Numeric	From age 12 through age 17, in a typical week how many hours of sleep did you get on an average night?			1	less than 5 hours	
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	more than 8 hours	
					6	Don't Know	
pa2a	Numeric	From age 18 through age 25, in a typical week how many hours of vigorous physical activity did you engage in?			1	less than 1 hour	
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa2b	Numeric	From age 18 through age 25, in a typical week how many hours of moderate physical activity did you engage in?			1	less than 1 hour	
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa2c	Numeric	From age 18 through age 25, in a typical week how many hours of sleep did you get on an average night?			1	less than 5 hours	
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	
pa3a	Numeric	From age 26 through age 35, in a typical week how many hours			1	Less than 1 hour	Participants are only this question if they chose their age group to be ‘26-35’ or
					2	1-4 hours	
					3	5-10 hours	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		of vigorous physical activity did you engage in?			4	More than 10 hours/week	higher, to the question, 'Please select your current age group:'.
					5	Don't Know	
					6	Prefer Not to Answer	
pa3b	Numeric	From age 26 through age 35, in a typical week how many hours of moderate physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '26-35' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa3c	Numeric	From age 26 through age 35, in a typical week how many hours of sleep did you get on an average night?			1	Less than 5 hours	Participants are only this question if they chose their age group to be '26-35' or higher, to the question, 'Please select your current age group:'.
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	
pa4a	Numeric	From age 36 through age 45, in a typical week how many hours of vigorous physical activity did you engage in			1	Less than 1 hour	Participants are only this question if they chose their age group to be '36-45' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa4b	Numeric	From age 36 through age 45, in a typical week how many hours of moderate physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '36-45' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pa4c	Numeric	From age 36 through age 45, in a typical week how many hours of sleep did you get on an average night?			1	Less than 5 hours	Participants are only this question if they chose their age group to be '36-45' or higher, to the question, 'Please select your current age group:'.
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	
pa5a	Numeric	From age 46 to 55, in a typical week how many hours of vigorous physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '46-55' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa5b	Numeric	From age 46 to 55, in a typical week how many hours of moderate physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '46-55' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa5c	Numeric	From age 46 to 55, in a typical week how many hours of sleep did you get on an average night?			1	Less than 5 hours	Participants are only this question if they chose their age group to be '46-55' or higher, to the question, 'Please select your current age group:'.
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	
pa6a	Numeric	From age 56 to 65, in a typical week how many hours of vigorous physical activity did			1	Less than 1 hour	Participants are only this question if they chose their age group to be '56-65' or higher, to the question,
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you engage in?				hours/week	'Please select your current age group:'.
					6	Prefer Not to Answer	
pa6b	Numeric	From age 56 to 65, in a typical week how many hours of moderate physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '56-65' or higher, to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa6c	Numeric	From age 56 to 65, in a typical week how many hours of sleep did you get on an average night?			1	Less than 5 hours	Participants are only this question if they chose their age group to be '56-65' or higher, to the question, 'Please select your current age group:'.
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	
pa7a	Numeric	From age 66 and above, in a typical week how many hours of vigorous physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '66 or above' to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	
pa7b	Numeric	From age 66 and above, in a typical week how many hours of moderate physical activity did you engage in?			1	Less than 1 hour	Participants are only this question if they chose their age group to be '66 or above' to the question, 'Please select your current age group:'.
					2	1-4 hours	
					3	5-10 hours	
					4	More than 10 hours/week	
					5	Don't Know	
					6	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
pa7c	Numeric	From age 66 and above, in a typical week how many hours of sleep did you get on an average night?			1	Less than 5 hours	Participants are only this question if they chose their age group to be '66 or above' to the question, 'Please select your current age group:'.
					2	5-6 hours	
					3	6-7 hours	
					4	7-8 hours	
					5	More than 8 hours	
					6	Don't Know	
					7	Prefer Not to Answer	

ENVIRONMENTAL EXPOSURE (rsq)

Table Description: Environmental Exposure Questionnaire: Residential History

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Residential History" in Fox DEN, the questionnaire forms, and is listed under the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in February 2019. 3,066 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbyrs	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
rsqa2	Numeric	At the time you lived there (from birth through age 17), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqa3	Numeric	Was your main source of drinking water at this residence a private well (from birth through age 17)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqa4	Numeric	Was this residence			1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		located near farm fields (within 1/4 mile) (from birth through age 17)?			2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqa5	Numeric	Was there pesticide spraying at or around this residence when you lived there (from birth through age 17)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqa5a	Numeric	How often did the spraying happen (from birth through age 17)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqa5'. (rsqa5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqb2	Numeric	At the time you lived there (from 18 through age 25), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqb3	Numeric	Was your main source of drinking water at this residence a private well (from 18 through age 25)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqb4	Numeric	Was this residence located near farm			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		fields (within 1/4 mile) (from 18 through age 25)?			3	Don't know	
					4	Prefer Not to Answer	
rsqb5	Numeric	Was there pesticide spraying at or around this residence when you lived there (from 18 through age 25)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqb5a	Numeric	How often did the spraying happen (from 18 through age 25)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqb5'. (rsqb5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqc2	Numeric	At the time you lived there (from age 26 through age 35), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqc3	Numeric	Was your main source of drinking water at this residence a private well (from age 26 through age 35)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqc4	Numeric	Was this residence located near farm fields (within 1/4 mile) (from age 26			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		through age 35)?					
rsqc5	Numeric	Was there pesticide spraying at or around this residence when you lived there (from age 26 through age 35)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqc5a	Numeric	How often did the spraying happen (from age 26 through age 35)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqc5'. (rsqc5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqd2	Numeric	At the time you lived there (from age 36 through age 45), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqd3	Numeric	Was your main source of drinking water at this residence a private well (from age 36 through age 45)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqd4	Numeric	Was this residence located near farm fields (within 1/4 mile) (from age 36 through age 45)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
rsqd5	Numeric	Was there pesticide spraying at or around this residence when you lived there (from age 36 through age 45)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqd5a	Numeric	How often did the spraying happen (from age 36 through age 45)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqd5'. (rsqd5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqe2	Numeric	At the time you lived there (from age 46 to 55), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqe3	Numeric	Was your main source of drinking water at this residence a private well (from age 46 to 55)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqe4	Numeric	Was this residence located near farm fields (within 1/4 mile) (from age 46 to 55)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqe5	Numeric	Was there pesticide			1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		spraying at or around this residence when you lived there (from age 46 to 55)?			2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqe5a	Numeric	How often did the spraying happen (from age 46 to 55)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqe5'. (rsqe5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqf2	Numeric	At the time you lived there (from age 56 to 65), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqf3	Numeric	Was your main source of drinking water at this residence a private well (from age 56 to 65)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqf4	Numeric	Was this residence located near farm fields (within 1/4 mile) (from age 56 to 65)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqf5	Numeric	Was there pesticide spraying at or around this residence when			1	Yes	
					2	No	
					3	Don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you lived there (from age 56 to 65)?			4	Prefer Not to Answer	
rsqf5a	Numeric	How often did the spraying happen (from age 56 to 65)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqf5'. (rsqf5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqg2	Numeric	At the time you lived there (from age 66 and above), was this residence located in a…			1	Large city (>250,000 people)	
					2	Large town (25,000-99,999 people)	
					3	Suburb of a large city	
					4	Small town (2,500-24,999 people)	
					5	Midsized city (100,000-250,000 people)	
					6	Rural, farm	
					7	Rural, non-farm	
					8	Don't Know	
					9	Prefer Not to Answer	
rsqg3	Numeric	Was your main source of drinking water at this residence a private well (from age 66 and above)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqg4	Numeric	Was this residence located near farm fields (within 1/4 mile) (from age 66 and above)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	
rsqg5	Numeric	Was there pesticide spraying at or around this residence when you lived there (from age 66 and above)?			1	Yes	
					2	No	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
rsqg5a	Numeric	How often did the spraying happen (from age 66 and above)?			1	<1 time per year	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqg5'. (rsqg5 ==1).
					2	1-3 times per year	
					3	4-10 times per year	
					4	>10 times per year	
					5	Don't know	
					6	Prefer Not to Answer	
rsqh1	Numeric	During childhood and young adulthood (up to age 25), did you ever live in a group living situation, such as a dormitory or military barracks, for longer than 1 month?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
rsqh1months	Numeric	How many months or years in total did you live in a group living situation?			1	Months	Participants were only presented this question if they responded 'Yes' to the question in variable 'rsqg5'. (rsqgh ==1).
					2	Years	
					3	Don't know	
					4	Prefer Not to Answer	
rsqh1_months	Numeric				Number Text	Number of Months	If participants responded 'Months' to the question in variable 'rsqh1months' then this variable describes the provided response.
rsqh1_years	Numeric				Number Text	Number of Years	If participants responded 'Years' to the question in variable 'rsqh1months' then this variable describes the provided response.
rsqlt	Numeric	Please select your current age group:			1	18-25	
					2	26-35	
					3	36-45	
					4	46-55	
					5	56-65	
					6	66 and older	

ENVIRONMENTAL EXPOSURE (sm)

Table Description: Environmental Exposure Questionnaire: Smoking and Tobacco

View Source Instrument: [link]

Details: This one-time survey is titled "Environmental Exposure Questionnaire: Smoking and Tobacco" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in November 2019. 6,844 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbysm	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
sm1	Numeric	In your lifetime, have you smoked 100 or more cigarettes (5 packs)?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
sm2	Numeric	In your lifetime, have you ever regularly smoked cigarettes, that is, at least one cigarette per day for 6 months or longer?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you smoked 100 or more cigarettes (5 packs)?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
sm3_ageyr	Numeric	At what age (or in what year) did you start regularly smoking cigarettes?			1	Age Started	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly smoked cigarettes, that is, at least one cigarette per day for 6 months or longer?' If sm3_ageyr = 1 or 2, then
					2	Year Started	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							sm3_age = integer value for the age.
sm4_ageyr	Numeric	At what age (or in what year) did you stop regularly smoking cigarettes?			1	Age Stopped	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly smoked cigarettes, that is, at least one cigarette per day for 6 months or longer?' If sm4_ageyr = 1 or 2, then sm4_age = integer value for the age.
					2	Year Stopped	
					3	Currently smoke	
					4	Don't know	
					5	Prefer Not to Answer	
sm5	Numeric	Were there periods of a year or more when you did NOT regularly smoke cigarettes?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question 'In your lifetime, have you ever regularly smoked cigarettes, that is, at least one cigarette per day for 6 months or longer?'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
sm5astop1	Numeric	At what age did you first stop smoking?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly smoke cigarettes?'
sm5astart1	Numeric	At what age did you start smoking at least 1 cigarette per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question 'Were there periods of a year or more when you did NOT regularly smoke cigarettes?'
sm5a1_more	Numeric	Were there other periods when you temporarily quit			1	Yes	Participants are only presented this question if they answered 'Yes' to the
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		smoking regularly?			4	Prefer Not to Answer	question 'Were there periods of a year or more when you did NOT regularly smoke cigarettes?'
sm5astop2	Numeric	At what age did you stop smoking again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'sm5a1_more.'
sm5astart2	Numeric	At what age did you start smoking at least 1 cigarette per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'sm5a1_more.'
sm5a2_more	Numeric	Were there other periods when you temporarily quit smoking regularly?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'sm5a1_more.'
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
sm5astop3	Numeric	At what age did you stop smoking again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'sm5a2_more.'
sm5astart3	Numeric	At what age did you start smoking at least 1 cigarette per day again?			Age Text		Participants are only presented this question if they answered 'Yes' to the question associated with the variable 'sm5a2_more.'
sm6_packs	Numeric	During the time that you regularly smoked, on average, how much did you smoke per day?			1	Packs per day	Participants were only presented this question if they responded 'Yes' to the questions associated with the variable 'sm1' and 'sm2.' If 'sm6_packs' = 1 or 2, then 'sm6_pack' = decimal number for the number of packs and 'sm6_cig' = integer value for the number
					2	Cigarettes per day	
					3	Don't know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							of cigarettes.
sm7	Numeric	Have you ever used smokeless tobacco such as chewing tobacco or snuff regularly, that is, at least once per day for 6 months or longer?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	
sm8_ageyr	Numeric	At what age (or in what year) did you start regularly using smokeless tobacco?			1 2 3 4	Age Started Year started Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever used smokeless tobacco such as chewing tobacco or snuff regularly, that is, at least once per day for 6 months or longer?' If sm8_ageyr = 1 or 2, then sm8_age = integer value for the age.
sm9_ageyr	Numeric	At what age (or in what year) did you stop regularly using smokeless tobacco?			1 2 3 4 5	Age Stopped Year stopped Currently use Don't know Prefer Not to Answer	Participants are only presented this question if they answered 'Yes' to the question 'Have you ever used smokeless tobacco such as chewing tobacco or snuff regularly, that is, at least once per day for 6 months or longer?' If sm9_ageyr = 1 or 2, then sm9_age = integer value for the age.

ENVIRONMENTAL EXPOSURE (tx)

Table Description: Environmental Exposure Questionnaire: Toxicant

View Source Instrument: [link]

Details: This one-time survey is referred to as "Environmental Exposure Questionnaire: Toxicant" in Fox DEN, the questionnaire forms, and is part of the "Environmental Exposure Questionnaires" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in October 2017 and closed in March 2019. 2,926 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
compbytx	Numeric	These questions were primarily completed by:			1	Study Participant	
					2	Study Participant's Spouse	
					3	Other relative	
					4	Someone else	
tx1	Numeric	In your lifetime, have you used glues or adhesives 100 or more days at work or at home? (Such as water based adhesives (vinyl acrylic), hot melt adhesives, Elmer's, carpenter's, or wood glue, superglue (cyanoacrylate), contact adhesives (rubber cement))			1	Yes	If tx1 = 2, 3, or 4, participants skipped to the next question block (beginning with tx2).
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx1a	Numeric	At what age or year did you first use glues or adhesives?			1	Age started	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
tx1aage	Numeric	Age first used glues or adhesives [Derived]			Age Text		Dervied value of age at which participant first used

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							glues or adhesives (if providing Year Started value for tx1a). Participants only presented with this question if tx1 = 1.
tx1b	Numeric	At what age or year did you stop using glues or adhesives?			2	Year stopped	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
					3	Currently Use	
					4	Don't know	
					5	Prefer Not to Answer	
tx1bage	Numeric	Age stopped using glues or adhesives [Derived]			Age Text		Dervied value of age at which participant stopped using glues or adhesives (if providing Year Stopped value for tx1b). Participants only presented with this question if tx 1b = 2.
tx1c	Numeric	Were there periods of a year or more when you did NOT use glues or adhesives?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered Yes' to tx1 or tx1 = 1).
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx1c1start1	Numeric	At what age did you start using glues or adhesives again?			Age text		Participants only presented with this question if tx1c = 1.
tx1c1stop1	Numeric	At what age did you first stop using glues or adhesives?			Age text		Participants only presented with this question if tx1c = 1.
tx1c1start2	Numeric	At what age did you start using them again?			Age text		Participants only presented with this question if tx1c11more = 1.
tx1c1stop2	Numeric	At what age did you stop using them again?			Age text		Participants only presented with this question if tx1c11more = 1.
tx1c1start3	Numeric	At what age did you start using them again?			Age text		Participants only presented with this question if tx1c12more = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx1c1stop3	Numeric	At what age did you stop using them again?			Age text		Participants only presented with this question if tx1c12more = 1.
tx2aage	Numeric	Age first used solvents or degreasers [Derived]			Age text		Dervied value of age (if providing Year Started value for tx2a). Participants only presented with this question if tx2a = 2.
tx2bage	Numeric	Age stopped using solvents or degreasers [Derived]			Age text		Dervied value of age (if providing Year Stopped value for tx2b). Participants only presented with this question if tx2b = 2.
tx2c1start1	Numeric	At what age did you start using them again?			Age text		Participants only presented with this question if tx2c = 1.
tx2c1stop1	Numeric	At what age did you first stop using solvents or degreasers?			Age text		Participants only presented with this question if tx2c = 1.
tx2c1start2	Numeric	At what age did you start using them again?			Age text		Participants only presented with this question if tx2c11more = 1.
tx2c1stop2	Numeric	At what age did you stop using solvents or degreasers again?			Age text		Participants only presented with this question if tx2c11more = 1.
tx3aage	Numeric	Age first welded, brazed, or flamed cut metal [Derived]			Age text		Dervied value of age (if providing Year Started value for tx3a). Participants only presented with this question if tx3a = 2.
tx3bage	Numeric	Age stopped welding, brazing, or flame cutting metal [Derived]			Age text		Dervied value of age (if providing Year Stopped value for tx3b). Participants only presented with this question if tx3b = 2.
tx3c1start1	Numeric	At what age did you start welding, brazing, or flame cutting metals again?			Age text		Participants only presented with this question if tx3c = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx3c1stop1	Numeric	At what age did you first stop welding, brazing, or flame cutting metals?			Age text		Participants only presented with this question if tx3c = 1.
tx3c1start2	Numeric	At what age did you start welding, brazing, or flame cutting metals again?			Age text		Participants only presented with this question if tx3c11more = 1.
tx4aage	Numeric	Age first soldered [Derived]			Age text		Dervied value of age (if providing Year Started value for tx4a). Participants only presented with this question if tx4a = 2.
tx4bage	Numeric	Age stopped soldering [Derived]			Age text		Dervied value of age (if providing Year Stopped value for tx4b). Participants only presented with this question if tx4b = 2.
tx4c1start1	Numeric	At what age did you start soldering again?			Age text		Participants only presented with this question if tx4c = 1.
tx4c1stop1	Numeric	At what age did you first stop soldering?			Age text		Participants only presented with this question if tx4c = 1.
tx4c1start2	Numeric	At what age did you start soldering again?			Age text		Participants only presented with this question if tx4c11more = 1.
tx5aage	Numeric	Age first worked around metal dust or metal fumes [Derived]			Age text		Dervied value of age (if providing Year Started value for tx5a). Participants only presented with this question if tx5a = 2.
tx5bage	Numeric	Age stopped working around metal dust or metal fumes [Derived]			Age text		Dervied value of age (if providing Year Stopped value for tx5b). Participants only presented with this question if tx5b = 2.
tx5c1start1	Numeric	At what age did you start working around metal			Age text		Participants only presented with this question if tx5c = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		dust or metal fumes again?					
tx5c1stop1	Numeric	At what age did you first stop working around metal dust or metal fumes?			Age text		Participants only presented with this question if tx5c = 1.
tx1c11more	Numeric	Were there other periods when you temporarily stopped using glues or adhesives regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered Yes' to tx1 or tx1 = 1) AND if tx1c = 1.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx1c12more	Numeric	Were there other periods when you temporarily stopped using glues or adhesives regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered Yes' to tx1 or tx1 = 1) AND if tx1c = 1.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx1dDK	Numeric	What specific glues or adhesives did/do you use?	Don't Know		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered Yes' to tx1 or tx1 = 1).
tx1dPNA	Numeric	What specific glues or adhesives did/do you use?	Prefer Not to Answer		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx1dcontact	Numeric	What specific glues or adhesives did/do you use?	Contact adhesives (rubber cement)		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx1dh2obase	Numeric	What specific glues or adhesives did/do you use?	Water-based adhesives (vinyl acrylic)		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx1dhotmelt	Numeric	What specific glues or adhesives did/do you use?	Hot melt adhesives		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx1dother	Numeric	What specific glues or adhesives did/do you use?	Other solvent-based adhesives		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx1dsuper	Numeric	What specific glues or adhesives did/do you use?	Superglue (cyanoacrylate)		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx1dwood	Numeric	What specific glues or adhesives did/do you use?	Elmer's, carpenter's, or wood glue		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx1 or tx1 = 1).
tx2	Numeric	In your lifetime, have you used solvents or degreasers 100 or more days at work or at home? (Such as carbon tetrachloride, chloroform, methylene chloride, trichloroethane, trichloroethylene or PERC (perchloroethylene), acids, alkalis, alcohols, avgas, jet fluel, freon, methyl ethyl ketone (MEK), kerosene, mineral spirits, naptha, paint thinner, n-Hexane, Stoddard solvent,			1 2 3 4	Yes No Don't Know Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		toluol/toluene/xylol/xulene, turpentine)					
tx2a	Numeric	At what age or year did you first use solvents or degreasers?			1	Age started	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
tx2b	Numeric	At what age or year did you stop using solvents or degreasers?			1	Age stopped	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
					2	Year stopped	
					3	Currently use	
					4	Don't know	
tx2c	Numeric	Were there periods of a year or more when you did NOT use solvents or degreasers?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx2c11more	Numeric	Were there other periods when you temporarily stopped using solvents or degreasers regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1) AND tx2c = 1.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx2c12more	Numeric	Were there other periods when you temporarily stopped using solvents or degreasers regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1) AND tx2c = 1 AND tx2c12more = 1.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx2c1start3	Numeric	At what age did you start using them again?			Age Text		Participants only presented with this question if tx2c12more = 1.
tx2c1stop3	Numeric	At what age did you stop using solvents or degreasers again?			Age Text		Participants only presented with this question if tx2c12more = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx2dDK	Numeric	What specific solvents or degreasers did/do you use?	Don't Know		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dPNA	Numeric	What specific solvents or degreasers did/do you use?	Prefer Not to Answer		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dacids	Numeric	What specific solvents or degreasers did/do you use?	Acids, alkalis, alcohols		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2davgas	Numeric	What specific solvents or degreasers did/do you use?	Avgas, jet fuel		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dc2h3cl3	Numeric	What specific solvents or degreasers did/do you use?	Trichloroethane		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dccl4	Numeric	What specific solvents or degreasers did/do you use?	Carbon tetrachloride		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dch2cl2	Numeric	What specific solvents or degreasers did/do you use?	Methylene chloride		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx2dchcl3	Numeric	What specific solvents or degreasers did/do you use?	Chloroform		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dfreon	Numeric	What specific solvents or degreasers did/do you use?	Freon		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dkerosene	Numeric	What specific solvents or degreasers did/do you use?	Kerosene		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dmek	Numeric	What specific solvents or degreasers did/do you use?	Methyl ethyl ketone (MEK)		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dnhex	Numeric	What specific solvents or degreasers did/do you use?	n-Hexane		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dother	Numeric	What specific solvents or degreasers did/do you use?	Other Solvent		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dspirits	Numeric	What specific solvents or degreasers did/do you use?	Mineral spirits, naptha, paint thinner		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dstoddard	Numeric	What specific solvents or degreasers did/do you use?	Stoddard solvent		1	Checked	Participants were only presented with this question if they endorsed exposure to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dtce	Numeric	What specific solvents or degreasers did/do you use?	Trichloroethylene or PERC (perchloroethylene)		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dtolxyl	Numeric	What specific solvents or degreasers did/do you use?	Toluol/toluene/xylol/xylene		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx2dturp	Numeric	What specific solvents or degreasers did/do you use?	Turpentine		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx2 or tx2 = 1).
tx3	Numeric	In your lifetime, have you welded, brazed, or flame cut metal 100 or more days at work or at home?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	
tx3a	Numeric	At what age or year did you first weld, braze, or flame cut metal?			1 2 3	Age started Year started Don't know	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3b	Numeric	At what age or year did you stop welding, brazing, or flame cutting metal?			1 2 3 4	Age stopped Year stopped Current Don't know	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3c	Numeric	Were there periods of a year or more when you did NOT weld, braze, or flame cut metal?			1 2 3	Yes No Don't Know	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3c11more	Numeric	Were there other periods when you temporarily stopped welding, brazing, or flame cutting metals regularly?			1 2 3 4	Yes No Don't Know Prefer Not to Answer	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							to tx3 or tx3 = 1) AND tx3c =1.
tx3c12more	Numeric	Were there other periods when you temporarily stopped welding, brazing, or flame cutting metals regularly?			1 2 3 4	Yes No Don't Know	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx3 or tx3 = 1) AND tx3c =1.
tx3c1start3	Numeric	At what age did you start welding, brazing, or flame cutting metals again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx3 or tx3 = 1) AND tx3c =1. Ages presented in integers only.
tx3c1stop2	Numeric	At what age did you stop welding, brazing, or flame cutting metals again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx3 or tx3 = 1) AND tx3c =1. Ages presented in integers only.
tx3c1stop3	Numeric	At what age did you stop welding, brazing, or flame cutting metals again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx3 or tx3 = 1) AND tx3c =1. Ages presented in integers only.
tx3dDK	Numeric	What specific metals or materials did/do you weld, cut or braze?	Don't Know		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dal	Numeric	What specific metals or materials did/do you weld, cut or braze?	Aluminum		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx3dbrass	Numeric	What specific metals or materials did/do you weld, cut or braze?	Brass or bronze		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dcastfe	Numeric	What specific metals or materials did/do you weld, cut or braze?	Cast iron		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dcd	Numeric	What specific metals or materials did/do you weld, cut or braze?	Cadmium-plated steel		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dcr	Numeric	What specific metals or materials did/do you weld, cut or braze?	Chromium plated steel		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dcu	Numeric	What specific metals or materials did/do you weld, cut or braze?	Copper		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3ddzn	Numeric	What specific metals or materials did/do you weld, cut or braze?	Galvanized or zinc-plated iron or steel		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dmildsteel	Numeric	What specific metals or materials did/do you weld, cut or braze?	Mild steel (ordinary or construction)		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dother	Numeric	What specific metals or materials did/do you weld, cut or braze?	Other metal or alloy		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dpb	Numeric	What specific metals or materials did/do you weld, cut or braze?	Lead-plated or leaded steel		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx3dstlesssteel	Numeric	What specific metals or materials did/do you weld, cut or braze?	Stainless steel		1	Checked	Participants were only presented with this question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							if they answered 'Yes' to tx3 or tx3 = 1.
tx3dti	Numeric	What specific metals or materials did/do you weld, cut or braze?	Titanium based alloy		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
tx4	Numeric	In your lifetime, have you soldered 100 or more days at work or at home? (Such as tin-lead, silver or other metals or alloys)			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx4a	Numeric	At what age or year did you first solder?			1	Age started	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1).
					2	Year started	
					3	Don't know	
					4		
tx4b	Numeric	At what age or year did you stop soldering?			1	Age stopped	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1).
					2	Year stopped	
					3	Currently solder	
					4	Don't know	
					5		
tx4c	Numeric	Were there periods of a year or more when you did NOT solder?			1	Yes	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1).
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx4c11more	Numeric	Were there other periods when you temporarily stopped soldering regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(answered 'Yes' to tx4 or tx4 = 1) AND tx4c = 1.
tx4c12more	Numeric	Were there other periods when you temporarily stopped soldering regularly?			1	Yes	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1) AND tx4c = 1.
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx4c1start3	Numeric	At what age did you start solding again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1) AND tx4c = 1.
tx4c1stop2	Numeric	At what age did you stop soldering again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1) AND tx4c = 1.
tx4c1stop3	Numeric	At what age did you stop soldering again?			Age Text		Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1) AND tx4c = 1 AND tx4c11more = 1.
tx4dDK	Numeric	What specific metals or materials did/do you use to solder?	Don't Know		1	Checked	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1).
tx4dag	Numeric	What specific metals or materials did/do you use to solder?	Silver		1	Checked	Participants were only presented with this question if they endorsed exposure (answered 'Yes' to tx4 or tx4 = 1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
tx4dother	Numeric	What specific metals or materials did/do you use to solder?	Other metal or alloy		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx4 or tx4 = 1).
tx4dsnpb	Numeric	What specific metals or materials did/do you use to solder?	Tin-lead		1	Checked	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx4 or tx4 = 1).
tx5	Numeric	In your lifetime, have you worked around metal dust or metal fumes 100 or more days at work or at home?			1	Yes	
					2	No	
					3	Don't Know	
tx5a	Numeric	At what age or year did you first work around metal dust or metal fumes?			1	Age started	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx5 or tx5 = 1).
					2	Year started	
					3	Don't know	
					4	Prefer Not to Answer	
tx5b	Numeric	At what age or year did you stop working around metal dust or metal fumes?			1	Age stopped	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx5 or tx5 = 1).
					2	Year stopped	
					3	Current	
					4	Don't know	
tx5c	Numeric	Were there periods of a year or more when you did NOT work around metal dust or metal fumes?			1	Yes	Participants were only presented with this question if they endorsed exposure to adhesives (answered 'Yes' to tx5 or tx5 = 1).
					2	No	
					3	Don't Know	
					4		
tx5c11more	Numeric	Were there other periods when you temporarily stopped working around metal dust or metal fumes regularly?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer Not to Answer	
tx5c12more	Numeric	Were there other periods when you temporarily stopped working around			1	Yes	
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		metal dust or metal fumes regularly?					
tx5c1start2	Numeric	At what age did you start working around metal dust or metal fumes again?			Age Text		Participants were only presented with this question if they answered 'Yes' to tx5c11more or tx5c11more = 1.
tx5c1start3	Numeric	At what age did you start working around metal dust or metal fumes again?			Age Text		Participants were only presented with this question if they answered 'Yes' to tx5c12more or tx5c12more = 1.
tx5c1stop2	Numeric	At what age did you stop working around metal dust or metal fumes again?			Age Text		Participants were only presented with this question if they answered 'Yes' to tx5c11more or tx5c11more = 1.
tx5c1stop3	Numeric	At what age did you stop working around metal dust or metal fumes again?			Age Text		Participants were only presented with this question if they answered 'Yes' to tx5c12more or tx5c12more = 1.
tx6	Numeric	In your lifetime, have you ever worked around any other chemicals or fumes that we haven't discussed?			1	Yes	
					2	No	
					3	Don't Know	
					4	Prefer not to answer	
txq3brazed	Numeric	In your lifetime, have you welded, brazed, or flame cut metal 100 or more days at work or at home?	Brazed		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.
txq3flame	Numeric	In your lifetime, have you welded, brazed, or flame cut metal 100 or more days at work or at home?	Flame Cut Metal		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
txq3weld	Numeric	In your lifetime, have you welded, brazed, or flame cut metal 100 or more days at work or at home?	Welded		1	Checked	Participants were only presented with this question if they answered 'Yes' to tx3 or tx3 = 1.

FEMALE HEALTH AND HOME LIFE (FemHHL)

Table Description: Experiences of Women Living with PD: Female Health and Home Life

View Source Instrument: [link]

Details: This one-time survey is referred to as "Experiences of Women Living with PD: Female Health and Home Life" in Fox DEN, the questionnaire forms, and the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in May 2022 and 3,069 participants have responded to this survey as of March 2023. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLSex	Numeric	What sex were you assigned at birth, on your original birth certificate?			3	Prefer not to answer	
					1	Male	
					2	Female	
FemHHLGender	Numeric	What is your current gender identity?			2	Female	Participants are skipped to the end of the survey if they didn't respond to this question with 'Female' or 'Transgender Male'. (FemHHLGender == 2 or FemHHLGender == 3).
					1	Male	
					4	Transgender female	
					5	conforming, genderqueer, non-binary, etc.)	
					3	Transgender Male	
FemHHLPDDiag	Numeric	Have you been diagnosed with Parkinson's disease?			1	Yes, I have been diagnosed with Parkinson's disease	
					2	No, I have not been diagnosed with Parkinson's disease	
FemHHLDiagPerio	Numeric	My Parkinson's was diagnosed:	While I was still having periods		1	Checked	
FemHHLDiagPreg	Numeric	My Parkinson's was diagnosed:	During pregnancy		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLDiagAftPreg	Numeric	My Parkinson's was diagnosed:	Up to a year after pregnancy		1	Checked	
FemHHLDiagPerimeno	Numeric	My Parkinson's was diagnosed:	While I was going through perimenopause		1	Checked	
FemHHLDiagSurgMeno	Numeric	My Parkinson's was diagnosed:	After surgical or induced menopause		1	Checked	
FemHHLDiagNatMeno	Numeric	My Parkinson's was diagnosed:	After natural menopause		1	Checked	
FemHHLDiagNotSure	Numeric	My Parkinson's was diagnosed:	Not sure		1	Checked	
FemHHLDiagPNTA	Numeric	My Parkinson's was diagnosed:	Prefer not to answer		1	Checked	
FemHHLLifePhase	Numeric	What life phase currently applies to you?			7	I am post-menopausal	
					1	I am still menstruating (either a natural regular menstrual cycle while on birth control devices or medications)	
					6	I am going through perimenopause / menopause	
					4	I have had a hysterectomy without removing ovaries and have gone through menopause	
					8	Not sure	
					3	I have had a hysterectomy without removing ovaries and have	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						not gone through menopause	
					9	Prefer not to answer	
					5	I am experiencing induced chemical menopause	
FemHHLProcPAP	Numeric	Were/are you offered regular Pap smear tests by one or more of your healthcare providers?			1	Yes	
					3	No, I have not been offered a PAP smear since my PD diagnosis	
					2	No, I have never been offered a PAP smear	
					4	Not sure	
					5	Prefer not to answer	
FemHHLProcMammo	Numeric	Were/are you offered regular mammograms by one or more of your healthcare providers?			1	Yes	
					2	No	
					5	Prefer not to answer	
					3	Not sure	
					4	Not of age for screening yet	
FemHHLProcBMD	Numeric	Did you have, or have you been offered BMD (bone mineral density) measurement (if applicable)?			1	Yes, I requested it	
					4	No	
					5	Not sure	
					2	Yes, my healthcare provider suggested it	
					3	No, my age doesn't qualify for this	
					6	Prefer not to answer	
FemHHLProcOsteo	Numeric	Have you been diagnosed with thinning of the			2	No	
					1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		bones (osteopenia or osteoporosis)?			3	Not sure	
FemHHLProcB12	Numeric	Did you have, or have you been offered a vitamin B12 test?			2	No	
					3	Not sure	
					1	Yes	
					4	Prefer not to answer	
FemHHLProcVitD	Numeric	Did you have, or have you been offered a vitamin D test?			2	No	
					3	Not sure	
					1	Yes	
FemHHLProcHormone	Numeric	Have you ever been offered blood tests to assess your hormone levels?			2	No	
					3	Not sure	
					1	Yes	
					4	Prefer not to answer	
FemHHLDrMenstAsk	Numeric	Does/did your Parkinson's healthcare team ask you about your menstrual cycle and whether it affects your Parkinson's symptoms?			2	No	
					3	Not sure	
					4	Prefer not to answer	
					1	Yes	
FemHHLDrMenstMed	Numeric	Did/has your Parkinson’s healthcare team suggested any management for your menstrual cycle or menopausal status?	Changing or increasing/decreasing Parkinson's medication		1	Checked	
FemHHLDrMenstBirth	Numeric	Did/has your Parkinson’s healthcare team suggested any management for your menstrual	Birth control devices or medication		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		cycle or menopausal status?					
FemHHLDrMenstHRT	Numeric	Did/has your Parkinson's healthcare team suggested any management for your menstrual cycle or menopausal status?	Hormone Replacement Therapy (HRT)		1	Checked	
FemHHLDrMenstOther	Numeric	Did/has your Parkinson's healthcare team suggested any management for your menstrual cycle or menopausal status?	Other		1	Checked	
FemHHLDrMenstNotSure	Numeric	Did/has your Parkinson's healthcare team suggested any management for your menstrual cycle or menopausal status?	Not sure		1	Checked	
FemHHLDrMenstNo	Numeric	Did/has your Parkinson's healthcare team suggested any management for your menstrual cycle or menopausal status?	No		1	Checked	
FemHHLDrMenstPTNA	Numeric	Did/has your Parkinson's healthcare team suggested any management for	Prefer not to answer		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your menstrual cycle or menopausal status?					
FemHHLDrHormHesitant	Numeric	Were/are you hesitant to raise questions to your Parkinson's healthcare provider around hormones and menstruation/menopause?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
FemHHLDrHormAffect	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	I did not realize hormones may affect my PD		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormEmbarass	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	I am embarrassed to bring up the subject of my hormones		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormMale	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menop	I feel embarrassed talking about hormones/menstruation with male		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		ause to your Parkinson's healthcare team:	healthcare providers				
FemHHLDrHormNoOpp	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	They do not provide me an opportunity to ask the question		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormNoKnow	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	I don't feel they are interested or knowledgeable		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormDismiss	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	I feel that they dismiss the issues with my hormones		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormNoTime	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and	There isn't time to discuss given other issues		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		menstruation/menopause to your Parkinson's healthcare team:					(FemHHLDrHormHesitant == 1)
FemHHLDrHormOther	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	Other		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLDrHormNotSure	Numeric	Please select all reasons you were/are hesitant to raise questions around hormones and menstruation/menopause to your Parkinson's healthcare team:	Not sure		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLDrHormHesitant'. (FemHHLDrHormHesitant == 1)
FemHHLGenOdorChange	Numeric	Have you ever experienced a change in odor from your vagina in between your periods?			3	I have no/limited sense of smell	
					2	No	
					1	Yes	
					5	Prefer not to answer	
					4	Not sure	
FemHHLGenOdorWhen	Numeric	When did you first notice a change in odor from your vagina in between your periods?			2	After diagnosis of Parkinson's	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLGenOdorChange'.
					1	Before diagnosis of Parkinson's	
					3	Other	
					4	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Prefer not to answer	(FemHHLGenOdorChange == 1)
FemHHLGenDischarge	Numeric	Have you ever experienced a creamy discharge from your vagina in between your periods?			2	No	
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
FemHHLGenDisTender	Numeric	Did you notice more tenderness in the vaginal area when the discharge is present (e.g., when wiping yourself after urinating or during sexual intercourse?			3	Not sure	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLGenDischarge'. (FemHHLGenDischarge == 1)
					2	No	
					1	Yes	
					4	Prefer not to answer	
FemHHLGenDisDiag	Numeric	If you visited a physician for treatment of this discharge, what was the diagnosis?			5	I did not visit a physician	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLGenDisTender'. (FemHHLGenDisTender == 1)
					3	Other	
					1	Infection	
					2	Side effect of medication	
					4	Unknown/undiagnosed	
					6	Prefer not to answer	
FemHHLGenDisMed	Numeric	Was there any medication prescribed after receiving this diagnosis?			2	No	Participants were only presented with this question if FemHHLGenDisDiag == 1 or FemHHLGenDisDiag == 2 or FemHHLGenDisDiag == 3.
					1	Yes	
					3	Not sure	
					4	Prefer not to answer	
FemHHLGenDisMedAlt	Numeric	Did the medication alter the discharge?			1	Yes	Participants were only presented with this question if they answered 'Yes' to the question in variable
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Not sure	'FemHHLGenDisMed'. (FemHHLGenDisMed == 1)
FemHHLGenDisTreat	Numeric	Was the discharge still present after treatment?			2	No	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLGenDisMedAlt.' (FemHHLGenDisMedAlt == 1)
					1	Yes	
					3	Not sure	
FemHHLOccPTOutHom	Numeric	What is your work status? Please select all that apply.	Employed part-time outside the home		1	Checked	
FemHHLOccFTOutHom	Numeric	What is your work status? Please select all that apply.	Employed full-time outside the home		1	Checked	
FemHHLOccFTParent	Numeric	What is your work status? Please select all that apply.	Full-time parent		1	Checked	
FemHHLOccNotEmp	Numeric	What is your work status? Please select all that apply.	Not employed		1	Checked	
FemHHLOccPTSelfEmp	Numeric	What is your work status? Please select all that apply.	Self-employed part-time		1	Checked	
FemHHLOccFTSelfEmp	Numeric	What is your work status? Please select all that apply.	Self-employed full-time		1	Checked	
FemHHLOccFTVolUnp	Numeric	What is your work status? Please select all that apply.	Voluntary unpaid work full-time		1	Checked	
FemHHLOccPTVolUnp	Numeric	What is your work status? Please select all that apply.	Voluntary unpaid work part-time		1	Checked	
FemHHLOccShoTerDis	Numeric	What is your work status? Please select all that apply.	Short term disability		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLOccLonTerDis	Numeric	What is your work status? Please select all that apply.	Long term disability/Ill health retired		1	Checked	
FemHHLOccRetEarly	Numeric	What is your work status? Please select all that apply.	Early retirement		1	Checked	
FemHHLOccRet	Numeric	What is your work status? Please select all that apply.	Retired		1	Checked	
FemHHLOccOther	Numeric	What is your work status? Please select all that apply.	Other		1	Checked	
FemHHLOccPTNA	Numeric	What is your work status? Please select all that apply.	Prefer not to answer		1	Checked	
FemHHLOccPDPTOutHom	Numeric	What was your work status before you got diagnosed with Parkinson's?	Employed part-time outside the home		1	Checked	
FemHHLOccPDFTOutHom	Numeric	What was your work status before you got diagnosed with Parkinson's?	Employed full-time outside the home		1	Checked	
FemHHLOccPDFTParent	Numeric	What was your work status before you got diagnosed with Parkinson's?	Full-time parent		1	Checked	
FemHHLOccPDNotEmp	Numeric	What was your work status before you got diagnosed with Parkinson's?	Not employed		1	Checked	
FemHHLOccPDPTSelfEmp	Numeric	What was your work status before you got diagnosed with Parkinson's?	Self-employed part-time		1	Checked	
FemHHLOccPDFTSelfEmp	Numeric	What was your work status before you got diagnosed with Parkinson's?	Self-employed full-time		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLOccPDFTVolUnp	Numeric	What was your work status before you got diagnosed with Parkinson's?	Voluntary unpaid work full-time		1	Checked	
FemHHLOccPDPTVolUnp	Numeric	What was your work status before you got diagnosed with Parkinson's?	Voluntary unpaid work part-time		1	Checked	
FemHHLOccPDShoTerDis	Numeric	What was your work status before you got diagnosed with Parkinson's?	Short term disability		1	Checked	
FemHHLOccPDLonTerDis	Numeric	What was your work status before you got diagnosed with Parkinson's?	Long term disability/Ill health retired		1	Checked	
FemHHLOccPDRetEarly	Numeric	What was your work status before you got diagnosed with Parkinson's?	Early retirement		1	Checked	
FemHHLOccPDRet	Numeric	What was your work status before you got diagnosed with Parkinson's?	Retired		1	Checked	
FemHHLOccPDOther	Numeric	What was your work status before you got diagnosed with Parkinson's?	Other		1	Checked	
FemHHLOccPDPNTA	Numeric	What was your work status before you got diagnosed with Parkinson's?	Prefer not to answer		1	Checked	
FemHHLRePDWork	Numeric	Did you reduce your workload, stop working, or change jobs as a result of your Parkinson's disease diagnosis?			4	No	
					3	Not immediately but after 5 years	
					2	Not immediately but within 5 years	
					1	Yes, immediately	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Prefer not to answer	
FemHHLReOwnPref	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Own choice/my preference		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReMotorSymp	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Due to PD motor symptoms		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReNonMotSymp	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Due to PD non-motor symptoms		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReCogIssue	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Due to mental or cognitive issues		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReNonPDPhys	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Due to non-PD associated physical symptoms		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReWorkSafe	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Due to workplace safety issues / restrictions		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLRePressManage	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Pressured/forced by my manager/boss/ employer		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLRePressFamily	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Pressured by family or others		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLReOther	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Other		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLRePTNA	Numeric	What was the reason to reduce workload, stop working, or change jobs? Please select all that apply.	Prefer not to answer		1	Checked	Participants were only presented with this question if FemHHLRePDWork == 1 or FemHHLRePDWork == 2 or FemHHLRePDWork == 3.
FemHHLInRelation	Numeric	Have you been or are you currently in a relationship (e.g. marriage, domestic partnership etc.)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
FemHHLPDRelation	Numeric	Did your Parkinson's contribute to a change in your relationship?			4	No change	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLInRelation'. (FemHHLInRelation == 1)
					5	Not sure	
					2	Yes, in a negative way	
					1	Yes, in a positive way	
					3	Yes, my relationship ended	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					6	Prefer not to answer	
FemHHLLivAlo	Numeric	Do you live alone?			2	No	
					1	Yes	
					3	Prefer not to answer	
FemHHLLivAloChoice	Numeric	Do you live alone by choice?			1	Yes	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLLivAlo'. (FemHHLLivAlo == 1)
					2	No	
					3	Prefer not to answer	
FemHHLAssistCare	Numeric	Do you live in an assisted care facility?			2	No	
					1	Yes	
FemHHLConIncome	Numeric	What is your contribution to your total household income?			4	75% - 99%	
					5	100%	
					3	50% -74%	
					2	25% - 49%	
					1	0% -24%	
					6	Prefer not to answer	
FemHHLConClean	Numeric	What is your contribution to cleaning and household chores?			4	75% - 99%	
					5	100%	
					3	50% -74%	
					2	25% - 49%	
					1	0% -24%	
					6	Prefer not to answer	
FemHHLConCook	Numeric	What is your contribution to cooking and meal planning?			4	75% - 99%	
					5	100%	
					3	50% -74%	
					2	25% - 49%	
					1	0% -24%	
					6	Prefer not to answer	
FemHHLConFinance	Numeric	What is your contribution to			4	75% - 99%	
					5	100%	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		financial planning and bill paying?			3	50% -74%	
					2	25% - 49%	
					1	0% -24%	
					6	Prefer not to answer	
FemHHLChildUnder18	Numeric	Do you have children under the age of 18 living at home with you?			2	No	
					1	Yes	
					3	Prefer not to answer	
FemHHLConChildAll	Numeric	Regardless of whether you have a partner, what do you think is your contribution to overall care of your children?			4	75% - 99%	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLChildUnder18'. (FemHHLChildUnder18== 1)
					3	50% -74%	
					2	25% - 49%	
					1	0% -24%	
					5	100%	
FemHHLChildPrimResp	Numeric	Overall, do you feel that caring for children and your home are primarily your responsibility?			2	Yes	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLChildUnder18'. (FemHHLChildUnder18== 1)
					3	No	
					1	I'm a single parent	
					4	Prefer not to answer	
FemHHLHelpPaid	Numeric	Do you have help taking care of your home and / or property?	Yes, paid help		1	Checked	
FemHHLHelpUnpaid	Numeric	Do you have help taking care of your home and / or property?	Yes, unpaid help		1	Checked	
FemHHLHelpNo	Numeric	Do you have help taking care of your home and / or property?	No		1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLHelpNotAfford	Numeric	Do you have help taking care of your home and / or property?	Would like to but cannot afford help		1	Checked	
FemHHLHelpNotFind	Numeric	Do you have help taking care of your home and / or property?	Would like to but cannot find help		1	Checked	
FemHHLHelpPTNA	Numeric	Do you have help taking care of your home and / or property?	Prefer not to answer		1	Checked	
FemHHLHelpOutProADL	Numeric	Do you have help with your activities of daily living (e.g., walking, feeding, dressing, or grooming) from an outside care provider?			2	No	
					1	Yes	
					3	Prefer not to answer	
FemHHLHelpOutProHour	Numeric	How many hours per week do you need help with your activities of daily living from an outside care provider [Derived]?			Hour Text	Hours	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLHelpOutProADL'. (FemHHLHelpOutProADL == 1)
FemHHLCareOutHom	Numeric	Do you take care of anyone else outside your home?			2	No	
					1	Yes	
					3	Prefer not to answer	
FemHHLRespDifPD	Numeric	Do your family and work responsibilities make it difficult to manage your Parkinson's symptoms?			3	Not sure	
					1	Yes	
					2	No	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLRespDifEx	Numeric	Do your family and work responsibilities make it difficult to find time to exercise?			3	Not sure	
					1	Yes	
					2	No	
					4	Prefer not to answer	
FemHHLRespDifSelf	Numeric	Do your family and work responsibilities make it difficult to practice self-care (e.g., maintaining hygiene or nutrition; engaging in sporting or leisure activities; managing your living conditions or medications)?			3	Not sure	
					1	Yes	
					2	No	
					4	Prefer not to answer	
FemHHLSelfImPDDiag	Numeric	Has your Parkinson's disease diagnosis affected your self-image?			1	Yes, negatively	
					4	Not sure	
					3	No	
					2	Yes, positively	
					5	Prefer not to answer	
FemHHLSelfImWeLoss	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Weight loss		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImWeGain	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Weight gain		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImAcne	Numeric	What aspects of your diagnosis	Acne		1	Checked	Participants were only presented with this question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		negatively affect /affected your self-image?					if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImDrySkin	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Dry skin		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImOilSkin	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Oily skin		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImHair	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Hair changes		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImSpeech	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Speech		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImTremor	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Tremor		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(FemHHLSelfImPDDiag == 1)
FemHHLSelfImRigidity	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Rigidity		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImDyskin	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Dyskinesia		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImGait	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Gait changes		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImSlow	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Slowness		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImMask	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Facial masking		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImDrool	Numeric	What aspects of your diagnosis	Drooling		1	Checked	Participants were only presented with this question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		negatively affect /affected your self-image?					if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImUrine	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Urinary urgency/incontinence		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImHygiene	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Issues with hygiene		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImDress	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Issues with getting dressed		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImOther	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Other		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSelfImNotSure	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Not sure		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(FemHHLSelfImPDDiag == 1)
FemHHLSelfImPTNA	Numeric	What aspects of your diagnosis negatively affect /affected your self-image?	Prefer not to answer		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLSelfImPDDiag'. (FemHHLSelfImPDDiag == 1)
FemHHLSocPDInter	Numeric	Does your Parkinson's interfere with your social interactions?			2	Yes sometimes	
					1	Yes always	
					3	No	
					4	Prefer not to answer	
FemHHLSocPDInterExt	Numeric	To what extent has PD interfered with your social interactions?			2	Mildly	Participants were only presented with this question if they answered FemHHLSocPDInter == 1 or FemHHLSocPDInter == 2.
					4	Severely	
					1	Very mildly	
					3	Moderately	
					5	Prefer not to answer	
FemHHLSexActivePD	Numeric	Has your level of sexual activity changed with your Parkinson's diagnosis?			4	Prefer not to answer	
					3	No change	
					1	Yes, I am less sexually active	
					2	Yes, I am more sexually active	
FemHHLDecrLibido	Numeric	Do you have decreased libido?			1	Yes	Participants were only presented with this question if they answered FemHHLSexActivePD == 1.
					2	No	
					3	Not sure	
					4	Prefer not to answer	
FemHHLAppMenst	Numeric	Do you or have you used an app to track			1	Yes	Participants were only presented with this question if FemHHLLifePhase == 1
					3	No, I don't want / need to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your menstrual cycle?			4	No, I don't know how to	
					2	No, I haven't found one that works for me	
					5	Not applicable	
FemHHLAppMenstDr	Numeric	Do you think the app provides enough information to inform discussions with your healthcare provider?			2	No	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLAppMenst'. (FemHHLAppMenst == 1)
					1	Yes	
FemHHLAppPDHorm	Numeric	If there was an app that tracked both Parkinson's and hormonal fluctuations, would you use it?			1	Yes	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLAppMenst'. (FemHHLAppMenst == 1)
					2	No	
					3	Not sure	
FemHHLResearFIPD	Numeric	Have you taken part in research for Parkinson's other than Fox Insight Surveys?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
FemHHLResearGen	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Genetic		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearMed	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Medication		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearDev	Numeric	What type of research besides Fox Insight have you	Wearable device		1	Checked	Participants were only presented with this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		taken part in? Please select all that apply.					question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearLifeIn	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Lifestyle intervention (for example diet / exercise)		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearMind	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Mindfulness		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearSurg	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Surgical		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearOTS	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	One time survey studies		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearRepSurv	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Repeat surveys		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearClinHistPD	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Clinical studies following life history of Parkinson's		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FemHHLResearOther	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Other		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearNotSure	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Not sure		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLResearPTNA	Numeric	What type of research besides Fox Insight have you taken part in? Please select all that apply.	Prefer not to answer		1	Checked	Participants were only presented with this question if they answered 'Yes' to the question in variable 'FemHHLResearFIPD'. (FemHHLResearFIPD == 1)
FemHHLLongOcc	Numeric	Which category best describes your longest-held occupation?			17	Office and Administrative Support Occupations	
					10	Healthcare Practitioners and Technical	
					2	Business and Financial Operations	
					11	Healthcare Support	
					8	Educational Instruction and Library	
					24	None of the above	
					13	Food Preparation and Serving Related	
					15	Personal Care and Service Occupations	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					16	Sales and Related Occupations	
					1	Management	
					5	Life, Physical, and Social Science	
					6	Community and Social Service	
					7	Legal	
					9	Arts, Design, Entertainment, Sports, and Media	
					3	Computer and Mathematical	
					4	Architecture and Engineering	
					25	Prefer not to answer	
					21	Production Occupations	
					22	Transportation and Material Moving Occupations	
					20	Installation, Maintenance, and Repair Occupations	
					14	Building and Grounds Cleaning and Maintenance Occupations	
					19	Construction and Extraction Occupations	
					12	Protective Service	
					23	Military	
					18	Farming, Fishing, and Forestry Occupations	

Experiences of Women Living with PD (FemMeno)

Table Description: Experiences of Women Living with Parkinson's – Pre, Peri, and Post Menopause

View Source Instrument: [link]

Details: This one-time survey is referred to as "Experiences of Women Living with Parkinson's – Pre, Peri, and Post Menopause" in Fox DEN, the cross-sectional health and disease questionnaire section of the Participant Schedule of Activities, and the questionnaire forms. This survey launched in November 2022 and 2,581 participants have provided responses as of May 2023. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoSex	Numeric	What sex were you assigned at birth, on your original birth certificate?			1	Male	
					2	Female	
					3	Prefer not to answer	
FemMenoGen	Numeric	What is your current gender identity?			1	Male	Participants are only presented value = 1, 4 if they answered 'Male', and value = 2, 3 if they answered 'Female' to the question in variable 'FemMenoSex'. Participants are skipped to the end of the survey if they didn't answer 'Female' or 'Transgender Male' for this question.
					2	Female	
					3	Transgender Male	
					4	Transgender Female	
					5	Other (gender non-conforming, genderqueer, non-binary, etc.)	
					6	Not Sure	
					7	Prefer not to answer	
FemMenoTransition	Numeric	When did you transition?			1	I transitioned from female to male-identifying while premenopausal	Participants are only presented this question if they answered 'Transgender Male' to the question in Variable 'FemMenoGen'. (FemMenoGen = 3)
					2	I transitioned from female to male-identifying while experiencing perimenopause	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					3	I transitioned from female to male-identifying while post-menopausal	
					4	Prefer not to answer	
FemMenoPDDiag	Numeric	Have you been diagnosed with Parkinson's disease?			1	Yes	Participants are skipped to the end of the survey if they answered 'No' for this question.
					2	No	
FemMenoDiagPerio	Numeric	My Parkinson's was diagnosed:	While I was still having periods		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagPreg	Numeric	My Parkinson's was diagnosed:	During pregnancy		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagAftPreg	Numeric	My Parkinson's was diagnosed:	Up to a year after pregnancy		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagPerimeno	Numeric	My Parkinson's was diagnosed:	While I was going through perimenopause		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagSurgMeno	Numeric	My Parkinson's was diagnosed:	After surgical or induced menopause Surgical or		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
			medically induced menopause is when menopause is the result of a surgical procedure or a result of medication given to you by your physician				subitem shown as the Sub Choice.
FemMenoDiagNatMeno	Numeric	My Parkinson's was diagnosed:	After natural menopause Menopause is when you stop having periods for 12 consecutive months, experience a drop in estrogen levels, and marks the end of your reproductive years		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagNotSure	Numeric	My Parkinson's was diagnosed:	Not sure		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FemMenoDiagPNTA	Numeric	My Parkinson's was diagnosed:	Prefer not to answer		1	Checked	All Variables with prefix 'FemMenoDiag' are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice.
FemMenoProcedure	Numeric	Have you had any of the following procedures?			1	Surgical removal of uterus (hysterectomy)	Participants are skipped to the post-menopause section of the survey if they answered this question with value = 2 or 5. (FemMenoProcedure = 2, or FemMenoProcedure = 5).
					2	Surgical removal of both ovaries (oophorectomy)	
					3	Surgical removal of one ovary (oophorectomy)	
					4	Surgical removal of uterus and one ovary	
					5	Surgical removal of uterus and both ovaries	
					6	None of the above	
					7	Prefer not to answer	
FemMenoLifePhase	Numeric	What life phase currently applies to you?			1	I am pre-menopausal. I am either still menstruating or my periods have temporarily stopped due to a birth control device or medication	Participants are skipped to the corresponding section of questions based on their answer (pre/peri/post) to this question, and they are skipped to the end of the survey if they answered 'Not Sure' or 'Prefer not to answer'.
					2	I am going through perimenopause/menopause	
					3	I am post-menopausal	
					4	Not sure	
					5	Prefer not to answer	
FemMenoPreBCEver	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Have you ever used a birth control device or birth control hormones?			2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPreBCCycle	Numeric	Do you currently have a natural menstrual cycle, or do you use birth control devices or hormones (estrogen/progestin) that regulate your cycle?			1	Natural menstrual cycle not regulated by hormonal birth control	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
					2	Hormone-regulated menstrual cycle (hormonal birth control)	
					3	Other	
					4	Not sure	
					5	Prefer not to answer	
FemMenoPreBePill	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Birth Control Pill/Oral contraceptive pill		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeRing	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Birth Control Ring		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeArm	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Arm implant		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeHIUD	Numeric	What types of birth control did you use	Hormonal intrauterine device (IUD)		1	Checked	Participants are only presented this question if they did not answer 'No' to

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		before your diagnosis of Parkinson's?					the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeCIUD	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Copper IUD		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeTubLig	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Tubal ligation		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBePatch	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Birth Control Patch		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeOther	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Other (Condoms, etc.)		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeNone	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	None		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBeNotSure	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Not sure		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBePNTA	Numeric	What types of birth control did you use before your diagnosis of Parkinson's?	Prefer not to answer		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfPill	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Birth Control Pill/Oral contraceptive pill		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfRing	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Birth Control Ring		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfArm	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Arm implant		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfHIUD	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Hormonal intrauterine device (IUD)		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfCIUD	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Copper IUD		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreAfTubLig	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Tubal ligation		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfPatch	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Birth Control Patch		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfOther	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Other (Condoms, etc.)		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfNone	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	None		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfNotSure	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Not sure		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreAfPNTA	Numeric	What types of birth control have you used since your diagnosis of Parkinson's?	Prefer not to answer		1	Checked	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreBCCurr	Numeric	What type of birth control do you currently use? Please choose the best answer.			1	Birth control pill/oral contraceptive pill	Participants are only presented this question if they did not answer 'No' to the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
					2	Birth control ring	
					3	Arm Implant	
					4	Hormonal IUD	
					5	Copper IUD	
					6	Tubal ligation	
					7	Birth control patch	
					8	Other (condoms etc.)	
					9	None	
					10	Not sure	
					11	Prefer not to answer	
FemMenoPreBCUsePill	Numeric	In what way do you use your oral contraceptive pill?			1	I take pills (and menstruate once every 28 days)	Participants are only presented this question if they answered 'Birth control pill/oral contraceptive pill' to the question in Variable 'FemMenoPreBCCurr'. (FemMenoPreBCCurr == 1)
					2	I take the pill continuously (to avoid menstruation) and have a stop week occasionally	
					3	Not sure	
					4	Prefer not to answer	
FemMenoPreBCStart	Numeric	Did you start birth control because you were diagnosed with Parkinson's disease?			1	Yes	Participants are only presented this question if they answered 'None' to the question in Variable 'FemMenoPreBCCurr'. (FemMenoPreBCCurr == 9)
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPreBCChange	Numeric	Did you change your birth control because you were diagnosed			1	Yes	Participants are only presented this question if they did not answer 'No' to
					2	No	
					3	Not Sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		with Parkinson's disease?			4	Prefer Not to answer	the question in Variable 'FemMenoPreBCEver'. (FemMenoPreBCEver ≠ 2)
FemMenoPreBCChTimes	Numeric	How many times have you changed your birth control since being diagnosed with PD? Please choose the best answer.			1	Once	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange'. (FemMenoPreBCChange == 1)
					2	Twice	
					3	Three or more	
					4	Not sure	
					5	Prefer not to answer	
FemMenoPreBCPrevPreg	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - To prevent pregnancy	To prevent pregnancy		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCDrRec	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - On my doctor's recommendation	On my doctor's recommendation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCRegCyc	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - To regulate my menstrual cycle	To regulate my menstrual cycle and menstrual symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		and menstrual symptoms					
FemMenoPreBCRegPD	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - To regulate my Parkinson's symptoms which change around my period	To regulate my Parkinson's symptoms which change around my period		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCRegMood	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - To regulate my mood	To regulate my mood		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCMedEff	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - To maintain the effectiveness of my Parkinson's medications	To maintain the effectiveness of my Parkinson's medications		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCOther	Numeric	If you started birth control or changed the type of birth control used after your	Other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Parkinson's diagnosis, what was the reason? Please select the best choices. - Other					'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCNA	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - Not applicable	Not applicable		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCNotSure	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - Not sure	Not sure		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCPNTA	Numeric	If you started birth control or changed the type of birth control used after your Parkinson's diagnosis, what was the reason? Please select the best choices. - Prefer not to answer	Prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChWho	Numeric	If you started or changed your birth control due to your PD diagnosis, who prompted the change?			1 2 3 4 5	Me My doctor Both Other Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							== 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChPill	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Birth Control Pill/Oral contraceptive pill	Birth Control Pill/Oral contraceptive pill		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChRing	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Birth Control Ring	Birth Control Ring		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChArm	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Arm implant	Arm implant		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChHIUD	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Hormonal IUD	Hormonal IUD		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreBCStChCIUD	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Copper IUD	Copper IUD		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChTubLig	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Tubal ligation	Tubal ligation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChPatch	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Birth Control Patch	Birth Control Patch		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChfOther	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Other (Condoms, etc.)	Other (Condoms, etc.)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChNone	Numeric	If you started or changed the type of birth control used after	None		1	Checked	Participants are only presented this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		your Parkinson's diagnosis, what did you change to? Please select all the apply. - None					question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChNotSure	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Not sure	Not sure		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCStChPNTA	Numeric	If you started or changed the type of birth control used after your Parkinson's diagnosis, what did you change to? Please select all the apply. - Prefer not to answer	Prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreBCChange' or 'FemMenoPreBCStart' (FemMenoPreBCChange == 1 or FemMenoPreBCStart == 1)
FemMenoPreBCPDSympCh	Numeric	Did you notice a change in your Parkinson's symptoms when using a hormonal birth control device or pills?			1	Yes	Participants are only presented this question if FemMenoPreBCStChPNTA == 1, 2, 3, or 4.
					2	No	
					3	Not applicable	
					4	Not Sure	
					5	Prefer Not to answer	
FemMenoPreBCPDSymptIm	Numeric	Did you notice any improvement in your Parkinson's symptoms (motor and non-motor) when using a hormonal birth control device or pills?			1	Yes	Participants are only presented this question if FemMenoPreBCStChPNTA == 1, 2, 3, or 4.
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPreCyChOnset	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Has your menstrual cycle changed since the onset of Parkinson's symptoms?			2 3	No Not Sure	
FemMenoPreCyChHeavy	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Heavier blood flow		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChLight	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Lighter blood flow		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChLong	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Longer periods		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChShort	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Shorter periods		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChMoreFreq	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Occurred more frequently		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							(FemMenoPreCyChOnset == 1)
FemMenoPreCyChLessFreq	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Became less frequent		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChUnpred	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Became unpredictable		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChLessCramp	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Less Cramping		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChMoreCramp	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	More Cramping		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChOther	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Other		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreCyChNotSure	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Not sure		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreCyChPNTA	Numeric	How has your menstrual cycle changed since the onset of Parkinson's symptoms?	Prefer not to answer		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FemMenoPreCyChOnset'. (FemMenoPreCyChOnset == 1)
FemMenoPreSympChRel	Numeric	Have you noticed that your Parkinson's symptoms change in relationship to your menstrual cycle?			1	Yes, with consistent or predictable change	
					2	Yes, with inconsistent or unpredictable change	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	
FemMenoPreSympChWeekBe	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	The week before my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChDaysBe	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	A couple of days before my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympCh1stDays	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	The first couple of days of my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreSympChLastDays	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	The last days of my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChDaysAf	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	A couple of days after my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChWeekAf	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	The week after my period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympCh2WeekBe	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	Two weeks before my next period		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChOther	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	Other		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChNotSure	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	Not sure		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChPNTA	Numeric	During what phase of your menstrual cycle do your Parkinson's symptoms change?	Prefer not to answer		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPreSympChOvul	Numeric	Do you notice that your Parkinson's symptoms change around the time of ovulation? Ovulation is when an egg is released from one of your ovaries and usually occurs around			1	Yes	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
					2	Sometimes	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		10-16 days before your period starts.					
FemMenoPrePDWalking	Numeric	Which Parkinson's movement symptoms change during your period?	Problems with walking		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDBalance	Numeric	Which Parkinson's movement symptoms change during your period?	Problems with balance		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDFalling	Numeric	Which Parkinson's movement symptoms change during your period?	Problems with falling		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDTremor	Numeric	Which Parkinson's movement symptoms change during your period?	Shaking or tremor		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDSlowMove	Numeric	Which Parkinson's movement symptoms change during your period?	Slow movements		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDStiff	Numeric	Which Parkinson's movement symptoms change during your period?	Stiffness		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDSwallowing	Numeric	Which Parkinson's movement symptoms change during your period?	Problems swallowing pills		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDEating	Numeric	Which Parkinson's movement symptoms change during your period?	Problems eating meals		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDOFFTime	Numeric	Which Parkinson's movement symptoms change during your period?	OFF time		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDDyskinesia	Numeric	Which Parkinson's movement symptoms change during your period?	Dyskinesia		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDResLeg	Numeric	Which Parkinson's movement symptoms change during your period?	Restless legs		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDDystonia	Numeric	Which Parkinson's movement symptoms change during your period?	Cramping and dystonia		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDNoneMov	Numeric	Which Parkinson's movement symptoms change during your period?	None of the above		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDChWalking	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Problems with walking		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChBalance	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Problems with balance		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDChFalling	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Problems with falling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChTremor	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Shaking or tremor		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSlowMove	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Slow movements		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChStiff	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a	Stiffness		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		change in those symptoms during your period. Please select how you feel these symptoms change during your period.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSwallowing	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Problems swallowing pills		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChEating	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Problems eating meals		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChOFFTime	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	OFF time		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDChDyskinesia	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Dyskinesia		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChResLeg	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Restless legs		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChDystonia	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during your period. Please select how you feel these symptoms change during your period.	Cramping and dystonia		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDSleeping	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Difficulty sleeping		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDExcessSleep	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Trouble staying awake during the daytime		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDRBD	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Acting out your dreams while asleep		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDCognition	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Trouble thinking clearly, remembering things, and being attentive		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDMemory	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Memory loss		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDConfusion	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Confusion		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDHallucinations	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Hallucinations		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDAnxiety	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Anxiety		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDDepression	Numeric	Which Parkinson's thinking, feeling, and	Depression		1	Checked	Participants are only presented this question if

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		sleep symptoms change during your period?					FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDFatigue	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Fatigue		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDApathy	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Apathy		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDIrritable	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Irritability and frustration		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDParanoia	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Paranoia or suspicion		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDObsess	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Obsessive and unreasonable thoughts and fears		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDImpulse	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	Inability to control impulsive urges		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDNoneTFS	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your period?	None of the above		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDChSleeping	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Difficulty sleeping		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChExcessSleep	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Trouble staying awake during the daytime		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChRBD	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Acting out your dreams while asleep		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChCognition	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period.	Trouble thinking clearly, remembering things, and being attentive		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Please select how you feel these symptoms have changed.			7	Prefer not to answer	
FemMenoPrePDChMemory	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Memory loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChConfusion	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Confusion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChHallucinations	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Hallucinations		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChAnxiety	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because	Anxiety		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you notice a change during your period. Please select how you feel these symptoms have changed.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChDepression	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Depression		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChFatigue	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Fatigue		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChApathy	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Apathy		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChIrritable	Numeric	In the prior question, you selected the following thinking,	Irritability and frustration		1	Much Better	
					2	Better	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.			4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChParanoia	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Paranoia or suspicion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChObsess	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Obsessive and unreasonable thoughts and fears		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChImpulse	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Inability to control impulsive urges		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDUrinary	Numeric	Which other Parkinson's related symptoms change during your period?	Urinary problems		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDLowBP	Numeric	Which other Parkinson's related symptoms change during your period?	Low blood pressure		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDConstipation	Numeric	Which other Parkinson's related symptoms change during your period?	Constipation		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDDigest	Numeric	Which other Parkinson's related symptoms change during your period?	Decreased speed of digestion, bloating, reflux		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDSweat	Numeric	Which other Parkinson's related symptoms change during your period?	Sweating problems		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDDrool	Numeric	Which other Parkinson's related symptoms change during your period?	Drooling		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDDryMouth	Numeric	Which other Parkinson's related symptoms change during your period?	Dry mouth		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDNausea	Numeric	Which other Parkinson's related symptoms change during your period?	Nausea		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDSexual	Numeric	Which other Parkinson's related symptoms change during your period?	Sexual problems		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDSmell	Numeric	Which other Parkinson's related symptoms change during your period?	Smell loss		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDTaste	Numeric	Which other Parkinson's related symptoms change during your period?	Changes to sense of taste		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDPain	Numeric	Which other Parkinson's related symptoms change during your period?	Pain		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDTingling	Numeric	Which other Parkinson's related symptoms change during your period?	Tingling, prickling or numbness of the skin		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDSpeech	Numeric	Which other Parkinson's related symptoms change during your period?	Speech problems		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDVision	Numeric	Which other Parkinson's related symptoms change during your period?	Visual problems		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDNoneRel	Numeric	Which other Parkinson's related symptoms change during your period?	None of the above		1	Checked	Participants are only presented this question if FemMenoPreSympChRel == 1 or 2.
FemMenoPrePDChUrinary	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Urinary problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPrePDChLowBP	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Low blood pressure		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChConstipation	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Constipation		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChDigest	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Decreased speed of digestion, bloating, reflux		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSweat	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a	Sweating problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		change during your period. Please select how you feel these symptoms have changed.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChDrool	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Drooling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChDryMouth	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Dry mouth		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChNausea	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Nausea		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSexual	Numeric				1	Much Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Sexual problems		2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSmell	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Smell loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChTaste	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Changes to sense of taste		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChPain	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select	Pain		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		how you feel these symptoms have changed.			6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChTingling	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Tingling, prickling or numbness of the skin		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChSpeech	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Speech problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPrePDChVision	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during your period. Please select how you feel these symptoms have changed.	Visual problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPreMedCurr	Numeric				1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Do you currently take medication for Parkinson's disease?			3	Not Sure	
					4	Prefer Not to answer	
FemMenoPreMedLessBe	Numeric	Is your PD medication less effective the week before your period when compared to other points in your menstrual cycle?			1	Yes	
					2	Sometimes	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	
FemMenoPreMedLessBeDays	Numeric	For how many days during the week before your period do you feel your PD medication is less effective? If you are not sure, please make your best guess. Number of days:					
FemMenoPreMedLessDur	Numeric	Do you feel your PD medication is less effective during your period when compared to other points in your menstrual cycle?			1	Yes	
					2	Sometimes	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	
FemMenoPreMedLessDurDays	Numeric	For how many days during your period is your PD medication less effective? If you are not sure, please make your best guess. Number of days:					
FemMenoPreMedLessAf	Numeric	Is your PD medication less effective just after the end of your period when compared to other points in your menstrual cycle?			1	Yes	
					2	Sometimes	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreMedLessAfDays	Numeric	For how many days just after the end of your period is your PD medication less effective? If you are not sure, please make your best guess. Number of days:					
FemMenoPreMedChPDSymp	Numeric	Do you choose to change your PD medication to maintain function and provide relief at any time during your cycle, when you feel your symptoms are more bothersome?			1	Yes, I increase the dose, with good effect	
					2	Yes, I increase the dose with no effect	
					3	Yes, I reduce the dose	
					4	No change	
					5	Don't have enough medication to increase dose, but would like to	
					6	Not Sure	
					7	Prefer Not to answer	
FemMenoPreMedChPDDr	Numeric	Do you talk to your healthcare team to make these changes to your PD medication?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPreMedChPDSiEf	Numeric	Does this change to your Parkinson's medication result in any side effects (nausea, dyskinesia, fatigue, drowsiness, change in impulse control, etc.)?			1	Yes	
					2	Sometimes	
					3	No	
					4	Not Sure	
					5	Prefer Not to answer	
FemMenoPreProTamp	Numeric	I typically use:	Tampons		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreProPad	Numeric	I typically use:	Pads/Feminine Napkins		1	Checked	
FemMenoPreProCup	Numeric	I typically use:	Menstrual cup or similar product		1	Checked	
FemMenoPreProPant	Numeric	I typically use:	Period panties		1	Checked	
FemMenoPreProOther	Numeric	I typically use:	Other		1	Checked	
FemMenoPreProNA	Numeric	I typically use:	Not applicable		1	Checked	
FemMenoPreProNotSure	Numeric	I typically use:	Not sure		1	Checked	
FemMenoPreProPNTA	Numeric	I typically use:	Prefer not to answer		1	Checked	
FemMenoPreProDif	Numeric	Do you find that your motor symptoms make using feminine products more difficult?			1 2 3 4 5	Yes No Not applicable Not Sure Prefer Not to answer	
FemMenoPreProDifTamp	Numeric	Due to difficulties in use, I am considering changing to:	Tampons		1	Checked	
FemMenoPreProDifPad	Numeric	Due to difficulties in use, I am considering changing to:	Pads/Feminine Napkins		1	Checked	
FemMenoPreProDifCup	Numeric	Due to difficulties in use, I am considering changing to:	Menstrual cup or similar product		1	Checked	
FemMenoPreProDifPant	Numeric	Due to difficulties in use, I am considering changing to:	Period Panties		1	Checked	
FemMenoPreProDifOther	Numeric	Due to difficulties in use, I am considering changing to:	Other		1	Checked	
FemMenoPreProDifNA	Numeric	Due to difficulties in use, I am considering changing to:	Not applicable		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPreProDifNotSure	Numeric	Due to difficulties in use, I am considering changing to:	Not sure		1	Checked	
FemMenoPreProDifPNTA	Numeric	Due to difficulties in use, I am considering changing to:	Prefer not to answer		1	Checked	
FemMenoConception	Numeric	Have you successfully conceived or tried to conceive?			1	Yes	
					2	No	
					3	Prefer not to answer	
FemMenoPeriStatus	Numeric	Has your perimenopausal or menopausal status been diagnosed by a healthcare professional?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPeriAreYou	Numeric	Are you in perimenopause (having irregular cycles, fluctuation in hormone levels but have had at least one period in the last year)?			1	Yes	
					2	Surgically induced	
					3	Not sure	
					4	Prefer not to answer	
FemMenoPeriSympPerioCh	Numeric	Have you experienced any of the following perimenopausal symptoms?	Changes in your periods (heavier or lighter than normal)		1	Checked	
FemMenoPeriSympPerioIrr	Numeric	Have you experienced any of the following perimenopausal symptoms?	Irregular periods		1	Checked	
FemMenoPeriSympHotFlash	Numeric	Have you experienced any of the following perimenopausal symptoms?	Hot flashes/flushes		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriSympSweat	Numeric	Have you experienced any of the following perimenopausal symptoms?	Sweating		1	Checked	
FemMenoPeriSympSleepDis	Numeric	Have you experienced any of the following perimenopausal symptoms?	Sleep disturbances		1	Checked	
FemMenoPeriSympMood	Numeric	Have you experienced any of the following perimenopausal symptoms?	Mood swings		1	Checked	
FemMenoPeriSympAnx	Numeric	Have you experienced any of the following perimenopausal symptoms?	Anxiety		1	Checked	
FemMenoPeriSympDep	Numeric	Have you experienced any of the following perimenopausal symptoms?	Depression		1	Checked	
FemMenoPeriSympPMS	Numeric	Have you experienced any of the following perimenopausal symptoms?	Worsening PMS		1	Checked	
FemMenoPeriSympTender	Numeric	Have you experienced any of the following perimenopausal symptoms?	Breast tenderness		1	Checked	
FemMenoPeriSympWeight	Numeric	Have you experienced any of the following perimenopausal symptoms?	Weight gain		1	Checked	
FemMenoPeriSympHairCh	Numeric	Have you experienced any of the following perimenopausal symptoms?	Hair changes		1	Checked	
FemMenoPeriSympHeartPalp	Numeric	Have you experienced any of the following	Heart palpitations		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		perimenopausal symptoms?					
FemMenoPeriSympHead	Numeric	Have you experienced any of the following perimenopausal symptoms?	Headaches		1	Checked	
FemMenoPeriSympSexDrive	Numeric	Have you experienced any of the following perimenopausal symptoms?	Loss of sex drive		1	Checked	
FemMenoPeriSympPainInter	Numeric	Have you experienced any of the following perimenopausal symptoms?	Pain with intercourse		1	Checked	
FemMenoPeriSympDifCon	Numeric	Have you experienced any of the following perimenopausal symptoms?	Difficulty concentrating		1	Checked	
FemMenoPeriSympForget	Numeric	Have you experienced any of the following perimenopausal symptoms?	Forgetfulness		1	Checked	
FemMenoPeriSympMuscle	Numeric	Have you experienced any of the following perimenopausal symptoms?	Muscle pain		1	Checked	
FemMenoPeriSympUTI	Numeric	Have you experienced any of the following perimenopausal symptoms?	Urinary infections or pain with urination		1	Checked	
FemMenoPeriSympUriFreq	Numeric	Have you experienced any of the following perimenopausal symptoms?	Urinary frequency		1	Checked	
FemMenoPeriSympIncont	Numeric	Have you experienced any of the following perimenopausal symptoms?	Incontinence		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriSympSpotty	Numeric	Have you experienced any of the following perimenopausal symptoms?	Spotty or greasy skin/hair		1	Checked	
FemMenoPeriSympOther	Numeric	Have you experienced any of the following perimenopausal symptoms?	Other		1	Checked	
FemMenoPeriSympNone	Numeric	Have you experienced any of the following perimenopausal symptoms?	None of the above		1	Checked	
FemMenoPeriSympNotSure	Numeric	Have you experienced any of the following perimenopausal symptoms?	Not sure		1	Checked	
FemMenoPeriSympPNTA	Numeric	Have you experienced any of the following perimenopausal symptoms?	Prefer not to answer		1	Checked	
FemMenoPeriSympCurr	Numeric	Are you currently experiencing perimenopausal symptoms?			1 2 3 4	Yes No Not Sure Prefer Not to answer	
FemMenoPeriPDExpCh	Numeric	Have you experienced any changes in your Parkinson's symptoms during perimenopause?			1 2 3 4	Yes No Not Sure Prefer Not to answer	
FemMenoPeriPDWalking	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Problems with walking		1	Checked	
FemMenoPeriPDBalance	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Problems with balance		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDFalling	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Problems with falling		1	Checked	
FemMenoPeriPDTremor	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Shaking or tremor		1	Checked	
FemMenoPeriPDSlowMove	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Slow movements		1	Checked	
FemMenoPeriPDStiff	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Stiffness		1	Checked	
FemMenoPeriPDSwallowing	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Problems swallowing pills		1	Checked	
FemMenoPeriPDEating	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Problems eating meals		1	Checked	
FemMenoPeriPDOFFTime	Numeric	Which Parkinson's movement symptoms change during perimenopause?	OFF time		1	Checked	
FemMenoPeriPDDyskinesia	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Dyskinesia		1	Checked	
FemMenoPeriPDResLegs	Numeric	Which Parkinson's movement symptoms change during perimenopause?	Restless legs		1	Checked	
FemMenoPeriPDDystonia	Numeric	Which Parkinson's movement symptoms	Cramping and dystonia		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		change during perimenopause?					
FemMenoPeriPDNoneMov	Numeric	Which Parkinson's movement symptoms change during perimenopause?	None of the above		1	Checked	
FemMenoPeriPDChWalking	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Problems with walking		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChBalance	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Problems with balance		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChFalling	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please	Problems with falling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		select how you feel these symptoms have changed.			6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChTremor	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Shaking or tremor		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChSlowMove	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Slow movements		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChStiff	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Stiffness		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDChSwallowing	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Problems swallowing pills		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChEating	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Problems eating meals		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChOFFTime	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	OFF time		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChDyskinesia	Numeric	In the prior question, you selected the following Parkinson's	Dyskinesia		1	Much Better	
					2	Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.			3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChResLeg	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Restless legs		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChDystonia	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you notice a change in those symptoms during perimenopause. Please select how you feel these symptoms have changed.	Cramping and dystonia		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDSleeping	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Difficulty sleeping		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDExcessSleep	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Trouble staying awake during the daytime		1	Checked	
FemMenoPeriPDRBD	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Acting out your dreams while asleep		1	Checked	
FemMenoPeriPDCognition	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Trouble thinking clearly, remembering things, and being attentive		1	Checked	
FemMenoPeriPDMemory	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Memory loss		1	Checked	
FemMenoPeriPDConfusion	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Confusion		1	Checked	
FemMenoPeriPDHallucinations	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Hallucinations		1	Checked	
FemMenoPeriPDAnxiety	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Anxiety		1	Checked	
FemMenoPeriPDDepression	Numeric	Which Parkinson's thinking, feeling, and	Depression		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		sleep symptoms change during your perimenopause?					
FemMenoPeriPDFatigue	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Fatigue		1	Checked	
FemMenoPeriPDApathy	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Apathy		1	Checked	
FemMenoPeriPDIrritable	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Irritability and frustration		1	Checked	
FemMenoPeriPDParanoia	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Paranoia or suspicion		1	Checked	
FemMenoPeriPDObsess	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Obsessive and unreasonable thoughts and fears		1	Checked	
FemMenoPeriPDImpulse	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	Inability to control impulsive urges		1	Checked	
FemMenoPeriPDNoneTFS	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms change during your perimenopause?	None of the above		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDChSleeping	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Difficulty sleeping		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChExcessSleep	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Trouble staying awake during the daytime		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChRBD	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Acting out your dreams while asleep		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChCognition	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because	Trouble thinking clearly, remembering		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you notice a change during perimenopause. Please select how you feel these symptoms have changed.	things, and being attentive		5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChMemory	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Memory loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChConfusion	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Confusion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChHallucinations	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Hallucinations		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChAnxiety	Numeric		Anxiety		1	Much Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.			2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChDepression	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Depression		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChFatigue	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Fatigue		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChApathy	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause.	Apathy		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Please select how you feel these symptoms have changed.			6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChIrritable	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Irritability and frustration		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChParanoia	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Paranoia or suspicion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChObsess	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Obsessive and unreasonable thoughts and fears		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChImpulse	Numeric	In the prior question, you selected the	Inability to control		1	Much Better	
					2	Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		following thinking, feeling, and sleep symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	impulsive urges		3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDUrinary	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Urinary problems		1	Checked	
FemMenoPeriPDLowBP	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Low blood pressure		1	Checked	
FemMenoPeriPDConstipation	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Constipation		1	Checked	
FemMenoPeriPDDigest	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Decreased speed of digestion, bloating, reflux		1	Checked	
FemMenoPeriPDSweat	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Sweating problems		1	Checked	
FemMenoPeriPDDrool	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Drooling		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDDryMouth	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Dry mouth		1	Checked	
FemMenoPeriPDNausea	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Nausea		1	Checked	
FemMenoPeriPDSexual	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Sexual problems		1	Checked	
FemMenoPeriPDSmell	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Smell loss		1	Checked	
FemMenoPeriPDTaste	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Changes to sense of taste		1	Checked	
FemMenoPeriPDPain	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Pain		1	Checked	
FemMenoPeriPDTingling	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Tingling, prickling or numbness of the skin		1	Checked	
FemMenoPeriPDSpeech	Numeric	Which other Parkinson's related symptoms change	Speech problems		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		during perimenopause?					
FemMenoPeriPDVision	Numeric	Which other Parkinson's related symptoms change during perimenopause?	Visual problems		1	Checked	
FemMenoPeriPDNoneRel	Numeric	Which other Parkinson's related symptoms change during perimenopause?	None of the above		1	Checked	
FemMenoPeriPDChUrinary	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Urinary problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChLowBP	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Low blood pressure		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChConstipation	Numeric	In the prior question, you selected the following Parkinson's related symptoms	Constipation		1	Much Better	
					2	Better	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		because you notice a change during perimenopause. Please select how you feel these symptoms have changed.			4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChDigest	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Decreased speed of digestion, bloating, reflux		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChSweat	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Sweating problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChDrool	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Drooling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPeriPDChDryMouth	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Dry mouth		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChNausea	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Nausea		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChSexual	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Sexual problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChSmell	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a	Smell loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		change during perimenopause. Please select how you feel these symptoms have changed.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChTaste	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Changes to sense of taste		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChPain	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Pain		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChTingling	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Tingling, prickling or numbness of the skin		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChSpeech	Numeric				1	Much Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Speech problems		2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriPDChVision	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you notice a change during perimenopause. Please select how you feel these symptoms have changed.	Visual problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPeriMedCurr	Numeric	Do you currently take medication for Parkinson's disease?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPeriMedPeriod	Numeric	When you have a period, is your PD medication as effective during your period when compared to other points in your menstrual cycle?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPeriMedCompare	Numeric	Has your PD medication been as effective during perimenopause			1	Yes	
					2	No	
					3	Not Sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		compared to pre-menopause?			4	Prefer Not to answer	
FemMenoPeriMedChPDSymp	Numeric	Do you choose to change your PD medication to maintain function and provide relief at any time during your menstrual cycle, when you feel your symptoms are more bothersome?			1	Yes, I increase the dose, with good effect	
					2	Yes, I increase the dose with no effect	
					3	Yes, I reduce the dose	
					4	No change	
					5	Don't have enough medication to increase dose, but would like to	
					6	Not Sure	
					7	Prefer Not to answer	
FemMenoPeriMedChPDDr	Numeric	Did you talk to your Parkinson's healthcare team to make these changes to your PD medication changes?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer Not to answer	
FemMenoPostAge	Numeric	Approximately what age were you when you became post-menopausal?			Age Text	Age	
FemMenoPostPDWalking	Numeric	Which Parkinson's movement symptoms do you experience now?	Problems with walking		1	Checked	
FemMenoPostPDBalance	Numeric	Which Parkinson's movement symptoms do you experience now?	Problems with balance		1	Checked	
FemMenoPostPDFalling	Numeric	Which Parkinson's movement symptoms	Problems with falling		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		do you experience now?					
FemMenoPostPDTremor	Numeric	Which Parkinson's movement symptoms do you experience now?	Shaking or tremor		1	Checked	
FemMenoPostPDSlowMove	Numeric	Which Parkinson's movement symptoms do you experience now?	Slow movements		1	Checked	
FemMenoPostPDStiff	Numeric	Which Parkinson's movement symptoms do you experience now?	Stiffness		1	Checked	
FemMenoPostPDSwallowing	Numeric	Which Parkinson's movement symptoms do you experience now?	Problems swallowing pills		1	Checked	
FemMenoPostPDEating	Numeric	Which Parkinson's movement symptoms do you experience now?	Problems eating meals		1	Checked	
FemMenoPostPDOFFTime	Numeric	Which Parkinson's movement symptoms do you experience now?	OFF time		1	Checked	
FemMenoPostPDDyskinesia	Numeric	Which Parkinson's movement symptoms do you experience now?	Dyskinesia		1	Checked	
FemMenoPostPDResLeg	Numeric	Which Parkinson's movement symptoms do you experience now?	Restless legs		1	Checked	
FemMenoPostPDDystonia	Numeric	Which Parkinson's movement symptoms do you experience now?	Cramping and dystonia		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPostPDNoneMov	Numeric	Which Parkinson's movement symptoms do you experience now?	None of the above		1	Checked	
FemMenoPostPDChWalking	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Problems with walking		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChBalance	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Problems with balance		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChFalling	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Problems with falling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChTremor	Numeric				1	Much Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Shaking or tremor		2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSlowMove	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Slow movements		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChStiff	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Stiffness		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSwallowing	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you	Problems swallowing pills		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		feel these symptoms changed after menopause.			6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChEating	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Problems eating meals		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChOFFTime	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	OFF time		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChDyskinesia	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Dyskinesia		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChResLeg	Numeric	In the prior question, you selected the	Restless legs		1	Much Better	
					2	Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.			3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChDystonia	Numeric	In the prior question, you selected the following Parkinson's movement symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Cramping and dystonia		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDSleeping	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Difficulty sleeping		1	Checked	
FemMenoPostPDExcessSleep	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Trouble staying awake during the daytime		1	Checked	
FemMenoPostPDRBD	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Acting out your dreams while asleep		1	Checked	
FemMenoPostPDCognition	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Trouble thinking clearly, remembering things, and being attentive		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPostPDMemory	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Memory loss		1	Checked	
FemMenoPostPDConfusion	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Confusion		1	Checked	
FemMenoPostPDHallucinations	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Hallucinations		1	Checked	
FemMenoPostPDAnxiety	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Anxiety		1	Checked	
FemMenoPostPDDepression	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Depression		1	Checked	
FemMenoPostPDFatigue	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Fatigue		1	Checked	
FemMenoPostPDApathy	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Apathy		1	Checked	
FemMenoPostPDIrritable	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Irritability and frustration		1	Checked	
FemMenoPostPDParanoia	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Paranoia or suspicion		1	Checked	
FemMenoPostPDObsess	Numeric	Which Parkinson's thinking, feeling, and	Obsessive and unreasonable		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		sleep symptoms do you experience now?	thoughts and fears				
FemMenoPostPDImpulse	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	Inability to control impulsive urges		1	Checked	
FemMenoPostPDNoneTFS	Numeric	Which Parkinson's thinking, feeling, and sleep symptoms do you experience now?	None of the above		1	Checked	
FemMenoPostPDChSleeping	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Difficulty sleeping		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChExcessSleep	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Trouble staying awake during the daytime		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChRBD	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because	Acting out your dreams while asleep		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you experience them now. Please select how you feel these symptoms changed after menopause.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChCognition	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Trouble thinking clearly, remembering things, and being attentive		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChMemory	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Memory loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChConfusion	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Confusion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
	Numeric		Hallucinations		1	Much Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPostPDChHallucinations		In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.			2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChAnxiety	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Anxiety		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChDepression	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Depression		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChFatigue	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select	Fatigue		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		how you feel these symptoms changed after menopause.			6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChApathy	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Apathy		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChIrritable	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Irritability and frustration		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChParanoia	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Paranoia or suspicion		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChObsess	Numeric	In the prior question, you selected the	Obsessive and unreasonable		1	Much Better	
					2	Better	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	thoughts and fears		3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChImpulse	Numeric	In the prior question, you selected the following thinking, feeling, and sleep symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Inability to control impulsive urges		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDUrinary	Numeric	Which other Parkinson's related symptoms do you experience now?	Urinary problems		1	Checked	
FemMenoPostPDLowBP	Numeric	Which other Parkinson's related symptoms do you experience now?	Low blood pressure		1	Checked	
FemMenoPostPDConstipation	Numeric	Which other Parkinson's related symptoms do you experience now?	Constipation		1	Checked	
FemMenoPostPDDigest	Numeric	Which other Parkinson's related symptoms do you experience now?	Decreased speed of digestion, bloating, reflux		1	Checked	
FemMenoPostPDSweat	Numeric	Which other Parkinson's related	Sweating problems		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		symptoms do you experience now?					
FemMenoPostPDDrool	Numeric	Which other Parkinson's related symptoms do you experience now?	Drooling		1	Checked	
FemMenoPostPDDryMouth	Numeric	Which other Parkinson's related symptoms do you experience now?	Dry mouth		1	Checked	
FemMenoPostPDNausea	Numeric	Which other Parkinson's related symptoms do you experience now?	Nausea		1	Checked	
FemMenoPostPDSexual	Numeric	Which other Parkinson's related symptoms do you experience now?	Sexual problems		1	Checked	
FemMenoPostPDSmell	Numeric	Which other Parkinson's related symptoms do you experience now?	Smell loss		1	Checked	
FemMenoPostPDTaste	Numeric	Which other Parkinson's related symptoms do you experience now?	Changes to sense of taste		1	Checked	
FemMenoPostPDPain	Numeric	Which other Parkinson's related symptoms do you experience now?	Pain		1	Checked	
FemMenoPostPDTingling	Numeric	Which other Parkinson's related symptoms do you experience now?	Tingling, prickling or numbness of the skin		1	Checked	
FemMenoPostPDSpeech	Numeric	Which other Parkinson's related symptoms do you experience now?	Speech problems		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPostPDVision	Numeric	Which other Parkinson's related symptoms do you experience now?	Visual problems		1	Checked	
FemMenoPostPDNoneRel	Numeric	Which other Parkinson's related symptoms do you experience now?	None of the above		1	Checked	
FemMenoPostPDChUrinary	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Urinary problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChLowBP	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Low blood pressure		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChConstipation	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms	Constipation		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		changed after menopause.			7	Prefer not to answer	
FemMenoPostPDChDigest	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Decreased speed of digestion, bloating, reflux		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSweat	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Sweating problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChDrool	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Drooling		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChDryMouth	Numeric	In the prior question, you selected the following Parkinson's related symptoms	Dry mouth		1	Much Better	
					2	Better	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		because you experience them now. Please select how you feel these symptoms changed after menopause.			4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChNausea	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Nausea		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSexual	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Sexual problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSmell	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Smell loss		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
FemMenoPostPDChTaste	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Changes to sense of taste		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChPain	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Pain		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChTinglin g	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Tingling, prickling or numbness of the skin		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChSpeech	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you	Speech problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		experience them now. Please select how you feel these symptoms changed after menopause.			5	Much worse	
					6	Not sure	
					7	Prefer not to answer	
FemMenoPostPDChVision	Numeric	In the prior question, you selected the following Parkinson's related symptoms because you experience them now. Please select how you feel these symptoms changed after menopause.	Visual problems		1	Much Better	
					2	Better	
					3	Neutral	
					4	Worse	
					5	Much worse	
					6	Not sure	
					7	Prefer not to answer	

EXPERIENCES WITH SENSORY MISPERCEPTIONS (Sense)

Table Description: Experience with Sensory Misperceptions

View Source Instrument: [link]

Details: This survey is referred to as "Experience with Sensory Misperceptions" in Fox DEN, the questionnaire forms, and the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in July 2020 and closed in January 2022. 8,720 participants provided responses to this survey This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseAgnstYou	Numeric	In the past month, have you felt that people were against you, trying to harm you, watching you, or monitoring you?			1	Yes	
					2	No	
					3	Prefer not to answer	
SenseAgnstYouAct	Numeric	Have you acted on the belief(s) that people were against you, trying to harm you, watching you, or monitoring you?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseAgnstYou.' (SenseAgnstYou ==1).
					2	No	
					4	Prefer not to answer	
SenseAgnstYouOften	Numeric	How often have you felt that people were against you, trying to harm you, watching you, or monitoring you?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseAgnstYou.' (SenseAgnstYou ==1).
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseCaregiver	Numeric	Is anyone helping you complete this questionnaire?			1	Yes	
					2	No	
SenseCaregiverWho	Numeric	Who is helping you?			1	Spouse/partner	Participants were only presented this question
					2	Child	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Other family member	if they responded 'Yes' to the question in Variable 'SenseCaregiver.' (SenseCaregiver ==1).
					4	Friend	
					5	Home health aide	
					6	Other	
SenseConcurSymp	Numeric	Do any of the following symptoms ever happen at the same time? □ Tasting something for no reason when you were not eating or drinking □ Smelling odors that other people cannot smell or tell you are not really there □ Sensing something or someone was touching you when nothing was really there □ Seeing things that other people cannot see or tell you are not there □ Hearing voices that other people cannot hear or tell you are not really there □ Hearing noises, music, or other sounds that other people cannot hear or tell you are not really there			1	Yes	Participants were only presented this question if they responded 'Yes' to two or more of the questions in variables SenseTstSome, SenseSmlOdr, SenseTchYou, SenseSeeThg, SenseHearVc, SenseHearNs.
					2	No	
					3	Prefer not to answer	
SenseHearNs	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		In the past month, have you heard noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.			2	No	
					3	Prefer not to answer	
SenseHearNsOften	Numeric	How often do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearNs.' (SenseHearNs == 1)
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseHearNsWhenAsleep	Numeric	When do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearNs.' (SenseHearNs == 1) All Variables with prefix "SenseHearNsWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseHearNsWhenAwake	Numeric	When do you experience hearing noises, music, or	When awake		1	Checked	Participants were only presented this question if they responded

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.					'Yes' to the question in variable 'SenseHearNs.' (SenseHearNs == 1) All Variables with prefix "SenseHearNsWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseHearNsWhenPNA	Numeric	When do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearNs.' (SenseHearNs == 1) All Variables with prefix "SenseHearNsWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseHearNsWhenSlpWk	Numeric	When do you experience hearing noises, music, or other sounds that other people cannot hear or tell you are not really there? This does not include mistaking a real noise for something else.	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearNs.' (SenseHearNs == 1) All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							"SenseHearNsWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseHearVc	Numeric	In the past month, have you heard voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.			1	Yes	
					2	No	
					3	Prefer not to answer	
SenseHearVcOften	Numeric	How often do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearVc.' (SenseHearVc == 1)
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseHearVcWhenAsleep	Numeric	When do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearVc.' (SenseHearVc == 1) All Variables with prefix "SenseHearVcWhen" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseHearVcWhenAwake	Numeric	When do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearVc.' (SenseHearVc == 1) All Variables with prefix "SenseHearVcWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseHearVcWhenPNA	Numeric	When do you experience hearing voices that other people cannot hear or tell you are not really there? This does not include mistaking a real sound for a voice.	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseHearVc.' (SenseHearVc == 1) All Variables with prefix "SenseHearVcWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseHearVcWhenSlpWk	Numeric	When do you experience hearing voices that other people cannot hear or tell you are not really	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		there? This does not include mistaking a real sound for a voice.					'SenseHearVc.' (SenseHearVc == 1) All Variables with prefix "SenseHearVcWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseLaghYou	Numeric	In the past month, have you walked into a room and thought people were talking about you or laughing at you?			1	Yes	
					2	No	
					4	Prefer not to answer	
SenseLaghYouAct	Numeric	Have you acted on the belief(s) that people were talking about you or laughing at you?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseLaghYou.' (SenseLaghYou ==1).
					2	No	
					4	Prefer not to answer	
SenseLaghYouOften	Numeric	How often have you walked into a room and thought people were talking about you or laughing at you?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseLaghYou.' (SenseLaghYou ==1).
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseMedMesg	Numeric	In the past month, have you seen things in magazines, newspapers, on the Internet, or on TV that seem to refer to			1	Yes	
					2	No	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you or contain a special message for you?					
SenseMedMesgAct	Numeric	Have you acted on the belief(s) that things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?			1 2 4	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseMedMesg.' (SenseMedMesg ==1).
SenseMedMesgOften	Numeric	How often have you seen things in magazines, newspapers, on the Internet, or on TV that seem to refer to you or contain a special message for you?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseMedMesg.' (SenseMedMesg ==1).
SenseOthFdDr	Numeric	Have you thought a food or drink tasted like something else?			1 2 3	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthStim.' (SenseOthStim == 1.)
SenseOthFdDrDoLie	Numeric	What are you doing when you experience a food or drink tasting like something else?	Lying down		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrDo" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice
SenseOthFdDrDoMove	Numeric	What are you doing when you experience a food or drink tasting like something else?	Moving around		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoPNA	Numeric	What are you doing when you experience a food or drink tasting like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoSit	Numeric	What are you doing when you experience a food or drink tasting like something else?	Sitting		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							"SenseOthFdDrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoStand	Numeric	What are you doing when you expierence a food or drink tasting like something else?	Standing		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoseAfter	Numeric	When do you experience a food or drink tasting like something else in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1 and SensePDMed ==1. All Variables with prefix "SenseOthFdDrDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoseDue	Numeric	When do you experience a food or drink tasting like something else in	Not long before I am due for my next dose		1	Checked	Participants were only presented this question when SenseOthFdDrWhenA

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		relationship to taking your Parkinson's disease medication(s)?					wake == 1 and SensePDMed ==1. All Variables with prefix "SenseOthFdDrDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrDoseNA	Numeric	When do you experience a food or drink tasting like something else in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1 and SensePDMed ==1. All Variables with prefix "SenseOthFdDrDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrOften	Numeric	How often do you experience a food or drink tasting like something else?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthFdDr.' (SenseOthFdDr == 1.)
SenseOthFdDrWakeAftNon	Numeric	At what time(s) do you experience a food or drink tasting like something else?	Afternoon		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthFdDrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWakeEven	Numeric	At what time(s) do you experience a food or drink tasting like something else?	Evening		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWakeMorn	Numeric	At what time(s) do you experience a food or drink tasting like something else?	Morning		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWakeNight	Numeric	At what time(s) do you experience a	Night		1	Checked	Participants were only presented this question when

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		food or drink tasting like something else?					SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWakePNA	Numeric	At what time(s) do you experience a food or drink tasting like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWhenAsleep	Numeric	When do you experience a food or drink tasting like something else?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthFdDr.' (SenseOthFdDr == 1) All Variables with prefix "SenseOthFdDrWhen" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseOthFdDrWhenAwake	Numeric	When do you experience a food or drink tasting like something else?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthFdDr.' (SenseOthFdDr == 1) All Variables with prefix "SenseOthFdDrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWhenPNA	Numeric	When do you experience a food or drink tasting like something else?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthFdDr.' (SenseOthFdDr == 1) All Variables with prefix "SenseOthFdDrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWhenSlpWk	Numeric	When do you experience a food or drink tasting like something else?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'SenseOthFdDr.' (SenseOthFdDr == 1) All Variables with prefix "SenseOthFdDrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWhereIn	Numeric	Where are you when you experience a food or drink tasting like something else?	Indoors		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWhereOut	Numeric	Where are you when you experience a food or drink tasting like something else?	Outdoors		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthFdDrWherePNA	Numeric	Where are you when you experience a food or drink tasting like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWithAlone	Numeric	Do you experience a food or drink tasting like something else when you are alone or with other people?	Alone		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthFdDrWithOthers	Numeric	Do you experience a food or drink tasting like something else when you are alone or with other people?	With other people		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWith" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice
SenseOthFdDrWithPNA	Numeric	Do you experience a food or drink tasting like something else when you are alone or with other people?	Prefer Not to Answer		1	Checked	Participants were only presented this question when SenseOthFdDrWhenAwake == 1. All Variables with prefix "SenseOthFdDrWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNse	Numeric	Have you thought a real noise sounded like something else?			1 2 3	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthStim.' (SenseOthStim == 1.)
SenseOthNseDoLie	Numeric	What are you doing when you experience a noise sounding like something else?	Lying down		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthNseDoMove	Numeric	What are you doing when you experience a noise sounding like something else?	Moving around		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDoPNA	Numeric	What are you doing when you experience a noise sounding like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDoSit	Numeric	What are you doing when you experience a noise sounding like something else?	Sitting		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDo" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice
SenseOthNseDoStand	Numeric	What are you doing when you experience a noise sounding like something else?	Standing		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDoseAfter	Numeric	When do you experience a noise sounding like something else in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question if SensePDMed ==1 and SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDoseDue	Numeric	When do you experience a noise sounding like something else in relationship to taking your Parkinson's	Not long before I am due for my next dose		1	Checked	Participants were only presented this question if SensePDMed ==1 and SenseOthNseWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease medication(s)?					All Variables with prefix "SenseOthNseDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDoseNA	Numeric	When do you experience a noise sounding like something else in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question if SensePDMed ==1 and SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseDosePNA	Numeric	When do you experience a noise sounding like something else in relationship to taking your Parkinson's disease medication(s)?	Prefer not to answer		1	Checked	Participants were only presented this question if SensePDMed ==1 and SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseOften	Numeric				1	Every day	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		How often do you experience a real noise sounding like something else?			2	Almost every day	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthNse.' (SenseOthNse == 1.)
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseOthNseWakeAftNon	Numeric	At what time(s) do you experience a real noise sounding like something else when you are awake?	Afternoon		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWakeEven	Numeric	At what time(s) do you experience a real noise sounding like something else when you are awake?	Evening		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWakeMorn	Numeric	At what time(s) do you experience a real noise sounding like	Morning		1	Checked	Participants were only presented this question when

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		something else when you are awake?					SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWakeNight	Numeric	At what time(s) do you experience a real noise sounding like something else when you are awake?	Night		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWakePNA	Numeric	At what time(s) do you experience a real noise sounding like something else when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthNseWhenAsleep	Numeric	When do you experience a real noise sounding like something else?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthNse.' (SenseOthNse == 1.) All Variables with prefix "SenseOthNseWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWhenAwake	Numeric	When do you experience a real noise sounding like something else?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthNse.' (SenseOthNse == 1.) All Variables with prefix "SenseOthNseWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWhenPNA	Numeric	When do you experience a real noise sounding like something else?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthNse.' (SenseOthNse == 1.)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthNseWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWhenSlpWk	Numeric	Where are you when you experience a noise sounding like something else?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthNse.' (SenseOthNse == 1.) All Variables with prefix "SenseOthNseWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWhereIn	Numeric	Where are you when you experience a noise sounding like something else?	Indoors		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthNseWhereOut	Numeric	Where are you when you experience a noise sounding like something else?	Outdoors		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWherePNA	Numeric	Where are you when you experience a noise sounding like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWithAlone	Numeric	Do you experience a real noise sounding like something else when you are alone or with other people?	Alone		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWith" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice
SenseOthNseWithOthers	Numeric	Do you experience a real noise sounding like something else when you are alone or with other people?	With other people		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthNseWithPNA	Numeric	Do you experience a real noise sounding like something else when you are alone or with other people?	Prefer Not to Answer		1	Checked	Participants were only presented this question when SenseOthNseWhenAwake == 1. All Variables with prefix "SenseOthNseWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObj	Numeric	Have you thought a real object appeared to look like another object or person?			1 2 3	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthStim.' (SenseOthStim == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthObjDoLie	Numeric	What are you doing when you experience a real object looking like another object or person?	Lying down		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoMove	Numeric	What are you doing when you experience a real object looking like another object or person?	Moving around		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoPNA	Numeric	What are you doing when you experience a real object looking like another object or person?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjDo" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice
SenseOthObjDoSit	Numeric	What are you doing when you experience a real object looking like another object or person?	Sitting		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoStand	Numeric	What are you doing when you experience a real object looking like another object or person?	Standing		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoseAfter	Numeric	When do you experience an object looking like another object or person in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1 and SensePdMed == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthObjDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoseDue	Numeric	When do you experience an object looking like another object or person in relationship to taking your Parkinson's disease medication(s)?	Not long before I am due for my next dose		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseOthObjDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjDoseNA	Numeric	When do you experience an object looking like another object or person in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseOthObjDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthObjDosePNA	Numeric	When do you experience an object looking like another object or person in relationship to taking your Parkinson's disease medication(s)?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseOthObjDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjOften	Numeric	How often do you experience a real object looking like another object or person?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthObj.' (SenseOthObj == 1)
					2	Almost every day	
					3	Weekly	
					4	Rarely	
SenseOthObjWakeAftNon	Numeric	At what time(s) do you experience a real object looking like another object or person when you are awake?	Afternoon		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWakeEven	Numeric	At what time(s) do you experience a real object looking like	Evening		1	Checked	Participants were only presented this question when the variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		another object or person when you are awake?					SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWakeMorn	Numeric	At what time(s) do you experience a real object looking like another object or person when you are awake?	Morning		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWakeNight	Numeric	At what time(s) do you experience a real object looking like another object or person when you are awake?	Night		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseOthObjWakePNA	Numeric	At what time(s) do you experience a real object looking like another object or person when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWhenAsleep	Numeric	When do you experience a real object looking like another object or person?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthObj.' (SenseOthObj == 1) All Variables with prefix "SenseOthObjWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWhenAwake	Numeric	When do you experience a real object looking like another object or person?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthObj.' (SenseOthObj == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthObjWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWhenPNA	Numeric	When do you experience a real object looking like another object or person?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthObj.' (SenseOthObj == 1) All Variables with prefix "SenseOthObjWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWhenSlpWk	Numeric	When do you experience a real object looking like another object or person?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseOthObj.' (SenseOthObj == 1) All Variables with prefix "SenseOthObjWhen" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseOthObjWhereIn	Numeric	Where are you when you experience an object looking like another object or person?	Indoors		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWhereOut	Numeric	Where are you when you experience an object looking like another object or person?	Outdoors		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWherePNA	Numeric	Where are you when you experience an object looking like another object or person?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWhere"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWithAlone	Numeric	Do you experience a real object looking like another object or person when you are alone or with other people?	Alone		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWithOthers	Numeric	Do you experience a real object looking like another object or person when you are alone or with other people?	With other people		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1. All Variables with prefix "SenseOthObjWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthObjWithPNA	Numeric	Do you experience a real object looking like another object or person when you are alone or with other people?	Prefer Not to Answer		1	Checked	Participants were only presented this question when the variable SenseOthObjWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthObjWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdr	Numeric	Have you thought a real odor smelled like something else?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthStim.' (SenseOthStim == 1.)
					2	No	
					3	Prefer not to answer	
SenseOthOdrDoLie	Numeric	What are you doing when you experience a real odor smelling like something else?	Lying down		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrDoMove	Numeric	What are you doing when you experience a real odor smelling like something else?	Moving around		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrDo" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrDoPNA	Numeric	What are you doing when you experience a real odor smelling like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrDoSit	Numeric	What are you doing when you experience a real odor smelling like something else?	Sitting		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrDoStand	Numeric	What are you doing when you experience a real odor smelling like something else?	Standing		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SenseOthOdrDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrDoseAfter	Numeric	When do you experience a real odor smelling like something else in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1 and SensePdMed == 1.
SenseOthOdrDoseDue	Numeric	When do you experience a real odor smelling like something else in relationship to taking your Parkinson's disease medication(s)?	Not long before I am due for my next dose		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1 and SensePdMed == 1.
SenseOthOdrDoseNA	Numeric	When do you experience a real odor smelling like something else in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1 and SensePdMed == 1.
SenseOthOdrDosePNA	Numeric	When do you experience a real odor smelling like something else in relationship to taking your Parkinson's	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1 and SensePdMed == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease medication(s)?					
SenseOthOdrOften	Numeric	How often do you experience a real odor smelling like something else?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthOdr.' (SenseOthOdr == 1.)
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseOthOdrWakeAftNon	Numeric	At what time(s) do you experience a real odor smelling like something else when you are awake?	Afternoon		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWakeEven	Numeric	At what time(s) do you experience a real odor smelling like something else when you are awake?	Evening		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWakeMorn	Numeric	At what time(s) do you experience a real	Morning		1	Checked	Participants were only presented this question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		odor smelling like something else when you are awake?					when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWakeNight	Numeric	At what time(s) do you experience a real odor smelling like something else when you are awake?	Night		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWakePNA	Numeric	At what time(s) do you experience a real odor smelling like something else when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWake" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseOthOdrWhenAsleep	Numeric	When do you experience a real odor smelling like something else?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthOdr.' (SenseOthOdr == 1.) All Variables with prefix "SenseothOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWhenAwake	Numeric	When do you experience a real odor smelling like something else?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthOdr.' (SenseOthOdr == 1.) All Variables with prefix "SenseothOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWhenPNA	Numeric	When do you experience a real odor smelling like something else?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'SenseOthOdr.' (SenseOthOdr == 1.) All Variables with prefix "SenseothOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWhenSlpWk	Numeric	When do you experience a real odor smelling like something else?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseOthOdr.' (SenseOthOdr == 1.) All Variables with prefix "SenseothOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWhereIn	Numeric	Where are you when you experience a real odor smelling like something else?	Indoors		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWhere" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseOthOdrWhereOut	Numeric	Where are you when you experience a real odor smelling like something else?	Outdoors		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWherePNA	Numeric	Where are you when you experience a real odor smelling like something else?	Prefer not to answer		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWithAlone	Numeric	Do you experience a real odor smelling like something else when you are alone or with other people?	Alone		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWith"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWithOthers	Numeric	Do you experience a real odor smelling like something else when you are alone or with other people?	With other people		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthOdrWithPNA	Numeric	Do you experience a real odor smelling like something else when you are alone or with other people?	Prefer Not to Answer		1	Checked	Participants were only presented this question when the variable SenseOthOdrWhenAwake == 1. All Variables with prefix "SenseOthOdrWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseOthStim	Numeric	In the past month, have you thought a real stimulus (an object, odor, sound, or taste) was something else?			1 2 3	Yes No Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SensePDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?			1	Yes	
					2	No	
SensePDMed	Numeric	Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDDiag.' (SensePDDiag == 1)
					2	No	
SensePdMedAmatandine	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Amatandine (Symmetrel, Gocovri, or Osmolex ER)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedApomorphine	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Apomorphine (Apokyn)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedCardLevo	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Carbidopa-Levodopa (Sinemet, Sinemet CR, Sinemet Extended Release, Parcopa, Rytary, Stalevo)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedEntacapone	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Entacapone (Comtan)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SensePdMedInfusLevo	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Intestinal infusion of carbidopa-levodopa (Duopa, Duodopa)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedOther	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Take medication for Parkinson's disease, but none of the medications listed above		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedPramipexole	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Pramipexole (Mirapex or Mirapex ER)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix “SensePdMed” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedRasagiline	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Rasagiline (Azilect)		1	Checked	Participants were only presented this question if they responded ‘Yes’ to the question in Variable ‘SensePDMed.’ (SensePDMed == 1) All Variables with prefix “SensePdMed” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedRopinirole	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Ropinirole (Requip or Requip XL)		1	Checked	Participants were only presented this question if they responded ‘Yes’ to the question in Variable ‘SensePDMed.’ (SensePDMed == 1) All Variables with prefix “SensePdMed” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SensePdMedRotigotine	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Rotigotine (Neupro Patch)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedSafinamide	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Safinamide (Xadago)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedSelegiline	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Selegiline (Deprenyl, Eldepryl, Zelapar)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePdMedTrihexyphenidyl	Numeric	What medication(s) are you currently taking for your Parkinson's disease?	Trihexyphenidyl (Artane, Trihexane)		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePDMed.' (SensePDMed == 1) All Variables with prefix "SensePdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePresSome	Numeric	In the past month, have you felt the presence of someone or something nearby that you could not see and was not really there?			1	Yes	
					2	No	
					3	Prefer not to answer	
SensePresSomeDoLie	Numeric	What are you doing when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Lying down		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeDo" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoMove	Numeric	What are you doing when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Moving around		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoPNA	Numeric	What are you doing when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Prefer not to answer		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoSit	Numeric	What are you doing when you experience feeling the presence of someone or something nearby that you could not see	Sitting		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		and was not really there?					All Variables with prefix "SensePresSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoStand	Numeric	What are you doing when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Standing		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoseAfter	Numeric	When do you experience feeling the presence of someone or something nearby that you could not see and was not really there in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SensePresSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SensePresSomeDoseDue	Numeric	When do you experience feeling the presence of someone or something nearby that you could not see and was not really there in relationship to taking your Parkinson's disease medication(s)?	Not long before I am due for my next dose		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SensePresSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDoseNA	Numeric	When do you experience feeling the presence of someone or something nearby that you could not see and was not really there in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SensePresSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeDosePNA	Numeric	When do you experience feeling the presence of someone or something nearby that you could not see and was not really there in relationship to taking your	Prefer not to answer		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease medication(s)?					"SensePresSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeOften	Numeric	How often do you experience feeling the presence of someone or something nearby that you could not see and was not really there?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePresSome.' (SensePresSome == 1)
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SensePresSomeWakeAftNon	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	Afternoon		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWakeEven	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	Evening		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWake" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
SensePresSomeWakeMorn	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	Morning		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWakeNight	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	Night		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWakePNA	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really	Prefer not to answer		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		there when you are awake?					"SensePresSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWhen Asleep	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePresSome.' (SensePresSome == 1) All Variables with prefix "SensePresSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePresSomeWhen Awake	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePresSome.' (SensePresSome == 1) All Variables with prefix "SensePresSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SensePresSomeWhen PNA	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePresSome.' (SensePresSome == 1) All Variables with prefix "SensePresSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePresSomeWhen SlpWk	Numeric	At what time(s) do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are awake?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePresSome.' (SensePresSome == 1) All Variables with prefix "SensePresSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SensePresSomeWhere In	Numeric	Where are you when you experience feeling the presence of someone or something nearby that you could not see	Indoors		1	Checked	Participants were only presented this question when SensePresSomeWhen Awake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		and was not really there?					All Variables with prefix "SensePresSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWhereOut	Numeric	Where are you when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Outdoors		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWherePNA	Numeric	Where are you when you experience feeling the presence of someone or something nearby that you could not see and was not really there?	Prefer not to answer		1	Checked	Participants were only presented this question when SensePresSomeWhenAwake == 1. All Variables with prefix "SensePresSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWithAlone	Numeric	Do you experience feeling the presence of someone or	Alone		1	Checked	Participants were only presented this question when

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		something nearby that you could not see and was not really there when you are alone or with other people?					SensePresSomeWhen Awake == 1. All Variables with prefix "SensePresSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWithOthers	Numeric	Do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are alone or with other people?	With other people		1	Checked	Participants were only presented this question when SensePresSomeWhen Awake == 1. All Variables with prefix "SensePresSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SensePresSomeWithPNA	Numeric	Do you experience feeling the presence of someone or something nearby that you could not see and was not really there when you are alone or with other people?	Prefer not to answer		1	Checked	Participants were only presented this question when SensePresSomeWhen Awake == 1. All Variables with prefix "SensePresSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SensePrtnUnfth	Numeric	In the past month, have you worried that your spouse or significant other might be unfaithful to you? Please respond no if you do not have a spouse or significant other.			1	Yes	
					2	No	
					4	Prefer not to answer	
SensePrtnUnfthAct	Numeric	Have you acted on the belief(s) that your spouse or significant other might be unfaithful to you?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePrtnUnfth.' (SensePrtnUnfth ==1).
					2	No	
					4	Prefer not to answer	
SensePrtnUnfthOften	Numeric	How often have you worried that your spouse or significant other might be unfaithful to you?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SensePrtnUnfth.' (SensePrtnUnfth ==1).
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseRplcSm	Numeric	In the past month, have you felt that someone you know has been replaced by an imposter or double?			1	Yes	
					2	No	
					4	Prefer not to answer	
SenseRplcSmAct	Numeric	Have you acted on the belief(s) that someone you know has been replaced by an imposter or double?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseRplcSm.' (SenseRplcSm ==1).
					2	No	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseRplcSmOften	Numeric	How often have you felt that someone you know has been replaced by an imposter or double?			1	Every day	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseRplcSm.' (SenseRplcSm ==1).
					2	Almost every day	
					3	Weekly	
					4	Rarely	
					5	Prefer not to answer	
SenseSeeSome	Numeric	In the past month, have you seen something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?			1	Yes	
					2	No	
					3	Prefer not to answer	
SenseSeeSomeDoLie	Numeric	What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Lying down		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoMove	Numeric	What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Moving around		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeDo"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoPNA	Numeric	What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoSit	Numeric	What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Sitting		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoStand	Numeric	What are you doing when you experience seeing something (such as a shadow, person, or animal) that was not actually	Standing		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		there, pass out of the corner of your eye?					All Variables with prefix "SenseSeeSomeDo" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoseAfter	Numeric	When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye in relationship to taking your Parkinson's disease medication(s)?	Not long after taking a dose		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseSeeSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDoseDue	Numeric	When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye in relationship to taking your Parkinson's disease medication(s)?	Not long before I am due for my next dose		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseSeeSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseSeeSomeDoseNA	Numeric	When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye in relationship to taking your Parkinson's disease medication(s)?	I do not notice any relationship		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseSeeSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeDosePNA	Numeric	When do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye in relationship to taking your Parkinson's disease medication(s)?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1 and SensePdMed == 1. All Variables with prefix "SenseSeeSomeDose" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeOften	Numeric	How often do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseSeeSome.' (SenseSeeSome ==1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseSeeSomeWakeAftNon	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Afternoon		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWakeEven	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Evening		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWakeMorn	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Morning		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWake" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice
SenseSeeSomeWakeNight	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Night		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWakePNA	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWake" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWhenAsleep	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeSome.' (SenseSeeSome == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		corner of your eye when you are awake?					All Variables with prefix "SenseSeeSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWhenAwake	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeSome.' (SenseSeeSome == 1) All Variables with prefix "SenseSeeSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWhenPNA	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeSome.' (SenseSeeSome == 1) All Variables with prefix "SenseSeeSomeWhen" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseSeeSomeWhenSlpWk	Numeric	At what time(s) do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are awake?	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeSome.' (SenseSeeSome == 1) All Variables with prefix "SenseSeeSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWhereIn	Numeric	Where are you when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Indoors		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWhereOut	Numeric	Where are you when you experience seeing something (such as a shadow, person, or animal) that was not actually	Outdoors		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		there, pass out of the corner of your eye?					All Variables with prefix "SenseSeeSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWherePNA	Numeric	Where are you when you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye?	Prefer not to answer		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWhere" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWithAlone	Numeric	Do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are alone or with other people?	Alone		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWithOthers	Numeric	Do you experience seeing something (such as a shadow,	With other people		1	Checked	Participants were only presented this question when

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		person, or animal) that was not actually there, pass out of the corner of your eye when you are alone or with other people?					SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeSomeWithPNA	Numeric	Do you experience seeing something (such as a shadow, person, or animal) that was not actually there, pass out of the corner of your eye when you are alone or with other people?	Prefer Not to Answer		1	Checked	Participants were only presented this question when SenseSeeSomeWhenAwake == 1. All Variables with prefix "SenseSeeSomeWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeThg	Numeric	In the past month, have you seen things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else.			1 2 3	Yes No Prefer not to answer	
SenseSeeThgOften	Numeric	How often do you experience seeing things that other people cannot see or			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		tell you are not really there?					'SenseSeeThg.'(Sense SeeThg ==1).
SenseSeeThgWhenAsleep	Numeric	When do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else. (Select all that apply)	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeThg.'(Sense SeeThg ==1). All Variables with prefix "SenseSeeThgWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseSeeThgWhenAwake	Numeric	When do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else. (Select all that apply)	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeThg.'(Sense SeeThg ==1). All Variables with prefix "SenseSeeThgWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
SenseSeeThgWhenPNA	Numeric	When do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else. (Select all that apply)	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeThg.'(SenseSeeThg ==1). All Variables with prefix "SenseSeeThgWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseSeeThgWhenSlpWk	Numeric	When do you experience seeing things that other people cannot see or tell you are not really there? This does not include mistaking a real object for something else. (Select all that apply)	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSeeThg.'(SenseSeeThg ==1). All Variables with prefix "SenseSeeThgWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseSmlOdr	Numeric	In the past month, have you smelled odors that other people cannot smell			1 2 3	Yes No Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		or tell you are not really there?					
SenseSmlOdrOften	Numeric	How often do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSmlODr.'(SenseSmlOdr ==1).
SenseSmlOdrWhenAsleep	Numeric	When do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSmlODr.'(SenseSmlOdr ==1). All Variables with prefix "SenseSmlOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseSmlOdrWhenAwake	Numeric	When do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSmlODr.'(SenseSmlOdr ==1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		mistaking a real odor for something else.					All Variables with prefix "SenseSmlOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseSmlOdrWhenPNA	Numeric	When do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSmlODr.'(SenseSmlOdr ==1). All Variables with prefix "SenseSmlOdrWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseSmlOdrWhenSlpWk	Numeric	When do you experience smelling odors that other people cannot smell or tell you are not really there? This does not include mistaking a real odor for something else.	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseSmlODr.'(SenseSmlOdr ==1). All Variables with prefix "SenseSmlOdrWhen" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice.
SenseTchYou	Numeric	In the past month, have you had the sensation that someone or something was touching you when nothing was really there?			1 2 3	Yes No Prefer not to answer	
SenseTchYouOften	Numeric	How often do you experience the sensation that someone or something was touching you when nothing was really there?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseTchYou.'(SenseTchYou ==1).
SenseTchYouWhenAsleep	Numeric	When do you experience the sensation that someone or something was touching you when nothing was really there?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseTchYou.'(SenseTchYou ==1). All Variables with prefix "SenseTchYouWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseTchYouWhenAwake	Numeric	When do you experience the	When awake		1	Checked	Participants were only presented this question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		sensation that someone or something was touching you when nothing was really there?					if they responded 'Yes' to the question in Variable 'SenseTchYou.'(SenseTchYou ==1). All Variables with prefix "SenseTchYouWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseTchYouWhenPNA	Numeric	When do you experience the sensation that someone or something was touching you when nothing was really there?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseTchYou.'(SenseTchYou ==1). All Variables with prefix "SenseTchYouWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseTchYouWhenSlpWk	Numeric	When do you experience the sensation that someone or something was touching you when	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseTchYou.'(SenseTchYou

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		nothing was really there?					==1). All Variables with prefix "SenseTchYouWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
SenseTstSome	Numeric	In the past month, have you had the sensation of tasting something for no reason when you were not eating or drinking?			1 2 3	Yes No Prefer not to answer	
SenseTstSomeOften	Numeric	How often do you experience the sensation of tasting something for no reason when you were not eating or drinking?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseTstSome.' (SenseTstSome == 1)
SenseTstSomeWhenAsleep	Numeric	When do you experience the sensation of tasting something for no reason when you were not eating or drinking?	When asleep		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseTstSome.' (SenseTstSome == 1) All Variables with prefix "SenseTstSomeWhen" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice
SenseTstSomeWhenAwake	Numeric	When do you experience the sensation of tasting something for no reason when you were not eating or drinking?	When awake		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseTstSome.' (SenseTstSome == 1) All Variables with prefix "SenseTstSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseTstSomeWhenPNA	Numeric	When do you experience the sensation of tasting something for no reason when you were not eating or drinking?	Prefer not to answer		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'SenseTstSome.' (SenseTstSome == 1) All Variables with prefix "SenseTstSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseTstSomeWhenSlpWk	Numeric	When do you experience the sensation of tasting something for no reason when you	When falling asleep or waking up		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		were not eating or drinking?					'SenseTstSome.' (SenseTstSome == 1) All Variables with prefix "SenseTstSomeWhen" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice
SenseUnusCom	Numeric	In the past month, have you believed that others were communicating with you in an unusual way (e.g. telepathically)?			1 2 4	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseUnusCom.' (SenseUnusCom ==1).
SenseUnusComAct	Numeric	Have you acted on the belief(s) that others were communicating with you in an unusual way (e.g. telepathically)?			1 2 4	Yes No Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseUnusCom.' (SenseUnusCom ==1).
SenseUnusComOften	Numeric	How often have you believed that others were communicating with you in an unusual way (e.g. telepathically)?			1 2 3 4 5	Every day Almost every day Weekly Rarely Prefer not to answer	Participants were only presented this question if they responded 'Yes' to the question in Variable 'SenseUnusCom.' (SenseUnusCom ==1).

Telemedicine Verification Sub-Study (FIVE)

Table Description: Fox Insight Telemedicine Verification Sub-Study

Details: The data described below was collected as part of the Fox Insight Telemedicine Verification ("FIVE") sub-study, in collaboration with the University of Rochester. U.S.-based Fox Insight participants were invited to enrosll in the sub-study, and 203 participants completed the study. The purpose of this study was to corroborate the accuracy of self-reported PD diagnoses as well as to appraise the reliability of self-reported health data, and to gauge the level of enthusiasm among participants for engaging in video-based research studies.

In addition to video-based visits conducted by research team members at the University of Rochester, participants in this sub-study completed a series of questionnaires primarily pertaining to demographic information, PD symptoms, and PD diagnosis. Participants were divided into Five approximately equal cohorts were enrolled; four cohorts with self-reported PD of varying durations diagnosis of varying lengths, and one without PD. During the virtual video-based visits, the investigator reviewed medications, collected a health history, and performed a modified MDS-UPDRS motor examination among other tests. A manuscript detailing findings from the study can be located here: [link].

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEAgeMin	Numeric	Is the potential participant at least 18 years of age?		1	Yes	
FIVECONMEDCheck	Numeric	Any Current Medications		0	No	
				1	Yes	
FIVECONMEDNum	Numeric	Number of Medications			Number Text	
FIVECONMEDUnit1	Numeric	Dose unit 1		0	application	
FIVECarbidopaCurrent	Numeric	Are you still taking Carbidopa/Levodopa?		0	No	
				1	Yes	
FIVECarbidopaHelped	Numeric	Do you feel that Carbidopa/Levodopa helped?		0	No	
				1	Yes	
				2	Don't know	
FIVECarbidopaStillhelp	Numeric	Is Carbidopa/Levodopa still helping?		0	No	
				1	Yes	
				2	Don't know	
FIVEConditionPreclude	Numeric	Is there a medical or		0	No	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		psychiatric condition that would preclude participation?		1	Yes	
FIVECurrentdxAD	Numeric	Alzheimer's disease		0	Unchecked	
FIVECurrentdxCort	Numeric	Cortical Basal Ganglionic Degeneration		0	Unchecked	
FIVECurrentdxDLB	Numeric	Dementia with Lewy Bodies or DLB		0	Unchecked	
FIVECurrentdxDont	Numeric	Don't know		0	Unchecked	
				1	Checked	
FIVECurrentdxET	Numeric	Essential tremor		0	Unchecked	
				1	Checked	
FIVECurrentdxMSA	Numeric	Multiple system atrophy or MSA		0	Unchecked	
				1	Checked	
FIVECurrentdxNigro	Numeric	Nigrostriatal degeneration		0	Unchecked	
FIVECurrentdxNone	Numeric	No neurologic disease		0	Unchecked	
FIVECurrentdxOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVECurrentdxPSP	Numeric	Progressive supranuclear palsy or PSP		0	Unchecked	
				1	Checked	
FIVECurrentdxShy	Numeric	Shy Drager syndrome		0	Unchecked	
FIVEDiagAge	Numeric	How old were you when a doctor first diagnosed you with Parkinson's Disease?			Age Text	
FIVEEducation	Numeric	What is the highest level of education that you have completed?		1	Doctorate degree (PhD, EdD, etc)	
				2	Professional school degree (MD, DDC,	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					JD, etc)	
				3	Master's degree	
				4	Bachelor's degree	
				5	Associate's degree	
				6	Some college (1-4 years, no degree)	
				7	High school diploma (GED or equivalent)	
				8	Some high school	
				10	Prefer not to answer	
FIVEEligibility	Numeric	Does the participant meet all eligibility criteria for participation?		0	No	
				1	Yes	
FIVEEmployment	Numeric	What is your current employment status?		1	Employed, full-time	
				2	Employed, part-time	
				3	Homemaker	
				4	Retired	
				5	Disabled (unable to work)	
				6	Unemployed	
				7	Prefer not to answer	
FIVEEnglish	Numeric	Is the potential participant fluent in English?		1	Yes	
FIVEEthnicity	Numeric	What is your ethnicity?		1	Hispanic / Latino	
				2	Not Hispanic / Latino	
				3	Prefer not to answer	
FIVEFamParkinsonBro	Numeric	Full biological brother		0	Unchecked	
				1	Checked	
FIVEFamParkinsonDaug	Numeric	Biological daughter		0	Unchecked	
FIVEFamParkinsonFath	Numeric	Biological father		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVEFamParkinsonMoth	Numeric	Biological mother		0	Unchecked	
				1	Checked	
FIVEFamParkinsonSis	Numeric	Full biological sister		0	Unchecked	
				1	Checked	
FIVEFamParkinsonSon	Numeric	Biological son		0	Unchecked	
FIVEIcProvided	Numeric	Has the participant provided informed consent?		1	Yes	
FIVEIncome	Numeric	What is your household income?		1	Less than $20,000	
				2	$20,000 to $34,999	
				3	$35,000 to $49,999	
				4	$50,000 to $74,999	
				5	$75,000 to $99,000	
				6	More than $100,000	
				7	Prefer not to answer	
FIVEIndivResults	Numeric	Would you like to receive a summary of your research participation?		0	No	
				1	Yes	
FIVEIndivResultsAmend	Numeric	Would you like to receive a summary of your research participation?		0	No	
				1	Yes	
FIVELiveAdult	Numeric	Adult child/children		0	Unchecked	
				1	Checked	
FIVELiveAlone	Numeric	No one		0	Unchecked	
				1	Checked	
FIVELiveCare	Numeric	Paid in-home care provider/aide		0	Unchecked	
				1	Checked	
FIVELiveMinor	Numeric	Minor child/children		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVELiveOthFam	Numeric	Another related individual		0	Unchecked	
				1	Checked	
FIVELiveSpouse	Numeric	Spouse, partner, or significant other		0	Unchecked	
				1	Checked	
FIVELiving	Numeric	Which of the following describes your current living situation?		1	Skilled nursing facility	
				2	Assisted living facility	
				3	Reside in the community (e.g., private home, apartment)	
FIVEMOCA1	Numeric	Trail Making		0		
				1		
FIVEMOCA10a	Numeric	Orientation - Date		0		
				1		
FIVEMOCA10b	Numeric	Orientation - Month		0		
				1		
FIVEMOCA10c	Numeric	Orientation - Year		0		
				1		
FIVEMOCA10d	Numeric	Orientation - Day		0		
				1		
FIVEMOCA10e	Numeric	Orientation - Place		0		
				1		
FIVEMOCA10f	Numeric	Orientation - City		0		

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1		
FIVEMOCA2	Numeric	Visuoconstructional Skills (Cube)		0		
				1		
FIVEMOCA3a	Numeric	Visuoconstructional Skills (Clock) - Contour		0		
				1		
FIVEMOCA3b	Numeric	Visuoconstructional Skills (Clock) - Numbers		0		
				1		
FIVEMOCA3c	Numeric	Visuoconstructional Skills (Clock) - Hands		0		
				1		
FIVEMOCA4a	Numeric	Naming - Animal 1		0		
				1		
FIVEMOCA4b	Numeric	Naming - Animal 2		0		
				1		
FIVEMOCA4c	Numeric	Naming - Animal 3		1		
FIVEMOCA5a	Numeric	Attention - Forward Digit Span		0		
				1		
FIVEMOCA5b	Numeric	Attention - Backward Digit Span		0		
				1		
FIVEMOCA5c	Numeric	Attention - Vigilance		0		
				1		
FIVEMOCA5d	Numeric	Attention - Serial 7s [3 point maximum]		0		
				1		
				2		

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				3		
FIVEMOCA6	Numeric	Sentence Repetition (Language) [2 point maximum]		0		
				1		
				2		
FIVEMOCA7	Numeric	Verbal Fluency		0		
				1		
FIVEMOCA8	Numeric	Abstraction [2 point maximum]		0		
				1		
				2		
FIVEMOCA9a	Numeric	Delayed Recall - Word 1		0		
				1		
FIVEMOCA9b	Numeric	Delayed Recall - Word 2		0		
				1		
FIVEMOCA9c	Numeric	Delayed Recall - Word 3		0		
				1		
FIVEMOCA9d	Numeric	Delayed Recall - Word 4		0		
				1		
FIVEMOCA9e	Numeric	Delayed Recall - Word 5		0		
				1		
FIVEMOCAEdu	Numeric	MoCA Education <= 12 yr?		0		
				1		
FIVEMOCAScore1	Numeric	Preliminary Score				
FIVEMOCAScore2	Numeric	Score				

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEMarital	Numeric	What is your current marital status?		1	Single, never married	
				2	Married or domestic partnership	
				3	Widowed	
				4	Divorced	
				5	Separated	
				6	Prefer not to answer	
FIVEMedChanges	Numeric	Have there been any changes in the potential participant's medications since completion of the baseline Fox Insight study visit?		0	No	
				1	Yes	
FIVEMedsEverPDAzil	Numeric	Rasagiline or Azilect		0	Unchecked	
				1	Checked	
FIVEMedsEverPDCard	Numeric	Carbidopa/levodopa (Sinemet, Stalevo, Parcopa)		0	Unchecked	
				1	Checked	
FIVEMedsEverPDNoA	Numeric	None of the above		0	Unchecked	
				1	Checked	
FIVEMedsEverPDPero	Numeric	Permax or Pergolide		0	Unchecked	
				1	Checked	
FIVEMedsEverPDPram	Numeric	Mirapex or Pramipexole		0	Unchecked	
				1	Checked	
FIVEMedsEverPDRopin	Numeric	Requip or Ropinirole		0	Unchecked	
				1	Checked	
FIVEMedsEverPDSeleg	Numeric	Eldepryl or Selegiline		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEMirapexCurrent	Numeric	Are you still taking Mirapex or Pramipexole?		0	No	
				1	Yes	
FIVEMirapexHelped	Numeric	Do you feel that Mirapex or Pramipexole helped?		0	No	
				1	Yes	
				2	Don't know	
FIVEMirapexStillhelp	Numeric	Is Mirapex or Pramipexole still helping?		1	Yes	
				2	Don't know	
FIVENonMoveFall	Numeric	Did you fall during the last month?		0	I did not fall	
				1	I fell rarely--less than once a week	
				2	I fell occasionally--at least once a week but less than once per day	
				3	I fell about once daily	
				4	I fell more than once daily	
FIVEPCPSharingAmend	Numeric	Would you like the study team to share this summary with your primary care provider?		0	No	
				1	Yes	
FIVEPDBalance	Numeric	Is your balance poor?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDBalanceAge	Numeric	How old were you when your balance became poor?				
FIVEPDBrother	Numeric	Does more than one biological brother have Parkinson's Disease?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPDBrotherNumber	Numeric	How many biological brothers have Parkinson's Disease?		2		
FIVEPDButtons	Numeric	Do you have trouble buttoning buttons?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDButtonsAge	Numeric	How old were you when you started having trouble buttoning buttons?				
FIVEPDChairAge	Numeric	How old were you when you started having trouble rising from a chair?				
FIVEPDChairRise	Numeric	Do you have trouble rising from a chair?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDConfirmed	Numeric	Was your current diagnosis of Parkinson's Disease or other condition made by or confirmed by a neurologist?		1	Yes	
				2	Don't know	
FIVEPDDx	Numeric	Has your doctor ever diagnosed you with Parkinson's Disease?		0	No	
				1	Yes	
FIVEPDDxchange	Numeric	Has your diagnosis changed?		1	No, still Parkinson disease	
				2	Yes	
				3	Don't know	
FIVEPDExpression	Numeric	Do people tell you that your face seems less expressive than it once did?		0	No	
				1	Yes	
				2	Don't know	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPDExpressionAge	Numeric	How old were you when your face became less expressive?				
FIVEPDFamily	Numeric	Has anyone else in your immediate family ever been told by a doctor that they have Parkinson's disease?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDHandwriting	Numeric	Is your handwriting smaller than it once was?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDHandwritingAge	Numeric	How old were you when your handwriting became smaller?				
FIVEPDMoveslow	Numeric	Do you move more slowly than other people your age?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDMoveslowAge	Numeric	How old were you when you started moving more slowly than other people your age?				
FIVEPDMvmtspec	Numeric	Was the neurologist a movement disorders specialist?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDShake	Numeric	Do your arms or legs shake?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDShakeAge	Numeric	How old were you when your arms or legs started shaking?				
FIVEPDShuffle	Numeric	Do you shuffle your feet and/or take tiny steps when		0	No	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		you walk?		1	Yes	
				2	Don't know	
FIVEPDShuffleAge	Numeric	How old were you when you started shuffling your feet?				
FIVEPDSister	Numeric	Does more than one biological sister have Parkinson's Disease?		0	No	
FIVEPDStuck	Numeric	Do your feet ever seem to get stuck to the floor?				
				0	No	
				1	Yes	
				2	Don't know	
FIVEPDStuckAge	Numeric	How old were you when you started feeling like your feet get stuck to the floor?				
FIVEPDUnilat	Numeric	Did any of the above symptoms start on only one side of your body?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDUnilatSeverity	Numeric	Were any of the above symptoms ever more severe on one side of your body compared to the other side?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDVoice	Numeric	Do people tell you your voice is softer than it once was?		0	No	
				1	Yes	
				2	Don't know	
FIVEPDVoiceAge	Numeric	How old were you when your voice became softer?				
FIVEPartIPatWho	Numeric	Who is filling out this questionnaire (check the best answer):		1	Patient	
				2	Caregiver	
				3	Patient and Caregiver in Equal Proportion	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPermaxCurrent	Numeric	Are you still taking Permax or Pergolide?		0	No	
FIVEPermaxHelped	Numeric	Do you feel that Permax or Pergolide helped?		0	No	
FIVEPrescreen	Numeric	Has the participant met all of the pre-screening criteria (with exception of possession of a webcam)?		1	Yes	
FIVERace	Numeric	What is your race?		2	Asian	
				3	Black or African American	
				5	White	
				6	More than one race	
				7	Prefer not to answer	
FIVERasagilineCurrent	Numeric	Are you still taking Rasagiline or Azilect?		0	No	
				1	Yes	
				2	Don't know	
FIVERasagilineHelped	Numeric	Do you feel that Rasagiline or Azilect helped?		0	No	
				1	Yes	
				2	Don't know	
FIVERasagilineStillhelp	Numeric	Is Rasagiline or Azilect still helping?		0	No	
				1	Yes	
				2	Don't know	
FIVERecontact	Numeric	May your study doctor, or someone from the study team, contact you in the future to see if you would like to participate in other research?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVERecontactAmend	Numeric	May your study doctor, or someone from the study team, contact you in the future to see if you would like to participate in other research		1	Yes	
FIVERequipCurrent	Numeric	Are you still taking Requip or Ropinirole?		0	No	
				1	Yes	
FIVERequipHelped	Numeric	Do you feel that Requip or Ropinirole helped?		0	No	
				1	Yes	
				2	Don't know	
FIVERequipStillhelp	Numeric	Is Requip or Ropinirole still helping?		0	No	
				1	Yes	
				2	Don't know	
FIVESceeningEligibility	Numeric	Is the participant eligible and willing to participate in the Fox Insight Validation Study?		0	No	
				1	Yes	
FIVESelegilineCurrent	Numeric	Are you still taking Eldepryl or Selegiline?		0	No	
				1	Yes	
FIVESelegilineHelped	Numeric	Do you feel that Eldepryl or Selegiline helped?		0	No	
				1	Yes	
				2	Don't know	
FIVESelegilineStillhelp	Numeric	Is Eldepryl or Selegiline still helping?		1	Yes	
				2	Don't know	
FIVESex	Numeric	Sex		1	Male	
				2	Female	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVETech	Numeric	Does the potential participant have access to a non-public, internet-enabled device that will support participation in virtual visits?		0	No	
				1	Yes	
FIVETimeWill	Numeric	Is the potential participant able and willing to complete all study activities within 6 weeks of completing their baseline Fox Insight study visit?		0	No	
				1	Yes	
FIVEUPDRS1_10	Numeric	Over the past week, have you had trouble with urine control? For example, an urgent need to urinate, a need to urinate too often, or urine accidents?		0	Normal: No urine control problems	
				1	Slight: I need to urinate often or urgently. However, these problems do not cause difficulties with my daily activities	
				2	Mild: Urine problems cause some difficulties with my daily activities. However, I do not have urine accidents	
				3	Moderate: Urine problems cause a lot of difficulties with my daily activities, including urine accidents	
				4	Severe: I cannot control my urine and	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					use a protective garment or have a bladder tube	
FIVEUPDRS1_11	Numeric	Over the past week have you had constipation troubles that cause you difficulty moving your bowels?		0	Normal: No constipation	
				1	Slight: I have been constipated. I use extra effort to move my bowels. However, this problem does not disturb my activities or my being comfortable	
				2	Mild: Constipation causes me to have some troubles doing things or being comfortable	
				3	Moderate: Constipation causes me to have a lot of trouble doing things or being comfortable. However, it does not stop me from doing	
				4	Severe: I usually need physical help from someone else to empty my bowels.	
FIVEUPDRS1_12	Numeric	Over the past week, have you felt faint, dizzy or foggy when you stand up after		0	Normal: No dizzy or foggy feelings	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		sitting or lying down?		1	Slight: Dizzy or foggy feelings occur. However, they do not cause me troubles doing things	
				2	Mild: Dizzy or foggy feelings cause me to hold on to something, but I do not need to sit or lie back down	
				3	Moderate: Dizzy or foggy feelings cause me to sit or lie down to avoid fainting or falling	
				4	Severe: Dizzy or foggy feelings cause me to fall or faint	
FIVEUPDRS1_13	Numeric	Over the past week, have you usually felt fatigued? This feeling is not part of being sleepy or sad		0	Normal: No fatigue	
				1	Slight: Fatigue occurs. However it does not cause me troubles doing things or being with people	
				2	Mild: Fatigue causes me some troubles doing things or being with people	
				3	Moderate: Fatigue causes me a lot of troubles doing things or being with	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					people. However, it does not stop me from doing anything	
				4	Severe: Fatigue stops me from doing things or being with people	
FIVEUPDRS1_7	Numeric	Over the past week, have you had trouble going to sleep at night or staying asleep through the night?		0	Normal: No problems	
				1	Slight: Sleep problems are present but usually do not cause trouble getting a full night of sleep	
				2	Mild: Sleep problems usually cause some difficulties getting a full night of sleep	
				3	Moderate: Sleep problems cause a lot of difficulties getting a full night of sleep, but I still usually sleep for more than half the night	
				4	Severe: I usually do not sleep for most of the night	
FIVEUPDRS1_8	Numeric	Over the past week, have you had trouble staying awake during the daytime?		0	Normal: No daytime sleepiness	
				1	Slight: Daytime sleepiness occurs	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					but I can resist and I stay awake	
				2	Mild: Sometimes I fall asleep when alone and relaxing. For example, while reading or watching TV	
				3	Moderate: I sometimes fall asleep when I should not. For example, while eating or talking with other people	
				4	Severe: I often fall asleep when I should not. For example, while eating or talking with other people	
FIVEUPDRS1_9	Numeric	Over the past week, have you had uncomfortable feelings in your body like pain, aches, tingling or cramps?		0	Normal: No uncomfortable feelings	
				1	Slight: I have these feelings. However, I can do things and be with other people without difficulty	
				2	Mild: These feelings cause some problems when I do things or am with other people	
				3	Moderate: These	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					feelings cause a lot of problems, but they do not stop me from doing things or being with other people	
				4	Severe: These feelings stop me from doing things or being with other people	
				10		
FIVEUPDRS2_1	Numeric	Over the past week, have you had problems with your speech?		0	Normal: Not at all (no problems)	
				1	Slight: My speech is soft, slurred or uneven, but it does not cause others to ask me to repeat myself	
				2	Mild: My speech causes people to ask me to occasionally repeat myself, but not everyday	
				3	Moderate: My speech is unclear enough that others ask me to repeat myself every day even though most of my speech is understood	
				4	Severe: Most or all of my speech cannot	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					be understood	
FIVEUPDRS2_10	Numeric	Over the past week, have you usually had shaking or tremor?		0	Normal: Not at all.I have no shaking or tremor	
				1	Slight: Shaking or tremor occurs but does not cause problems with any activities	
				2	Mild: Shaking or tremor causes problems with only a few activities	
				3	Moderate: Shaking or tremor causes problems with many of my daily activities	
				4	Severe: Shaking or tremor causes problems with most or all activities	
FIVEUPDRS2_11	Numeric	Over the past week, have you usually had trouble getting out of bed, a car seat, or a deep chair?		0	Normal: Not at all (no problems)	
				1	Slight: I am slow or awkward, but I usually can do it on my first try	
				2	Mild: I need more than one try to get up or need occasional help	
				3	Moderate: I	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					sometimes need help to get up, but most times I can still do it on my own	
				4	Severe: I need help most or all of the time	
FIVEUPDRS2_12	Numeric	Over the past week, have you usually had problems with balance and walking?		0	Normal: Not at all (no problems)	
				1	Slight: I am slightly slow or may drag a leg.I never use a walking aid	
				2	Mild: I occasionally use a walking aid, but I do not need any help from another person	
				3	Moderate: I usually use a walking aid (cane, walker) to walk safely without falling.However, I do not usually need the support of another person	
				4	Severe: I usually use the support of another person to walk safely without falling	
FIVEUPDRS2_13	Numeric	Over the past week, on your usual day when walking, do you suddenly stop or freeze as if your feet are stuck to the		0	Normal: Not at all (no problems)	
				1	Slight: I briefly	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		floor.			freeze but I can easily start walking again.I do not need help from someone else or a walking aid (cane or walker) because of freezing	
				2	Mild: I freeze and have trouble starting to walk again, but I do not need someone's help or a walking aid (cane or walker) because of freezing	
				3	Moderate: When I freeze I have a lot of trouble starting to walk again and, because of freezing, I sometimes need to use a walking aid or need someone else's help	
				4	Severe: Because of freezing, most or all of the time, I need to use a walking aid or someone's help	
FIVEUPDRS2_2	Numeric	Over the past week, have you usually had too much saliva during when you are awake or when you sleep?		0	Normal: Not at all (no problems)	
				1	Slight: I have too much saliva, but do not drool	
				2	Mild: I have some	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					drooling during sleep, but none when I am awake	
				3	Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief	
				4	Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes	
FIVEUPDRS2_3	Numeric	Over the past week, have you usually had problems swallowing pills or eating meals? Do you need your pills cut or crushed or your meals to be made soft, chopped or blended to avoid choking?		0	Normal: No problems	
				1	Slight: I am aware of slowness in my chewing or increased effort at swallowing, but I do not choke or need to have my food specially prepared	
				2	Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, but I have not choked over the past week	
				3	Moderate: I choked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					at least once in the past week	
				4	Severe: Because of chewing and swallowing problems, I need a feeding tube	
FIVEUPDRS2_4	Numeric	Over the past week, have you usually had troubles handling your food and using eating utensils? For example, do you have trouble handling finger foods or using forks, knifes, spoons, chopsticks?		0	Normal: Not at all (No problems)	
				1	Slight: I am slow, but I do not need any help handling my food and have not had food spills while eating	
				2	Mild: I am slow with my eating and have occasional food spills.I may need help with a few tasks such as cutting meat	
				3	Moderate: I need help with many eating tasks but can manage some alone	
FIVEUPDRS2_5	Numeric	Over the past week, have you usually had problems dressing? For example, are you slow or do you need help with buttoning, using zippers, putting on or taking off your clothes or jewelry?		0	Normal: Not at all (no problems)	
				1	Slight: I am slow but I do not need help	
				2	Mild: I am slow and need help for a few dressing tasks	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					(buttons, bracelets)	
				3	Moderate: I need help for many dressing tasks	
				4	Severe: I need help for most or all dressing tasks	
FIVEUPDRS2_6	Numeric	Over the past week, have you usually been slow or do you need help with washing, bathing, shaving, brushing teeth, combing your hair or with other personal hygiene?		0	Normal: Not at all (no problems)	
				1	Slight: I am slow but I do not need any help	
				2	Mild: I need someone else to help me with some hygiene tasks	
				3	Moderate: I need help for many hygiene tasks	
FIVEUPDRS2_7	Numeric	Over the past week, have people usually had trouble reading your handwriting?		0	Normal: Not at all (no problems)	
				1	Slight: My writing is slow, clumsy or uneven, but all words are clear	
				2	Mild: Some words are unclear and difficult to read	
				3	Moderate: Many words are unclear and difficult to read	
				4	Severe: Most or all words cannot be	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					read	
FIVEUPDRS2_8	Numeric	Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?		0	Normal: Not at all (no problems)	
				1	Slight: I am a bit slow but do these activities easily	
				2	Mild: I have some difficulty doing these activities	
				3	Moderate: I have major problems doing these activities, but still do most	
				4	Severe: I am unable to do most or all of these activities	
FIVEUPDRS2_9	Numeric	Over the past week, do you usually have trouble turning over in bed?		0	Normal: Not at all (no problems)	
				1	Slight: I have a bit of trouble turning, but I do not need any help	
				2	Mild I have a lot of trouble turning and need occasional help from someone else	
				3	Moderate: To turn over I often need help from someone else	
				4	Severe: I am unable to turn over without	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					help from someone else	
FIVEUSRes	Numeric	Does the potential participant reside in the U.S.?		1	Yes	
FIVEVeteran	Numeric	Are you a Veteran?		1	Yes	
				2	No	
				3	Prefer not to answer	
FIVEWebcam	Numeric	Does the potential participant require a webcam to enable participation?		0	No	
				1	Yes	
FIVECONMEDFreq10	Numeric	Dose Frequency 10		0	QD	
				1	BID	
				2	TID	
				4	Five times daily	
				7	Prn	
				10	QWeek	
FIVECONMEDFreq11	Numeric	Dose Frequency 11		0	QD	
				1	BID	
				3	QID	
				7	Prn	
				10	QWeek	
FIVECONMEDFreq12	Numeric	Dose Frequency 12		0	QD	
				1	BID	
				2	TID	
				3	QID	
				7	Prn	
FIVECONMEDFreq13	Numeric	Dose Frequency 13		0	QD	
				1	BID	
				2	TID	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				3	QID	
				7	Prn	
				10	QWeek	
FIVECONMEDFreq14	Numeric	Dose Frequency 14		0	QD	
				1	BID	
				2	TID	
				7	Prn	
				11	QMonth	
FIVECONMEDFreq15	Numeric	Dose Frequency 15		0	QD	
				1	BID	
				2	TID	
				7	Prn	
FIVECONMEDFreq16	Numeric	Dose Frequency 16		0	QD	
				1	BID	
				2	TID	
				7	Prn	
FIVECONMEDFreq17	Numeric	Dose Frequency 17		0	QD	
				1	BID	
				7	Prn	
FIVECONMEDFreq2	Numeric	Dose Frequency 2		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				5	Six times daily	
				6	Seven times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDFreq3	Numeric	Dose Frequency 3		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	
FIVECONMEDFreq4	Numeric	Dose Frequency 4		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				5	Six times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	
FIVECONMEDFreq5	Numeric	Dose Frequency 5				
				3	QID	
				6	Seven times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				11	QMonth	
FIVECONMEDFreq6	Numeric	Dose Frequency 6		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDFreq7	Numeric	Dose Frequency 7		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				7	Prn	
				11	QMonth	
FIVECONMEDFreq8	Numeric	Dose Frequency 8		0	QD	
				1	BID	
				2	TID	
				4	Five times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	
				11	QMonth	
FIVECONMEDFreq9	Numeric	Dose Frequency 9		0	QD	
				1	BID	
				2	TID	
				3	QID	
				6	Seven times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	
FIVECONMEDName10	Numeric	Medication Name 10		10	pramipexole	
				12	ropinirole	
				13	ropinirole XL	
				26	pimavanserin	
				32	donepezil	
				34	memantine	
				35	other	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDName11	Numeric	Medication Name 11		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				2	carbidopa-levodopa CR (Rytary)	
				13	ropinirole XL	
				35	other	
FIVECONMEDName12	Numeric	Medication Name 12		0	carbidopa-levodopa	
				8	rasagiline	
				14	amantadine	
				35	other	
FIVECONMEDName13	Numeric	Medication Name 13		12	ropinirole	
				22	rotigotine	
				35	other	
FIVECONMEDName14	Numeric	Medication Name 14		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				12	ropinirole	
				35	other	
FIVECONMEDName15	Numeric	Medication Name 15		12	ropinirole	
				35	other	
FIVECONMEDName16	Numeric	Medication Name 16		7	entacapone	
				34	memantine	
				35	other	
FIVECONMEDName17	Numeric	Medication Name 17		25	fludrocortisone	
				35	other	
FIVECONMEDName18	Numeric	Medication Name 18		33	galantamine	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				35	other	
FIVECONMEDName5	Numeric	Medication Name 5		0	carbidopa-levodopa	
				6	carbidopa-levodopa-entacapone	
				8	rasagiline	
				10	pramipexole	
				11	pramipexole ER	
				12	ropinirole	
				14	amantadine	
				32	donepezil	
				34	memantine	
				35	other	
FIVECONMEDName7	Numeric	Medication Name 7		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				2	carbidopa-levodopa CR (Rytary)	
				4	carbidopa	
				8	rasagiline	
				12	ropinirole	
				15	amantadine ER (Gocovri)	
				35	other	
FIVECONMEDName8	Numeric	Medication Name 8		0	carbidopa-levodopa	
				8	rasagiline	
				14	amantadine	
				35	other	
FIVECONMEDName9	Numeric	Medication Name 9		0	carbidopa-levodopa	
				22	rotigotine	
				35	other	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDRoute1	Numeric	Dose Route 1		3	TO	
				4	IM	
				5	IV	
				6	NAS	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDRoute10	Numeric	Dose Route 10		3	TO	
				4	IM	
				7	PO	
				9	SQ	
FIVECONMEDRoute11	Numeric	Dose Route 11		3	TO	
				5	IV	
				7	PO	
FIVECONMEDRoute12	Numeric	Dose Route 12		6	NAS	
				7	PO	
				9	SQ	
FIVECONMEDRoute13	Numeric	Dose Route 13		3	TO	
				6	NAS	
				7	PO	
				9	SQ	
FIVECONMEDRoute14	Numeric	Dose Route 14		3	TO	
				4	IM	
				7	PO	
				11	IH	
FIVECONMEDRoute15	Numeric	Dose Route 15		3	TO	
				7	PO	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				11	IH	
FIVECONMEDRoute16	Numeric	Dose Route 16		7	PO	
FIVECONMEDRoute17	Numeric	Dose Route 17		3	TO	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDRoute2	Numeric	Dose Route 2		3	TO	
				4	IM	
				6	NAS	
				7	PO	
				11	IH	
FIVECONMEDRoute3	Numeric	Dose Route 3		3	TO	
				6	NAS	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDRoute4	Numeric	Dose Route 4		3	TO	
				6	NAS	
				7	PO	
				11	IH	
FIVECONMEDRoute5	Numeric	Dose Route 5		0	GT	
				1	NG	
				2		
				3	TO	
				4	IM	
				5	IV	
				7	PO	
				9	SQ	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				10	RE	
				11	IH	
FIVECONMEDRoute6	Numeric	Dose Route 6		3	TO	
				5	IV	
				6	NAS	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDRoute7	Numeric	Dose Route 7		3	TO	
				6	NAS	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDRoute8	Numeric	Dose Route 8		3	TO	
				4	IM	
				7	PO	
				8	IN	
				11	IH	
FIVECONMEDRoute9	Numeric	Dose Route 9		0	GT	
				3	TO	
				4	IM	
				7	PO	
				9	SQ	
				11	IH	
FIVECONMEDTabs1	Numeric	Number of tabs 1 [Derived]		0.5		
				1		
				1.3		
				1.5		
				2		

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				2.5		
				3		
				4		
FIVECONMEDTabs10	Numeric	Number of tabs 10 [Derived]		1		
FIVECONMEDTabs11	Numeric	Number of tabs 11 [Derived]		0.5		
				1		
FIVECONMEDTabs12	Numeric	Number of tabs 12 [Derived]		1		
				1.5		
FIVECONMEDTabs13	Numeric	Number of tabs 13 [Derived]		1		
				2		
FIVECONMEDTabs14	Numeric	Number of tabs 14 [Derived]		1		
				1.5		
FIVECONMEDTabs16	Numeric	Number of tabs 16 [Derived]		1		
FIVECONMEDTabs17	Numeric	Number of tabs 17 [Derived]		1		
FIVECONMEDTabs2	Numeric	Number of tabs 2 [Derived]		0.5		
				1		
				1.5		
				2		
				2.5		
				3		
FIVECONMEDTabs3	Numeric	Number of tabs 3 [Derived]		0.5		
				1		
				1.5		
				2		

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDTabs4	Numeric	Number of tabs 4 [Derived]		0.5		
				1		
				1.5		
				2		
				3		
FIVECONMEDTabs5	Numeric	Number of tabs 5 [Derived]		1		
				2		
FIVECONMEDTabs6	Numeric	Number of tabs 6 [Derived]		0		
				1		
				2		
FIVECONMEDTabs7	Numeric	Number of tabs 7 [Derived]		1		
				1.5		
				2		
FIVECONMEDTabs8	Numeric	Number of tabs 8 [Derived]		0.5		
				1		
FIVECONMEDTabs9	Numeric	Number of tabs 9 [Derived]		1		
FIVECONMEDUnit1	Numeric	Dose unit 1		1	cap	
				2	mg	
				4	mL	
				5	puff	
				7	spray	
				9	unit	
				11	mcg	
FIVECONMEDUnit10	Numeric	Dose unit 10		0	application	
				1	cap	
				2	mg	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				4	mL	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit11	Numeric	Dose unit 11		0	application	
				1	cap	
				2	mg	
				4	mL	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit12	Numeric	Dose unit 12		1	cap	
				2	mg	
				4	mL	
				6	softgel	
				7	spray	
				9	unit	
				11	mcg	
FIVECONMEDUnit13	Numeric	Dose unit 13		0	application	
				1	cap	
				2	mg	
				3	min	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit14	Numeric	Dose unit 14		1	cap	
				2	mg	
				5	puff	
				9	unit	
				11	mcg	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDUnit15	Numeric	Dose unit 15		0	application	
				1	cap	
				2	mg	
				5	puff	
				11	mcg	
FIVECONMEDUnit16	Numeric	Dose unit 16		1	cap	
				2	mg	
				11	mcg	
FIVECONMEDUnit17	Numeric	Dose unit 17		2	mg	
				9	unit	
				11	mcg	
FIVECONMEDUnit18	Numeric	Dose unit 18		2	mg	
				9	unit	
				10	vial	
FIVECONMEDUnit2	Numeric	Dose unit 2		0	application	
				1	cap	
				2	mg	
				4	mL	
				5	puff	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit3	Numeric	Dose unit 3		0	application	
				1	cap	
				2	mg	
				4	mL	
				5	puff	
				6	softgel	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				7	spray	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit4	Numeric	Dose unit 4		1	cap	
				2	mg	
				4	mL	
				5	puff	
				7	spray	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit5	Numeric	Dose unit 5		0	application	
				1	cap	
				2	mg	
				4	mL	
				5	puff	
				7	spray	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit6	Numeric	Dose unit 6		0	application	
				1	cap	
				2	mg	
				3	min	
				4	mL	
				7	spray	
				9	unit	
				11	mcg	
FIVECONMEDUnit7	Numeric	Dose unit 7				
				0	application	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	cap	
				2	mg	
				5	puff	
				8	tab	
				9	unit	
				11	mcg	
FIVECONMEDUnit8	Numeric	Dose unit 8		0	application	
				1	cap	
				2	mg	
				4	mL	
				5	puff	
				7	spray	
				9	unit	
				11	mcg	
FIVECONMEDUnit9	Numeric	Dose unit 9		0	application	
				1	cap	
				2	mg	
				8	tab	
				9	unit	
				11	mcg	
FIVEArthritisHxTypeOst	Numeric	Osteoarthritis		0	Unchecked	
				1	Checked	
FIVEArthritisHxTypeRhe	Numeric	Rheumatoid arthritis		0	Unchecked	
				1	Checked	
FIVEAutoHx	Numeric	Have you ever had an autoimmune disorder?		0	No	
				1	Yes	
FIVEAutoHxTypeLupus	Numeric	Lupus		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEAutoHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEBackHx	Numeric	Chronic Back Pain		0	Unchecked	
				1	Checked	
FIVEBloodHx	Numeric	Have you ever had a blood disease?		0	No	
				1	Yes	
FIVEBloodHxTypeAnemia	Numeric	Anemia		0	Unchecked	
				1	Checked	
FIVEBloodHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEBloodHxTypeSic	Numeric	Sickle cell disease		0	Unchecked	
FIVEBloodHxTypeTha	Numeric	Thalassemia		0	Unchecked	
FIVECONMEDFreq18	Numeric	Dose Frequency 18		0	QD	
				1	BID	
				7	Prn	
FIVECONMEDFreq19	Numeric	Dose Frequency 19		0	QD	
				1	BID	
				7	Prn	
				9	QMon/Wed/Fri	
FIVECONMEDFreq20	Numeric	Dose Frequency 20		0	QD	
				1	BID	
				9	QMon/Wed/Fri	
				10	QWeek	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDFreq21	Numeric	Dose Frequency 21		0	QD	
				1	BID	
FIVECONMEDFreq22	Numeric	Dose Frequency 22		0	QD	
				7	Prn	
FIVECONMEDFreq23	Numeric	Dose Frequency 23		0	QD	
				7	Prn	
FIVECONMEDFreq24	Numeric	Dose Frequency 24		0	QD	
FIVECONMEDFreq25	Numeric	Dose Frequency 25		7	Prn	
FIVECONMEDFreq26	Numeric	Dose Frequency 26		7	Prn	
FIVECONMEDFreq27	Numeric	Dose Frequency 27		10	QWeek	
FIVECONMEDName19	Numeric	Medication Name 19		35	other	
FIVECONMEDName20	Numeric	Medication Name 20		35	other	
FIVECONMEDName21	Numeric	Medication Name 21		35	other	
FIVECONMEDName22	Numeric	Medication Name 22		35	other	
FIVECONMEDName23	Numeric	Medication Name 23		35	other	
FIVECONMEDName24	Numeric	Medication Name 24		35	other	
FIVECONMEDName25	Numeric	Medication Name 25		35	other	
FIVECONMEDName26	Numeric	Medication Name 26		35	other	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDName27	Numeric	Medication Name 27		35	other	
FIVECONMEDReview	Numeric	Were the concomitant medications reviewed?		1	Yes	
FIVECONMEDRoute18	Numeric	Dose Route 18		3	TO	
				7	PO	
				9	SQ	
FIVECONMEDRoute19	Numeric	Dose Route 19		7	PO	
				11	IH	
FIVECONMEDRoute20	Numeric	Dose Route 20		7	PO	
FIVECONMEDRoute21	Numeric	Dose Route 21		7	PO	
FIVECONMEDRoute22	Numeric	Dose Route 22		3	TO	
				7	PO	
FIVECONMEDRoute23	Numeric	Dose Route 23		7	PO	
FIVECONMEDRoute24	Numeric	Dose Route 24		7	PO	
FIVECONMEDRoute25	Numeric	Dose Route 25		11	IH	
FIVECONMEDRoute26	Numeric	Dose Route 26		11	IH	
FIVECONMEDRoute27	Numeric	Dose Route 27		9	SQ	
FIVECONMEDTabs18	Numeric	Number of tabs 18 [Derived]		1		
FIVECONMEDUnit19	Numeric	Dose unit 19		2	mg	
				11	mcg	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECONMEDUnit20	Numeric	Dose unit 20		1	cap	
				2	mg	
				9	unit	
FIVECONMEDUnit21	Numeric	Dose unit 21		2	mg	
				8	tab	
FIVECONMEDUnit22	Numeric	Dose unit 22		0	application	
				2	mg	
FIVECONMEDUnit23	Numeric	Dose unit 23		1	cap	
				2	mg	
FIVECONMEDUnit24	Numeric	Dose unit 24		2	mg	
FIVECONMEDUnit27	Numeric	Dose unit 27		2	mg	
FIVECancerHx	Numeric	Have you ever had cancer?		0	No	
				1	Yes	
FIVECancerHxTypeBla	Numeric	Bladder Cancer		0	Unchecked	
FIVECancerHxTypeBre	Numeric	Breast Cancer		0	Unchecked	
				1	Checked	
FIVECancerHxTypeCol	Numeric	Colon Cancer		0	Unchecked	
FIVECancerHxTypeKid	Numeric	Kidney Cancer		0	Unchecked	
				1	Checked	
FIVECancerHxTypeLeu	Numeric	Leukemia		0	Unchecked	
FIVECancerHxTypeLiv	Numeric	Liver Cancer		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVECancerHxTypeLung	Numeric	Lung Cancer		0	Unchecked	
				1	Checked	
FIVECancerHxTypeLym	Numeric	Lymphoma		0	Unchecked	
				1	Checked	
FIVECancerHxTypeMel	Numeric	Melanoma		0	Unchecked	
				1	Checked	
FIVECancerHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVECancerHxTypePro	Numeric	Prostate Cancer		0	Unchecked	
				1	Checked	
FIVECancerHxTypeSkin	Numeric	Skin Cancer (non-melanoma)		0	Unchecked	
				1	Checked	
FIVECancerHxTypeThy	Numeric	Thyroid Cancer		0	Unchecked	
				1	Checked	
FIVECancerHxTypeUte	Numeric	Uterine Cancer		0	Unchecked	
FIVEDermHx	Numeric	Have you ever had a dermatological disorder?		0	No	
				1	Yes	
FIVEDermHxTypeDermat	Numeric	Dermatitis		0	Unchecked	
				1	Checked	
FIVEDermHxTypeEczem	Numeric	Eczema		0	Unchecked	
				1	Checked	
FIVEDermHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEDiabetesHx	Numeric	Diabetes		0	Unchecked	
				1	Checked	
FIVEENTHx	Numeric	Have you ever had an ENT disorder?		0	No	
				1	Yes	
FIVEENTHxTypeCataract	Numeric	Cataracts		0	Unchecked	
				1	Checked	
FIVEENTHxTypeGlaucoma	Numeric	Glaucoma		0	Unchecked	
				1	Checked	
FIVEENTHxTypeHearImp	Numeric	Hearing Impaired		0	Unchecked	
				1	Checked	
FIVEENTHxTypeMacDegen	Numeric	Macular Degeneration		0	Unchecked	
				1	Checked	
FIVEENTHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEEndoHx	Numeric	Have you ever had an endocrine disorder?		0	No	
				1	Yes	
FIVEEndoHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEEndoHxTypeThyroid	Numeric	Hypothyroidism		0	Unchecked	
				1	Checked	
FIVEGastricHx	Numeric	Have you ever had gastric disturbances?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEGastricHxTypeCrohns	Numeric	Crohn's		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeDivert	Numeric	Diverticulitis		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeGERD	Numeric	GERD (heartburn)		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeGall	Numeric	Gallstones		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeGas	Numeric	Gastritis		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeHer	Numeric	Hiatal hernia		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeUC	Numeric	Ulcerative Colitis		0	Unchecked	
				1	Checked	
FIVEGastricHxTypeUlcer	Numeric	Ulcer		0	Unchecked	
				1	Checked	
FIVEGuHx	Numeric	Have you ever had genitourinary-reproductive disorders?		0	No	
				1	Yes	
FIVEGuHxTypeEndometr	Numeric	Endometriosis		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEGuHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEGuHxTypeProstate	Numeric	BPH		0	Unchecked	
				1	Checked	
FIVEHeartAttHx	Numeric	Myocardial Infarction (Heart Attack)		0	Unchecked	
				1	Checked	
FIVEHeartHx	Numeric	Have you ever had a cardiovascular disorder?		0	No	
				1	Yes	
FIVEHeartHxTypeArr	Numeric	Arrythmia		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeAtr	Numeric	Atrial fibrillation		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeCon	Numeric	Congestive heart failure		0	Unchecked	
FIVEHeartHxTypeCor	Numeric	Coronary Artery Disease		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeHypLip	Numeric	Hyperlipidemia		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeHypTension	Numeric	Hypertension		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEHeartHxTypeVal	Numeric	Valvular heart disease		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVEKidStone	Numeric	Kidney stones		0	Unchecked	
				1	Checked	
FIVEKidneyHx	Numeric	Have you ever had kidney disease?		0	No	
				1	Yes	
FIVEKidneyHxOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEKidneyHxTypeCys	Numeric	Cysts		0	Unchecked	
				1	Checked	
FIVEKidneyHxTypeRen	Numeric	Renal failure		0	Unchecked	
				1	Checked	
FIVELiverHx	Numeric	Have you ever had liver disease?		0	No	
				1	Yes	
FIVELiverHxTypeCir	Numeric	Cirrhosis		0	Unchecked	
FIVELiverHxTypeHepA	Numeric	Hepatitis A		0	Unchecked	
				1	Checked	
FIVELiverHxTypeHepB	Numeric	Hepatitis B		0	Unchecked	
				1	Checked	
FIVELiverHxTypeHepC	Numeric	Chronic viral hepatitis		0	Unchecked	
FIVELiverHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVELungHx	Numeric	Have you ever had Respiratory Disorders		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVELungHxTypeAsth	Numeric	Asthma		0	Unchecked	
				1	Checked	
FIVELungHxTypeCOPD	Numeric	COPD		0	Unchecked	
				1	Checked	
FIVELungHxTypeEmp	Numeric	Emphysema		0	Unchecked	
				1	Checked	
FIVELungHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVELungHxTypeTB	Numeric	Tuberculosis		0	Unchecked	
				1	Checked	
FIVELunhHxTypePneum	Numeric	Pneumonia		0	Unchecked	
				1	Checked	
FIVEMuscHx	Numeric	Have you ever had a musculoskeletal disorder?		0	No	
				1	Yes	
FIVEMuscHxTypeFracture	Numeric	Fracture		0	Unchecked	
				1	Checked	
FIVEMuscHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVEMuscHxTypeRotator	Numeric	Rotator Cuff Injury		0	Unchecked	
				1	Checked	
FIVENeuroHx	Numeric	Have you ever had a neurological-psychiatric disorder?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVENeuroHxTypeAnxiety	Numeric	Anxiety		0	Unchecked	
				1	Checked	
FIVENeuroHxTypeDepress	Numeric	Depression		0	Unchecked	
				1	Checked	
FIVENeuroHxTypeEpilep	Numeric	Seizures		0	Unchecked	
				1	Checked	
FIVENeuroHxTypeMigraine	Numeric	Migraines		0	Unchecked	
				1	Checked	
FIVENeuroHxTypeOth	Numeric	Other		0	Unchecked	
				1	Checked	
FIVENeuroHxTypeStroke	Numeric	Stroke or TIA		0	Unchecked	
				1	Checked	
FIVEPartIWho	Numeric	Primary source of information		1	Caregiver	
				2	Patient	
				3	Patient and Caregiver in Equal Proportion	
FIVESurgCosContour	Numeric	facial contouring		0	Unchecked	
				1	Checked	
FIVESurgCosImplant	Numeric	cosmetic implants		0	Unchecked	
				1	Checked	
FIVESurgCosLipo	Numeric	liposuction		0	Unchecked	
FIVESurgCosOther	Numeric	other cosmetic surgery		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVESurgCosRhino	Numeric	rhinoplasty		0	Unchecked	
FIVESurgCraAbscesses	Numeric	brain abscesses		0	Unchecked	
FIVESurgCraAneurysm	Numeric	brain aneurysm		0	Unchecked	
FIVESurgCraDBS	Numeric	deep brain stimulation		0	Unchecked	
				1	Checked	
FIVESurgCraGamma	Numeric	gamma knife radiosurgery		0	Unchecked	
FIVESurgCraOther	Numeric	other		0	Unchecked	
				1	Checked	
FIVESurgCraPallid	Numeric	pallidotomy		0	Unchecked	
FIVESurgCraPressure	Numeric	surgery to relieve pressure		0	Unchecked	
				1	Checked	
FIVESurgCraThalam	Numeric	thalamotomy		0	Unchecked	
FIVESurgCraUltra	Numeric	focused ultra sound		0	Unchecked	
FIVESurgENTAdenoid	Numeric	tonsillectomy and adenoidectomy		0	Unchecked	
				1	Checked	
FIVESurgENTEar	Numeric	ear surgery		0	Unchecked	
				1	Checked	
FIVESurgENTNasal	Numeric	nasal surgery		0	Unchecked	
				1	Checked	
FIVESurgENTOther	Numeric	other ENT surgery		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVESurgENTTonsil	Numeric	tonsillectomy		0	Unchecked	
				1	Checked	
FIVESurgEyeCanal	Numeric	canaloplasty		0	Unchecked	
FIVESurgEyeCataract	Numeric	cataract surgery		0	Unchecked	
				1	Checked	
FIVESurgEyeGalucoma	Numeric	glaucoma surgery		0	Unchecked	
				1	Checked	
FIVESurgEyeLaser	Numeric	laser vision correction		0	Unchecked	
				1	Checked	
FIVESurgEyeOther	Numeric	other eye surgery		0	Unchecked	
				1	Checked	
FIVESurgGasAdrenal	Numeric	adrenalectomy		0	Unchecked	
FIVESurgGasAppend	Numeric	appendectomy		0	Unchecked	
				1	Checked	
FIVESurgGasCholecyst	Numeric	cholecystectomy		1	Checked	
FIVESurgGasColon	Numeric	colon surgery		0	Unchecked	
				1	Checked	
FIVESurgGasGall	Numeric	gall stone surgery		0	Unchecked	
				1	Checked	
FIVESurgGasOther	Numeric	other		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVESurgGasPanc	Numeric	pancreatic surgery		0	Unchecked	
FIVESurgGasPolyp	Numeric	polyp/peptic ulcer surgery		0	Unchecked	
				1	Checked	
FIVESurgGasReduce	Numeric	surgical reduction of stomach		0	Unchecked	
				1	Checked	
FIVESurgGasSplenec	Numeric	splenectomy		0	Unchecked	
				1	Checked	
FIVESurgHeartAneurysm	Numeric	aneurysm repair		0	Unchecked	
FIVESurgHeartBypass	Numeric	coronary artery bypass surgery		0	Unchecked	
				1	Checked	
FIVESurgHeartOpenSurg	Numeric	open heart surgery		0	Unchecked	
				1	Checked	
FIVESurgHeartOth	Numeric	other		0	Unchecked	
				1	Checked	
FIVESurgHeartPace	Numeric	pacemaker or cardiac device implantation		1	Checked	
FIVESurgHeartTrans	Numeric	heart transplant		0	Unchecked	
FIVESurgHeartValve	Numeric	heart valve repair or replacement		0	Unchecked	
				1	Checked	
FIVESurgOrtAnkle	Numeric	ankle surgery		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVESurgOrtAnthro	Numeric	arthroscopic knee surgery		0	Unchecked	
				1	Checked	
FIVESurgOrtArm	Numeric	arm surgery		0	Unchecked	
				1	Checked	
FIVESurgOrtElbow	Numeric	elbow surgery		0	Unchecked	
				1	Checked	
FIVESurgOrtFoot	Numeric	foot surgery		0	Unchecked	
				1	Checked	
FIVESurgOrtHand	Numeric	hand surgery		0	Unchecked	
				1	Checked	
FIVESurgOrtHip	Numeric	hip replacement		0	Unchecked	
				1	Checked	
FIVESurgOrtKness	Numeric	knee replacement		0	Unchecked	
				1	Checked	
FIVESurgOrtLeg	Numeric	leg surgery		0		
				1	Checked	
FIVESurgOrtOther	Numeric	other				
				0	Unchecked	
				1	Checked	
FIVESurgOrtShoulder	Numeric	shoulder surgery				
				0	Unchecked	
				1	Checked	
FIVESurgOrtSpine	Numeric	spine surgery				
				0	Unchecked	
				1	Checked	
FIVESurgPulLobe	Numeric	lobectomy				

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				0	Unchecked	
FIVESurgPulOther	Numeric	other pulmonary surgery		0	Unchecked	
				1	Checked	
FIVESurgPulSleeve	Numeric	sleeve resection		0	Unchecked	
FIVESurgPulWedge	Numeric	wedge resection		0	Unchecked	
FIVESurgRepHyster	Numeric	hysterectomy		0	Unchecked	
				1	Checked	
FIVESurgRepLigation	Numeric	tubal ligation		0	Unchecked	
				1	Checked	
FIVESurgRepOopher	Numeric	oopherectomy		0	Unchecked	
				1	Checked	
FIVESurgRepOther	Numeric	other reproductive surgery				
				0	Unchecked	
				1	Checked	
FIVESurgRepSalpingo	Numeric	salpingo-oopherectomy		0	Unchecked	
				1	Checked	
FIVESurgRepVasec	Numeric	vasectomy				
				0	Unchecked	
				1	Checked	
FIVESurgTumFib	Numeric	adenoma, fibroma, or fibroid removal				
				0	Unchecked	
				1	Checked	
FIVESurgTumHemang	Numeric	hemangioma removal				
				0	Unchecked	
FIVESurgTumLiopma	Numeric	lipoma removal		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVESurgTumMening	Numeric	meningioma removal		0	Unchecked	
FIVESurgTumMyoma	Numeric	myoma removal		0	Unchecked	
FIVESurgTumOther	Numeric	other tumor removal		0	Unchecked	
				1	Checked	
FIVESurgeryHx	Numeric	Have you had any surgeries that required anesthesia?		0	No	
				1	Yes	
FIVESurgeryHxTypeCar	Numeric	cardiac surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeCos	Numeric	cosmetic surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeCra	Numeric	cranial or brain surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeENT	Numeric	ENT surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeEye	Numeric	eye surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeGas	Numeric	gastrointestinal surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeOrt	Numeric	orthopedic surgery				
				0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeOth	Numeric	other		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVESurgeryHxTypePul	Numeric	pulmonary (lung) surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeRep	Numeric	reproductive surgery		0	Unchecked	
				1	Checked	
FIVESurgeryHxTypeTum	Numeric	tumor removal		0	Unchecked	
				1	Checked	
FIVETBIHx	Numeric	Traumatic Brain Injury or TBI		0	Unchecked	
				1	Checked	
FIVEUPDRS1_1	Numeric	Cognitive Impairment		0	Normal: No cognitive impairment	
				1	Slight: Impairment appreciated by patient or caregiver with no concrete interference with the patient's ability to carry out normal activities and social interactions	
				2	Mild: Clinically evident cognitive dysfunction, but only minimal interference with the patient's ability to carry out normal activities and social interactions	
				3	Moderate: Cognitive	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					deficits interfere with but do not preclude the patient's ability to carry out normal activities and social interactions	
				4	Severe: Cognitive dysfunction precludes the patient's ability to carry out normal activities and social interactions	
FIVEUPDRS1_2	Numeric	Hallucinations and Psychosis		0	Normal: No hallucinations or psychotic behavior	
				1	Slight: Illusions or non-formed hallucinations, but patient recognizes them without loss of insight	
				2	Mild: Formed hallucinations independent of environmental stimuli. No loss of insight	
				3	Moderate: Formed hallucinations with loss of insight	
FIVEUPDRS1_3	Numeric	Depressed Mood		0	Normal: No depressed mood	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Slight: Episodes of depressed mood that are not sustained for more than one day at a time. No interference with patient's ability to carry out normal activities	
				2	Mild: Depressed mood that is sustained over days, but without interference with normal activities and social interactions	
				3	Moderate: Depressed mood that interferes with, but does not preclude, the patient's ability to carry out normal activities and social interactions	
				4	Severe: Depressed mood precludes patient's ability to carry out normal activities and social interactions	
FIVEUPDRS1_4	Numeric	Anxious Mood		0	Normal: No anxious feelings	
				1	Slight: Anxious	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					feelings present but not sustained for > = 1 day at a time. No interference with patient's ability to carry out normal activities and social interactions	
				2	Mild: Anxious feelings are sustained over > = 1day at a time, but without interference with patient's ability to carry out normal activities and social interactions	
				3	Moderate: Anxious feelings interfere with, but do not preclude, the patient's ability to carry out normal activities and social interactions	
				4	Severe: Anxious feelings preclude patient's ability to carry out normal activities and social interactions	
FIVEUPDRS1_5	Numeric	Apathy		0	Normal: No apathy	
FIVECGISeverity	Numeric	Severity of Illness: Considering your total clinical experience with this		1		
					Normal, not at all ill	
				2	Borderline ill	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		particular population, how ill is the patient at this time?		3	Mildly ill	
				4	Moderately ill	
				5	Markedly ill	
				6	Severely ill	
				7	Among the most extremely ill patients	
FIVECONMEDFreq1	Numeric	Dose Frequency 1		0	QD	
				1	BID	
				2	TID	
				3	QID	
				4	Five times daily	
				5	Six times daily	
				6	Seven times daily	
				7	Prn	
				9	QMon/Wed/Fri	
				10	QWeek	
				11	QMonth	
FIVECONMEDName1	Numeric	Medication Name 1		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				2	carbidopa-levodopa CR (Rytary)	
				6	carbidopa-levodopa-entacapone	
				7	entacapone	
				8	rasagiline	
				9	selegiline	
				10	pramipexole	
				12	ropinirole	
				13	ropinirole XL	
				14	amantadine	
				20	trihexyphenidyl	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				21	benxtropine	
				32	donepezil	
				35	other	
FIVECONMEDName2	Numeric	Medication Name 2		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				2	carbidopa-levodopa CR (Rytary)	
				6	carbidopa-levodopa-entacapone	
				7	entacapone	
				8	rasagiline	
				9	selegiline	
				10	pramipexole	
				11	pramipexole ER	
				12	ropinirole	
				14	amantadine	
				15	amantadine ER (Gocovri)	
				22	rotigotine	
				25	fludrocortisone	
				31	rivastigmine	
				35	other	
FIVECONMEDName3	Numeric	Medication Name 3		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				2	carbidopa-levodopa CR (Rytary)	
				7	entacapone	
				8	rasagiline	
				9	selegiline	
				10	pramipexole	
				11	pramipexole ER	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				12	ropinirole	
				14	amantadine	
				15	amantadine ER (Gocovri)	
				23	droxidopa	
				32	donepezil	
				35	other	
FIVECONMEDName4	Numeric	Medication Name 4		0	carbidopa-levodopa	
				1	carbidopa-levodopa CR (Sinemet CR)	
				6	carbidopa-levodopa-entacapone	
				8	rasagiline	
				9	selegiline	
				10	pramipexole	
				11	pramipexole ER	
				14	amantadine	
				16	tolcapone	
				20	trihexyphenidyl	
				32	donepezil	
				35	other	
FIVECONMEDName6	Numeric	Medication Name 6		0	carbidopa-levodopa	
				6	carbidopa-levodopa-entacapone	
				7	entacapone	
				8	rasagiline	
				10	pramipexole	
				11	pramipexole ER	
				12	ropinirole	
				13	ropinirole XL	
				14	amantadine	
				22	rotigotine	
				25	fludrocortisone	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				32	donepezil	
				34	memantine	
				35	other	
FIVEClinTrial	Numeric	Would you be willing to participate in a clinical trial of an investigational study drug?		0	No	
				1	Yes	
FIVEEventCode1	Numeric	1		0	Unchecked	
				1	Checked	
FIVEEventCode10	Numeric	10		0	Unchecked	
				1	Checked	
FIVEEventCode2	Numeric	2		0	Unchecked	
FIVEEventCode3	Numeric	3		0	Unchecked	
				1	Checked	
FIVEEventCode4	Numeric	4		0	Unchecked	
FIVEEventCode5	Numeric	5		0	Unchecked	
				1	Checked	
FIVEEventCode6	Numeric	6				
				0	Unchecked	
FIVEEventCode7	Numeric	7		0	Unchecked	
FIVEEventCode8	Numeric	8		0	Unchecked	
FIVEEventCode9	Numeric	9				
				0	Unchecked	
FIVEEventRelated	Numeric	In your opinion, is this event related to participation in this study?		1	Probably related	
				2	Probably unrelated	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEEventsYn		Are there any reportable events?		0	No	
				1	Yes	
FIVEFalls1		Does the participant report freezing of gait occurring IN THE PAST WEEK?		0	None	
				1	Rare freezing when walking; may have start hesitation	
				2	Occasional freezing when walking	
				3	Frequent freezing; occasional falls from freezing	
FIVEFalls2		Does the participant report falls occurring IN THE PAST WEEK that were not related to freezing of gait?		0	None	
				1	Rare falling	
				2	Occasionally falls, less than once a day	
				3	Falls on average of once daily	
				4	Falls more than once daily	
FIVEFalls3		Does the participant report freezing of gait occurring IN THE PAST 12 MONTHS?		0	None	
				1	Rare freezing when walking; may have start hesitation	
				2	Occasional freezing when walking	
				3	Frequent freezing; occasional falls from freezing	
				4	Frequent falls from freezing	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEFalls4		Does the participant report falls occurring IN THE PAST 12 MONTHS that were not related to freezing of gait?		0	None	
				1	Rare falling	
				2	Occasionally falls, less than once a day	
				3	Falls on average of once daily	
				4	Falls more than once daily	
FIVEFalls51		Fracture of hip or lower limb		0	Unchecked	
				1	Checked	
FIVEFalls52		Fracture of upper extremity		0	No	
				1	Yes	
FIVEFalls53		Skull fracture		0	Unchecked	
FIVEFalls54		Other fracture		0	Unchecked	
				1	Checked	
FIVEFalls55		Head injury without LOC		0	Unchecked	
				1	Checked	
FIVEFalls56		Head injury with LOC		0	Unchecked	
FIVEFalls57		Laceration requiring sutures		0	Unchecked	
				1	Checked	
FIVEFalls58		Other injury		0	Unchecked	
				1	Checked	
FIVEFalls59		None of the above		0	Unchecked	
				1	Checked	
FIVEFalls61		Outpatient visit to a healthcare provider		0	Unchecked	
				1	Checked	
FIVEFalls62		Visit to the ER		0	Unchecked	
				1	Checked	
FIVEFalls63		Hospitalization		0	Unchecked	
				1	Checked	
FIVEFalls64		Surgery		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEFalls65		Institutionalization		0	Unchecked	
				1	Checked	
FIVEFalls66		None of the above		0	Unchecked	
				1	Checked	
FIVEFallsInfosource		Indicate the source of information		1	Subject	
				2	Caregiver	
				3	Subject & caregiver	
FIVEFutureVV		Would you be willing to participate in another observational clinical research study that includes virtual research visits (like this one)?		0	No	
				1	Yes	
FIVEFutureVVNo1		Concerns regarding privacy		0	Unchecked	
FIVEFutureVVNo2		The technology is difficult to use		0	Unchecked	
				1	Checked	
FIVEFutureVVNo3		Prefer in-person visits		0	Unchecked	
FIVEFutureVVNo4		Concerns regarding safety		0	Unchecked	
FIVEFutureVVNo5		Investigator cannot perform hands-on physical exam		0	Unchecked	
FIVEFutureVVNo6		Other		0	Unchecked	
				1	Checked	
FIVEHCDiag		Do you think this is a healthy control?		0	No	
				1	Yes	
FIVEMDSAltcondition		Documentation of an alternative condition known to produce parkinsonism (not including DLB) and		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		plausibly connected to the patient's symptoms, or the expert evaluating physician, based on the full diagnostic assessment feels that an alternative syndrome is more likely than PD?				
FIVEMDSAnterocollis		Disproportionate anterocollis (dystonic) or contractures of hand or feet within the first 10 years?		0	No	
FIVEMDSApraxiaaphasia		Clear limb ideomotor apraxia or progressive aphasia?		0	No	
FIVEMDSAutonomicfailure		Severe autonomic failure in the first 5 years of disease?		0	No	
				1	Yes	
FIVEMDSBeneficialresponse		Clear and dramatic beneficial response to dopaminergic therapy		0	No	
				1	Yes	
FIVEMDSBilateralsym		Bilateral symmetric parkinsonism (reports bilateral symptom onset with no side predominance and no side predominance is observed on objective examination)?		0	No	
				1	Yes	
FIVEMDSBradykinesia		Does the participant have bradykinesia (slowness of movement and decrement in amplitude or speed)?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEMDSBulbardysfunc		Early bulbar dysfunction: severe dysphonia or dysarthria (speech unintelligible most of the time or severe dysphagia requiring soft food, NG tube, or gastrostomy feeing) within first 5 years?		0	No	
FIVEMDSCerebellarabnorm		Unequivocal cerebellar abnormalities, such as cerebellar gait, limb ataxia, or cerebellar oculomotor abnormalities?		0	No	
FIVEMDSDementia		Diagnosis of probable behavioral variant frontotemporal dementia or primary progressive aphasia, within the first 5 years of disease?		0	No	
FIVEMDSDiagnosis		What is the most likely diagnosis based on the MDS criteria?		1	Clinically Established PD	
				2	Probable PD	
				3	Neither Clinically Established nor Probable PD	
FIVEMDSDopamineblock		Treatment with a dopamine receptor blocker or dopamine-depleting agent in a dose and time-course consistent with drug-induced parkinsnism?		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEMDSDyskinesia		Presence of levodopa-induced dyskinesia		0	No	
				1	Yes	
FIVEMDSGaitimpairment		Rapid progression of gait impairment requiring regular use of wheelchair within 5 years of onset?		0	No	
FIVEMDSGaze		Selective slowing of downward vertical saccades?		0	No	
				1	Yes	
FIVEMDSLevodoparesponse		Absence of observable response to high-dose levodopa (600 mg/day) despite at least moderate severity of disease(score > 2 on at least one measure of rigidity or bradykinesia in MDS-UPDRS)?		0	No	
				1	Yes	
FIVEMDSLimbresttremor		Rest tremor of a limb on examination		0	No	
				1	Yes	
FIVEMDSLl		Parkinsonian features restricted to the lower limbs for more than 3 years?		0	No	
				1	Yes	
FIVEMDSNeuroimage		Normal functional neuroimaging of the presynaptic dopaminergic system?		0	No	
				1	Yes	
FIVEMDSNonmotorsymp		Absence of any of the common nonmotor features of disease despite 5 years of disease duration, including: sleep dysfunction, autonomic dysfunction, hyposmia, or		0	No	
				1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		psychiatric dysfunction?				
FIVEMDSNoprogression		Report of a complete absence of progression of motor symptoms or signs over 5 or more years unless stability is related to treatment?		0	No	
				1	Yes	
FIVEMDSOlfactoryCardiac		Reported presence of either olfactory loss on an objective test or cardiac sympathetic denervation on MIBG scintigraphy		0	No	
				1	Yes	
FIVEMDSRecurrfalls		Recurrent (> 1/year) falls because of impaired balance within 3 years of onset?		0	No	
				1	Yes	
FIVEMDSRespiratory		Inspiratory respiratory dysfunction: either diurnal or nocturnal inspiratory stridor or frequent inspiratory sighs?		0	No	
FIVEMDSResttremor		Does the participant have a rest tremor?		0	No	
				1	Yes	
FIVENIHDiagnosis		Is it UNLIKELY, POSSIBLE, or PROBABLE that the patient has Parkinson's Disease?		1	Unlikely	
				2	Possible	
				3	Probable	
FIVENIHGroupa1		Resting Tremor		0	Unchecked	
				1	Checked	
FIVENIHGroupa2		Bradykinesia		0	Unchecked	
				1	Checked	
FIVENIHGroupa3		Asymmetric Onset		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVENIHGroupa4		None of the above		0	Unchecked	
				1	Checked	
FIVENIHGroupb1		Prominent postural instability in the first 3 years after symptom onset		0	Unchecked	
				1	Checked	
FIVENIHGroupb2		Freezing phenomena in the first 3 years		0	Unchecked	
				1	Checked	
FIVENIHGroupb3		Hallucinations unrelated to medications in the first 3 years		0	Unchecked	
				1	Checked	
FIVENIHGroupb4		Dementia preceding motor symptoms in the first year		0	Unchecked	
				1	Checked	
FIVENIHGroupb5		Slowing of vertical saccades		0	Unchecked	
				1	Checked	
FIVENIHGroupb6		Severe symptomatic dysautonomia unrelated to medications		0	Unchecked	
				1	Checked	
FIVENIHGroupb7		Documentation of a condition known to produce parkinsonism and is plausibly connected to the patient's symptoms (such as suitably located focal brain lesions or neuroleptic use within the past 6 months)		0	Unchecked	
				1	Checked	
FIVENIHGroupb8		None of the above		0	Unchecked	
				1	Checked	
FIVENIHLevodopa1		Has the participant had a substantial and sustained		1	Yes	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		response to levodopa or a dopamine agonist?		2	No	
				3	The patient has not had an adequate trial of levodopa or a dopamine agonist	
FIVEOtherDiag0		Essential Tremor		0	Unchecked	
				1	Checked	
FIVEOtherDiag1		Progressive supranuclear palsy		0	Unchecked	
				1	Checked	
FIVEOtherDiag2		Multiple system atrophy		0	Unchecked	
				1	Checked	
FIVEOtherDiag3		Corticobasal Degeneration		0	Unchecked	
FIVEOtherDiag4		Drug-induced Parkinsonism		0	Unchecked	
				1	Checked	
FIVEOtherDiag5		Vascular Parkinsonism		0	Unchecked	
FIVEOtherDiag6		Secondary Parkinsonism		0	Unchecked	
FIVEOtherDiag7		Other		0	Unchecked	
				1	Checked	
FIVEPVSSatAssessment		I think the study team was able to accurately assess me during the virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				5	Strongly Disagree	
FIVEPVSSatComfort		How satisfied were you with the comfort of the virtual research visits?		1	Very Satisfied	
				2	Satisfied	
				3	Neutral	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPVSSatComm		I found it difficult to communicate with the study team during the virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSSatConfid		I have concerns about the confidentiality of information obtained during the virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSSatConvenience		How satisfied were you with the convenience of the virtual research visits?		1	Very Satisfied	
				2	Satisfied	
				3	Neutral	
FIVEPVSSatEase		It was easy to participate in this study.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
FIVEPVSSatExperience		How satisfied were you with the virtual research visits overall?		1	Very Satisfied	
				2	Satisfied	
				3	Neutral	
FIVEPVSSatPref		Overall, I would have preferred if the virtual research visits had been in-person visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSSatRec		I would recommend virtual research visits to friends or family participating in Parkinson's disease research.		1	Strongly Agree	
				2	Agree	
				3	Neutral	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPVSSatTech		How satisfied were you with the technical quality of the connection during the virtual research visits?		1	Very Satisfied	
				2	Satisfied	
				3	Neutral	
				4	Dissatisfied	
FIVEPVSVVFuture2		I would be more interested in participating in future observational research studies (where there is no intervention) if some of the visits were virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSVVFuture3		I would be more interested in participating in observational research studies (where there is no intervention) if all of the visits were virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSVVFuture4		I would be more interested in participating in future interventional clinical trials if some of the visits were virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSVVFuture5		I would be more interested in participating in future interventional clinical trials if all of the visits were virtual research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSVVNo1		Concerns regarding privacy		0	Unchecked	
				1	Checked	
FIVEPVSVVNo2		The technology is difficult to use		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEPVSVVNo3		Prefer in-person visits		0	Unchecked	
				1	Checked	
FIVEPVSVVNo4		Concerns regarding safety		0	Unchecked	
				1	Checked	
FIVEPVSVVNo5		Investigator cannot perform hands-on physical exam		0	Unchecked	
				1	Checked	
FIVEPVSVVNo6		Other		0	Unchecked	
				1	Checked	
FIVEPVSVVPref		I would have been less likely to participate in this research study if it required in-person research visits.		1	Strongly Agree	
				2	Agree	
				3	Neutral	
				4	Disagree	
				5	Strongly Disagree	
FIVEPVSVVStudydrugAll		Would you be willing to participate in a clinical trial of an investigational study drug if it included only virtual research visits and there were no in-person visits?		0	No	
				1	Yes	
FIVEPVSVVStudydrugSome		Would you be willing to participate in a clinical trial of an investigational study drug if it included some virtual research visits and some in-person visits?		0	No	
				1	Yes	
FIVEParkDeg		What is your degree of certainty of diagnosis of Parkinson's disease?		0	90-100%	
				1	50-89%	
				2	10-49%	
FIVEParkDiag		Is the most likely diagnosis				

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
		Parkinson's disease?		0	No	
				1	Yes	
FIVESafetyplanYn		Was the safety escalation plan enacted?		0	No	
				1	Yes	
FIVESchwabEngAdl		On the scale below, check the one response that best describes the patient's present overall activitylevel		2	20% - Nothing alone. Can be a slight help with some chores. Severe invalid	
				3	30% - With effort, now and then does a few chores alone or begins alone. Much help needed	
				4	40% - Very dependent. Can assist with all chores, but few alone	
				5	50% - More dependent. Help with half, slower, etc. Difficulty with everything	
				6	60% - Some dependency. Can do most chores, but exceedingly slowly and with much effort	
				7	70% - Not completely independent. More difficulty with some	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					chores. Three to four times as long in some. Must spend a large part of the day with chores	
				8	80% - Completely independent in most chores. Takes twice as long. Conscious of difficulty and slowness	
				9	90% - Completely independent. Able to do all chores with some degree of slowness, difficulty and impairment. Might take twice as long. Beginning to be aware of difficulty	
				10	100% - Completely independent. Able to do all chores without slowness, difficulty or impairment. Essentially normal. Unaware of any difficulty	
FIVETotal2		Red Flags Total		0		
				1		
				2		
FIVETotal3		Supportive Criteria Total				
				0		

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1		
				2		
				3		
				4		
FIVEUKDx		Do the investigator's responses indicate a diagnosis of Parkinson's disease?		0	No	
				1	Yes	
FIVEUKExclusion1		history of repeated strokes with stepwise progression of parkinsonian features		0	Unchecked	
FIVEUKExclusion10		early severe autonomic involvement		0	Unchecked	
				1	Checked	
FIVEUKExclusion11		early severe dementia with disturbances of memory, language, and praxis		0	Unchecked	
FIVEUKExclusion12		presence of cerebral tumor or communication hydrocephalus on imaging study		0	Unchecked	
				1	Checked	
FIVEUKExclusion13		negative response to large doses of levodopa in absence of malabsorption		0	Unchecked	
				1	Checked	
FIVEUKExclusion14		MPTP exposure		0	Unchecked	
FIVEUKExclusion15		None of the above		0	Unchecked	
				1	Checked	
FIVEUKExclusion2		history of repeated head injury		0	Unchecked	
				1	Checked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEUKExclusion3		history of definite encephalitis		0	Unchecked	
FIVEUKExclusion4		oculogyric crises		0	Unchecked	
FIVEUKExclusion5		neuroleptic treatment at onset of symptoms		0	Unchecked	
				1	Checked	
FIVEUKExclusion6		more than one affected relative		0	Unchecked	
				1	Checked	
FIVEUKExclusion7		sustained remission		0	Unchecked	
				1	Checked	
FIVEUKExclusion8		strictly unilateral features after 3 years		0	Unchecked	
				1	Checked	
FIVEUKExclusion9		cerebellar signs		0	Unchecked	
FIVEUKInclusion1		Bradykinesia		0	Unchecked	
				1	Checked	
FIVEUKInclusion2		4-6 Hz rest tremor		0	Unchecked	
				1	Checked	
FIVEUKInclusion3		Postural instability not caused by primary visual, vestibular, cerebellar, or proprioceptive dysfunction		0	Unchecked	
				1	Checked	
FIVEUKInclusion4		None of the above		0	Unchecked	
FIVEUKPositivecriteria1		Unilateral onset		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria2		Rest tremor present		0	Unchecked	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				1	Checked	
FIVEUKPositivecriteria3		Progressive disorder		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria4		Persistent asymmetry affecting side of onset most		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria5		Excellent response (70-100%) to levodopa		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria6		Severe levodopa-induced chorea		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria7		Levodopa response for 5 years or more		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria8		Clinical course of ten years or more		0	Unchecked	
				1	Checked	
FIVEUKPositivecriteria9		None of the above		0	Unchecked	
FIVEUPDRS1_5		Apathy		1	Slight: Apathy appreciated by patient and/or caregiver, but no interference with daily activities and social interactions	
				2	Mild: Apathy interferes with isolated activities and social interactions	
				3	Moderate: Apathy	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					interferes with most activities and social interactions	
				4	Severe: Passive and withdrawn, complete loss of initiative	
FIVEUPDRS1_6		Features of Dopamine Dysregulation Syndrome		0	Normal: No problems present	
				1	Slight: Problems are present but usually do not cause any difficulties for the patient or family/caregiver	
				2	Mild: Problems are present and usually cause a few difficulties in the patient's personal and family life	
				3	Moderate: Problems are present and usually cause a lot of difficulties in the patient's personal and family life	
FIVEUPDRS3_10		Gait		0	Normal: No problems	
				1	Slight: Independent walking with minor gait impairment	
				2	Mild: Independent walking but with substantial gait	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					impairment	
				3	Moderate: Requires an assistance device for safe walking (walking stick, walker but not a person	
				4	Severe: Cannot walk at all or only with another person's assistance.	
				555	Unable To Rate	
FIVEUPDRS3_11		Freezing of Gait		0	Normal: No freezing	
				1	Slight: Freezes on starting, turning or walking through doorway with 1 halt during any of these, but then continues smoothly without freezing during straight walking	
				2	Mild: Freezes on starting, turning or walking through doorway with > 1 halt during any of these, but continues smoothly without freezing during straight walking	
				3	Moderate: Freezes once during straight walking	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				4	Severe: Freezes multiple times during straight walking.	
FIVEUPDRS3_12		Postural Stability		0	Normal: No problems	
				1	Slight: Not quite erect, but posture could be normal for older person	
				2	Mild: Definite flexion, scoliosis or leaning to one side, but patient can correct posture to normal posture when asked to do so	
				3	Moderate: Stooped posture, scoliosis or leaning to one side that cannot be corrected volitionally to a normal posture by the patient	
FIVEUPDRS3_14		Global Spontaneity of Movement (Body Bradykinesia)		0	Normal: No problems	
				1	Slight: Slight global slowness and poverty of spontaneous movements	
				2	Mild: Mild global slowness and	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					poverty of spontaneous movements	
				3	Moderate: Moderate global slowness and poverty of spontaneous movements	
				4	Severe: Severe global slowness and poverty of spontaneous movements.	
FIVEUPDRS3_15l		Postural Tremor of the Hands - Left		0	Normal: No tremor	
				1	Slight: Tremor is present but less than 1 cm in amplitude	
				2	Mild: Tremor is at least 1 but less than 3 cm in amplitude	
				3	Moderate: Tremor is at least 3 but less than 10 cm in amplitude	
FIVEUPDRS3_15r		Postural Tremor of the Hands - Right		0	Normal: No tremor	
				1	Slight: Tremor is present but less than 1 cm in amplitude	
				2	Mild: Tremor is at least 1 but less than 3 cm in amplitude	
				3	Moderate: Tremor is at least 3 but less than 10 cm in	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					amplitude	
FIVEUPDRS3_16l		kinetic tremor of the hands - Left		0	Normal: No tremor	
				1	Slight: Tremor is present but less than 1 cm in amplitude	
				2	Mild: Tremor is at least 1 but less than 3 cm in amplitude	
FIVEUPDRS3_16r		kinetic tremor of the hands - Right		0	Normal: No tremor	
				1	Slight: Tremor is present but less than 1 cm in amplitude	
				2	Mild: Tremor is at least 1 but less than 3 cm in amplitude	
FIVEUPDRS3_17lj		rest tremor amplitude - Lip/Jaw		0	Normal: No tremor	
				1	Slight: < 1 cm in maximal amplitude	
				2	Mild: > 1 cm but < 3 cm in maximal amplitude	
FIVEUPDRS3_17lle		rest tremor amplitude - Left Lower Extremity		0	Normal: No tremor	
				1	Slight: < 1 cm in maximal amplitude	
				2	Mild: > 1 cm but < 3 cm in maximal amplitude	
				4	Severe: > 10 cm in maximal amplitude	
				555	Unable To Rate	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEUPDRS3_17lue		rest tremor amplitude - Left Upper Extremity		0	Normal: No tremor	
				1	Slight: < 1 cm in maximal amplitude	
				2	Mild: > 1 cm but < 3 cm in maximal amplitude	
				3	Moderate: 3 - 10 cm in maximal amplitude	
				4	Severe: > 10 cm in maximal amplitude	
FIVEUPDRS3_17rle		rest tremor amplitude - Right Lower Extremity		0	Normal: No tremor	
				1	Slight: < 1 cm in maximal amplitude	
				2	Mild: > 1 cm but < 3 cm in maximal amplitude	
				3	Moderate: 3 - 10 cm in maximal amplitude	
				4	Severe: > 10 cm in maximal amplitude	
				555	Unable To Rate	
FIVEUPDRS3_17rue		Rest tremor amplitude - Right Upper Extremity		0	Normal: No tremor	
				1	Slight: < 1 cm in maximal amplitude	
				2	Mild: > 1 cm but < 3 cm in maximal amplitude	
				3	Moderate: 3 - 10 cm in maximal amplitude	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEUPDRS3_18		constancy of rest tremor		0	Normal: No tremor	
				1	Slight: Tremor at rest is present less than 25 percent of the entire examination period	
				2	Mild: Tremor at rest is present 26-50percent of the entire examination period	
				3	Moderate: Tremor at rest is present 51-75 percent of the entire examination period	
				4	Severe: Tremor at rest is present greater than 75 percent of the entire examination period	
FIVEUPDRS3_2		Facial Expression		0	Normal: Normal facial expression	
				1	Slight: Minimal masked faces manifested only by decreased frequency of blinking	
				2	Mild: With decreased eye-blink freq., masked faces present in lower face, namely fewer movements around the mouth, e.g. less	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					spontaneous smiling, but lips not parted	
				3	Moderate: Masked faces with lips parted some of the time when the mouth is at rest	
				4	Severe: Masked faces with lips parted most of the time when the mouth is at rest	
FIVEUPDRS3_4l		Finger Tapping - Left		0	Normal: No problems	
				1	Slight: Any of these: regular rhythm is broken with 1-2 interruptions or hesitations of the tapping movement; slight slowing; amplitude decrements near end of 10 taps	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					these: > 5 interruptions during tapping or >= 1 longer arrest (freeze) in ongoing movement; moderate slowing; amplitude decrements starting after 1st tap	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_4r		Finger Tapping - Right		0	Normal: No problems	
				1	Slight: Any of these: regular rhythm is broken with 1-2 interruptions or hesitations of the tapping movement; slight slowing; amplitude decrements near end of 10 taps	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions during tapping or >= 1 longer arrest (freeze) in ongoing movement; moderate slowing; amplitude decrements starting after 1st tap	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_5l		Hand Movements - Left		0	Normal: No problems	
				1	Slight: Any of these: regular rhythm is broken with 1-2 interruptions or hesitations of the movement; slight slowing; the amplitude decrements near end of the task	
				2	Mild: Any of the following: a. 3 to 5	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least 1 longer arrest (freeze); moderate slowing; amplitude decrements starting after the 1st open/close	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_5r		Hand Movements - Right		0	Normal: No problems	
				1	Slight: Any of these: regular rhythm is broken with 1-2 interruptions or hesitations of the movement; slight slowing; the amplitude decrements near end of the task	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least 1 longer arrest (freeze); moderate slowing; amplitude decrements starting after the 1st open/close	
				555	Unable To Rate	
FIVEUPDRS3_6l		Pronation-Supination Movements of Hands - Left		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or hesitations of the movement b) slight slowing c) amplitude decrements near end of sequence	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least one longer arrest (freeze); moderate slowing; amplitude decrements starting after 1st supination-pronation	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_6r		Pronation-Supination Movements of Hands - Right		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or hesitations of the movement b) slight slowing c) amplitude decrements near end of sequence	
				2	Mild: Any of the	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least one longer arrest (freeze); moderate slowing; amplitude decrements starting after 1st supination-pronation	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_7l		Toe Tapping - Left		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or hesitations of the tapping b) slight slowing c) amplitude	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					decrements near end of 10 taps	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least 1 longer arrest (freeze); moderate slowing; amplitude decrements after 1st tap	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_7r		Toe Tapping - Right		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or hesitations of the tapping b) slight slowing c)	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					amplitude decrements near end of 10 taps	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: > 5 interruptions or at least 1 longer arrest (freeze); moderate slowing; amplitude decrements after 1st tap	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_8l		Leg Agility - Left		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or hesitations of the movement b) slight	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					slowing c) amplitude decrements near end of the task	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: a) > 5 interruptions or at least 1 longer arrest (freeze) b) moderate slowing in speed c) amplitude decrements after 1st tap	
				4	Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	
				555	Unable To Rate	
FIVEUPDRS3_8r		Leg Agility - Right		0	Normal: No problems	
				1	Slight: Any of these: a) regular rhythm is broken with 1-2 interruptions or	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					hesitations of the movement b) slight slowing c) amplitude decrements near end of the task	
				2	Mild: Any of the following: a. 3 to 5 interruptions during tapping b. mild slowing c. the amplitude decrements midway in the 10-tap sequence	
				3	Moderate: Any of these: a) > 5 interruptions or at least 1 longer arrest (freeze) b) moderate slowing in speed c) amplitude decrements after 1st tap	
				555	Unable To Rate	
FIVEUPDRS3_9		Arising from Chair		0	Normal: No problems. Able to arise quickly without hesitation	
				1	Slight: Arising is slower than normal, or may need more than one attempt, or may need to move forward in the chair	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					to arise. No need to use the arms of the chair	
				2	Mild: Pushes self up from arms of chair without difficulty.	
				3	Moderate: Needs to push off, but tends to fall back or may have to try more than one time using arms of chair, but can get up without help.	
				4	Severe: Unable to arise without help.	
FIVEUPDRS3_dysa		Were dyskinesias (chorea or dystonia) present during examination?		0	No	
				1	Yes	
FIVEUPDRS3_dysb		If yes, did these movements interfere with your ratings?		0	No	
				1	Yes	
FIVEUPDRS3_hy		Hoehn and Yahr stage score		0	Asymptomatic	
				1	Unilateral involvement only	
				2	Bilateral involvement without impairment of balance	
				3	Mild to moderate involvement, some postural instability but physically independent, needs	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					assistance to recover from pull test	
				4	Severe disability, still able to walk or stand unassisted	
				5	Wheelchair bound or bedridden unless aided	
FIVEUPDRS3a		Is the patient on medication for treating the symptoms of Parkinson's Disease?		0	No	
				1	Yes	
FIVEUPDRS3b		If the patient is receiving medication for treating the symptoms of Parkinson's Disease, mark the patient's clinical state using the following definitions:		0	OFF (Off is the typical functional state when patients have a poor response in spite of taking medications.)	
				1	ON (On is the typical functional state when patients are receiving medication and have a good response)	
FIVEUPDRS3c		Is the patient on Levodopa?		0	No	
				1	Yes	
FIVEUPDRS3c1		If yes, minutes since last levodopa dose				
FIVEUPDRS4_1		time spent with dyskinesias: Score		0	Normal: no dyskinesias	
				1	Slight: 25perecent of waking day	
				2	Mild: 26-50 percent of waking day	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
				3	Moderate: 51-75 percent of waking day	
				4	Severe: > 75 percent of waking day	
FIVEUPDRS4_1dys		time spent with dyskinesias: Total hours with dyskinesia				
FIVEUPDRS4_1percent		time spent with dyskinesias: Percent with dyskinesia				
FIVEUPDRS4_1tot		time spent with dyskinesias: Total hours awake				
FIVEUPDRS4_2		functional impact of dyskinesias		0	Normal: No dyskinesias or no impact by dyskinesias on activities or social interactions	
				1	Slight: Dyskinesias impact on a few activities, but the patient usually performs all activities and participates in all social interactions during dyskinetic periods	
				2	Mild: Dyskinesias impact on many activities, but the patient usually performs all	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					activities and participates in all social interactions during dyskinetic periods	
				3	Moderate: Dyskinesias impact activities enough that patient usually doesn't perform some activities or participate in some social activities during dyskinetic episodes	
FIVEUPDRS4_3		time spent in the off state: score		0	Normal: No OFF time	
				1	Slight: less than or equal to 25 percent of waking day	
				2	Mild: 26 - 50 percent of waking day	
				4	Severe: greater than 75 percent of waking day	
FIVEUPDRS4_3off		time spent in the off state: Total hours in the OFF state				
FIVEUPDRS4_3percent		time spent in the off state: Percent in OFF state				
FIVEUPDRS4_3tot		time spent in the off state: Total hours awake				

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
FIVEUPDRS4_4		functional impact of fluctuations		0	Normal: No fluctuations or No impact by fluctuations on performance of activities or social interactions	
				1	Slight: Fluctuations impact a few activities, but when OFF patient usually performs all activities & participates in all social interactions that typically occur when ON	
				2	Mild: Fluctuations impact many activities, but when OFF, patient usually performs all activities & participates in all social interactions that typically occur when ON	
				3	Moderate: Fluctuations impact function when OFF such that patient usually doesn't perform some activities or participate in some	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					social interactions performed when ON	
				4	Severe: Fluctuations impact function such that, when OFF, patient usually doesn't perform most activities or participate in most social interactions performed when ON	
FIVEUPDRS4_5		complexity of motor fluctuations		0	Normal: No motor fluctuations	
				1	Slight: OFF times are predictable all or almost all of the time (greater than 75 percent	
				2	Mild: OFF times are predictable most of the time (51-75 percent	
				3	Moderate: OFF times are predictable some of the time (26-50 percent	
				4	Severe: OFF episodes are rarely predictable (less than 25 percent	
FIVEUPDRS4_6		painful off-state dystonia: Score		0	Normal: No dystonia OR NO OFF TIME	
				1	Slight: < 25% of	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					time in OFF state	
				2	Mild: 26-50% of time in OFF state	
				3	Moderate: 51-75% of time in OFF state	
				4	Severe: > 75% of time in OFF state.	
FIVEUPDRS4_6off		painful off-state dystonia: Total hours in OFF state		nan	nan	
FIVEUPDRS4_6offdys		painful off-state dystonia: Total hours in OFF state with dystonia		nan	nan	
FIVEUPDRS4_6percent		painful off-state dystonia: Percent in OFF state with dystonia		nan	nan	
FIVEUpdrs3_1		Speech		0	Normal: No speech problems	
				1	Slight: Loss of modulation, diction or volume, but still all words easy to understand	
				2	Mild: Loss of modulation, diction, or volume, with a few words unclear, but the overall sentences easy to follow	
				3	Moderate: Speech is difficult to understand to the point that some, but	

Variable	Data Type	Variable Description	Sub-Choice 1	Value	Value Description	Notes/Resources
					not most, sentences are poorly understood	
				4	Severe: Most speech is difficult to understand or unintelligible	

IMPACT AND COMMUNICATION (OFF)

Table Description: Impact and Communication About Off Periods

View Source Instrument: [link]

Details: This survey is referred to as "Impact and communication about OFF Periods" in Fox DEN, the questionnaire forms and as "Impact and Communication on OFF Periods" in the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities. This one-time survey was launched in February 2018 and closed in September 2018. 1,290 participants provided responses to this survey. This survey was only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF1CommAsk	Numeric	Does your doctor ask about what times of the day you take your Parkinson's medication?			1	Yes	
					2	No	
OFF1CommDisc	Numeric	Do you discuss your OFF periods with this doctor at most (50%) of the visits?			1	Yes	
					2	No	
OFF1CommEmot	Numeric	What aspects of OFF periods are discussed at most visits?	Emotional symptoms (e.g., anxiety, depression)		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommFreq	Numeric	What aspects of OFF periods are discussed at most visits?	Frequency		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommFunct	Numeric	What aspects of OFF periods are discussed at most visits?	Symptoms of bodily function (e.g., urinary symptoms, sweating, hot flashes)		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF1CommImpact	Numeric	What aspects of OFF periods are discussed at most visits?	Impact of OFF periods on your life		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommImport	Numeric	Has this been important to you?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommVisit.' (OFF1CommVisit ==1).
					2	Somewhat	
					3	No	
OFF1CommManage	Numeric	What aspects of OFF periods are discussed at most visits?	Management of OFF periods		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommOften	Numeric	When you are in the doctor's office, how often do you actually use the phrase OFF period(s) when talking about the symptoms that you experience?			1	Never	
					2	Rarely	
					3	Sometimes	
					4	Often	
					5	Always	
OFF1CommRateAffect	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I am reluctant to tell my doctor how my OFF periods are really impacting me/us because I do not want to admit how much there are affecting me/us		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRateBurdn	Numeric	Do you feel that your doctor understands the burden, or impact, of OFF periods on			1	Yes	
					2	No	
					3	I don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the daily activities you have listed above?					
OFF1CommRate Cmpln	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I am reluctant to tell my doctor how my OFF periods are really impacting me/us because I do not want my doctor to think I am complaining		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Const	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I am reluctant to tell the doctor about my OFF periods because they are variable/not consistent		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Descr	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with the doctor because they are difficult to describe		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Distr	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with my doctor because he/she is distracted by the computer/other technology during our clinic visits		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Embarr	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I am embarrassed to admit that I experience OFF periods		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	5 (Strongly Agree)	subitem shown as the Sub Choice.
OFF1CommRate Forgt	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I forget to discuss OFF periods at my doctors' visits		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Lack	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with my doctor due to lack of time at visits		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Lang	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with my doctor because we do not use the same language to describe the issues		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Life	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I don't think to discuss OFF periods because I consider it as part of the life of a PD patient		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Listen	Numeric	Using a scale from 1 to 7 please rate the level of	I have difficulty discussing OFF periods with my		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		agreement with the following statements.	doctor because I do not feel that he/she listens to what I have to say		3	3	question with the specific subitem shown as the Sub Choice.
					4	4	
					5	5 (Strongly Agree)	
OFF1CommRate Prgrsm	Numeric	Using a scale from 1 to 7 please rate the level of agreement with the following statements.	I am reluctant to tell my doctor about my OFF periods because I see it as a sign of progression of Parkinson's disease		1	1 (Strongly Disagree)	All Variables with prefix "OFF1CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF1CommStrat Answr	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Answering a questionnaire about OFF symptoms at my doctor visits		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Conv	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Having a free-flowing conversation with the doctor		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Diary	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Keeping a diary of my OFF periods and medication timing prior to clinic visits		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Oth	Numeric	Using the table below please indicate what strategies	Other		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		would help you to discuss OFF periods with your doctors.			2	I think this would be helpful if I tried it	of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	This would not be helpful	
OFF1CommStrat Part	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Having a partner at the visit to help describe the OFF periods		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Vid	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Sharing a video of my OFF periods with my doctor at the visit		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Visit	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Having longer doctor visits		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Wear	Numeric	Using the table below please indicate what strategies would help you to discuss OFF periods with your doctors.	Having a wearable device record OFF periods automatically and transmit this information to my doctor		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF1CommStrat Write	Numeric	Using the table below please indicate what strategies	Writing down a problem		1	I have used this and it is helpful	All Variables with prefix "OFF1CommStrat" are part

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		would help you to discuss OFF periods with your doctors.	list/agenda to discuss with the doctor prior to visits		2	I think this would be helpful if I tried it	of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	This would not be helpful	
OFF1CommSympt	Numeric	What aspects of OFF periods are discussed at most visits?	Motor symptoms (e.g., temor, stiffness, slowness of movement)		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommTime	Numeric	What aspects of OFF periods are discussed at most visits?	Timing of OFF periods		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommDisc.' (OFF1CommDisc ==1).
					2	No	
OFF1CommTool	Numeric	Have you found any communication tools about OFF periods that you have found helpful?			1	Yes	
					2	No	
OFF1CommType	Numeric	What type of doctor primarily cares for your Parkinson's disease?			1	Movement Disorder specialist	
					2	General neurologist	
					3	Primary care physician	
					4	Geriatrician	
					5	Other	
					6	I don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF1CommVisit	Numeric	Have you communicated with your doctor between scheduled visits about your OFF periods?			1	No, it has not been necessary	
					2	No, I would have liked to but the doctor is not available.	
					3	No, I would have liked to but I avoid bothering my doctor	
					4	Yes	
OFF1EducAdeq	Numeric	Do you feel that you have had adequate education about OFF periods? (e.g. teaching from your doctor, or educational material made available to you)			1	Yes	
					2	No	
OFF1EducBook	Numeric	How did you learn about OFF periods? (Select all that apply)	I read a book about Parkinson's disease that explained what these symptoms were		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducCare	Numeric	How did you learn about OFF periods? (Select all that apply)	My care partner/family explained it to me		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducDr	Numeric	How did you learn about OFF periods? (Select all that apply)	My doctor had previously told me about them		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducDrAft	Numeric	How did you learn about OFF periods? (Select all that apply)	My doctor explained that they were OFF		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			periods after I brought up the symptoms				question with the specific subitem shown as the Sub Choice.
OFF1EducFriend	Numeric	How did you learn about OFF periods? (Select all that apply)	I learned about it from a friend		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducOnline	Numeric	How did you learn about OFF periods? (Select all that apply)	I read about them online		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducOth	Numeric	How did you learn about OFF periods? (Select all that apply)	Other		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1EducPrefr	Numeric	What would be your preferred format for learning about OFF periods?			1	Explanation from the doctor	
					2	Written handout or pamphlet	
					3	Explanation from the doctor + written handout	
					4	On-line video tutorial	
					5	On-line written material	
					6	Other, please specify:	
OFF1EducSupp	Numeric	How did you learn about OFF periods? (Select all that apply)	My PD support group told me what was happening		1	Checked	Variables with prefix "OFF1Educ" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice.
OFF1Exp	Numeric	Do you experience OFF periods?			1	Yes	Participants are presented with the prompt, 'When a person with Parkinson's disease benefits from medication, over time they can begin to experience periods where the medications don't work or don't work as well. In those periods those symptoms that are typically improved by the medication temporarily worsen. These periods are called OFF periods.' If participants answered, 'No' or 'I don't know,' to this question, then they couldn't proceed any further in the survey.
					2	No	
					3	I don't know	
OFF1ExpStart	Numeric	How many years ago did you begin to experience OFF periods?			1	Less than 1 year	
					2	1 to 5 years	
					3	6 to 10 years	
					4	Greater than 10 years	
					5	I don't know	
OFF1ImpactActiv	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Scheduled activities		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactAnx	Numeric	How much are each of the following aspects of YOUR	OFF periods make me anxious		1	1 (Strongly disagree)	All Variables with prefix "OFF1Impact" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		life impacted by OFF periods?			2	2	large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF1ImpactComm	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Communication		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactDay	Numeric	In general, how much impact do the OFF periods have on your daily life?			1	1 (No impact)	
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactDrive	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Driving		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactEmbar	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements:	OFF periods make me feel embarrassed		1	1 (Strongly disagree)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF1ImpactEmpl	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Employment		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF1ImpactEsteem	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements:	Having OFF periods has hurt my self-esteem		1	1 (Strongly disagree)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF1ImpactFriend	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Friendship		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactFrust	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements:	Off periods frustrate me		1	1 (Strongly disagree)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF1ImpactGroom	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Self-care/grooming		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactHouse	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Household tasks		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactIndep	Numeric	How much are each of the following aspects of YOUR	Independence		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		life impacted by OFF periods?			3	3	large multi-subitem question with the specific subitem shown as the Sub Choice.
					4	4	
					5	5 (Severe impact)	
OFF1ImpactLeave	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your freedom to leave the home		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactLeis	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Leisure/hobbies		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactPhys	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Physical activity		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactRateCare	Numeric	Please rate the impact of X experienced during OFF periods by the person you care for with Parkinson's disease.			1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympOth.'(OFF1SympOth ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactRelat	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Relationship to carepartner		1	1 (No impact)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1ImpactScare	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree	Having OFF periods is scary		1	1 (Strongly disagree)	All Variables with prefix "OFF1Impact" are part of a large multi-subitem
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		and 5=Strongly Agree) please rate your level of agreement with the following statements:			3	3	question with the specific subitem shown as the Sub Choice.
					4	4	
					5	5 (Strongly agree)	
OFF1Park	Numeric	Do you have Parkinson's disease or are you the primary care partner for a person with Parkinson's disease?			1	Yes, I have Parkinson's disease	If participants answered 'No' for this question, they couldn't proceed any further in the survey.
					2	Yes, I am the primary care partner for a person with Parkinson's disease	
					3	No	
OFF1Predict	Numeric	If the timing of your OFF periods were more predictable, how much would that lessen their impact on your life?			1	Very much	Participants were only presented this question if they responded 'Less than 25%', '25-50' 'Greater than 50%' to the question in Variable OFF1UnpredProp (OFF1UnpredProp ==2 , OFF1UnpredProp ==3 or OFF1UnpredProp ==4).
					2	Somewhat	
					3	Neutral	
					4	Not at all	
OFF1SympAgit	Numeric	Please check all of the symptoms that you experience during OFF periods	Agitation or restlessness		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympAgit1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Agitation or restlessness		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'OFF1SympAgit.' (OFF1SympAgit ==1).
OFF1SympAnx	Numeric	Please check all of the symptoms that you experience during OFF periods	Anxiety		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympAnx1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Anxiety		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympAnx.' (OFF1SympAnx ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympAppet	Numeric	Please check all of the symptoms that you experience during OFF periods	Loss of appetite		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympAppet 1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Loss of appetite		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							they responded 'Yes' to the question in Variable 'OFF1SympAppet.' (OFF1SympAppet ==1).
OFF1SympBladd	Numeric	Please check all of the symptoms that you experience during OFF periods	Change in bladder function (e.g. urgency, incontinence)		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympBladd 1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Change in bladder function (e.g. urgency, incontinence)		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympBladd.' (OFF1SympBladd ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympBreath	Numeric	Please check all of the symptoms that you experience during OFF periods	Trouble breathing		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympBreath 1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Trouble breathing		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'OFF1SympBreath.' (OFF1SympBreath ==1).
OFF1SympFall	Numeric	Please check all of the symptoms that you experience during OFF periods	Increased falls		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympFall1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Increased falls		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympFall.' (OFF1SympFall ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympFatg	Numeric	Please check all of the symptoms that you experience during OFF periods	Fatigue		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympFatg1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Fatigue		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							they responded 'Yes' to the question in Variable 'OFF1SympFatg.' (OFF1SympFatg ==1).
OFF1SympFlash	Numeric	Please check all of the symptoms that you experience during OFF periods	Hot flashes		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympFlash1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Hot flashes		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympFlash.' (OFF1SympAppet ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympGait	Numeric	Please check all of the symptoms that you experience during OFF periods	Change in gait/walking		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympGait1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Change in gait/walking		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'OFF1SympGait.' (OFF1SympGait ==1).
OFF1SympHand	Numeric	Please check all of the symptoms that you experience during OFF periods	Difficulty with hand coordination		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympHand1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Difficulty with hand coordination		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympHand.' (OFF1SympHand ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympIrrit	Numeric	Please check all of the symptoms that you experience during OFF periods	Irritability		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympIrrit1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Irritability		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'OFF1SympIrrit.' (OFF1SympIrrit ==1).
OFF1SympMotiv	Numeric	Please check all of the symptoms that you experience during OFF periods	Loss of motivation		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympMotiv1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Loss of motivation		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympMotiv.' (OFF1SympMotiv ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympNaus	Numeric	Please check all of the symptoms that you experience during OFF periods	Nausea		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympNaus1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Nausea		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							they responded 'Yes' to the question in Variable 'OFF1SympNaus.' (OFF1SympNaus ==1).
OFF1SympOth	Numeric	Are there other symptoms not previously listed that you experience during OFF periods?			1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	I don't know	
OFF1SympPain	Numeric	Please check all of the symptoms that you experience during OFF periods	Pain		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympPain1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Pain		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympPain.' (OFF1SympPain ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympSad	Numeric	Please check all of the symptoms that you experience during OFF periods	Sadness/depression		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSad1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Sadness/depression		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem
					2	2	
					3	3	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	4	question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSad.' (OFF1SympSad ==1).
					5	5 (Severe impact)	
OFF1SympSleep	Numeric	Please check all of the symptoms that you experience during OFF periods	Sleepiness		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSleep1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Sleepiness		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSleep.' (OFF1SympSleep ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympSlow	Numeric	Please check all of the symptoms that you experience during OFF periods	Slowness of movement		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSlow1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Slowness of movement		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	5 (Severe impact)	subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSlow.' (OFF1SympSlow ==1).
OFF1SympSocial	Numeric	Please check all of the symptoms that you experience during OFF periods	Social withdrawal		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSocial 1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Social withdrawal		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSocial.' (OFF1SympSocial ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympSpeak	Numeric	Please check all of the symptoms that you experience during OFF periods	Difficulty speaking		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSpeak 1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Difficulty speaking		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSpeak.' (OFF1SympSpeak ==1).
OFF1SympStiff	Numeric	Please check all of the symptoms that you experience during OFF periods	Stiffness		1 2 3	Yes No Unsure	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1SympStiff1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Stiffness		1 2 3 4 5	1 (No impact) 2 3 4 5 (Severe impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympStiff.' (OFF1SympStiff ==1).
OFF1SympSwall	Numeric	Please check all of the symptoms that you experience during OFF periods	Difficulty swallowing		1 2 3	Yes No Unsure	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1SympSwall1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Difficulty swallowing		1 2 3 4	1 (No impact) 2 3 4	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	5 (Severe impact)	subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSwall.' (OFF1SympSwall ==1).
OFF1SympSweat	Numeric	Please check all of the symptoms that you experience during OFF periods	Sweating		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympSweat1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Sweating		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympSweat.' (OFF1SympSweat ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF1SympThink	Numeric	Please check all of the symptoms that you experience during OFF periods	Difficulty thinking		1	Yes	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF1SympThink1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Difficulty thinking		1	1 (No impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympThink.' (OFF1SympThink ==1).
OFF1SympTrem	Numeric	Please check all of the symptoms that you experience during OFF periods	Tremor		1 2 3	Yes No Unsure	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF1SympTrem1	Numeric	Please rate the impact of X during your OFF periods on your daily life.	Tremor		1 2 3 4 5	1 (No impact) 2 3 4 5 (Severe impact)	All Variables with prefix "OFF1Symp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1SympTrem.' (OFF1SympTrem ==1).
OFF1Term	Numeric	Are you familiar with the term OFF or OFF periods related to Parkinson's disease? When a person with Parkinson's disease benefits from medication, over time they can begin to experience periods where the medications don't work or don't work as well. In			1 2	Yes No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		those periods those symptoms that are typically improved by the medication temporarily worsen. These periods are called OFF periods.					
OFF1Track	Numeric	Do you currently keep track of your OFF periods using a paper or electronic record?			1	Yes	
					2	No	
OFF1TrackElect	Numeric	How do you keep track of your OFF periods?	Electronic diary		1	Checked	All Variables with prefix "OFF1Track" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1Track.' (OFF1Track ==1).
OFF1TrackOth	Numeric	How do you keep track of your OFF periods?	Other method		1	Checked	All Variables with prefix "OFF1Track" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1Track.' (OFF1Track ==1).
OFF1TrackPaper	Numeric	How do you keep track of your OFF periods?	Paper record		1	Checked	All Variables with prefix "OFF1Track" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1Track.' (OFF1Track ==1).
OFF1UnpredProp	Numeric	What proportion of your OFF periods come at unpredictable (i.e. unexpected) times?			1	0%	
					2	Less than 25%	
					3	25-50%	
					4	Greater than 50%	
					5	I don't know	
OFF1WeekDur	Numeric	Over the last week, on average, what is the typical duration of each OFF period?			1	Less than 15 minutes	
					2	Between 15 and 30 minutes	
					3	Between 30 and 45 minutes	
					4	Between 45 minutes and 1 hour	
					5	Greater than 2 hours	
					6	I don't know	
OFF1WeekNum	Numeric	Over the last week, on average, how many OFF periods do you experience in a typical waking day?			1	No periods, zero	
					2	1 period per day	
					3	2 periods per day	
					4	3 periods per day	
					5	Greater than 4 periods per day	
					6	I don't know	
OFF2CommAsk	Numeric	Does the doctor ask about the timing of medication (e.g., levodopa/carbidopa) at every, or almost every, visit?			1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2CommAttnd	Numeric	Do you attend appointments with the person who has Parkinson's disease?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	No	
					3	Sometimes	
OFF2CommEmot	Numeric	What aspects of OFF periods are discussed at most visits?	Emotional symptoms (e.g., anxiety)		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommFreq	Numeric	What aspects of OFF periods are discussed at most visits?	Frequency		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommFunct	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		What aspects of OFF periods are discussed at most visits?	Symptoms of bodily function (e.g., urinary symptoms, sweating, hot flashes)		2	No	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2CommImpactCare	Numeric	What aspects of OFF periods are discussed at most visits?	Impact of OFF periods on the life of the person you care for		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommImpactYou	Numeric	What aspects of OFF periods are discussed at most visits?	Impact of OFF periods on YOUR life		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2CommImport	Numeric	Has this been important to you?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF1CommVisit.' (OFF1CommVisit ==4).
					2	Somewhat	
OFF2CommImpt	Numeric	How important do you feel it is for you as a caregiver to attend the appointments so that you can provide information to the doctor about the OFF periods? (e.g. the frequency, duration or impact of the OFF periods)			1	1 (Not important)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					2	2	
					3	3	
					4	4	
					5	5 (Very important)	
OFF2CommManage	Numeric	What aspects of OFF periods are discussed at most visits?	Management of OFF periods		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommOften	Numeric	When you are in the doctor's office, how often do you			1	Never	Participants were only presented this question if
					2	Rarely	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		actually use the phrase OFF period(s) when talking about the symptoms that the person you care for experiences?			3	Sometimes	they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					4	Often	
					5	Always	
OFF2CommRate Affect	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I am reluctant to tell the doctor how his or her OFF periods are really impacting me/us because I do not want to admit how much they are affecting me/us		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Burdn	Numeric	Do you feel that the doctor understands the burden, or impact, of OFF periods on the daily activities you have listed above?			1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					2	No	
					3	I don't know	
OFF2CommRate Compl	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I am reluctant to tell the doctor how his or her OFF periods are really impacting me/us because I do not want the doctor to think I am complaining		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3).
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2CommRate Const	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I am reluctant to tell the doctor about the OFF periods because they are variable/not consistent		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Descr	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with the doctor because they are difficult to describe		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Distr	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and	I have difficulty discussing OFF		1	1 (Strongly disagree)	Participants were only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		5=strongly disagree) please rate the level of agreement with the following statements.	periods with the doctor because he/she is distracted by the computer/other technology during our clinic visits		2	2	they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Lack	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with the doctor due to lack of time at visits		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Lang	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with the doctor because we do not use the same language to describe the issues		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2CommRate Listen	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I have difficulty discussing OFF periods with the doctor because I do not feel that he/she listens to what I have to say		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommRate Prgrsm	Numeric	Using a scale from 1 to 5 (where 1=strongly agree and 5=strongly disagree) please rate the level of agreement with the following statements.	I am reluctant to tell the doctor about his or her OFF periods because I see it as a sign of progression of Parkinson's disease		1	1 (Strongly disagree)	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommRate" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly agree)	
OFF2CommStrat Answr	Numeric	Using the table below please indicate what strategies would help you to discuss	Answering a questionnaire about OFF		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		OFF strategies with your doctor.	symptoms at the clinic visit		2	I think this would be helpful if I tried it	'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3	This would not be helpful	
OFF2CommStrat Conv	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Having a free-flowing conversation with the doctor		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF2CommStrat Diary	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Keeping a diary of OFF periods and medication timing prior to clinic visits		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question with the specific subitem shown as the Sub Choice.
OFF2CommStrat Oth	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Other		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF2CommStrat Vid	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Sharing a video of OFF periods with my doctor at the visit		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF2CommStrat Visit	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Having longer clinic visits		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable
					2	I think this would be helpful if I tried it	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	This would not be helpful	'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2CommStrat Wear	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Having a wearable device record OFF periods automatically and transmit this information to the doctor		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	
OFF2CommStrat Write	Numeric	Using the table below please indicate what strategies would help you to discuss OFF strategies with your doctor.	Writing down a problem list/agenda to discuss with the doctor prior to visits		1	I have used this and it is helpful	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). All Variables with prefix "OFF2CommStrat" are part of a large multi-subitem question with the specific
					2	I think this would be helpful if I tried it	
					3	This would not be helpful	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice.
OFF2CommSympt	Numeric	What aspects of OFF periods are discussed at most visits?	Motor symptoms (e.g., tremor, stiffness, slowness of movement)		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommTime	Numeric	What aspects of OFF periods are discussed at most visits?	Timing of OFF periods		1	Yes	Participants were only presented this question if they responded 'Yes' or 'Sometimes' to the question in Variable 'OFF2CommAttnd.' (OFF2CommAttnd ==1 or OFF2CommAttnd ==3). Variables with prefix "OFF2Comm" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
OFF2CommType	Numeric	What type of doctor primarily cares for the person's Parkinson's disease?			1	Movement Disorder specialist	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	General neurologist	
					3	Primary care physician	
					4	Geriatrician	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Other	
					6	I don't know	
OFF2CommVisit	Numeric	Have you communicated with the doctor between scheduled visits about OFF periods?			1	No, it has not been necessary	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No, I would have liked to but the doctor is not available	
					3	No, I would have liked to but I avoid bothering the doctor	
					4	Yes	
					5	Not applicable - I am not the person who would communicate with the doctor	
OFF2EducAdeq	Numeric	Do you feel that you have had adequate education about OFF periods? (e.g. teaching from your doctor, or educational material made available to you)			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
OFF2EducBook	Numeric	How did you learn about OFF periods?	I read a book about Parkinson's disease that explained what these symptoms were		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducCare	Numeric	How did you learn about OFF periods?	The person I care for explained it to me		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducDr	Numeric	How did you learn about OFF periods?	The doctor of the person I care for had told me about them before the person I care for began to experience them		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducDrAft	Numeric	How did you learn about OFF periods?	The doctor of the person I care for explained that they were OFF periods after I brought up the symptoms		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducFriend	Numeric	How did you learn about OFF periods?	I learned about it from a friend		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducHelp	Numeric	Do you think it is helpful to learn about OFF periods early in the course of Parkinson's disease, before they are experienced?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
OFF2EducOnline	Numeric	How did you learn about OFF periods?	I read about them on-line		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducOth	Numeric	How did you learn about OFF periods?	Other		1	Checked	Participants were only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2EducPrefr	Numeric	What would be your preferred format for learning about OFF periods?			1	Explanation from the doctor	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	Written handout or pamphlet	
					3	Explanation from the doctor + written handout	
					4	On-line video tutorial	
					5	On-line written material	
					6	Other, please specify:	
OFF2EducSupp	Numeric	How did you learn about OFF periods?	The Parkinson's disease support group told me what was happening		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All Variables with prefix "OFF2Edu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2ExpStart	Numeric	How many years ago did the person you care for with			1	Less than 1 year	Participants were only presented this question if they responded 'Yes' to the
					2	1-5 years	
					3	6-10 years	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease begin to experience OFF periods?			4	Greater than 10 Years	question in Variable 'OFF2Term' (OFF2Term ==1).
					5	I don't know	
OFF2ImpactActiv	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Scheduled activities		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactAnx	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements.	The OFF periods make me anxious		1	1 (Strongly Disagree)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF2ImpactCare	Numeric	Does the person that you care for with Parkinson's disease rely on you for timely administration of medication?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	No	
OFF2ImpactDay	Numeric	In general, how much impact do the OFF periods have on YOUR daily life?			1	1 (No impact)	Participants are presented with the following prompt, 'These questions are asking
					2	2	
					3	3	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	4	how the OFF times impact your life. Please answer these questions with respect to the impact on you, not the person with Parkinson's disease.' Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					5	5 (Severe impact)	
OFF2ImpactDay2	Numeric	Please rate the impact of being relied on for timely administration of medication on your life.			1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2ImpactCare.' (OFF2ImpactCare ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactEmpl	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Employment		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactEsteem	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate	The OFF periods make me feel embarrassed		1	1 (Strongly Disagree)	Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your level of agreement with the following statements.			5	5 (Strongly Agree)	'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2ImpactFriend	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Friendships		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactFrust	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements.	The OFF periods frustrate me		1	1 (Strongly Disagree)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF2ImpactGroom	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Self-care		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	5 (Severe impact)	'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2ImpactHouse	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Household tasks		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactLeave	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your freedom to leave the home		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactLeis	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Leisure/hobbies		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	5 (Severe impact)	'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2ImpactMood	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Mood		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactPhys	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your Physical Health		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2ImpactRelat	Numeric	How much are each of the following aspects of YOUR life impacted by OFF periods?	Your relationship to the person with		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			Parkinson's disease		5	5 (Severe impact)	'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2ImpactScare	Numeric	Using a scale from 1 to 5 (where 1=Strongly Disagree and 5=Strongly Agree) please rate your level of agreement with the following statements.	Watching OFF periods is scary		1	1 (Strongly Disagree)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1). All Variables with prefix "OFF2Impact" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Strongly Agree)	
OFF2Predict	Numeric	If the timing of the OFF periods were more predictable, how much would that lessen their impact on your life?			1	Very much	Participants were only presented this question if they responded 'Less than 25%', '25-50%' or 'Greater than 50%' to the question in Variable 'OFF2UnpredProp.' (OFF2UnpredProp ==2, OFF2UnpredProp ==3 or OFF2UnpredProp==4).
					2	Somewhat	
					3	Neutral	
					4	Not at all	
OFF2SympAgit	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Agitation or restlessness		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympAgit1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Agitation or restlessness		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympAgit.' (OFF2SympAgit ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympAnx	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Anxiety		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympAnx1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Anxiety		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympAnx.' (OFF2SympAnx ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympAppet	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Loss of appetite		1 2 3	Yes No Unsure	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympAppet1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Loss of appetite		1 2 3 4 5	1 (No impact) 2 3 4 5 (Severe impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympAppet.' (OFF2SympAppet==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympBladd	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Change in bladder function (e.g. urgency, incontinence)		1 2 3	Yes No Unsure	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympBladd1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Change in bladder function (e.g. urgency, incontinence)		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympBladd.' (OFF2SympBladd==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympBreath	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Trouble breathing		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympBreath1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Trouble breathing		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympBreath.' (OFF2SympBreath==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympFall	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Increased falls		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympFall1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Increased falls		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympFall.' (OFF2SympFall==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympFatg	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Fatigue		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympFatg1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Fatigue		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympFatg.' (OFF2SympFatg==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympFlash	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Hot flashes		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympFlash1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Hot flashes		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympFlash.' (OFF2SympFlash==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympGait	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Change in gait/walking		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympGait1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Change in gait/walking		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympGait.' (OFF2SympGait==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympHand	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Difficulty with hand coordination		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympHand1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Difficulty with hand coordination		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympHand.' (OFF2SympHand==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympIrrit	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Irritability		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympIrrit1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Irritability		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympIrrit.' (OFF2SympIrrit==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympMotiv	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Loss of motivation		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympMotiv 1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Loss of motivation		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympMotiv.' (OFF2SympMotiv==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympNaus	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Nausea		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2SympNaus1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Nausea		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympNaus.' (OFF2SympNaus==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
OFF2SympOth	Numeric	Are there other symptoms not previously listed that the person you care for with Parkinson's experiences during OFF periods?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1).
					2	No	
					3	I don't know	
OFF2SympPain	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Pain		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympPain1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Pain		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympPain.' (OFF2SympPain==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympSad	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Sadness/depression		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSad1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Sadness/depression		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSad.' (OFF2SympSad==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympSleep	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Sleepiness		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSleep1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Sleepiness		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSleep.' (OFF2SympSleep==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympSlow	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease	Slowness of movement		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympSlow1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Slowness of movement		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSlow.' (OFF2SympSlow==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympSocial	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Social withdrawal		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSocial 1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Social withdrawal		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSocial.' (OFF2SympSocial==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympSpeak	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Difficulty speaking		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSpeak 1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Difficulty speaking		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSpeak.' (OFF2SympSpeak==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympStiff	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Stiffness		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympStiff1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Stiffness		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympStiff.' (OFF2SympStiff==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympSwall	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Difficulty swallowing		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSwall 1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Difficulty swallowing		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSwall.' (OFF2SympSwall==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympSweat	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Sweating		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympSweat1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Sweating		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympSweat.' (OFF2SympSweat==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympThink	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Difficulty thinking		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2SympThink1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Difficulty thinking		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympThink.' (OFF2SympThink==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	
OFF2SympTrem	Numeric	Check all of the symptoms of OFF periods experienced by the person you care for with Parkinson's disease.	Tremor		1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term.' (OFF2Term ==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Unsure	
OFF2SympTrem1	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner)	Tremor		1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2SympTrem.' (OFF2SympTrem==1). All variables with the prefix, 'OFF2Symp' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
OFF2Term	Numeric	Does the person you care for with Parkinson's disease experience OFF periods, as just defined?			1	Yes	Participants are presented with the prompt, 'When a person with Parkinson's disease benefits from medication, over time they can begin to experience periods where the medications don't work or don't work as well. In those periods those symptoms that are typically improved by the medication temporarily worsen. These periods are called OFF periods. Participants were only presented this question if they responded 'Yes, I am the primary care partner for a person with Parkinson's disease,' to the question in Variable 'OFF1Park.' (OFF1Park ==1).
					2	No	
					3	I don't know	
OFF2TermLong	Numeric	How long has the person you care for had Parkinson's disease (in years)?			1	1-5	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	6-10	
					3	11-15	
					4	16-20	
					5	Greater than 20	
					6	I don't know	
OFF2Track	Numeric	Do you currently help the person you care for (who has Parkinson's disease) keep track of his or her OFF periods using a paper or electronic record?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	No	
OFF2TrackElect	Numeric	How do you keep track of OFF periods?	Electronic diary		1	Checked	Participants were only presented this question if they responded 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable OFF2Track (OFF2Track ==1). All variables with the prefix 'OFF2Track' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2TrackPaper	Numeric	How do you keep track of OFF periods?	Paper record		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in Variable OFF2Track (OFF2Track ==1). All variables with the prefix 'OFF2Track' are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
OFF2UnpredProp	Numeric	What proportion of the OFF periods come at unpredictable (i.e. unexpected) times?			1	0%	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	Less than 25%	
					3	25-50%	
					4	Greater than 50%	
					5	I don't know	
OFF2WeekDur	Numeric	Over the last week, on average what is the typical duration of each OFF period?			1	Less than 15 minutes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	Between 15 minutes and 30 minutes	
					3	Between 30 minutes and 45 minutes	
					4	Between 45 minutes and 1 hour	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Between 1 hour and 2 hours	
					6	Greater than 2 hours	
					7	I don't know	
OFF2WeekNum	Numeric	Over the last week, on average how many OFF periods does the person you care for experience in a typical waking day?			1	No periods, zero	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF2Term ==1).
					2	1 period per day	
					3	2 periods per day	
					4	3 periods per day	
					5	4 periods per day	
					6	Greater than 4 periods per day	
					7	I don't know	
OFFTermDef	Numeric	Are you familiar with the term OFF or OFF periods related to Parkinson's disease? When a person with Parkinson's disease benefits from medication, over time they can begin to experience periods where the medications don't work or don't work as well. In those periods those symptoms that are typically improved by the medication temporarily worsen. These periods are called OFF periods.			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in Variable 'OFF2Term' (OFF1Term ==1).
					2	No	
***	Numeric	Please rate the impact of X experienced during OFF periods on your daily life (as the care partner).			1	1 (No impact)	Participants were only presented this question if they responded 'Yes' to the question in Variable OFF2SympOth (Variable OFF2SympOth ==1).
					2	2	
					3	3	
					4	4	
					5	5 (Severe impact)	

Impact of Thinking, Mood, and Motor Symptoms (Impact)

Table Description: Impact of Thinking, Mood, and Motor Symptoms

View Source Instrument: [link]

Details: This one-time survey is referred to as “Impact of Thinking, Mood, and Motor Symptoms” in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the questionnaire forms. This survey was launched in October 2023. As of January 2024, 3,502 responses have been provided. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactDx	Numeric	Have you been diagnosed with Parkinson's disease?		1	Yes	
				2	No	
ImpactTxMoveDisSpc	Numeric	My Parkinson's disease is currently being treated by a	Movement Disorder Specialist	0	Not checked	
				1	Checked	
ImpactTxNeurologist	Numeric	My Parkinson's disease is currently being treated by a	General Neurologist	0	Not checked	
				1	Checked	
ImpactTxPCP	Numeric	My Parkinson's disease is currently being treated by a	Family Doctor/Primary Care Doctor	0	Not checked	
				1	Checked	
ImpactTxNPPA	Numeric	My Parkinson's disease is currently being treated by a	Nurse Practitioner/Physician Assistant	0	Not checked	
				1	Checked	
ImpactTxOther	Numeric	My Parkinson's disease is currently being treated by a	Other	0	Not checked	
				1	Checked	
ImpactMoveSlowMove	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Slowness of movement	0	Not checked	
				1	Checked	
ImpactMoveSpeech	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Speech difficulty (low voice, slurring, mumbling)	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactMoveTremor	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Tremors	0	Not checked	
				1	Checked	
ImpactMoveDexterity	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Loss of dexterity (e.g., difficulty with things like buttons, zippers, brushing teeth)	0	Not checked	
				1	Checked	
ImpactMoveImbalance	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Imbalance or tendency to fall	0	Not checked	
				1	Checked	
ImpactMoveWalking	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Walking problems (e.g., slow walking, freezing)	0	Not checked	
				1	Checked	
ImpactMoveHallucinate	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Visual hallucinations (e.g., seeing things that are not really there)	0	Not checked	
				1	Checked	
ImpactMoveHyposmia	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Reduced sense of smell	0	Not checked	
				1	Checked	
ImpactMoveSwallowing	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Swallowing difficulty	0	Not checked	
				1	Checked	
ImpactMovePain	Numeric	Which of the following movement and bodily function	Bodily pain or discomfort (e.g.,	0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		Parkinson's disease symptoms do you currently experience?	generalized, or of the joints)	1	Checked	
ImpactMoveUrinary	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Urinary problems (e.g., increased frequency, loss of bladder control)	1	Checked	
				0	Not checked	
ImpactMoveConstipation	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Constipation	1	Checked	
				0	Not checked	
ImpactMoveDreamEnactment	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Acting out dreams (e.g., punching, kicking or shouting during sleep)	1	Checked	
				0	Not checked	
ImpactMoveSleep	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Difficulty sleeping or insomnia	1	Checked	
				0	Not checked	
ImpactMoveDyskinesia	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Dyskinesias (e.g., unintentional movements related to the Parkinson's medications)	1	Checked	
				0	Not checked	
ImpactMoveNone	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	None of the above	1	Checked	
				0	Not checked	
ImpactMoveNotSure	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Not sure	1	Checked	
				0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactMovePNTA	Numeric	Which of the following movement and bodily function Parkinson's disease symptoms do you currently experience?	Prefer not to answer	1	Checked	
				0	Not checked	
ImpactMoveSlowMoveRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Slowness of movement	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveSpeechRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Speech difficulty (low voice, slurring, mumbling)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveTremorRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Tremors	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveDexterityRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Loss of dexterity (e.g., difficulty with things like buttons, zippers, brushing teeth)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveImbalanceRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you	Imbalance or tendency to fall	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		feel these symptoms impact your quality of life		4	Extremely	
ImpactMoveWalkingRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Walking problems (e.g., slow walking, freezing)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveHallucinateRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Visual hallucinations (e.g., seeing things that are not really there)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveHyposmiaRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Reduced sense of smell	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveSwallowingRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Swallowing difficulty	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMovePainRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Bodily pain or discomfort (e.g., generalized, or of the joints)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveUrinaryRate	Numeric			0	Not at all	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Urinary problems (e.g., increased frequency, loss of bladder control)	1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveConstipationRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Constipation	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveDreamEnactmentRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Acting out dreams (e.g., punching, kicking or shouting during sleep)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveSleepRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Difficulty sleeping or insomnia	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactMoveDyskinesiaRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Dyskinesias (e.g., unintentional movements related to the Parkinson's medications)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkDecisions	Numeric	Which of the following thinking and feeling	Difficulty with decisions or planning	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		Parkinson's disease symptoms do you currently experience?				
ImpactThinkSlower	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Slowing of mental or information processing	0	Not checked	
				1	Checked	
ImpactThinkMemory	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Memory problems	0	Not checked	
				1	Checked	
ImpactThinkExpress	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Difficulty with expressing your thoughts (e.g., word-finding difficulties)	0	Not checked	
				1	Checked	
ImpactThinkConcentrate	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Difficulty concentrating	0	Not checked	
				1	Checked	
ImpactThinkDepression	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Depression or sadness	0	Not checked	
				1	Checked	
ImpactThinkAnxiety	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Anxiety or excessive worrying	0	Not checked	
				1	Checked	
ImpactThinkBodyFatigue	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Physical fatigue (e.g., exhaustion or tiredness of the body)	0	Not checked	
				1	Checked	
ImpactThinkMentalFatigue	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Mental fatigue (e.g., feeling weary or	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
			exhausted during a mental task)			
ImpactThinkEmotions	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Difficulty controlling emotions or behaviors	0	Not checked	
				1	Checked	
ImpactThinkDizzy	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Feeling lightheaded or dizzy	0	Not checked	
				1	Checked	
ImpactThinkApathy	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Apathy (e.g., reduced motivation, needing more of a push)	0	Not checked	
				1	Checked	
ImpactThinkMultitask	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Difficulty with multi-tasking	0	Not checked	
				1	Checked	
ImpactThinkAlone	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Feeling of being alone or being isolated	0	Not checked	
				1	Checked	
ImpactThinkNone	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	None of the above	0	Not checked	
				1	Checked	
ImpactThinkNotSure	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Not sure	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactThinkPNTA	Numeric	Which of the following thinking and feeling Parkinson's disease symptoms do you currently experience?	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactThinkDecisionsRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Difficulty with decisions or planning	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkSlowerRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Slowing of mental or information processing	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkMemoryRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Memory problems	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkExpressRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Difficulty with expressing your thoughts (e.g., word-finding difficulties)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				4	Extremely	
ImpactThinkConcentrateRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Difficulty concentrating	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkDepressionRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Depression or sadness	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkAnxietyRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Anxiety or excessive worrying	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkBodyFatigueRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Physical fatigue (e.g., exhaustion or tiredness of the body)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkMentalFatigueRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because	Mental fatigue (e.g., feeling weary or	0	Not at all	
				1	A little	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		you experience them currently. Please rate how you feel these symptoms impact your quality of life	exhausted during a mental task)	2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkEmotionsRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Difficulty controlling emotions or behaviors	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkDizzyRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Feeling lightheaded or dizzy	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkApathyRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Apathy (e.g., reduced motivation, needing more of a push)	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactThinkMultitaskRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you	Difficulty with multi-tasking	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		feel these symptoms impact your quality of life		4	Extremely	
ImpactThinkAloneRate	Numeric	In the prior question, you selected the following Parkinson's symptoms because you experience them currently. Please rate how you feel these symptoms impact your quality of life	Feeling of being alone or being isolated	0	Not at all	
				1	A little	
				2	Moderately	
				3	Quite a bit	
				4	Extremely	
ImpactChangeThink	Numeric	Have you noticed that you are having more problems with thinking, that is a change from your normal abilities?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactChangeThinkPD	Numeric	What do you MOST believe are the reasons for your thinking changes?	PD	0	Not checked	
				1	Checked	
ImpactChangeThinkAging	Numeric	What do you MOST believe are the reasons for your thinking changes?	Aging	0	Not checked	
				1	Checked	
ImpactChangeThinkDiseaseStrss	Numeric	What do you MOST believe are the reasons for your thinking changes?	Stress and coping with disease	0	Not checked	
				1	Checked	
ImpactChangeThinkLifeStress	Numeric	What do you MOST believe are the reasons for your thinking changes?	Stress related to other life events	0	Not checked	
				1	Checked	
ImpactChangeThinkNeurological	Numeric	What do you MOST believe are the reasons for your thinking changes?	Other neurological illness	0	Not checked	
				1	Checked	
ImpactChangeThinkOther	Numeric	What do you MOST believe are the reasons for your thinking changes?	Other	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactChangeThinkNotSure	Numeric	What do you MOST believe are the reasons for your thinking changes?	Not sure	0	Not checked	
				1	Checked	
ImpactChangeThinkPNTA	Numeric	What do you MOST believe are the reasons for your thinking changes?	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactThinkRxForSymps	Numeric	Has your health care team prescribed medications for your thinking symptoms?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactLearnThinkPD	Numeric	When did you first learn that thinking changes are part of the symptoms of PD?		1	I did not know anything about thinking changes in PD before filling out this survey	
				2	Before PD diagnosis (I already knew about PD and its symptoms before I received my diagnosis)	
				4	At time of PD diagnosis; it was discussed by the health care team	
				5	After my diagnosis of PD because I started to learn about the disease	
				6	Only once I started to experience thinking changes myself	
				7	Other	
				8	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactLearnThinkPDSurvey	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	By doing this survey	0	Not checked	
				1	Checked	
ImpactLearnThinkPDMD	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	My physician	0	Not checked	
				1	Checked	
ImpactLearnThinkPDOtherMed	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Other health care worker (e.g., occupational therapist, nurse)	0	Not checked	
				1	Checked	
ImpactLearnThinkPDInfoClinic	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Printed materials from clinic	0	Not checked	
				1	Checked	
ImpactLearnThinkPDInfoFound	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Information provided by foundations (e.g., webinar, printed materials)	0	Not checked	
				1	Checked	
ImpactLearnThinkPDSupportGrps	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Support groups	0	Not checked	
				1	Checked	
ImpactLearnThinkPDSocial	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Social media	0	Not checked	
				1	Checked	
ImpactLearnThinkPDFriendsFam	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Friends/family doing research	0	Not checked	
				1	Checked	
ImpactLearnThinkPDOther	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Other	0	Not checked	
				1	Checked	
ImpactLearnThinkPDNotSure	Numeric	How did you first learn that thinking changes are part of the symptoms of PD?	Not sure	0	Not checked	
				1	Checked	
ImpactLearnThinkPDPNTA	Numeric			0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		How did you first learn that thinking changes are part of the symptoms of PD?	Prefer not to answer	1	Checked	
ImpactLearnThinkPDOne	Numeric	Which ONE of the following items was the MOST helpful in learning that thinking changes are part of the symptoms of PD? Please select the best option.				
ImpactAffectThinkPplDiscomfrt	Numeric	Please consider these symptoms affecting your thinking and tell us how often you experience the following: Because of my thinking symptoms...	Some people seem uncomfortable with me.	1 2 3 4 5	Never Sometimes Always Not sure Prefer not to answer	
ImpactAffectThinkPplAvoid	Numeric	Please consider these symptoms affecting your thinking and tell us how often you experience the following: Because of my thinking symptoms...	Some people are avoiding me.	1 2 3 4 5	Never Sometimes Always Not sure Prefer not to answer	
ImpactAffectThinkEmbarass	Numeric	Please consider these symptoms affecting your thinking and tell us how often you experience the following: Because of my thinking symptoms...	I feel embarrassed in social situations.	1 2 3 4 5	Never Sometimes Always Not sure Prefer not to answer	
ImpactAffectThinkLeftOut	Numeric	Please consider these symptoms affecting your thinking and tell us how often you experience the following: Because of my thinking symptoms...	I feel left out of things.	1 2 3	Never Sometimes Always	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectThinkBurden	Numeric	Please consider these symptoms affecting your thinking and tell us how often you experience the following: Because of my thinking symptoms...	I worry that I am a burden to others.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactMoodSymp	Numeric	Have you experienced changes to your mood since your diagnosis of Parkinson's disease?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactChangeMoodPD	Numeric	What do you MOST believe are the reasons for the change to your mood?	PD	0	Not checked	
				1	Checked	
ImpactChangeMoodAging	Numeric	What do you MOST believe are the reasons for the change to your mood?	Aging	0	Not checked	
				1	Checked	
ImpactChangeMoodDiseaseStress	Numeric	What do you MOST believe are the reasons for the change to your mood?	Stress and coping with disease	0	Not checked	
				1	Checked	
ImpactChangeMoodLifeStress	Numeric	What do you MOST believe are the reasons for the change to your mood?	Stress related to other life events	0	Not checked	
				1	Checked	
ImpactChangeMoodOtherPsych	Numeric	What do you MOST believe are the reasons for the change to your mood?	Pre-existing psychiatric condition (e.g., major depression, bipolar disorder, schizophrenia, etc.)	0	Not checked	
				1	Checked	
ImpactChangeMoodOtherDx	Numeric	What do you MOST believe are the reasons for the change to your mood?	Other medical condition	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactChangeMoodNotSure	Numeric	What do you MOST believe are the reasons for the change to your mood?	Not sure	0	Not checked	
				1	Checked	
ImpactChangeMoodPNTA	Numeric	What do you MOST believe are the reasons for the change to your mood?	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactMoodRxForSymps	Numeric	Has your health care team prescribed any medications for your mood symptoms?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactLearnMoodPD	Numeric	When did you first learn that mood changes are part of the symptoms of Parkinson's disease?		1	I did not know anything about mood changes in PD before filling out this survey	
				2	Before PD diagnosis (I already knew about PD and its symptoms before I received my diagnosis)	
				3	At time of PD diagnosis; it was discussed by the health care team	
				4	After my diagnosis of PD because I started to learn about the disease	
				5	Only once I started to experience mood changes myself	
				6	Other	
				7	Not sure	
				8	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactLearnMoodPDSurvey	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	By doing this survey	0	Not checked	
				1	Checked	
ImpactLearnMoodPDMD	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	My physician	0	Not checked	
				1	Checked	
ImpactLearnMoodPDOtherMed	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Other health care worker (e.g. occupational therapist, nurse)	0	Not checked	
				1	Checked	
ImpactLearnMoodPDInfoClinic	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Printed materials from clinic	0	Not checked	
				1	Checked	
ImpactLearnMoodPDInfoFound	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Information provided by foundations (e.g., webinar, printed materials)	0	Not checked	
				1	Checked	
ImpactLearnMoodPDSupportGrps	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Support groups	0	Not checked	
				1	Checked	
ImpactLearnMoodPDSocial	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Social media	0	Not checked	
				1	Checked	
ImpactLearnMoodPDFriendsFam	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Friends/family doing research	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactLearnMoodPDOther	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Other	0	Not checked	
				1	Checked	
ImpactLearnMoodPDNotSure	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Not sure	0	Not checked	
				1	Checked	
ImpactLearnMoodPDPNTA	Numeric	How did you first learn that mood changes are part of the symptoms of Parkinson's disease?	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactLearnMoodPDOne	Numeric	Which ONE of the following items was the MOST helpful in learning that mood changes are part of the symptoms of Parkinson's disease? Please select the best option.				
ImpactAffectMoodPplDiscomfort	Numeric	Please consider these mood symptoms and tell us how often you experience the following: Because of my mood symptoms	Some people seem uncomfortable with me.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMoodPplAvoid	Numeric	Please consider these mood symptoms and tell us how often you experience the following: Because of my mood symptoms	Some people are avoiding me.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMoodEmbarass	Numeric	Please consider these mood symptoms and tell us how often you experience the	I feel embarrassed in social situations.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		following: Because of my mood symptoms		5	Prefer not to answer	
ImpactAffectMoodLeftOut	Numeric	Please consider these mood symptoms and tell us how often you experience the following: Because of my mood symptoms	I feel left out of things.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMoodBurden	Numeric	Please consider these mood symptoms and tell us how often you experience the following: Because of my mood symptoms	I worry that I am a burden to others.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactMotorSymp	Numeric	Have you experienced motor symptoms since your diagnosis with Parkinson's disease?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactAffectMotorPplDiscomfrt	Numeric	Please consider your motor symptoms and tell us how often you experience the following: Because of my motor symptoms...	Some people seem uncomfortable with me.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMotorPplAvoid	Numeric	Please consider your motor symptoms and tell us how often you experience the following: Because of my motor symptoms...	Some people are avoiding me.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMotorEmbarass	Numeric	Please consider your motor symptoms and tell us how often you experience the	I feel embarrassed in social situations.	1	Never	
				2	Sometimes	
				3	Always	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		following: Because of my motor symptoms...		4	Not sure	
				5	Prefer not to answer	
ImpactAffectMotorLeftOut	Numeric	Please consider your motor symptoms and tell us how often you experience the following: Because of my motor symptoms...	I feel left out of things.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactAffectMotorBurden	Numeric	Please consider your motor symptoms and tell us how often you experience the following: Because of my motor symptoms...	I worry that I am a burden to others.	1	Never	
				2	Sometimes	
				3	Always	
				4	Not sure	
				5	Prefer not to answer	
ImpactExpectThinkChange	Numeric	How does your experience of changes to your thinking (or absence of any changes) since your diagnosis of Parkinson's disease compare to the thinking changes you expected would occur as a result of having Parkinson's disease?		1	This is exactly what I expected	
				2	This is not as bad as I thought it would be	
				3	I was expecting some changes to my thinking, but this is worse than I thought it would be	
				4	I didn't know about the possibility of developing changes to my thinking	
				5	Other	
				6	Not sure	
				7	Prefer not to answer	
ImpactExpectMoodChange	Numeric	How does your experience of mood symptoms (or absence		1	This is exactly what I expected	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		of mood symptoms) since your diagnosis of Parkinson's disease compare to the mood symptoms you expected would occur as a result of having Parkinson's disease?		2	This is not as bad as I thought it would be	
				3	I was expecting some changes to my mood, but this is worse than I thought it would be	
				4	I didn't know about the possibility of developing changes to my mood	
				5	Other	
				6	Not sure	
				7	Prefer not to answer	
ImpactDementiaPDPerc	Numeric	Dementia: As people progress with PD, what percentage of people do you think will eventually develop dementia due to Parkinson's disease?				Choose a high number if you believe more people with PD eventually develop dementia. For example: 0% = No one with PD develops dementia 100% = Everyone with PD develops dementia eventually
ImpactThinkPDPerc	Numeric	Thinking changes: What percentage of people do you think will eventually develop any degree of changes to their thinking due to Parkinson's disease?				Choose a high number if you believe more people with PD eventually develop thinking changes. For example: 0% = No one with PD develops any

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
						degree of thinking changes 100% = Everyone with PD develops some degree of thinking changes
ImpactTxThinkCure	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	Medication to cure the thinking changes, i.e., to permanently reverse the thinking changes	0	Not checked	
				1	Checked	
ImpactTxThinkAlleviate	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	Medication to alleviate the symptoms of thinking changes, i.e., to reduce their severity	0	Not checked	
				1	Checked	
ImpactTxThinkTherapy	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	No medications exist, but therapies that do not involve medications (e.g., occupational therapy) can help cope with the changes	0	Not checked	
				1	Checked	
ImpactTxThinkNothing	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	Nothing at all can be done for the thinking changes in PD	0	Not checked	
				1	Checked	
ImpactTxThinkOther	Numeric	The treatment for thinking changes in Parkinson's disease	Other	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		involves: Please select all that apply				
ImpactTxThinkNotSure	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	Not sure	0	Not checked	
				1	Checked	
ImpactTxThinkPNTA	Numeric	The treatment for thinking changes in Parkinson's disease involves: Please select all that apply	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactMoodPDPerc	Numeric	Mood symptoms: As people progress with PD, what percentage of people will, at some point, experience changes to their mood due to Parkinson's disease?				Choose a high number if you believe more people with PD will experience mood symptoms. For example: 0% = No one with PD develops any degree of mood symptoms 100% = Everyone with PD develops some degree of mood symptoms
ImpactTxMoodCure	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Medication to cure the mood symptoms, i.e., to permanently reverse the mood symptoms	0	Not checked	
				1	Checked	
ImpactTxMoodAlleviate	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Medication to alleviate the mood symptoms	0	Not checked	
				1	Checked	
ImpactTxMoodTherapy	Numeric	The treatment of mood symptoms in Parkinson's	No medications exist, but therapy that does not	0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		disease involves: Please select all that apply	involve medications (e.g., talk therapy) can help cope with or reduce the symptoms	1	Checked	
ImpactTxMoodNothing	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Nothing at all can be done for the mood symptoms in PD	0	Not checked	
				1	Checked	
ImpactTxMoodOther	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Other	0	Not checked	
				1	Checked	
ImpactTxMoodNotSure	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Not sure	0	Not checked	
				1	Checked	
ImpactTxMoodPNTA	Numeric	The treatment of mood symptoms in Parkinson's disease involves: Please select all that apply	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactDiscussThinkChanges	Numeric	How often do you discuss whether you've experienced changes to your thinking in your visits?		1	Each visit	
				2	Only when I bring it up	
				3	My health care team occasionally brings it up	
				4	I have never discussed this with my health care team	
				5	Other	
				6	Not sure	
				7	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
ImpactDiscussThinkChangesTime	Numeric	Do you think the time you spend with your health care team discussing your thinking is sufficient?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactDiscussMoodChanges	Numeric	How often do you discuss your mood symptoms in your visits?		1	Each visit	
				2	Only when I bring it up	
				3	My health care team occasionally brings it up	
				4	I have never discussed this with my health care team	
				5	Other	
				6	Not sure	
				7	Prefer not to answer	
ImpactDiscussMoodChangesTime	Numeric	Do you think the time you spend with your health care team discussing mood symptoms is sufficient?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactCarePartnerAttends	Numeric	Do you have a care partner who attends medical appointments with you some or all of the time?		1	Yes	
				2	No	
				3	Not sure	
				4	Prefer not to answer	
ImpactCarePartnerInvolved	Numeric	Do you find that your care partner is sufficiently involved in the conversations with your health care team?		1	Yes	
				2	No, because they can't attend often enough	
				3	No, because the health care team does not include	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
					them enough in the discussion	
				4	No, because they prefer not to be involved in the discussions	
				5	No, because I prefer them not to be involved in the discussions	
				6	Other	
				7	Not sure	
				8	Prefer not to answer	
ImpactViewPartOfLife	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	A part of life	0	Not checked	
				1	Checked	
ImpactViewRelatePD	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Related to Parkinson's disease	0	Not checked	
				1	Checked	
ImpactViewMyControl	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Entirely under my control and therefore I would rather not discuss them with the health care team	0	Not checked	
				1	Checked	
ImpactViewIneffectiveTx	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Without effective treatment, therefore I would rather not discuss them	0	Not checked	
				1	Checked	
ImpactViewMotorMoreImp	Numeric			0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Less important than my motor symptoms	1	Checked	
ImpactViewMotorLessImp	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	More important than my motor symptoms	0	Not checked	
				1	Checked	
ImpactViewEmbarass	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Embarrassing	0	Not checked	
				1	Checked	
ImpactViewOther	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Other	0	Not checked	
				1	Checked	
ImpactViewNone	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	None of the above, I do not experience thinking and mood symptoms	0	Not checked	
				1	Checked	
ImpactViewNotSure	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Not sure	0	Not checked	
				1	Checked	
ImpactViewPNTA	Numeric	Since my time of PD diagnosis, I view the thinking and mood symptoms that I experience as:	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactValueValidate	Numeric	What is the value of discussing thinking and mood	It is helpful to talk about the symptoms and	0	Not checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		symptoms with your health care team?	have them validated	1	Checked	
ImpactValueTreat	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	It is helpful to talk about the symptoms so that they can be treated	0	Not checked	
				1	Checked	
ImpactValueCPSympathize	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	It is helpful to talk about these symptoms in front of my care partner so that they have a better understanding of what I'm going through	0	Not checked	
				1	Checked	
ImpactValueCPExp	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	It is helpful for the health care team to hear my care partner's perspective on these issues	0	Not checked	
				1	Checked	
ImpactValueNotUsefulOtherSymp	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	It is not useful; I would prefer to focus on other symptoms of Parkinson's disease	0	Not checked	
				1	Checked	
ImpactValueNotUsefulNoExpSymp	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	It is not useful; I don't experience these symptoms	0	Not checked	
				1	Checked	
ImpactValueOther	Numeric	What is the value of discussing thinking and mood	Other	0	Not checked	
				1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		symptoms with your health care team?				
ImpactValueNotSure	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	Not sure	0	Not checked	
				1	Checked	
ImpactValuePNTA	Numeric	What is the value of discussing thinking and mood symptoms with your health care team?	Prefer not to answer	0	Not checked	
				1	Checked	
ImpactInformedAboutSymp	Numeric	Ideally, would you have wanted to be told about the possibility of developing thinking and mood symptoms as part of Parkinson's disease at the time of your diagnosis?		1	Yes, I think it's important to be informed about the possibility of developing these symptoms, even if I was not experiencing them yet	
				2	No, I would have preferred to wait until I develop the symptoms before being told about their link to Parkinson's disease	
				3	Other	
				4	Not sure	
				5	Prefer not to answer	

MEDICATION DEPRESCRIBING (MedDep)

Table Description: Medication Deprescribing & Clinical Research Study Participation

View Source Instrument: [link]

Details: This one-time survey is referred to as "Medication Deprescribing & Clinical Research Study Participation" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the Questionnaire Forms. This survey was launched in March 2022 and closed in March 2023. 6,468 participants have provided responses to this survey. This survey is only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MedDepPDDiag	Numeric	Have you been diagnosed with Parkinson's disease or Parkinsonism?			1	Yes	
					2	No	
MedDepCurrMeds	Numeric	Are you currently taking medications for ANY medical conditions?			1	Yes	Participants are skipped to the end of the survey if they didn't respond with 'Yes' to this question.
					2	No	
					4	answer	
					3	Not sure	
MedDepSpendMoney	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I spend a lot of money on my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepInconvenient	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical	Taking my medicines every day is very inconvenient.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		condition or symptom you take them for.					
MedDepLargeNumber	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I feel that I am taking a large number of medications.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	
MedDepBurden	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I feel that my medicines are a burden to me.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	
MedDepTooMany	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	Sometimes I think I take too many medicines.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	
MedDepNoNeed	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I feel that I may be taking one or more medicines that I no longer need.		1 2 3 4 5 6	Strongly Disagree Neutral Disagree Neutral Agree Strongly Agree Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MedDepStop	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I would like to try stopping one of my medicines to see how I feel without it.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepReduceDose	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I would like my doctor to reduce the dose of one or more of my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepNotWork	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I think one or more of my medicines may not be working.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepSideEffect	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I believe one or more of my medicines may be currently giving me side effects.		1	Strongly Disagree Neutral	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepRelucStop	Numeric	Choose a single answer for each of the following	I would be reluctant to		1	Strongly Disagree	
					2	Disagree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	stop a medicine that I had been taking for a long time.		3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepMissOut	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	If one of my medicines was stopped, I would be worried about missing out on future benefits.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepStressChange	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I get stressed whenever changes are made to my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepDrGiveUp	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	If my doctor recommended stopping a medicine, I would feel that he/she was giving up on me.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepBadStop	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts	I have had a bad experience when stopping		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		about all of the medications you currently take, no matter what medical condition or symptom you take them for.	a medicine before.		5	Strongly Agree	
					6	Prefer not to answer	
MedDepUnderstand	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I have a good understanding of the reasons I was prescribed each of my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepKnowCurr	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I know exactly what medicines I am currently taking, and/or I keep an up-to-date list of my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepKnowMuch	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I like to know as much as possible about my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepInvolve	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications	I would like to be involved in making decisions about my		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		you currently take, no matter what medical condition or symptom you take them for.	medicines with my doctors.		6	Prefer not to answer	
MedDepAskDr	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	I always ask my doctor, pharmacist, or other healthcare professional if there is something I don't understand about my medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepWillStop	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	If my doctor said it was possible, I would be willing to stop one or more of my regular medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepSatisfied	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about all of the medications you currently take, no matter what medical condition or symptom you take them for.	Overall, I am satisfied with my current medicines.		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepRelucStopDr	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts	I would be reluctant to stop a medication if		1	Strongly Disagree	
					2	Disagree	
					3	Neutral	
					4	Agree	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		about all of the medications you currently take, no matter what medical condition or symptom you take them for.	someone other than the physician who prescribed it told me to do so.		5	Strongly Agree	
					6	Prefer not to answer	
MedDepPDCurrMeds	Numeric	Do you currently take medications for Parkinson's disease or Parkinsonism?			1	Yes	
					2	No	
					4	Prefer not to answer	
					3	Not sure	
MedDepPDTooMany	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	Sometimes I think I take too many PD medicines.		1	Strongly Disagree	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepPDNoNeed	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	I feel that I may be taking one or more PD medicines that I no longer need.		1	Strongly Disagree	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepPDStop	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	I would like to try stopping one of my PD medicines to see how I feel without it.		1	Strongly Disagree	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
					2	Disagree	
					3	Neutral	
					4	Agree	
					5	Strongly Agree	
					6	Prefer not to answer	
MedDepPDReduceDose	Numeric	Choose a single answer for each of the following questions. Please base your	I would like my doctor to reduce the		1	Strongly Disagree	Participants are only presented this question if they answered 'Yes' to the
					2	Disagree	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	dose of one or more of my PD medicines.		4 5 6	Agree Strongly Agree Prefer not to answer	question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDSideEffect	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	I believe one or more of my PD medicines may be currently giving me side effects.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDRelucStop	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	I would be reluctant to stop a PD medicine that I had been taking for a long time.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDDrKnow	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	My PD doctor knows the most about which medications might interact with my PD or my PD medications.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDDrAvoid	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	If my PD doctor said that avoiding some types of medications might be good for my PD in the long-term, I would make		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
			sure that I did not take those medications.				
MedDepPDSlowMotor	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	Slowing down or preventing a worsening in PD motor symptoms is important to me.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDSlowNonMotor	Numeric	Choose a single answer for each of the following questions. Please base your answer on your thoughts about medications for Parkinson's disease (PD) or Parkinsonism you currently take	Slowing down or preventing a worsening in PD non-motor symptoms is important to me.		1 2 3 4 5 6	Strongly Disagree Disagree Neutral Agree Strongly Agree Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)
MedDepPDSympAnxiety	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Anxiety, panic		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympDepress	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Depression, sadness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympHallu	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Hallucinations, delusions, psychosis		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympFMemory	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Forgetfulness, memory loss, confusion, dementia		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympUrine	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Urinary urgency, frequent urinating, loss of bladder control		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympFaint	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Fainting, sweating		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympSexDysfunc	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Sexual dysfunction		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympConstipate	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Constipation, loss of bowel control		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympVision	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Blurry vision, trouble reading, double vision		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympSleep	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Trouble sleeping, insomnia, acting out dreams/nightmares, daytime sleepiness, sleep apnea		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDSympPain	Numeric	Which of the following groups of potential PD symptoms would you most like to prevent from experiencing? Please select THREE	Pain, fatigue, weight change, heartburn/ reflux		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriConstipate	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Constipation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriDryMouth	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Dry mouth		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriVision	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to	Blurred vision		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		avoid the most? Please select THREE.					All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriRetention	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Urinary retention, trouble urinating		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriHeadache	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Headache		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriNervousness	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to	Nervousness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		avoid the most? Please select THREE.					All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriHighBP	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	High blood pressure		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriUTI	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Urinary tract infection		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriMemory	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to	Memory or thinking problems, confusion		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		avoid the most? Please select THREE.					All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriInsomnia	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Insomnia		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriHallu	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Hallucinations		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriDizzy	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to	Dizziness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		avoid the most? Please select THREE.					All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDUriWalk	Numeric	If you are prescribed a new medication for urinary problems (frequent urinating, loss of urine, urinary urgency), which of the following potential side effects would you like to avoid the most? Please select THREE.	Trouble walking, falls		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDUri" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodLibido	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Decreased libido or sexual function, abnormal orgasm		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodConstipate	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like	Constipation or trouble urinating		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		to avoid the most? Please select THREE.					All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodNaseau	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Nausea		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodDizzy	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Dizziness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodSleep	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like	Trouble sleeping, insomnia		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		to avoid the most? Please select THREE.					All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodTremor	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	New or worse tremor		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodWeighLoss	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Weight loss, loss of appetite		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodNervous	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like	Nervousness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		to avoid the most? Please select THREE.					All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodMemory	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Memory or thinking problems, confusion		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodPain	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Back pain, muscle pain or headache		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodWalk	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like	Trouble walking, falls		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		to avoid the most? Please select THREE.					All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodHallu	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Hallucinations		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodDryMouth	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like to avoid the most? Please select THREE.	Dry mouth		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDMoodDrowsy	Numeric	If you were prescribed a new medication for mood (anxiousness, sadness, anxiety, depression), which of the following potential side effects would you like	Drowsiness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		to avoid the most? Please select THREE.					All Variables with prefix "MedDepPDMood" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluFaint	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Lightheadedness with standing/orthostatic hypotension/fainting		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluCholesterol	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Decreased HDL, increased cholesterol level, increased triglyceride level		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluWeighGain	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Weight gain, increased appetite		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluDry Mouth	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Dry mouth		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluSwel l	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Swelling of the feet or legs		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluDro wzy	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Drowsiness, fatigue		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluNewMotor	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	New or worse PD motor symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluHeadache	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Headache		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluConstipate	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Constipation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1)

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluMemory	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Memory or thinking problems, confusion		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepPDHalluNaseau	Numeric	If you were prescribed a new medication for hallucinations, which of the following potential side effects would you like to avoid the most? Please select THREE.	Nausea, heartburn		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MedDepPDCurrMeds'. (MedDepPDCurrMeds = 1) All Variables with prefix "MedDepPDHallu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
MedDepTAParticipate	Numeric	Based on the information above, how likely would you be to participate in the trial?			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual
					2	Less likely to enroll	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					4	More likely to enroll	study. Please read the study scenario, and then answer the questions that follow.
					5	Much more likely to enroll	
MedDepTADNAtest	Numeric	Please rate whether genetic testing would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTABloodTest	Numeric	Please rate whether regular blood tests would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTACogTest	Numeric	Please rate whether cognitive tests would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAMRI	Numeric	Please rate whether an MRI scan would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					5	Much more likely to enroll	scenario, and then answer the questions that follow.
MedDepTADaTscan	Numeric	Please rate whether a DaTscan would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTA1LP	Numeric	Please rate whether a lumbar puncture would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTA3Hrs	Numeric	Please rate whether 3-hour long study visits would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTA6Wks	Numeric	The trial has in-person study visits that occur every four to six weeks, for at least one year.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MedDepTAPlacebo25	Numeric	You would have a 25% chance of getting the fake/placebo treatment.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAPlacebo50	Numeric	You would have a 50% chance of getting the fake/placebo treatment.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAFinComp	Numeric	Please rate whether financial compensation would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTACarePartner	Numeric	You are required to have a care partner, friend or family member come with you to every study visit.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTATransport	Numeric	Please rate whether provided transportation			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		would make you more or less likely to participate in this trial.			2	Less likely to enroll	Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAInPerson	Numeric	Only two of the study visits have to be done in person.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAStroke	Numeric	The study medication may cause a stroke in up to 10 out of every 100 people who take it.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTADeath	Numeric	The study medication may cause earlier death in up to 10 out of every 100 people who take it.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAPain	Numeric	The study medication may cause pain or numbness in the feet in up to 10 out of			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical
					2	Less likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		every 100 people who take it.			3	Neutral	research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTASlowPD6Mo	Numeric	The study medication may slow the progression of your Parkinson's disease by 6 months.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTASlowPD1Yr	Numeric	The study medication may slow the progression of your Parkinson's disease by 1 year.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTASlowPD3Yr	Numeric	The study medication may slow the progression of your Parkinson's disease by 3 years.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTAPill	Numeric	The study medication is a pill that you will take once a day.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual
					2	Less likely to enroll	
					3	Neutral	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					4	More likely to enroll	study. Please read the study scenario, and then answer the questions that follow.
					5	Much more likely to enroll	
MedDepTAIV	Numeric	The study medication is an intravenous infusion (medicine given in the vein).			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBParticipate	Numeric	Based on the information above, how likely would you be to participate in the trial?			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBDNAtest	Numeric	Please rate whether genetic testing would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBBloodTest	Numeric	Please rate whether regular blood tests would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					5	Much more likely to enroll	scenario, and then answer the questions that follow.
MedDepTBCogTest	Numeric	Please rate whether cognitive tests would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBMRI	Numeric	Please rate whether an MRI scan would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBDaTscan	Numeric	Please rate whether a DaTscan would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTB1LP	Numeric	Please rate whether a lumbar puncture would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MedDepTB3Hrs	Numeric	Please rate whether 3-hour long study visits would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTB6Wks	Numeric	The trial has in-person study visits that occur every four to six weeks, for at least one year.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBFinComp	Numeric	Please rate whether financial compensation would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBCarePartner	Numeric	You are required to have a care partner, friend, or family member come with you to every study visit.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBTransport	Numeric	Please rate whether provided transportation			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		would make you more or less likely to participate in this trial.			2	Less likely to enroll	Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBInPerson	Numeric	Only two of the study visits have to be done in person.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBReviewPD	Numeric	Please rate whether this medication review would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBTellDrs	Numeric	Please rate whether this required communication makes you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBSlowDem 6Mo	Numeric	The intervention may slow the progression of thinking or memory problems or			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical
					2	Less likely to enroll	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		delay the onset of dementia by 6 months.			3	Neutral	research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBSlowDem 1Yr	Numeric	The intervention may slow the progression of thinking or memory problems or delay the onset of dementia by 1 year.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBSlowDem 3Yr	Numeric	The intervention may slow the progression of thinking or memory problems or delay the onset of dementia by 3 years.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	
MedDepTBChange25	Numeric	Please rate whether medication changes would make you more or less likely to participate in this trial.			1	Much less likely to enroll	Please refer to the Source Instrument/Questionnaire Form for this question. It refers to a hypothetical research study, not actual study. Please read the study scenario, and then answer the questions that follow.
					2	Less likely to enroll	
					3	Neutral	
					4	More likely to enroll	
					5	Much more likely to enroll	

Mood Disorders and PD (MoDi)

Table Description: Mood Disorders and Parkinson's Disease

View Source Instrument: [link]

Details: This one-time survey is referred to as "Mood disorders and Parkinson's disease" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the questionnaire forms. This survey was launched in July 2021 and closed in January 2023. 8,120 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MoDiPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?			1	Yes	
					2	No	
MoDiBPDiag	Numeric	Have you ever been diagnosed by a health professional with bipolar disorder, manic depression, or mania?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiBPSymp	Numeric	Even if you have not been diagnosed, do you think you may have experienced symptoms of bipolar disorder or mania?			1	Yes	Participants are only presented this question if they didn't answer 'Yes' to the question in Variable 'MoDiBPDiag'. (MoDiBPDiag ≠ 1). Participants are skipped to the Medications block of questions if 'Yes' is not selected for this question.
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiBPType	Numeric	Have you been diagnosed with Bipolar Type 1 (defined by episodes of long-lasting or severe mania and episodes of depression) or Bipolar Type 2 (defined by episodes of depression			1	Type 1	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag'. (MoDiBPDiag == 1).
					2	Type 2	
					3	Both	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		and episodes of 'hypomania,' where symptoms are similar to but not as severe as the mania of Type 1)?			4	Not sure	
					5	Prefer not to answer	
MoDiBPDiagAge	Numeric	How old were you when you were first diagnosed with bipolar disorder, manic depression, or mania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag'. (MoDiBPDiag == 1).
MoDiMania	Numeric	Bipolar disorder involves episodes of mania that can last for a week or sometimes longer. During these episodes, people experience intense feelings of being extremely 'up,' elated, irritable, or touchy. Along with these mood changes, people have changes in behavior that may include hyperactivity, racing thoughts, less sleep, thinking you can do a lot of things at once, or feeling like you are unusually important, talented, or powerful. These behaviors are noticeable to others and cause problems with daily activities or interactions. Do you think you have had an episode of mania?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag' or 'MoDiBPSymp'. (MoDiBPDiag == 1 or MoDiBPSymp == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiManiaAge	Numeric	How old were you the first time you had an episode of mania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							'MoDiMania'. (MoDiMania == 1).
MoDiManiaLastAge	Numeric	How old were you the last time you had an episode of mania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiMania'. (MoDiMania == 1).
MoDiHypomania	Numeric	Some people with bipolar disorder experience similar symptoms to mania, but they are not as troublesome, do not cause as many problems, or last for less than a week. These episodes are known as hypomania. Have you experienced an episode of hypomania?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag' or 'MoDiBPSymp' and 'MoDiMania'. (MoDiBPDiag == 1 or MoDiBPSymp == 1 and MoDiMania == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiHypomaniaFirstAge	Numeric	How old were you the first time you had an episode of hypomania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiHypomania'. (MoDiHypomania == 1).
MoDiHypomaniaLastAge	Numeric	How old were you the last time you had an episode of hypomania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiHypomania'. (MoDiHypomania == 1).
MoDiBPDepSymp	Numeric	Have you experienced symptoms of depression?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag' or 'MoDiBPSymp'.
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							(MoDiBPDiag == 1 or MoDiBPSymp == 1).
MoDiBPDepSympAge	Numeric	How old were you the first time you had symptoms of depression?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDepSymp'. (MoDiBPDepSymp == 1).
MoDiBPDepSympStill	Numeric	Do you still sometimes have symptoms of depression?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDepSymp'. (MoDiBPDepSymp == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiBPDepLastAge	Numeric	How old were you the last time you had symptoms of depression?			Age Text	Age	Participants are only presented this question if they answered 'No' to the question in Variable 'MoDiBPDepSympStill'. (MoDiBPDepSympStill == 2).
MoDiBPHosp	Numeric	Have you ever been hospitalized for bipolar disorder, manic depression, or mania?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag' or 'MoDiBPSymp'. (MoDiBPDiag == 1 or MoDiBPSymp == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiBPHospAge	Numeric	How old were you at the time of your first hospitalization for bipolar disorder, manic depression, or mania?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDepHosp'. (MoDiBPDepHosp == 1).
MoDiBPTx	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Have you received outpatient treatment for bipolar disorder, manic depression, or mania (for example, saw a health professional in a clinic)?			2	No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiBPDiag' or 'MoDiBPSymp'. (MoDiBPDiag == 1 or MoDiBPSymp == 1).
					3	Not sure	
					4	Prefer not to answer	
MoDiRx	Numeric	The following is a list of medications that can be prescribed for multiple different reasons, including conditions that affect mood (such as depression, bipolar disorder, or schizophrenia) or sometimes other conditions. They are sometimes known as 'neuroleptic' or 'antipsychotic' medications.) Have you ever regularly taken one of these types of medications? By regularly taking, we mean for at least 30 days.			1	Yes	Aripiprazole (Abilify) Asenapine (Saphris, Sycrest, Secuado) Cariprazine (Vraylar, Reagila) Brexpiprazole (Rexulti) Chlorpromazine (Largactil, Thorazine) Clozapine (Clozaril) Fluphenazine (Modecate, Moditen, Prolixin) Haloperidol (Haldol, Peridol) Lurasidone (Latuda) Olanzapine (Zyprexa, Symbyax) Paliperidone (Invega, Xeplion, Trevicta) Pimozide (Orap) Quetiapine (Seroquel) Risperidone (Risperdal, Rispolept, Consta) Thioridazine (Mellaril) Ziprasidone (Geodon, Zeldox, Zipwell
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiRxAge	Numeric	At what age did you start regularly taking one of these types of medications?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiRx'. (MoDiRx == 1).
MoDiRxCurr	Numeric	Are you still regularly taking one of these types of medications?			1	Yes	Participants are only presented this question if
					2	No	
					3	Not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					4	Prefer not to answer	they answered 'Yes' to the question in Variable 'MoDiRx'. (MoDiRx == 1).
MoDiRxStopAge	Numeric	At what age did you stop taking these medications?			Age Text	Age	Participants are only presented this question if they answered 'No' to the question in Variable 'MoDiRxCurr'. (MoDiRxCurr == 2).
MoDiRxLithium	Numeric	Have you ever regularly taken Lithium (also called Eskalith or Lithobid)? By regularly taking, we mean for at least 30 days.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiRxLithiumStart Age	Numeric	At what age did you start regularly taking Lithium?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiRxLithium'. (MoDiRxLithium == 1).
MoDiRxLithiumCurr	Numeric	Are you still taking Lithium?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiRxLithium'. (MoDiRxLithium == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiRxLithiumStop Age	Numeric	At what age did you stop taking Lithium?			Age Text	Age	Participants are only presented this question if they answered 'No' to the question in Variable 'MoDiRxLithiumCurr'. (MoDiRxLithiumCurr == 2).

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MoDiDepressionDx	Numeric	Depression, also known as major depressive disorder or clinical depression, is a condition that involves severe mood symptoms such as feeling low, sad, hopeless, worthless, uninterested in hobbies and activities, or having decreased energy. These symptoms are present for at least two weeks and often longer, and cause problems with daily activities. Have you ever been diagnosed by a health professional with depression?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiDepressionAge	Numeric	How old were you when you were first diagnosed with depression?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDepressionDx'. (MoDiDepressionDx == 1).
MoDiDepressionFirstAge	Numeric	How old were you the first time you had symptoms of depression?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDepressionDx'. (MoDiDepressionDx == 1).
MoDiDepressionDxAndSymp	Numeric	Do you still sometimes have symptoms of depression?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDepressionDx'. (MoDiDepressionDx == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MoDiDepressionLastAge	Numeric	How old were you the last time you had symptoms of depression?			Age Text	Age	Participants are only presented this question if they answered 'No' to the question in Variable 'MoDiDepressionDxAndSymp'. (MoDiDepressionDxAndSymp == 2).
MoDiDAAnxietyDx	Numeric	Have you ever been diagnosed by a health professional with an anxiety disorder?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiDAAnxietyDxAge	Numeric	How old were you when you were first diagnosed with an anxiety disorder?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDAAnxietyDx'. (MoDiAnxietyDx == 1).
MoDiDAAnxietyFirstAge	Numeric	How old were you the first time you had symptoms of an anxiety disorder?			Age Text	Age	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDAAnxietyDx'. (MoDiAnxietyDx == 1).
MoDiDAAnxietyCurr	Numeric	Do you still have symptoms of an anxiety disorder?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'MoDiDAAnxietyDx'. (MoDiAnxietyDx == 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
MoDiDAAnxietyLastAge	Numeric	How old were you the last time you had symptoms of an anxiety disorder?			Age Text	Age	Participants are only presented this question if they answered 'No' to the question in Variable 'MoDiDAAnxietyCurr'.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							(MoDiDAAnxietyCurr == 2).
MoDiFHxFirstBP	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	Bipolar Disorder or Manic Depression		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFHxFirstDep	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	Depression		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFHxFirstAD	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	Anxiety disorder		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFHxFirstSCZ	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	Schizophrenia or schizoaffective disorder		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFHxFirstNo	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	No first-degree biological relatives have been diagnosed with any of these conditions		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFHxFirstNS	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with	Not sure		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		any of the following psychiatric conditions?					
MoDiFHxFirstNA	Numeric	Have any of your first-degree biological relatives (mother, father, sibling, or child) been diagnosed with any of the following psychiatric conditions?	Prefer not to answer		1	Checked	Participants are skipped to the end of the survey if they did not indicate family history of any of the psychiatric conditions.
MoDiFamBPMom	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Mother		1	Checked	
MoDiFamBPDad	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Father		1	Checked	
MoDiFamBPSis	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Sister		1	Checked	
MoDiFamBPBro	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Brother		1	Checked	
MoDiFamBPDau	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Daughter		1	Checked	
MoDiFamBPSon	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Son		1	Checked	
MoDiFamBPNS	Numeric	Who in your family has been diagnosed with bipolar disorder or manic depression?	Not sure		1	Checked	
MoDiFamBPNA	Numeric	Who in your family has been diagnosed with bipolar	Prefer not to answer		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		disorder or manic depression?					
MoDiFamDepressionMom	Numeric	Who in your family has been diagnosed with depression?	Mother		1	Checked	
MoDiFamDepressionDad	Numeric	Who in your family has been diagnosed with depression?	Father		1	Checked	
MoDiFamDepressionSis	Numeric	Who in your family has been diagnosed with depression?	Sister		1	Checked	
MoDiFamDepressionBro	Numeric	Who in your family has been diagnosed with depression?	Brother		1	Checked	
MoDiFamDepressionDau	Numeric	Who in your family has been diagnosed with depression?	Daughter		1	Checked	
MoDiFamDepressionSon	Numeric	Who in your family has been diagnosed with depression?	Son		1	Checked	
MoDiFamDepressionNS	Numeric	Who in your family has been diagnosed with depression?	Not sure		1	Checked	
MoDiFamDepressionNA	Numeric	Who in your family has been diagnosed with depression?	Prefer not to answer		1	Checked	
MoDiFamAnxietyMom	Numeric	Who in your family has been diagnosed with anxiety disorder?	Mother		1	Checked	
MoDiFamAnxietyDad	Numeric	Who in your family has been diagnosed with anxiety disorder?	Father		1	Checked	
MoDiFamAnxietySis	Numeric	Who in your family has been diagnosed with anxiety disorder?	Sister		1	Checked	
MoDiFamAnxietyBro	Numeric	Who in your family has been diagnosed with anxiety disorder?	Brother		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
MoDiFamAnxietyDau	Numeric	Who in your family has been diagnosed with anxiety disorder?	Daughter		1	Checked	
MoDiFamAnxietySon	Numeric	Who in your family has been diagnosed with anxiety disorder?	Son		1	Checked	
MoDiFamAnxietyNS	Numeric	Who in your family has been diagnosed with anxiety disorder?	Not sure		1	Checked	
MoDiFamAnxietyNA	Numeric	Who in your family has been diagnosed with anxiety disorder?	Prefer not to answer		1	Checked	
MoDiFamSCZMom	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Mother		1	Checked	
MoDiFamSCZDad	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Father		1	Checked	
MoDiFamSCZSis	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Sister		1	Checked	
MoDiFamSCZBro	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Brother		1	Checked	
MoDiFamSCZDau	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Daughter		1	Checked	
MoDiFamSCZSon	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Son		1	Checked	
MoDiFamSCZNS	Numeric	Who in your family has been diagnosed with	Not sure		1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		schizophrenia or schizoaffective disorder?					
MoDiFamSCZNA	Numeric	Who in your family has been diagnosed with schizophrenia or schizoaffective disorder?	Prefer not to answer		1	Checked	

PATIENT THERAPEUTIC PREFERENCES (Therapy)

Table Description: Patient Therapeutic Preferences Questionnaire

View Source Instrument: [link]

Details: This one-time survey is referred to as "Patient Therapeutic Preferences" in Fox DEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and in the questionnaire forms. This one-time survey was launched in November 2017 and closed in March 2018. 4,667 participants provided responses to this survey. This survey was only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyAge	Numeric	Are you 22 years of age or older?			1	Yes	
					2	No	
TherapyBioALS	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? (Check all that apply)	ALS/Lou Gehrig's Disease		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyBioAlz	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? (Check all that apply)	Alzheimer's/Dementia		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyBioDont	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological	Do not know or not sure		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		conditions? (Check all that apply)					
TherapyBioNone	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? (Check all that apply)	None of the above		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyBioPark	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? (Check all that apply)	Parkinson's Disease/Parkinsonism		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyBioTrauma	Numeric	Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? (Check all that apply)	Traumatic Brain Injury		1	Checked	All Variables with prefix "TherapyBio" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyBleed	Numeric	Have you ever had bleeding in the brain?			1	Yes	
					2	No	
					3	Don't know or not sure	
TherapyBleed11	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyBleed11a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after gettng the device was 2%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed11.' (TherapyBleed11 == 1)
					2	A new device	
TherapyBleed11a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed11a.' (TherapyBleed11a == 1)
					2	No	
					3	Do not know or not sure	
TherapyBleed11a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed11a.' (TherapyBleed11a == 2)
					2	A new device	
TherapyBleed11b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed11.' (TherapyBleed11 == 2)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyBleed11b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed11b.' (TherapyBleed11b == 1)
					2	A new device	
TherapyBleed14	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyBleed14a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed14.' (TherapyBleed14 == 1)
					2	A new device	
TherapyBleed14a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed14a.' (TherapyBleed14a == 1)
					2	No	
					3	Do not know or not sure	
TherapyBleed14a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed14a.' (TherapyBleed14a == 2)
					2	A new device	
TherapyBleed14b	Numeric	In the last question, you said that you preferred to			1	Your current treatment	Participants were only presented this question if they responded

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		get the new device. What if the risk of having bleeding in the brain after getting the device was 8%?			2	A new device	'A new device' to the question in variable 'TherapyBleed14.' (TherapyBleed14 == 2)
TherapyBleed14b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyBleed14b.' (TherapyBleed14b == 1)
					2	A new device	
TherapyBleed14b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from X to Y?			Number Text	Percentage risk of bleeding in the brain	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed14b.' (TherapyBleed14b == 2)
TherapyBleed2	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyBleed2a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed2.' (TherapyBleed2 == 1)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyBleed2a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to increase the number of hours of on time you have from X hours to Y hours each day?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed2a.' (TherapyBleed2a == 1)
					2	No	
					3	Do not know or not sure	
TherapyBleed2a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed2a.' (TherapyBleed2a == 2)
					2	A new device	
TherapyBleed2b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed2.' (TherapyBleed2 == 2)
					2	A new device	
TherapyBleed2b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed2b.' (TherapyBleed2b == 1)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		device was 6%?					
TherapyBleed5	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyBleed5a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed5.' (TherapyBleed5 == 1)
					2	A new device	
TherapyBleed5a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the severity of your movement symptoms from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed5a.' (TherapyBleed5a == 1)
					2	No	
					3	Do not know or not sure	
TherapyBleed5a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed5a.' (TherapyBleed5a == 2)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyBleed5b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed5.' (TherapyBleed5 == 2)
					2	A new device	
TherapyBleed5b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed5b.' (TherapyBleed5b == 1)
					2	A new device	
TherapyBleed8	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyBleed8a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed8.' (TherapyBleed8 == 1)
					2	A new device	
TherapyBleed8a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the severity of your Parkinson's pain from X to			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed8a.' (TherapyBleed8a == 1)
					2	No	
					3	Do not know or not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Y?					
TherapyBleed8a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed8a.' (TherapyBleed8a == 2)
					2	A new device	
TherapyBleed8b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed8.' (TherapyBleed8 == 2)
					2	A new device	
TherapyBleed8b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyBleed8b.' (TherapyBleed8b == 1)
					2	A new device	
TherapyCogSideDay	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Daytime sleepiness		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideDys	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Dyskinesia		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideHal	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Hallucinations		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideLow	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Low blood pressure		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideNaus	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Nausea		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideNone	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	I didn't have any side effects of my Parkinson's medicines in the past week		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyCogSideOth	Numeric	Which of the following side effects of your Parkinson's medicines did you have in the past week?	Other		1	Checked	Participants were presented with the prompt, 'Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine. These side effects can include: Nausea, daytime sleepiness, low blood pressure, hallucinations

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make).' All Variables with prefix "TherapyCogSide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyPills	Numeric	How many pills or tablets do you take each day to treat Parkinson's disease and the side effects of Parkinson's disease medicines?			Number Text	Number of pills a day	
TherapyHealth	Numeric	When were you first diagnosed with Parkinson's disease?			1	1950	
					2	1951	
					3	1952	
					4	1953	
					5	1954	
					6	1955	
					7	1956	
					8	1957	
					9	1958	
					10	1959	
					11	1960	
					12	1961	
					13	1962	
					14	1963	
					15	1964	
					16	1965	
					17	1966	
					18	1967	
					19	1968	
					20	1969	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					21	1970	
					22	1971	
					23	1972	
					24	1973	
					25	1974	
					26	1975	
					27	1976	
					28	1977	
					29	1978	
					30	1979	
					31	1980	
					32	1981	
					33	1982	
					34	1983	
					35	1984	
					36	1985	
					37	1986	
					38	1987	
					39	1988	
					40	1989	
					41	1990	
					42	1991	
					43	1992	
					44	1993	
					45	1994	
					46	1995	
					47	1996	
					48	1997	
					49	1998	
					50	1999	
					51	2000	
					52	2001	
					53	2002	
					54	2003	
					55	2004	
					56	2005	
					57	2006	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					58	2007	
					59	2008	
					60	2009	
					61	2010	
					62	2011	
					63	2012	
					64	2013	
					65	2014	
					66	2015	
					67	2016	
					68	2017	
TherapyWakeTime	Numeric	How many hours of "on time" per day did you have on average during the past week?			Number Text	Hours per day	Participants were presented with the following prompt, 'Suppose there are 16 hours during each 24 day that are normal waking hours. That is, suppose that you sleep 8 hours each 24-hour day. Based on the descriptions you just read, how many hours during your normal waking hours was your Parkinson's treatment working on average during the past week?' Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyMedOff.' (TherapyMedOff == 1)
TherapySevPark	Numeric	Please tell us how severe your Parkinson's disease movement symptoms were, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that you consider your			Number Text	Severity of symptoms reported by particpants	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		movement symptoms to be very severe.					
TherapySevPain	Numeric	Please tell us how severe your pain was, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you would consider your pain to be very severe.			Number Text	Severity of pain reported by participants	
TherapyCogThink	Numeric	Please tell us how difficult it was for you to think clearly, get organized, or make plans, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no difficulty thinking clearly and 10 indicates that you had extreme difficulty thinking clearly.			Number Text	Level of difficulty as reported by the participant	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyThink.' (TherapyThink == 1).
TherapyCogMed	Numeric	How many different oral medicines do you take each day to treat your Parkinson's and the side effects of Parkinson's medicines? (By different medicines, we mean how many different prescription medicines do you take each day, not how many pills or tablets you take.)					Participants were only presented this question if their response was greater than '0' to the question in variable 'TherapyPills.' (TherapyPills > 0).
TherapyCogPill	Numeric	How many times each day do you take pills or tablets to treat Parkinson's disease and the side effects of Parkinson's disease medicines?					Participants were only presented this question if their response was greater than '0' to the question in variable 'TherapyPills.' (TherapyPills > 0).
TherapyCogSideSev	Numeric	Please use the scale below			Number	Severity of Side	Participants were only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to tell us how severe your side effects were, on average, during the past week. On this scale, 0 indicates that you had no side effects and 10 indicates that you had severe side effects.			Text	Effects	this question if they *did not* respond with 'checked' to the question in variable 'TherapyCogSideNone.' (TherapyCogSideNone != 1)
TherapyDepressSev	Numeric	Please use the scale below to tell us how severe your symptoms of depression or anxiety were, on average, during the past week. On this scale, 0 indicates that you had no depression or anxiety during the past week and 10 indicates that you had severe symptoms of depression or anxiety.			Number Text	Severity of symptoms of depression or anxiety	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyDepress.' (TherapyDepress == 1)
TherapyBleed2b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to increase the number of hours of on time you have from X hours to Y hours each day?			Number Text	Percentage risk of bleeding in he brain	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed2b.' (TherapyBleed2b == 1)
TherapyDie3b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to increase the number of hours of on time you have from X hours to Y hours each day?			Number Text	Percentage risk of dying	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie3b.' (TherapyDie3b == 2)
TherapyDepress4b2	Numeric	In the last question, you			Number	Percentage risk of	Participants were only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the severity of your movement symptoms from X to Y?			Text	getting depression or anxiety	this question if they responded 'A new device' to the question in variable 'TherapyDepress4b.' (TherapyDepress4b == 2)
TherapyBleed5b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the severity of your movement symptoms from X to Y?			Number Text	Percentage risk of bleeding	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed5b.' (TherapyBleed5b == 2)
TherapyDie6b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to reduce the severity of your movement symptoms from X to Y?					Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie6b.' (TherapyDie6b == 2)
TherapyBleed8b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the severity of your Parkinson's pain from X to Y?			Number Text	Percentage risk of bleeding	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed8b.' (TherapyBleed8b == 2)
TherapyDie9b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of dying			Number Text	Percentage risk of dying	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie9b.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		that you would be willing to accept to reduce the severity of your Parkinson's pain from X to Y?					(TherapyDie9b ==2)
TherapyDepress10b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			Number Text	Percentage risk of getting depression or anxiety	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress10b.' (TherapyDepress10b == 2)
TherapyBleed11b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			Number Text	Percentage risk of bleeding	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyBleed11b.' (TherapyBleed11b == 2)
TherapyDie12b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			Number Text	Percentage risk of dying	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie12b.' (TherapyDie12b == 2)
TherapyMoveHourHour1b2	Numeric	In the last question, you said that you preferred to					Participants were only presented this question if they responded

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		get Device B. What is the highest number of years that you would be willing to wait to increase the number of hours of on time you have from X hours to Y hours each day?					'Device B' to the question in variable 'TherapyTimeHourDev1b.' (TherapyTimeHourDev1b== 2)
TherapyMove2HourDev2b2	Numeric	In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to reduce the severity of your movement symptoms from X to Y?			Number Text	Number of years	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyMove2HourDev2b.' (TherapyMove2HourDev2b== 2)
TherapyPainHourDevB3b2	Numeric	In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to reduce the severity of your Parkinson's pain from X to Y?			Number Text	Number of years	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPainHour3Dev3b1.' (TherapyPainHour3Dev3b1== 2)
TherapyThinkHourDev4b2	Numeric	In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			Number Text	Number of years	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyTimeHourDev4b.' (TherapyTimeHourDev4b == 2)
TherapyPillHourDev5b2	Numeric	In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing			Number Text	Number of years	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPillHourDev5b.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		to wait to reduce the number of pills or tablets you need to take (as well as the side effects of your Parkinson's medicines) from X to Y each day?					(TherapyPillHourDev5b == 2)
TherapyYearBorn	Numeric	In what year were you born?			1	1920	
					2	1921	
					3	1922	
					4	1923	
					5	1924	
					6	1925	
					7	1926	
					8	1927	
					9	1928	
					10	1929	
					11	1930	
					12	1931	
					13	1932	
					14	1933	
					15	1934	
					16	1935	
					17	1936	
					18	1937	
					19	1938	
					20	1939	
					21	1940	
					22	1941	
					23	1942	
					24	1943	
					25	1944	
					26	1945	
					27	1946	
					28	1947	
					29	1948	
					30	1949	
					31	1950	
					32	1951	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					33	1952	
					34	1953	
					35	1954	
					36	1955	
					37	1956	
					38	1957	
					39	1958	
					40	1959	
					41	1960	
					42	1961	
					43	1962	
					44	1963	
					45	1964	
					46	1965	
					47	1966	
					48	1967	
					49	1968	
					50	1969	
					51	1970	
					52	1971	
					53	1972	
					54	1973	
					55	1974	
					56	1975	
					57	1976	
					58	1977	
					59	1978	
					60	1979	
					61	1980	
					62	1981	
					63	1982	
					64	1983	
					65	1984	
					66	1985	
					67	1986	
					68	1987	
					69	1988	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					70	1989	
					71	1990	
					72	1991	
					73	1992	
					74	1993	
					75	1994	
					76	1995	
					77	1996	
					78	1997	
TherapyCurMeds	Numeric	Are you currently taking prescription medicines to treat Parkinson's disease?			1	Yes	
					2	No	
TherapyDepress	Numeric	Have you had symptoms of depression or anxiety in the past week?			1	Yes	
					2	No	
					3	Don't know or not sure	
TherapyDepress1	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDepress10	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDepress10a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDepress10.' (TherapyDepress10 == 1)
					2	A new device	
TherapyDepress10a1	Numeric	In the last question, you said that you preferred to remain on your current			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		treatment. Would you accept any risk of getting depression or anxiety to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			2	No	question in variable 'TherapyDepress10a' (TherapyDepress10a == 1)
					3	Do not know or not sure	
TherapyDepress10a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%?			1	Your current treatment	Participants were only presented this question if they responded 'A mew device' to the question in variable 'TherapyDepress10a.' (TherapyDepress10a == 2)
					2	A new device	
TherapyDepress10b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress10.' (TherapyDepress10 == 2)
					2	A new device	
TherapyDepress10b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDepress10b.' (TherapyDepress10b == 1)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyDepress13	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDepress13a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDepress13.' (TherapyDepress13 == 1)
					2	A new device	
TherapyDepress13a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDepress13a.' (TherapyDepress13a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDepress13a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress13a.' (TherapyDepress13a == 2)
					2	A new device	
TherapyDepress13b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress13.' (TherapyDepress13 == 2)
					2	A new device	
TherapyDepress13b1	Numeric	In the last question, you			1	Your current	Participants were only presented

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%?				treatment	this question if they responded 'Your current treatment' to the question in variable 'TherapyDepress13b.' (TherapyDepress13b == 1)
					2	A new device	
TherapyDepress13b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from X to Y?			Number Text	Percentage risk of getting depression or anxiety	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress13b.' (TherapyDepress13b == 2)
TherapyDepress1a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress1.' (TherapyDepress1 == 1)
					2	A new device	
TherapyDepress1a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to increase the number of hours of on time you have from X hours to Y hours each day?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress1a.' (TherapyDepress1a == 1)
					2	No	
					3	Do not know or not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyDepress1a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%?			1	Your current treatment	Participants were only presented this question if they responded 'A New Device' to the question in variable 'TherapyDepress1a.' (TherapyDepress1 == 2)
					2	A new device	
TherapyDepress1b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress1.' (TherapyDepress1 == 2)
					2	A new device	
TherapyDepress1b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress1b.' (TherapyDepress1b == 1)
					2	A new device	
TherapyDepress1b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to increase the number of hours of on time you have from X hours to Y hours each day?			Number Text	Risk Percentage of getting depression or anxiety	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress1b.' (TherapyDepress1b == 2)
TherapyDepress4	Numeric	Please tell us whether you would choose to remain on			1	Your current treatment	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your current treatment or get the new device by checking the corresponding box below.			2	A new device	
TherapyDepress4a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress4.' (TherapyDepress4 == 1)
					2	A new device	
TherapyDepress4a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the severity of your movement symptoms from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress4a.' (TherapyDepress4a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDepress4a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress4a.' (TherapyDepress4a == 2)
					2	A new device	
TherapyDepress4b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress4.' (TherapyDepress4 == 2)
					2	A new device	
TherapyDepress4b1	Numeric	In the last question, you said that you preferred to remain on your current			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		treatment. What if the risk of getting depression or anxiety after getting the device was 30%?					question in variable 'TherapyDepress4b.' (TherapyDepress4b == 1)
TherapyDepress7	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDepress7a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress7.' (TherapyDepress7 == 1)
					2	A new device	
TherapyDepress7a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the severity of your Parkinson's pain from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress7a.' (TherapyDepress7a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDepress7a2	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress7a.' (TherapyDepress7a == 2)
					2	A new device	
TherapyDepress7b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of getting			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress7.'
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		depression or anxiety after getting the device was 40%?					(TherapyDepress7 == 2)
TherapyDepress7b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDepress7b.' (TherapyDepress7b == 1)
					2	A new device	
TherapyDepress7b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the severity of your Parkinson's pain from X to Y?			Number Text	Percentage risk of getting depression	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDepress7b.' (TherapyDepress7b == 2)
TherapyDepressPic	Numeric	If each figure in the picture is 1 person who gets a Parkinson's device and the figures in color show the number of people who will get depression or anxiety, how many people who get the device will get depression or anxiety or whose current depression or anxiety will get worse after getting the device?			1	4 out of 100 (4%)	
					2	16 out of 100 (16%)	
					3	84 out of 100 (84%)	
					4	Don't know or not sure	
TherapyDepressPicCorr	Numeric	You are correct. In the picture above there are 100 figures and 16 of them are yellow, while the rest are gray. This means that 16 people out of 100 (or 16%) who get this device will get			1	Correct	Participants are assigned a value of 1 for this variables if they responded, '16 out of 100 (16%)' for the question in variable 'TherapyDepressPic.' (TherapyDepressPic == 2)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		depression or anxiety or their current depression or anxiety will get worse after getting the device. The correct answer is 16 out of 100 (16%).					
TherapyDepressPicIncorr	Numeric	Remember, the yellow figures represent people who will get depression or anxiety or whose current depression or anxiety will get worse after getting the device. In the picture above there are 100 figures and 16 of them are yellow, while the rest are gray. This means that 16 people out of 100 (or 16%) who get this device will get depression or anxiety or their current depression or anxiety will get worse after getting the device. The correct answer is 16 out of 100 (16%).			1	Incorrect	Participants are assigned a value of 1 for this variables if they *did not* respond, '16 out of 100 (16%)' for the question in variable 'TherapyDepressPic.' (TherapyDepressPic != 2)
TherapyDie	Numeric	There is a risk that you could die within 1 year after getting a device to treat Parkinson's disease. Dying could be a result of the operation used to place the device in your brain or a result of the device itself. Have you ever known anyone who has died after having an operation?			1 2 3	Yes No Don't know or not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyDie12	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDie12a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie12.' (TherapyDie12 == 1)
					2	A new device	
TherapyDie12a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie12a.' (TherapyDie12a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDie12b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 4%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie12.' (TherapyDie12 == 2)
					2	A new device	
TherapyDie12b1	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie12b.' (TherapyDie12b == 1)
					2	A new device	
TherapyDie15	Numeric	Please tell us whether you would choose to remain on your current treatment or			1	Your current treatment	
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		get the new device by checking the corresponding box below.					
TherapyDie15a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie15.' (TherapyDie15 == 1)
					2	A new device	
TherapyDie15a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie15a.' (TherapyDie15a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDie15b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 4%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie15.' (TherapyDie15 == 2)
					2	A new device	
TherapyDie15b1	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie15b.' (TherapyDie15b == 1)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyDie15b2	Numeric	In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from X to Y?			Number Text	Percentage risk of dying	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie15b.' (TherapyDie15b == 2)
TherapyDie3	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDie3a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDie3.' (TherapyDie3 == 1)
					2	A new device	
TherapyDie3a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to increase the number of hours of on time you have from X hours to Y hours each day?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDie3a.' (TherapyDie3a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDie3b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie3.' (TherapyDie3 == 2)
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		device was 4%?					
TherapyDie3b1	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 3%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDie3.' (TherapyDie3 == 1)
					2	A new device	
TherapyDie6	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDie6a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%?			1	Your current treatment	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDie6.' (TherapyDie6 == 1)
					2	A new device	
TherapyDie6a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the severity of your movement symptoms from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your Current Treatment' to the question in variable 'TherapyDie6a.' (TherapyDie6a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDie6b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 4%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie6.' (TherapyDie6 == 2)
					2	A new device	
TherapyDie6b1	Numeric	In the last question, you said that you preferred to			1	Your current treatment	Participants were only presented this question if they responded

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		get the new device. What if the risk of dying within 1 year after getting the device was 3%?			2	A new device	'Your current treatment' to the question in variable 'TherapyDie6b.' (TherapyDie6b == 1)
TherapyDie9	Numeric	Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.			1	Your current treatment	
					2	A new device	
TherapyDie9a	Numeric	In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%?			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie9.' (TherapyDie9 == 1)
					2	A new device	
TherapyDie9a1	Numeric	In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the severity of your Parkinson's pain from X to Y?			1	Yes	Participants were only presented this question if they responded 'Your current treatment' to the question in variable 'TherapyDie9a.' (TherapyDie9a == 1)
					2	No	
					3	Do not know or not sure	
TherapyDie9b	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year of getting the device was 4%?			1	Your current treatment	Participants were only presented this question if they responded 'A new device' to the question in variable 'TherapyDie9.' (TherapyDie9 == 2)
					2	A new device	
TherapyDie9b1	Numeric	In the last question, you said that you preferred to get the new device. What if the risk of dying within 1			1	Your current treatment	Participants were only presented this question if they responded 'Your current treatment' to the question in variable
					2	A new device	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		year after getting the device was 3%?					'TherapyDie9b.' (TherapyDie9b == 1)
TherapyDoc	Numeric	Has a doctor ever told you that you yourself have Parkinson's disease?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyRes.' (TherapyRes == 1)
					2	No	
					3	Don't know or not sure	
TherapyEducation	Numeric	What is the highest level of education you have completed?			2	Some high school	
					1	Less than high school	
					3	High school or equivalent (e.g., GED)	
					4	Some college but no degree	
					5	Technical school	
					6	Associate's degree (2-year college degree)	
					7	4-year college degree (e.g., BA, BS)	
					8	Some graduate school but no degree	
					9	Graduate or professional degree (e.g., MBA, MS, MD, PhD)	
TherapyEmployment	Numeric	Which of the following best describes your employment status?			1	Employed full-time	
					2	Employed part-time	
					3	Self-employed	
					4	Homemaker	
					6	Retired	
					7	Disabled/Unable to work	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					8	Unemployed but looking for work	
					9	Unemployed and not looking for work	
TherapyGender	Numeric	What is your gender?			1	Male	
					2	Female	
TherapyIncome	Numeric	What was your total household income before taxes and other deductions in 2016?			1	Less than $25,000	
					2	$25,000 to $49,999	
					3	$50,000 to $74,999	
					4	$75,000 to $99,999	
					5	$100,000 to $149,999	
					6	$150,000 to $199,999	
					7	$200,000 or more	
					8	Do not know or not sure	
					9	Prefer not to answer	
TherapyMaritalStat	Numeric	What is your marital status?			1	Single / never married	
					2	Married / living as married / civil partnership	
					3	Divorced or separated	
					4	Widowed / surviving partner	
					5	Other	
TherapyMedOff	Numeric	Off time is the time each day when your Parkinson's medicine is not working. Do you have off time?			1	Yes	
					2	No	
					3	Don't know or not sure	
TherapyMove	Numeric	Have you had movement symptoms such as tremor,			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		slowness of movement, unsteadiness, or rigidity in the past week because of your Parkinson's disease?			3	Don't know or not sure	
TherapyMove2HourDev2a	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available?			1 2	Device A Device B	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyMoveHour2.' (TherapyMoveHour2== 1)
TherapyMove2HourDev2a1	Numeric	In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the severity of your movement symptoms from X to Y?			1 2 3	Yes No Do not know or not sure	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyMove2HourDev2a.' (TherapyMove2HourDev2a== 1)
TherapyMove2HourDev2a2	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available?			1 2	Device A Device B	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyMove2HourDev2a.' (TherapyMove2HourDev2a== 2)
TherapyMove2HourDev2b	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available?			1 2	Device A Device B	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyMoveHour2.' (TherapyMoveHour2== 2)
TherapyMove2HourDev2b1	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available?			1 2	Device A Device B	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyMove2HourDev2b.' (TherapyMove2HourDev2b== 1)
TherapyMoveHour2	Numeric	Please tell us which you would choose by checking the corresponding box below.			1 2	Device A Device B	
TherapyMoveSympBrady	Numeric	Which of the following movement symptoms have	Bradykinesia: slowness of		1	Checked	Participants were only presented this question if they responded

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you had in the past week? (Check all that apply)	movement and limited range of movement				'Yes' to the question in variable 'TherapyMove.' (TherapyMove == 1) All Variables with prefix "TherapyMoveSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyMoveSympNot	Numeric	Which of the following movement symptoms have you had in the past week? (Check all that apply)	I did not have any of these movement symptoms in the past week		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyMove.' (TherapyMove == 1) All Variables with prefix "TherapyMoveSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyMoveSympPost	Numeric	Which of the following movement symptoms have you had in the past week? (Check all that apply)	Postural instability: being unsteady or lacking balance when standing upright		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyMove.' (TherapyMove == 1) All Variables with prefix "TherapyMoveSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyMoveSympRigid	Numeric	Which of the following movement symptoms have you had in the past week? (Check all that apply)	Rigidity: unusual stiffness in one or more arms, legs, or in another body part		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyMove.' (TherapyMove == 1) All Variables with prefix "TherapyMoveSymp" are part of

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyMoveSympTrem	Numeric	Which of the following movement symptoms have you had in the past week? (Check all that apply)	Resting tremor: a trembling in a body part when it is not performing an action		1	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyMove.' (TherapyMove == 1) All Variables with prefix "TherapyMoveSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyNumLive	Numeric	How many people aged 18 or younger live with you?			1	0	
					2	1	
					3	2	
					4	3	
					5	4	
					6	5	
					7	6	
					8	7	
					9	8	
					10	9	
					11	10	
					12	11	
					13	12	
					14	13	
					15	14	
					16	15	
					17	16	
					18	17	
					19	18	
					20	19	
					21	20	
TherapyOffSymp	Numeric	Which one of the following 5 statements best describes your Parkinson's disease			1	I have symptoms on one side of my body with small or	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		when you do not take your medicine or when your medicine is not working?				no problems with balance or walking	
					2	I have symptoms on both sides of my body but no problems with balance or walking	
					3	I have symptoms on both sides of my body and have problems with balance and walking. I need help with some daily activities, but I can still live alone.	
					4	I have symptoms on both sides of my body and have problems with balance and walking. I need help with daily activities and I cannot live alone.	
					5	I cannot stand or walk independently; I need help or a wheelchair	
TherapyPain	Numeric	Have you had pain in the past week because of your Parkinson's disease?			1	Yes	
					2	No	
					3	Don't know or not sure	
TherapyPainHour3	Numeric	Please tell us which you would choose by checking the corresponding box below.			1	Device A	
					2	Device B	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyPainHourDev 3a	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPainHour3.' (TherapyPainHour3== 1)
					2	Device B	
TherapyPainHourDev 3a1	Numeric	In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the severity of your Parkinson's pain from X to Y?			1	Yes	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPainHourDev3a.' (TherapyPainHourDev3a == 1)
					2	No	
					3	Do not know or not sure	
TherapyPainHourDev 3a2	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPainHourDev3a.' (TherapyPainHourDev3a == 2)
					2	Device B	
TherapyPainHourDev 3b	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPainHour3.' (TherapyPainHour3== 2)
					2	Device B	
TherapyPainHourDev 3b1	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPainHourDev3b.' (TherapyPainHourDev3b == 1)
					2	Device B	
TherapyPillHour5	Numeric	Please tell us which you would choose by checking the corresponding box below.			1	Device A	
					2	Device B	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyPillHourDev15a1	Numeric	In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the number of pills or tablets you need to take (as well as the side effects of your Parkinson's medicines) from X to Y?			1	Yes	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPillHourDev5a.' (TherapyPillHourDev5a == 1)
					2	No	
					3	Do not know or not sure	
TherapyPillHourDev5a	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPillHour5.' (TherapyPillHour5 == 1)
					2	Device B	
TherapyPillHourDev5a2	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPillHourDev5a.' (TherapyPillHourDev5a == 2)
					2	Device B	
TherapyPillHourDev5b	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyPillHour5.' (TherapyPillHour5 == 2)
					2	Device B	
TherapyPillHourDev5b1	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyPillHourDev5b.' (TherapyPillHourDev5b == 1)
					2	Device B	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyProvideCare AdultOth	Numeric	Another adult (not mentioned above) who needs care on a daily basis			1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCare Child	Numeric	Which of the following people do you provide care for on a daily basis?	Your child or children		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCare ChildOth	Numeric	Which of the following people do you provide care for on a daily basis?	Another child (not mentioned above) who needs care on a daily basis		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCare Grandchild	Numeric	Which of the following people do you provide care for on a daily basis?	Your grandchild or grandchildren		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCare None	Numeric	Which of the following people do you provide care for on a daily basis?	I do not provide care for any person on a daily basis		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCareP arent	Numeric	Which of the following people do you provide care for on a daily basis?	Your parent(s) or parent(s)-in-law		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCareS ib	Numeric	Which of the following people do you provide care for on a daily basis?	Your brother(s) or sister(s)		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyProvideCareS pouse	Numeric	Which of the following people do you provide care for on a daily basis?	Your spouse or partner		1	Checked	All Variables with prefix "TherapyProvide" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							with the specific subitem shown as the Sub Choice.
TherapyRaceAmInd	Numeric	How would you describe your race or ethnicity? (Check all that apply).	American Indian or Alaska Native		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceAsian	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Asian		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceBlack	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Black or African American		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceHisp	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Hispanic or Latino		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceNatHaw	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Native Hawaiian or other Pacific Islander		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceOth	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Other		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRacePNA	Numeric	How would you describe your race or ethnicity? (Check all that apply).	Prefer not to answer		1	Checked	All Variables with prefix "TherapyRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRaceWhite	Numeric	How would you describe your race or ethnicity?	White or Caucasian		1	Checked	All Variables with prefix "TherapyRace" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(Check all that apply).					large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyRes	Numeric	Are you a resident of the United States?			1	Yes	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyAge.' (TherapyAge == 1)
					2	No	
TherapyState	Numeric	In which state do you currently live?			1	Alabama	Participants were only presented this question if they responded 'Yes' to the question in variable 'TherapyRes.' (TherapyRes == 1)
					10	Florida	
					11	Georgia	
					12	Hawaii	
					13	Idaho	
					14	Illinois	
					15	Indiana	
					16	Iowa	
					17	Kansas	
					18	Kentucky	
					19	Louisiana	
					2	Alaska	
					20	Maine	
					21	Maryland	
					22	Massachusetts	
					23	Michigan	
					24	Minnesota	
					25	Mississippi	
					26	Missouri	
					27	Montana	
					28	Nebraska	
					29	Nevada	
					3	Arizona	
					30	New Hampshire	
					31	New Jersey	
					32	New Mexico	
					33	New York	
					34	North Carolina	
					35	North Dakota	
					36	Ohio	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					37	Oklahoma	
					38	Oregon	
					39	Pennsylvania	
					4	Arkansas	
					40	Puerto Rico	
					41	Rhode Island	
					42	South Carolina	
					43	South Dakota	
					44	Tennessee	
					45	Texas	
					46	Utah	
					47	Vermont	
					48	Virginia	
					49	Washington	
					5	California	
					50	West Virginia	
					51	Wisconsin	
					52	Wyoming	
TherapySympCurtSlow	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Slowness of movement		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevBal	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Balance problems		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevFace	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the	Lack of expressiveness in my face		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease? (Check all that apply)					
TherapySympPrevMove	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Shaking or tremor in arms or hands when trying to move them		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevRest	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Shaking or tremor in arms or hands when at rest		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevSlow	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Slowness of movement		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevStiff	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Muscle stiffness or rigidity		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevVoice	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Changes in my voice or speech		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevWalk	Numeric	Which of the following symptoms of Parkinson's	Changes in the way that I		1	Checked	All Variables with prefix "TherapySympPrev" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease did you have when you were first diagnosed with the disease? (Check all that apply)	walk				large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySympPrevWrite	Numeric	Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (Check all that apply)	Changes in my handwriting		1	Checked	All Variables with prefix "TherapySympPrev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurBal	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Balance problems		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurFace	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Lack of expressiveness in my face		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurMove	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Shaking or tremor in arms or hands when trying to move them		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurRest	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Shaking or tremor in arms or hands when at rest		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurStiff	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Muscle stiffness or rigidity		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurVoice	Numeric	Which of the following symptoms of Parkinson's	Changes in my voice or		1	Checked	All Variables with prefix "TherapySymp" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease do you currently have?	speech				large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurWalk	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Changes in the way that I walk		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapySymptCurWrite	Numeric	Which of the following symptoms of Parkinson's disease do you currently have?	Changes in my handwriting		1	Checked	All Variables with prefix "TherapySymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyThink	Numeric	Have you had difficulty thinking clearly, getting organized, or making plans in the past week because of your Parkinson's disease?			1 2 3	Yes No Don't know or not sure	
TherapyThinkHour4	Numeric	Please tell us which you would choose by checking the corresponding box below.			1 2	Device A Device B	
TherapyThinkHourDev4a	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available?			1 2	Device A Device B	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHour4.' (TherapyTimeHour4== 1)
TherapyThinkHourDev4a1	Numeric	In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to decrease the amount of trouble you have thinking clearly, getting organized, or making plans			1 2 3	Yes No Do not know or not sure	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHourDev4a.' (TherapyTimeHourDev4a== 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		from X to Y?					
TherapyThinkHourDev4a2	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyTimeHourDev4a.' (TherapyTimeHourDev4a == 2)
					2	Device B	
TherapyThinkHourDev4b	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyTimeHour4.' (TherapyTimeHour4== 2)
					2	Device B	
TherapyThinkHourDev4b1	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHourDev4b.' (TherapyTimeHourDev4b == 1)
					2	Device B	
TherapyTimeHour1	Numeric	Please tell us which you would choose by checking the corresponding box below			1	Device A	
					2	Device B	
TherapyTimeHourDev1a	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHour1.' (TherapyTimeHour1== 1)
					2	Device B	
TherapyTimeHourDev1a1	Numeric	In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to increase the number of hours of on time you have from X hours toY hours each day?			1	Yes	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHourDev1a.' (TherapyTimeHourDev1a== 1)
					2	No	
					3	Do not know or not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
TherapyTimeHourDev1a2	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyTimeHourDev1a.' (TherapyTimeHourDev1a== 2)
					2	Device B	
TherapyTimeHourDev1b	Numeric	In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device B' to the question in variable 'TherapyTimeHour1.' (TherapyTimeHour1 == 2)
					2	Device B	
TherapyTimeHourDev1b1	Numeric	In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available?			1	Device A	Participants were only presented this question if they responded 'Device A' to the question in variable 'TherapyTimeHourDev1b.' (TherapyTimeHourDev1b== 1)
					2	Device B	
TherapyTimeWaitOp	Numeric	Have you ever had to wait more than a few days or a few weeks to have an operation or to start a new treatment?			1	Yes	Participants are presented with the following prompt, 'Some devices that could be used to treat Parkinson's disease are currently being developed and tested and may not be available to patients yet. The process of developing and testing new device treatments can take years. Sometimes patients are willing to wait to get a new device to treat Parkinson's if the benefits of the device are expected to be better than the treatments that are available to them now.'
					2	No	
					3	Don't know or not sure	
TherapyTreatApo	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check	Apokyn (apomorphine) injection		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		all that apply)					as the Sub Choice.
TherapyTreatGamma	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Gamma knife radiosurgery		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatGel	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Levodopa-carbidopa intestinal gel pump		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatNone	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	None of the above		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatOther	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Other neurosurgery		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatPalli	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Pallidotomy		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatPatch	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Levodopa-carbidopa transdermal patch		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatStim	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Deep brain stimulation		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
TherapyTreatThala	Numeric	Have you ever had or used any of the following treatments for Parkinson's	Thalamotomy		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		disease? (Check all that apply)					with the specific subitem shown as the Sub Choice.
TherapyTreatUltra	Numeric	Have you ever had or used any of the following treatments for Parkinson's disease? (Check all that apply)	Focused ultrasound		1	Checked	All Variables with prefix "TherapyTreat" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

PD MICROBIOME (PDMB)

Table Description: PD Microbiome Survey

View Source Instrument: [link]

Details: This one-time survey is referred to as the "PD Microbiome Survey" in Fox DEN and the Questionnaire Forms. This survey was part of the PD Microbiome sub-study conducted in partnership with 23andMe. The study was conducted in two phases, a pilot study followed by an expanded main study. The pilot study was completed in December 2019 with a smaller group of participants, exclusively from the PD cohort. The goal was to assess the feasibility of collecting stool and saliva samples. Afterwards, the main study was conducted between February 2021 and December 2021 with participants from both the PD and Control cohorts. Survey data collected in conjunction with this sub-study is available to researchers with Tier 1 Fox Insight access, with additional shallow shotgun sequencing reads from stool and saliva samples available to researchers with Tier 2 access. To register for Tier 1 access click here, to register for Tier 2 access click here. Tier 2 data is provided in .FASTQ format. Participants completed this survey after they had provided their samples and was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
PDMBStudy	Numeric				2	Individual completed the PDMB Main study	This variable indicates whether an individual was part of the PDMB Pilot study or the PDMB Main study.
					1	Individual completed the PDMB Pilot study	
PDMBSex	Numeric				1	Male	This variable indicates the recorded sex of the participant.
					2	Female	
PDMBFigsElig	Numeric				1	Yes	This variable indicates participant eligibility for the Fox Insight Genetic Sub-study, also conducted in partnership with 23adnMe. Genotyped data from this sub-study are available on Fox DEN to researchers with Tier 2 access.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
							More information can be found on page 19.
PDMBSampUnder	Numeric	Did you experience any difficulties understanding how to use the microbiome sample collection kit?			0	No difficulties	During the pilot study the question text was, 'Did you experience any difficulties understanding how to use the gut microbiome sample collection kit?'
					1	Yes, I experienced minor difficulties	
					2	Yes, I experienced major difficulties	
					999	Skipped question	
PDMBSampCol	Numeric	Did you experience any difficulties collecting either your stool or saliva samples using the microbiome sample collection kit?			0	No difficulties	During the pilot study the question text was, 'Did you experience any difficulties collecting either your stool or saliva samples using the gut microbiome sample collection kit?'
					1	Yes, I experienced minor difficulties	
					2	Yes, I experienced major difficulties	
					999	Skipped question	
PDMBSampComp	Numeric	Were you able to successfully complete the sample collection and return of the microbiome sample collection kit as instructed?			1	Yes, I was	During the pilot study the question text was, 'Were you able to successfully complete the sample collection and return of the gut microbiome sample collection kit as instructed?'
					999	Skipped question	
					0	No, I was not	
PDMBAgeYrs	Numeric	What is your current age?			Year Text	In years	All values for this variable are in integer form. Only participants within the range of 50-69 years old were selected for this study.
PDMBHeightMm	Numeric	What is your height in feet and inches?			Number Text	In millimeters	Participant responses for this question were converted to millimeters.

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
PDMBWeightGrams	Numeric	What is your current weight in pounds?			Number Text	In grams	Participant responses for this question were converted to grams.
PDMBMartStat	Numeric	Are you currently married?			0	No	
					1	Yes	
PDMBResChild	Numeric	Which best describes the area or areas where you spent most of your childhood?			4	Small town (2,500-24,999 people)	
					2	Suburb	
					3	Large town (25,000-99,000 people)	
					0	Large city (250,000 or more people)	
					5	Rural area	
					1	Midsize city (100,000-249,999 people)	
					6	Multiple types of areas	
					7	I'm not sure	
PDMBFTWorkAgeYrs	Numeric	At what age did you start working full-time?			Year Text	In years	
PDMBWorkHours	Numeric	In a typical week, how many hours do you work?			0	0 hours per week	
					1	Less than 30 hours per week	
					2	Between 30 and 45 hours per week	
					3	More than 45 hours per week	
PDMBWorkDays	Numeric	In a typical week, how many days of the week would you consider to be work days rather than non-work days?			0	0 work days, 7 non-work days	
					2	2 work days, 5 non-work days	
					5	5 work days, 2 non-work days	
					4	4 work days, 3 non-work days	
					3	3 work days, 4 non-work days	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					999	Skipped question	
					6	6 work days, 1 non-work day	
					7	7 work days, 0 non-work days	
					1	1 work day, 6 non-work days	
PDMBWorkNight	Numeric	In the past 6 weeks, have you been a night shift worker (more than half of your official work hours between 6pm and 7am)?			0	No	
					999	Skipped question	
					1	Yes	
PDMBCurrPet	Numeric	Do you currently own a pet?			0	No	
					1	Yes	
					999	Skipped question	
PDMBSymTrem	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	Tremor of shaking		0	Not Checked	Variables with prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					1	Checked	
					999	Skipped question	
PDMBSymRig	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	Muscle rigidity		0	Not Checked	Variables with prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					1	Checked	
					999	Skipped question	
PDMBSymPain	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	Pain		0	Not Checked	Variables with prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					1	Checked	
					999	Skipped question	
PDMBSymFatg	Numeric	Which of the following symptoms of Parkinson's	Fatigue		0	Not Checked	Variables with prefix "PDMBSym" are part
					1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		disease were you experiencing at the time you provided samples for the microbiome sample collection kit?			999	Skipped question	of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PDMBSymSlow	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	Slowness of movement		0 1 999	Not Checked Checked Skipped question	Variables with prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PDMBSymConst	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	Constipation		0 1 999	Not Checked Checked Skipped question	Variables with prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PDMBNan	Numeric	Which of the following symptoms of Parkinson's disease were you experiencing at the time you provided samples for the microbiome sample collection kit?	None of the above		0 1 999	Not Checked Checked Skipped question	This variable and other variables with the prefix "PDMBSym" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PDMBLbsLost	Numeric	Have you lost over 10 lbs in the past year?			0 1 2 999	No Yes I'm not sure Skipped question	
PDMBSleepHours	Numeric	How many hours of sleep do you get per night, on average?			Hour Text	In hours	
PDMBSmoke	Numeric	Do you currently smoke tobacco?			0 1	No Yes	
PDMBCig	Numeric	During the past 3 months, how many cigarettes on			999 0	Skipped question Less than 10	Participants were only presented this question

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		average have you smoked per day?			1	11-20 cigarettes a day	if they responded with 'Yes' to the question in variable 'PDMBSmoke'. (PDMBSmoke == 1)
					2	21-30 cigarettes a day	
PDMBVege	Numeric	Over the past week, how often did you eat raw or cooked vegetables?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBFruit	Numeric	Over the past week, how often did you eat fresh fruit?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBMeat	Numeric	Over the past week, how often did you eat meat?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBSoy	Numeric	In the past week, how often did you eat soy products (tofu, soy milk, tempeh, etc.)?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBBread	Numeric	Which type of bread do you usually eat?			0	Rye	
					1	Whole Wheat	
					2	Multigrain	
					3	White	
					4	Sourdough	
					5	I'm not sure	
					999	Skipped question	
PDMBBreak	Numeric	During a typical week, how often do you eat breakfast?			0	Never	
					1	Rarely	
					2	1-2 times per week	
					3	3-4 times per week	
					4	5-6 times per week	
					5	6 or more times a week	
PDMBDessert	Numeric	Over the past week, how often did you eat desserts or other sugary foods?			0	Never	This question was only presented to participants in the Main Study.
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
					888	Never saw the question	
PDMBCoffee	Numeric	Over the past week, how often did you consume coffee?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
PDMBSoda	Numeric	Over the past week, how often did you drink regular (i.e. non-diet) soda?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBBeer	Numeric	Over the past week, how often did you consume beer?			0	Never	
					1	Less than once a week	
					2	2-3 times a week	
					3	4-5 times a week	
					4	Daily	
					5	2-3 times a day	
					6	More than 3 times a day	
PDMBAlco	Numeric	In the last two weeks, how many servings of alcohol did you drink each day?			0	None	
					1	Between 0 and 1	
					2	1	
					3	2	
					4	3	
					5	4	
					6	5 or more	
PDMBMilkChoc	Numeric	Do you prefer milk or dark chocolate?			0	Milk chocolate	
					1	Dark chocolate	
					2	No preference	
					3	I'm not sure	
					999	Skipped question	
PDMBVegan	Numeric	Are you vegetarian or vegan?			1	Vegetarian	This question was only presented to participants in the Main Study.
					2	Neither	
					888	Never saw the question	
PDMBAtrFib	Numeric	Have you ever been diagnosed with or treated for atrial fibrillation			0	No	
					1	Yes	
					2	I'm not sure	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		(irregular or rapid heart rate)?			999	Skipped question	
PDMBTransIsc	Numeric	Have you ever been diagnosed with or treated for atrial fibrillation (irregular or rapid heart rate)?			0	No	
					1	Yes	
					2	I'm not sure	
					999	Skipped question	
PDMBChronFatg	Numeric	Have you ever been diagnosed with or treated for chronic fatigue syndrome (also referred to as myalgic encephalomyelitis)?			0	No	
					1	Yes	
					2	I'm not sure	
					999	Skipped question	
PDMBAntiBio	Numeric	Have you taken an antibiotic in the past 6 months?			0	No	
					1	Yes	
					2	I'm not sure	
					999	Skipped question	
PDMBMedsAmox	Numeric	Have you taken any of the following types of medications in the past year?	Amoxicillin		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsProg	Numeric	Have you taken any of the following types of medications in the past year?	Progesterone		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsEstr	Numeric	Have you taken any of the following types of medications in the past year?	Estrogen		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsDrosEth	Numeric	Have you taken any of the following types of medications in the past year?	Drospirenone and ethinylestradiol (Yaz®, Gianvi®, Yasmin®		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsClo	Numeric	Have you taken any of the following types of	Clonazepam (Klonopin®)		0	Not Checked	
					1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		medications in the past year?			999	Skipped question	
PDMBMedsNitro	Numeric	Have you taken any of the following types of medications in the past year?	Nitrofurantoin (Macrobid®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsMesa	Numeric	Have you taken any of the following types of medications in the past year?	Mesalazine (Canasa®, Apriso®, Pentasa®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsAlpha	Numeric	Have you taken any of the following types of medications in the past year?	NF-alpha inhibitors (Humira®, Amjevita®, Cimzia®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsAzath	Numeric	Have you taken any of the following types of medications in the past year?	Azathioprine (Imuran®, Azasan®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsVenl	Numeric	Have you taken any of the following types of medications in the past year?	Venlafaxine (Effexor XR®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsRupa	Numeric	Have you taken any of the following types of medications in the past year?	Rupatadine (Rupafin®)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBMedsNan	Numeric	Have you taken any of the following types of medications in the past year?	None of the above		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedAzl	Numeric	Are you currently taking any of the following medications?	Azilect (rasagiline)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedElde	Numeric		Eldepryl, Carbex,		0	Not Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Are you currently taking any of the following medications?	Atapryl, or Emsam patch (selegiline or deprenyl)		1	Checked	
					999	Skipped question	
PDMBCurrMedMirap	Numeric	Are you currently taking any of the following medications?	Mirapex (pramipexole) or Mirapex ER		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedParc	Numeric	Are you currently taking any of the following medications?	Parcopa (carbidopa/levodopa orally disintegrating tablet)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedParlo	Numeric	Are you currently taking any of the following medications?	Parlodel (bromocriptine)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedPerm	Numeric	Are you currently taking any of the following medications?	Permax (pergolide)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedReq	Numeric	Are you currently taking any of the following medications?	Requip (ropinerole)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedSinam	Numeric	Are you currently taking any of the following medications?	Sinemet or Atamet (carbidopa/levodopa)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedStale	Numeric	Are you currently taking any of the following medications?	Stalevo (carbidopa, levodopa and entacapone)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedSym	Numeric	Are you currently taking any of the following medications?	Symmetrel (amantadine)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBCurrMedNan	Numeric	Are you currently taking any of the following medications?	None of the above		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBGastr	Numeric				0	No	
					1	Yes	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Have you been treated for gastroenteritis (stomach flu) in the past year?			2	I'm not sure	
PDMBSickLeave	Numeric	How often have you taken sick leave in the past year?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very frequently	
					5	I'm not sure	
					999	Skipped question	
PDMBCurrWeight	Numeric	How would you rate your current weight?			0	Severely underweight	
					1	Underweight	
					2	Normal	
					3	Little overweight	
					4	Very overweight	
					5	I'm not sure	
PDMBChangWeight	Numeric	In the last year, have you made any plans to change your weight?			0	No	
					1	Yes	
					2	I'm not sure	
PDMBBloat	Numeric	In the past week, how many days have you experienced bloating?			0	0 days	
					1	1-3 days	
					2	4-6 days	
					3	All 7 days	
					4	I'm not sure	
PDMBGallRemov	Numeric	Did you ever have surgery to remove your gallbladder, as a treatment for gallstones or gallbladder infection?			0	No	
					1	Yes	
					999	Skipped question	
PDMBAllerPos	Numeric	Have you ever had a positive allergy test, performed by a medical professional, to foods?			0	No	
					1	Yes	
					2	I'm not sure	
PDMBCoqSupp	Numeric	How often do you use CoQ10 supplements?			0	Never	
					1	Less than once a month	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					2	Once a month	
					3	2-3 times a month	
					4	Once a week	
					5	2-3 times a week	
					6	Daily	
					999	Skipped question	
PDMBMagSupp	Numeric	In a typical week, do you take a magnesium supplement?			0	No	
					1	Yes	
					2	I'm not sure	
PDMBCondCav	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Caries (cavities)		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBCondGin	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Gingivitis		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBCondPeri	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Periodontitis		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBCondEnam	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Enamel erosion		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBCondGums	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Receding gums		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBCondOralCan	Numeric	Have you ever been diagnosed with, or treated	Oral cancer		0	Not Checked	This question was only presented to
					1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		for, any of the following conditions?			888	Never saw the question	participants in the Main Study.
					999	Skipped question	
PDMBCondNan	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	None of the above		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBToothSens	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Tooth sensitivity		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBToothPain	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Tooth pain (toothache)		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBToothLoose	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Loose teeth, not from an injury		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBGumBleBru	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Bleeding or swollen gums from brushing		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBGumBleFlo	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Bleeding or swollen gums from flossing		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	
					999	Skipped question	
PDMBBadBre	Numeric	Have you ever been diagnosed with, or treated for, any of the following conditions?	Persistent bad breath or taste in mouth		0	Not Checked	This question was only presented to participants in the Main Study.
					1	Checked	
					888	Never saw the question	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					999	Skipped question	
PDMBToothSensFreq	Numeric	During the past 3 months, how often have you experienced tooth sensitivity?			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBToothPainFreq	Numeric	During the past 3 months, how often have you experienced tooth pain (toothache)?			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBToothLooseFreq	Numeric	During the past 3 months, how often have you experienced loose teeth, not from an injury?			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBGumBlefreq	Numeric	During the past 3 months, how often have you experienced bleeding or swollen gums from brushing?			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBGumBleFloFreq	Numeric	During the past 3 months, how often have you experienced bleeding or			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Frequently	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		swollen gums from flossing?			4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBBadBreFreq	Numeric	During the past 3 months, how often have you experienced persistent bad breath or taste in mouth?			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Frequently	
					4	Very Frequently	
					5	I'm not sure	
					888	Never saw the question	
PDMBMisTooth	Numeric	How many missing teeth do you have?			0	None	This question was only presented to participants in the Main Study.
					1	1 - 2 teeth	
					2	3 - 5 teeth	
					3	More than 5 teeth	
					888	Never saw the question	
					999	Skipped question	
PDMBVisDent	Numeric	How long has it been since you last visited a dentist?			0	Less than 6 months	This question was only presented to participants in the Main Study.
					1	6 months - 1 year	
					2	1 - 2 years	
					3	2 - 5 years	
					4	More than 5 years	
					888	Never saw the question	
PDMBVisDentRes	Numeric	What was the main reason you last visited a dentist?			0	Check-up, examination, or cleaning	This question was only presented to participants in the Main Study.
					1	Something was wrong, bothering, or hurting	
					2	Went in for treatment of a condition that a dentist discovered at an earlier check-up or examination	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					3	None of the above	
					4	I'm not sure	
					888	Never saw the question	
PDMBBruFreq	Numeric	In a typical week, how often do you brush your teeth?			0	Twice a day or more	This question was only presented to participants in the Main Study.
					1	Once a day	
					2	Sometimes	
					3	Rarely	
					4	Never	
					888	Never saw the question	
					999	Skipped question	
PDMBFloFreq	Numeric	In a typical week, how often do you floss your teeth?			0	Twice a day or more	This question was only presented to participants in the Main Study.
					1	Once a day	
					2	Sometimes	
					3	Rarely	
					4	Never	
					888	Never saw the question	
					999	Skipped question	
PDMBWashFreq	Numeric	In a typical week, how often do you use mouthwash?			0	Twice a day or more	This question was only presented to participants in the Main Study.
					1	Once a day	
					2	Sometimes	
					3	Rarely	
					4	Never	
					888	Never saw the question	
					999	Skipped question	
PDMBFoodLim	Numeric	How often do you limit foods because of teeth problems?			0	Never	This question was only presented to participants in the Main Study.
					1	Rarely	
					2	Sometimes	
					3	Often	
					4	Always	
					888	Never saw the question	
PDMBStool1	Numeric		Type 1		0	Not Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Which of the following stool types most resembles the one provided for the microbiome sample collection kit?			1	Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					999	Skipped question	
PDMBStool2	Numeric	Which of the following stool types most resembles the one provided for the microbiome sample collection kit?	Type 2		0	Not Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					1	Checked	
					999	Skipped question	
PDMBStool3	Numeric	Which of the following stool types most resembles the one provided for the microbiome sample collection kit?	Type 3		0	Not Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					1	Checked	
					999	Skipped question	
PDMBStool4	Numeric	Which of the following stool types most resembles the one provided for the microbiome sample collection kit?	Type 4		0	Not Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					1	Checked	
					999	Skipped question	
PDMBStool5	Numeric	Which of the following stool types most resembles the one provided for the microbiome sample collection kit?	Type 5		0	Not Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					1	Checked	
					999	Skipped question	
PDMBStool6	Numeric	Which of the following stool types most resembles the one provided for the microbiome sample collection kit?	Type 6		0	Not Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					1	Checked	
					999	Skipped question	
PDMBStool7	Numeric		Type 7		0	Not Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		Which of the following stool types most resembles the one provided for the microbiome sample collection kit?			1	Checked	Participants were presented with a sample image for this question. Please refer to the questionnaire form for the image.
					999	Skipped question	
PDMBBowlMove	Numeric	Thinking back to when you provided the stool sample, how much time had elapsed between that sample and the bowel movement prior?			0	Less than 12 hours	
					1	12 to 24 hours	
					2	24 to 36 hours	
					3	More than 36 hours	
					999	Skipped question	
PDMBDisGastr	Numeric	Did you face any gastrointestinal discomfort within the 24-hours prior to collecting your stool sample?			0	No	
					1	Yes	
					2	I'm not sure	
					999	Skipped question	
PDMBBowlMovWk	Numeric	How many bowel movements do you have in a typical week?			0	Less than 3	
					1	Between 3 and 5	
					2	Six or more	
					999	Skipped question	
PDMBStlhard	Numeric	During the past 3 months, how often have you experienced stool resembling separate hard lumps, like nuts (hard to pass)?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlLump	Numeric	During the past 3 months, how often have you experienced lumpy sausage-shaped stool?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlCrack	Numeric				0	Never	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
		During the past 3 months, how often have you experienced sausage-shaped stool with cracks on the surface?			1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlSnake	Numeric	During the past 3 months, how often have you experienced smooth and soft sausage or snake-shaped stool?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlBlob	Numeric	During the past 3 months, how often have you experienced soft blob shaped stool with clear edges (passed easily)?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlRag	Numeric	During the past 3 months, how often have you experienced fluffy or mushy stool with ragged edges?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	
					5	More than 3 times per day	
PDMBStlLiq	Numeric	During the past 3 months, how often have you experienced liquid stool with no solid pieces?			0	Never	
					1	Less than 3 times per week	
					2	3-6 times per week	
					3	Daily	
					4	2-3 times per day	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
					5	More than 3 times per day	
PDMBLaxMonth	Numeric	Have you taken a laxative or stool softener in the past month?			0	No	
					1	Yes	
					2	I'm not sure	
PDMBDiagIFS	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Inflammatory bowel syndrome		0	Not Checked	
					1	Checked	
PDMBDiagGastr	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Gastroesophageal reflux disease (GERD)		0	Not Checked	
					1	Checked	
PDMBDiagIFB	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Inflammatory bowel disease		0	Not Checked	
					1	Checked	
PDMBDiagHeart	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Heartburn		0	Not Checked	
					1	Checked	
PDMBDiagCrohn	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Crohn's disease		0	Not Checked	
					1	Checked	
PDMBDiagUlc	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Ulcerative colitis		0	Not Checked	
					1	Checked	
PDMBDiagCel	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Celiac disease		0	Not Checked	
					1	Checked	
PDMBDiagDiv	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Diverticulitis		0	Not Checked	
					1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Sub Choice-2	Value	Value Description	Notes/Resources
PDMBDiagRect	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Rectal prolapse		0	Not Checked	
					1	Checked	
PDMBDiagOth	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	Other, please specify		0	Not Checked	
					1	Checked	
PDMBDiagNan	Numeric	Which of the following conditions have you been diagnosed with, or treated for?	None of the above		0	Not Checked	
					1	Checked	
PDMBIBSWat	Numeric	What type of irritable bowel syndrome (IBS) were you diagnosed with?	IBS with predominantly loose or watery stool (IBD-D)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBIBSLump	Numeric	What type of irritable bowel syndrome (IBS) were you diagnosed with?	IBS with predominantly hard or lumpy stool (IBD-C)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBIBSDiar	Numeric	What type of irritable bowel syndrome (IBS) were you diagnosed with?	IBS with mixed diarrhea and constipation (IBS-M)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBIBSNan	Numeric	What type of irritable bowel syndrome (IBS) were you diagnosed with?	None of these types (IBS-U)		0	Not Checked	
					1	Checked	
					999	Skipped question	
PDMBIBSNA	Numeric	What type of irritable bowel syndrome (IBS) were you diagnosed with?	I'm not sure		0	Not Checked	
					1	Checked	
					999	Skipped question	

REPETITIVE HEAD IMPACT (Rep)

Table Description: Repetitive Head Impact

View Source Instrument: [link]

Details: This one-time survey is referred to as "Repetitive Head Impact" in Fox DEN, in the Questionnaire Forms, and in the cross-sectional health and disease section in the Participant Schedule of Activities. This one-time survey was launched in November 2020 and 7,538 participants have responded to this survey as of November 2022. This survey is completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepBoxingAmateurFightsTotal	Numeric	How many total amateur fights did you compete in?			1	Total amateur fights:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepBoxingPlay. (RepBoxingPlay = 1)
					2	Not sure	
					3	Prefer not to answer	
RepBoxingAmateurFightsTotalN	Numeric				Number Text	Total amateur fights	
RepBoxingPlay	Numeric	Were you ever a boxer?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepBoxingProfFightsTotal	Numeric	How many total professional fights did you compete in?			1	Total professional fights:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepBoxingPlay. (RepBoxingPlay = 1)
					2	Not sure	
					3	Prefer not to answer	
RepBoxingProfFightsTotalN	Numeric				Number Text	Total professional fights	
RepBoxingStartAge	Numeric	At what age did you start boxing? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepBoxingPlay.
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							(RepBoxingPlay = 1)
RepBoxingStartAgeN	Numeric				Age text	Age started	Derived variable from response to question in variable 'RepBoxingStartAge'.
RepBoxingStopAge	Numeric	At what age did you stop boxing? If you are unsure of the exact age, please make your best guess.			1	Age:	
					2	Still playing	
					3	Not sure	
					4	Prefer not to answer	
RepBoxingTotalYears	Numeric	How many total years did you box?			1	Total years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepBoxingPlay. (RepBoxingPlay = 1)
					2	Not sure	
					3	Prefer not to answer	
RepBoxingTotalYearsN	Numeric				Year Text	Total years	
RepCaregiver	Numeric	Is anyone helping you complete this questionnaire?			1	Yes	
					2	No	
RepCaregiverWho	Numeric	Who is helping you?			1	Spouse/partner	Participants are only presented this question if they answered 'Yes' to the question, 'Is anyone helping you complete this questionnaire?'
					2	Child	
					3	Other family member	
					4	Friend	
					5	Home health aide	
					6	Other	
RepCollegeSoccerHeadings	Numeric	Did you participate in heading drills at the college level?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepCollegeSoccerPlay'. (RepCollegeSoccerPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepCollegeSoccerLeague	Numeric	In which league/division did you			1	I/FBS	Participants are only presented this question if
					2	IAA/FCS	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		play soccer in college? (Check all that apply)			3	II	they answered 'Yes' to the question in Variable 'RepCollegeSoccerPlay'. (RepCollegeSoccerPlay == 1)
					4	III	
					5	Club	
					6	Intramural	
					7	Other	
					8	Not sure	
					9	Prefer not to answer	
RepCollegeSoccerPlay	Numeric	College Level Soccer History Did you play soccer in college? Please exclude years already recorded at semi-professional or junior level.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepCollegeSoccerPosition1	Numeric	What was your primary position while playing soccer in college?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepCollegeSoccerPlay'. (RepCollegeSoccerPlay == 1)
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	
					14	Other	
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	
RepCollegeSoccerYears	Numeric	How many years did you play soccer in college? - Selected			1	Years:	Participants are only presented this question if they answered 'Yes' to
					2	Not sure	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		Choice				answer	the question in Variable 'RepCollegeSoccerPlay'. (RepCollegeSoccerPlay == 1)
RepCollegeSoccerYearsN	Numeric				Years	Years Text	Derived Variable.
RepConcussion1Age	Numeric	How old were you when you experienced your first concussion? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question, 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	Not sure	
					3	Prefer not to answer	
RepConcussion1AgeN	Numeric				Age Text		If participants answered 'Age:' to the question 'How old were you when you experienced your first concussion? If you are unsure of the exact age, please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepConcussion2YearsTotal	Numeric	How many concussions have you had in the past two years?			1	Number of concussions:	Participants are only presented this question if they answered 'Yes' to the question, 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	Not sure	
					3	Prefer not to answer	
RepConcussion2YearsTotalN	Numeric				Number Text	Number of concussions	Derived Variable.
RepConcussionNFLTotal	Numeric	How many concussions did you have while playing in the American			1	Number of concussions:	Participants are only presented this question if they answered 'Yes' to
					2	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		NFL?			3	Prefer not to answer	the questions 'Did you play in the American National Football League (NFL)?' and 'Based on that definition of a concussion, have you ever had a concussion during your life?'
RepConcussionNFLTotalN	Numeric				Number Text		If participants answered 'Number of concussions:' to the question 'How many concussions did you have while playing in non-NFL professional or semi-professional American football (not including college)?' then this variables describes the specified numerical value, that is restricted between 0-50.
RepConcussionSportsTotal	Numeric	How many concussions did you have while playing organized sports?			1	Number of concussions:	Participants are only presented this question if they answered 'Yes' to the questions 'Have you ever participated in organized sports, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?' and 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	Not sure	
					3	Prefer not to answer	
RepConcussionSportsTotal	Numeric				Number	Number of	If participants answered

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
N					Text	concussions	'Number of concussions:' to the question 'How many concussions did you have while playing organized sports?' then this variables describes the specified numerical value, that is restricted between 0-50.
RepConcussionUSFootballProf	Numeric	How many concussions did you have while playing in non-NFL professional or semi-professional American football (not including college)?			1	Number of concussions:	Participants are only presented this question if they answered 'Yes' to the questions 'Did you play American football professionally or semi-professionally outside of the NFL? Please note that this DOES NOT include college football.' and 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	Not sure	
					3	Prefer not to answer	
RepConcussionUSFootballProfN	Numeric				Number Text	Number of concussions	If participants answered 'Number of concussions:' to the question 'How many concussions did you have while playing in non-NFL professional or semi-professional American football (not including college)?' then this variables describes the specified numerical value, that is restricted between 0-50.
RepConcussionUniFootballN	Numeric				Number Text	Number of concussions	If participants answered 'Number of concussions:'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							to the question 'How many concussions did you have while playing football in college?' then this variables describes the specified numerical value, that is restricted between 0-50.
RepConcussionUniFootball Total	Numeric	How many concussions did you have while playing football in college?			1	Number of concussions:	Participants are only presented this question if they answered 'Yes' to the questions 'Did you play organized American tackle football at any level during college, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?' and 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	Not sure	
					3	Prefer not to answer	
RepHSFootball	Numeric	Did you play organized American tackle football in high school, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHSFootball1Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the			1	Percentage (%):	Participants are only presented this question if they specified a position to the question in
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		downs were you in the game at the [selected] position?					Variable 'RepHSFootballPosition1'.
RepHSFootball1DownsN	Numeric				Prcnt. %	Percentage Text	Derived variable from response to the question in variable RepHSFootball1Downs.
RepHSFootball2DownsN	Numeric				Prcnt. %	Percentage Text	Derived variable from response to the question in variable RepHSFootball2Downs.
RepHSFootball3Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the [selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position to the question in Variable 'RepHSFootballPosition3'.
RepHSFootball3DownsN	Numeric				Prcnt. %	Percentage Text	Derived variable from response to the question in variable RepHSFootball3Downs.
RepHSFootballFall	Numeric	How many fall seasons did you play tackle football in high school? 'Fall seasons' refers to regular seasons, which include late summer preseason through playoffs.			1 2 3	Number of fall seasons: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
RepHSFootballFallN	Numeric						Derived variable from response to the variable RepHSFootballFall.
RepHSFootballOther2	Numeric	Did you play any other positions while playing American tackle football in high school?			1 2 3 4	Yes No Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							(RepHSFootball== 1)
RepHSFootballOther3	Numeric	Did you play any other positions while playing American tackle football in high school?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHSFootballPosition2	Numeric	What was your second most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepHSFootballPosition1	Numeric	What was your primary position while playing American tackle football in high school?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepHSFootballPosition3	Numeric	What was your third			1	Offensive Tackle	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		most played position?			10	Offensive Slot Back	presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepHSFootballSpring	Numeric	How many spring seasons did you play tackle football in high school? 'Spring seasons' refers to additional seasons with pads on.			1	Number of spring seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSFootball'. (RepHSFootball== 1)
					2	Not sure	
					3	Prefer not to answer	
RepHSFootballSpringN	Numeric				Number Text	Number of Spring Seasons	Derived variable from response to the variable RepHSFootballSpring.
RepHSHockeyClubTown	Numeric	Did you play hockey for a club or town team during your high school years? If you didn't play in college, also include			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSHockeyPlay'.
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		years played after high school.					(RepHSHockeyPlay'== 1)
RepHSHockeyClubYears	Numeric	For how many seasons did you play hockey for a club team during your high school years? If you didn't play in college, also include years played after high school.			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSHockeyClubTown'. (RepHSHockeyClubTown== 1)
					2	Not sure	
					3	Prefer not to answer	
RepHSHockeyPlay	Numeric	Did you play hockey for your high school team? Please do not include years already recorded at semi-professional or junior level.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHSHockeyPosition1	Numeric	What was your primary position while playing hockey during your high school years?			1	Left Wing	
					10	Not sure	
					11	Other	
					12	Prefer not to answer	
					2	Right Wing	
					3	Wing	
					4	Forward	
					5	Center	
					6	Left Defensemen	
					7	Right Defensemen	
					8	Defensemen	
					9	Goalie	
RepHSHockeySeasons	Numeric	For how many seasons did you play hockey for your high school team? If you didn't play in college, also include years played after high			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSHockeyPlay'. (RepHSHockeyPlay'==
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		school.					1)
RepHSHockeySeasonsN	Numeric				Number Text	Total number of seasons played	Derived variable from response to the questionin variable RepHSHockeySeasons.
RepHSHockeyTownYears	Numeric	For how many seasons did you play hockey for a town or similar team (not including 'club' counted previously) during your high school years? If you didn't play in college, also include years played after high school.			1 2 3	Number of seasons: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerClubTown Play'. (RepHSSoccerClubTown Play== 1)
RepHSSoccerClubSeasons	Numeric	For how many seasons did you play soccer for a club team during your high school years? If you didn't play in college, also include years played after high school.			1 2 3	Number of seasons: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerClubTown Play'. (RepHSSoccerClubTown Play== 1)
RepHSSoccerClubSeasonsN	Numeric				Number text	Number of seasons	
RepHSSoccerClubTownPlay	Numeric	Did you play soccer for a club or town team during your high school years?			1 2 3 4	Yes, No Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerPlay. (RepHSSoccerPlay== 1)
RepHSSoccerHeadings	Numeric	Did you participate in heading drills at the high school level?			1 2 3 4	Yes No Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerClubTown Play'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							(RepHSSoccerClubTown Play== 1)
RepHSSoccerPlay	Numeric	Did you play soccer for your high school team? Please do not include years already recorded at semi-professional or junior level.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHSSoccerPosition1	Numeric	What was your primary position while playing soccer during your high school years?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerClubTown Play'. (RepHSSoccerClubTown Play== 1)
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	
					14	Other	
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	
RepHSSoccerSeasons	Numeric	How many seasons did you play soccer for your high school team? If you didn't play in college, also include years played after high school.			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerPlay. (RepHSSoccerPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepHSSoccerSeasonsN	Numeric				Number text	Number of seasons	Derived variable.
RepHSSoccerTownSeasons	Numeric	How many seasons did			1	Number of	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		you play soccer for a town or similar team (not including 'club' counted previously) during your high school years? If you didn't play in college, also include years played after high school.				seasons:	presented this question if they answered 'Yes' to the question in Variable 'RepHSSoccerClubTownPlay'. (RepHSSoccerClubTownPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepHSSoccerTownSeasonsN	Numeric				Number Text	Number of seasons	Derived variable.
RepHeadNeckInjuryBlast	Numeric	Have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHeadNeckInjuryCar	Numeric	In your lifetime, have you ever injured your head or neck in a car accident or from some other moving vehicle accident (e.g. motorcycle, ATV)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHeadNeckInjuryDazedMemory	Numeric	Were you dazed or had a gap in your memory from the injury(ies) you mentioned previously? Please do not include being dazed or having a gap in your memory from alcohol blackouts.			1	Yes	Participants are only presented this question if they answered 'Yes' to any of the questiones associated with the following variables, 'RepHeadNeckInjuryFallHitSports,' 'RepHeadNeckInjuryCar,' 'RepHeadNeckInjuryBlast,' 'RepHeadNeckInjury,'
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							'RepHeadNeckInjuryShakeHitShot,' and 'RepLifeHeadNeckInjuryHosp.'
RepHeadNeckInjuryFallHitSports	Numeric	In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (e.g., falling from a bike, horse, rollerblades, falling on ice, being hit by a rock)? Have you ever been injured playing sports or on the playground?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHeadNeckInjuryKnockedOut	Numeric	Were you knocked out or unconscious following any of the injuries you mentioned previously?			1	Yes	Participants are only presented this question if they answered 'Yes' to any of the questiones associated with the following variables, 'RepHeadNeckInjuryFallHitSports,' 'RepHeadNeckInjuryCar,' 'RepHeadNeckInjuryBlast,' 'RepHeadNeckInjury,' 'RepHeadNeckInjuryShakeHitShot,' and 'RepLifeHeadNeckInjuryHosp.'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHeadNeckInjuryShakeHitShot	Numeric	In your lifetime, have you ever injured your head or neck in a fight,			1	Yes	
					2	No	
					3	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		from being hit by someone or being shaken violently? Have you ever been shot in the head?			4	Prefer not to answer	
RepHockeyPlay	Numeric	History Did you play organized hockey at any level?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepHockeyStartAge	Numeric	At what age did you start playing hockey? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHockeyPlay'. (RepHockeyPlay == 1)
					2	Not sure	
					3	Prefer not to answer	
RepHockeyStartAgeN	Numeric				Age Text	Age Started	Derived Variable.
RepHockeyStopAge	Numeric	At what age did you stop playing hockey? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHockeyPlay'. (RepHockeyPlay == 1)
					2	Still playing	
					3	Not sure	
					4	Prefer not to answer	
RepHockeyStopAgeN	Numeric				Age Text	Age Stopped	
RepHsHockeyClubYearsN	Numeric				Number Text	Total years played	Derived variable from RepHSHockeyClubYears.
RepHsHockeyTownYearsN	Numeric				Number Text	Total years played	Derived variable from response to RepHsHockeyTownYears.
RepInjury1Age	Numeric	For each injury			Age	Age:	All variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Text		"RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury1TimeUnconscious	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Time Text	Time Unconscious (Minutes):	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury2Age	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Age Text	Age:	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury2TimeUnconscious	Numeric	For each injury resulting in loss of			Time Text	Time Unconscious	All variables with prefix "RepInjury" are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.				(Minutes):	large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury3Age	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Age Text	Age:	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury4Age	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Age Text	Age:	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury4TimeUnconscious	Numeric	For each injury resulting in loss of consciousness, how old were you and for how			Time Text	Time Unconscious (Minutes):	All variables with prefix "RepInjury" are part of a large multi-subitem question.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		long were you knocked out? If you are unsure of the exact age, please make your best guess.					Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury5Age	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Age Text	Age:	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInjury5TimeUnconscious	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure of the exact age, please make your best guess.			Time Text	Time Unconscious (Minutes):	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepInury3TimeUnconscious	Numeric	For each injury resulting in loss of consciousness, how old were you and for how long were you knocked out? If you are unsure			Time Text	Time Unconscious (Minutes):	All variables with prefix "RepInjury" are part of a large multi-subitem question. Pariticipants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		of the exact age, please make your best guess.					presented this question if the response for 'RepLifeInjuryKnockedOutN' is greater than 0. A maximum of 5 rows can be presented.
RepJrHockeyEnforcer	Numeric	Were you ever an enforcer while playing hockey semi-professionally or at the junior level?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepJrHockeyPlay'. (RepJrHockeyPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepJrHockeyPlay	Numeric	Did you play hockey semi-professionally or at the junior level? Please note that this DOES NOT include college or high school teams.			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepJrHockeyPlay'. (RepJrHockeyPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepJrHockeyPosition1	Numeric	What was your primary position while playing hockey semi-professionally or at the junior level?			1	Left Wing	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepJrHockeyPlay'. (RepJrHockeyPlay == 1)
					10	Not sure	
					11	Other	
					12	Prefer not to answer	
					2	Right Wing	
					3	Wing	
					4	Forward	
					5	Center	
					6	Left Defensemen	
					7	Right Defensemen	
					8	Defensemen	
					9	Goalie	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepJrHockeyYears	Numeric	How many years did you play hockey semi-professionally or at the junior level?			1	Years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepJrHockeyPlay'. (RepJrHockeyPlay == 1)
					2	Not sure	
					3	Prefer not to answer	
RepJrHockeyYearsN	Numeric				Year Text	Total years played	
RepKnockedOut30PlusMin	Numeric	Thinking back to all the times you were knocked out, how many times were you knocked out for 30 minutes or longer?			1	Number of times:	Participants are only presented this question if their response for 'RepLifeInjuryKnockedOutN' is greater than 5.
					2	Not sure	
					3	Prefer not to answer	
RepKnockedOut30PlusMinN	Numeric				Number Text		If participants answered 'Number of times:' to the question 'Thinking back to all the times you were knocked out, how many times were you knocked out for 30 minutes or longer?' then this variables describes the specified numerical value.
RepLeagueCFL	Numeric	What professional or semi-professional league(s) did you play in? (Select all that apply)			0	Not Checked	
					1	Checked	
RepLeagueOther	Numeric	What professional or semi-professional			0	Not Checked	
					1	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		league(s) did you play in?			1	Checked	
RepLevelClub	Numeric	At what level(s) did you play American tackle football in college? (Select all that apply)	Club		0 1	Not Checked Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
RepLevelIntramural	Numeric	At what level(s) did you play American tackle football in college? (Select all that apply)	Intramural		0 1	Not Checked Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
RepLevelRecreational	Numeric	At what level(s) did you play American tackle football in college? (Select all that apply)	Recreational		0 1	Not Checked Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
RepLevelVarsity	Numeric	At what level(s) did you play American tackle football in college? (Select all that apply)	Varsity		0 1	Not Checked Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
RepLifeConcussionEver	Numeric	Based on that definition of a concussion, have you ever had a concussion during your life?			1 2 3 4	Yes No Not sure Prefer not to answer	Participants who answered this question were presented with the following prompt, 'Some people have the misconception that concussions only happen when you black out after a hit to the head or when the symptoms last for a while. But, in reality, a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							concussion has occurred anytime you have had a blow to the head that caused you to have symptoms for any amount of time. These include: blurred or double vision, seeing stars, sensitivity to light or noise, headache, dizziness or balance problems, nausea, vomiting, trouble sleeping, fatigue, confusion, difficulty remembering, difficulty concentrating, or loss of consciousness. Whenever anyone gets a 'ding' or their 'bell rung,' that too is a concussion.'
RepLifeConcussionTotal	Numeric	As best as you can remember, how many total concussions did you have during your life?	Concussion		1 2 3	Total number of concussions: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question, 'Based on that definition of a concussion, have you ever had a concussion during your life?'
RepLifeConcussionTotalN	Numeric		Concussion		Number Text		If participants answered 'Number of times:' to the question 'As best as you can remember, how many total concussions did you have during your life?' then this variables describes the specified numerical value that is

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							restricted between 0-99.
RepLifeHeadNeckInjuryHosp	Numeric	In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.			1 2 3 4	Yes No Not sure Prefer not to answer	
RepLifeInjuryKnockedOut	Numeric	In your lifetime, how many times did you experience a loss of consciousness ('knocked out') due to injury?			1 2 3	Number of times: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to any of the questiones associated with the following variables, 'RepHeadNeckInjuryFallHitSports,' 'RepHeadNeckInjuryCar,' 'RepHeadNeckInjuryBlast,' 'RepHeadNeckInjury,' 'RepHeadNeckInjuryShakeHitShot,' and 'RepLifeHeadNeckInjuryHosp.'
RepLifeInjuryKnockedOutN	Numeric				Number Text	Number of blasts	If participants answered 'Number of times:' to the question 'In your lifetime, how many times did you experience a loss of consciousness ('knocked out') due to injury?' then this variables describes the specified numerical value that is restricted between

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							0-50.
RepMilitaryBlast10orLessm	Numeric	How many blasts were you exposed to within less than 10 meters (or less than 30 feet)?			1 2 3	Number of blasts: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Number of injuries:' to the question 'How many head injuries were a result of a blast injury?'
RepMilitaryBlast10orLessmN	Numeric				Number Text	Number of blasts	If participants answered 'Number o blasts:' to the question 'How many blasts were you exposed to within less than 10 meters (or less than 30 feet)?' then this variables describes the specified numerical value that is restricted between 0-99.
RepMilitaryBlast10to25m	Numeric	How many blasts were you exposed to within 10-25 meters (or about 30-80 feet)?			1 2 3	Number of blasts: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Number of injuries:' to the question 'How many head injuries were a result of a blast injury?'
RepMilitaryBlast10to25mN	Numeric				Number Text	Number of blasts	If participants answered 'Number o blasts:' to the question 'How many blasts were you exposed to within 10-25 meters (or about 30-80 feet)?' then this variables describes the specified numerical value that is restricted between 0-99.
RepMilitaryBlast25-100mN	Numeric				Number Text	Number of blasts	If participants answered 'Number o blasts:' to the question 'How many

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							blasts were you exposed to within 25-100 meters (or about 81-330 feet)?' then this variables describes the specified numerical value that is restricted between 0-99.
RepMilitaryBlast25to100m	Numeric	How many blasts were you exposed to within 25-100 meters (or about 81-330 feet)?			1 2 3	Number of blasts: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Number of injuries:' to the question 'How many head injuries were a result of a blast injury?'
RepMilitaryCombatPlace	Numeric	Where did you see combat?			1 2 3	Please specify: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question, 'Did you experience any combat situations while in the U.S. military?'
RepMilitaryCombatYears	Numeric	How many years of combat did you have?			1 2 3	Years: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question, 'Did you experience any combat situations while in the U.S. military?'
RepMilitaryCombatYearsN	Numeric				Year Text	Years	If participants answered 'Years:' to the question 'How many years of combat did you have?' then this variables describes the specified numerical value that is restricted between 0-50.
RepMilitaryHeadInjuryBlast	Numeric	How many head injuries were a result of			1	Number of injuries:	Participants are only presented this question if

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		a blast injury?			2	Not sure	they answered 'Number of injuries:' to the question 'How many head injuries did you receive in the U.S. military?'
					3	Prefer not to answer	
RepMilitaryHeadInjuryBlastN	Numeric				Number Text	Number of Injuries	If participants answered 'Number of injuries:' to the question 'How many head injuries were a result of a blast injury?' then this variables describes the specified numerical value that is restricted between 0-50.
RepMilitaryHeadInjurySkull	Numeric	How many head injuries penetrated the skull, such as by a bullet or shrapnel?			1	Number of injuries:	Participants are only presented this question if they answered 'Number of injuries:' to the question 'How many head injuries did you receive in the U.S. military?'
					2	Not sure	
					3	Prefer not to answer	
RepMilitaryHeadInjurySkullN	Numeric				Number Text	Number of Injuries	If participants answered 'Number of injuries:' to the question 'How many head injuries penetrated the skull, such as by a bullet or shrapnel?' then this variables describes the specified numerical value that is restricted between 0-50.
RepMilitaryHeadInjuryTotal	Numeric	How many head injuries did you receive in the U.S. military?			1	Number of injuries:	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							States (U.S.) military?'
RepMilitaryHeadInjuryTotalN	Numeric				Number Text	Number of Injuries	If participants answered 'Number of injuries:' to the question 'How many head injuries did you receive in the U.S. military?' then this variables describes the specified numerical value that is restricted between 0-50.
RepNFLOtherPosition2	Numeric	Did you play any other positions in the NFL?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you play in the American National Football League (NFL)?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepNFLOtherPosition3	Numeric	Did you play any other positions in the NFL?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you play in the American National Football League (NFL)?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepNFLPlay	Numeric	Did you play in the American National Football League (NFL)?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepUSFootballProfSemilPlay'. (RepUSFootballProfSemilPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepNFLPosition1	Numeric	What was your primary position while playing in the NFL?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepNFLPlay'.
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					12	Other Offensive	(RepNFLPlay == 1)
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepNFLPosition1Downs	Numeric	Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from RepNFLPosition1] position? Please do not enter the percent sign (%) into the text box.			1	Percentage (%):	Participants are only presented this question if they did not answer 'Prefer not to answer' or 'Not sure' to the question, 'What was your primary position while playing in the NFL?'
					2	Not sure	
					3	Prefer not to answer	
RepNFLPosition1DownsN	Numeric				Percentage Text	Percantage	If participants answered 'Percentage:' to the question 'Thinking of all the games your NFL team(s) participated in, about what percentage of

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							all the downs were you in the game at the [auto-populate answer choice from RepNFLPosition1] position? Please do not enter the percent sign (%) into the text box.' then this variables describes the specified numerical value, that is restricted between 0-100.
RepNFLPosition2	Numeric	What was your second most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question, 'Did you play any other positions in the American NFL?' or 'RepNFLOtherPosition2'
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepNFLPosition2Downs	Numeric	Thinking of all the games your NFL			1	Percentage (%):	Participants are only presented this question if
					2	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from 'RepNFLPosition2'] position? Please do not enter the percent sign (%) into the text box.			3	Prefer not to answer	they did not answer 'Not sure' or 'Prefer not to answer' to the question, 'What was your second most played position?'
RepNFLPosition2DownsN	Numeric				Percentage Text	Percantage	If participants answered 'Percentage(%):' to the question 'Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from 'RepNFLPosition2'] position? Please do not enter the percent sign (%) into the text box.' then this variables describes the specified numerical value, that is restricted between 0-100.
RepNFLPosition3	Numeric	What was your third most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question, 'Did you play any other positions in the American NFL?' or 'RepNFLOtherPosition3'
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepNFLPosition3Downs	Numeric	Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from 'RepNFLPosition3'] position? Please do not enter the percent sign (%) into the text box.			1	Percentage (%):	Participants are only presented this question if they did not answer 'Not sure' or 'Prefer not to answer' to the question, 'What was your third most played position?'
					2	Not sure	
					3	Prefer not to answer	
RepNFLPosition3DownsN	Numeric						If participants answered 'Percentage(%):' to the question 'Thinking of all the games your NFL team(s) participated in, about what percentage of all the downs were you in the game at the [auto-populate answer choice from 'RepNFLPosition3'] position? Please do not

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							enter the percent sign (%) into the text box.' then this variables describes the specified numerical value, that is restricted between 0-100.
RepNFLTotalYears	Numeric	How many total years did you play in the NFL?			1	Total years:	Participants are only presented this question if they answered 'Yes' to the question, 'Did you play in the American National Football League (NFL)?'
					2	Still playing	
					3	Not sure	
					4	Prefer not to answer	
RepNFLTotalYearsN	Numeric				Year Text	Years	If participants answered 'Total years:' to the question 'How many total years did you play in the NFL?' then this variables describes the specified numerical value that is restricted between 0-40.
RepNtlSoccer	Numeric	National Soccer History Did you play soccer for a national team?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer not to answer	
RepNtlSoccerHeadings	Numeric	Did you participate in heading drills when you played on the national team?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepNtlSoccer'. (RepNtlSoccer== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepNtlSoccerPosition1	Numeric	What was your primary position while playing soccer on the national team?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepNtlSoccer'.
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					14	Other	(RepNtlSoccer== 1)
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	
RepNtlSoccerYears	Numeric	How many years did you play soccer on a national team?			1	Years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepNtlSoccer'. (RepNtlSoccer== 1)
					2	Not sure	
					3	Prefer not to answer	
RepNtlSoccerYearsN	Numeric						Derived Variable
RepOrgSportPlay	Numeric	Have you ever participated in organized sports, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport1Name	Numeric	What was your next major organized sport?			1	Amateur Wrestling	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSportPlay'. (RepOtherSportPlay== 1)
					10	Crew	
					11	Cross Country	
					12	Cycling	
					13	Decathlon	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					14	Diving	
					15	Equestrian	
					16	Field Hockey	
					17	Flag Football	
					18	Floor Hockey	
					19	Golf	
					2	Auto Racing	
					20	Gymnastics	
					21	Horse Jumping	
					22	Ice Skating	
					23	Inline Skating	
					25	Karate	
					26	Kickball	
					27	Lacrosse	
					28	Martial Arts	
					29	Mixed Martial Arts	
					3	Bandy	
					30	Motorcycle Racing	
					31	Mountaineering	
					32	Parachuting	
					33	Pentathlon	
					34	Power Lifting	
					35	Entertainment Wrestling	
					36	Racquetball	
					37	Roller Hockey	
					38	Rugby	
					39	Skiing	
					4	Baseball	
					40	Snowboarding	
					41	Soccer	
					42	Softball	
					43	Squash	
					44	Strongman	
					45	Swimming	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					46	Tennis	
					47	Track and Field	
					48	Triathlon	
					49	Ultimate Frisbee	
					5	Basketball	
					50	Water Polo	
					51	Water Skiing	
					52	Other	
					53	Not sure	
					6	Bodybuilding	
					7	Bowling	
					8	Bull Riding	
					9	Distance Running	
RepOtherSport1Position1	Numeric	What was your primary position while playing [selected]? If the sport does not have positions (e.g. golf/tennis) please select 'not applicable'.			1	Primary position:	
					2	Not applicable	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport1StartAge	Numeric	At what age did you start participating in [selected]? If you are unsure of the exact age, please make your best guess			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSportPlay'. (RepOtherSportPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepOtherSport1StartAgeN	Numeric				Age Text	Age Started	
RepOtherSport1StopAge	Numeric	At what age did you stop competing in [selected]? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSportPlay'. (RepOtherSportPlay== 1)
					2	Still playing	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport1StopAgeN	Numeric				Age Text	Age Stopped Playing	
RepOtherSport1Years	Numeric	How many total years			1	Total years:	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		did you compete in [Selected]? - Selected Choice			2	Not sure	presented this question if they answered 'Yes' to the question in Variable 'RepOtherSportPlay'. (RepOtherSportPlay== 1)
					3	Prefer not to answer	
RepOtherSport1YearsN	Numeric				Year Text	Total years played	
RepOtherSport2Name	Numeric	What was your next major organized sport?			1	Amateur Wrestling	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport2Play'. (RepOtherSportPlay== 1)
					10	Crew	
					11	Cross Country	
					12	Cycling	
					13	Decathlon	
					14	Diving	
					15	Equestrian	
					16	Field Hockey	
					17	Flag Football	
					18	Floor Hockey	
					19	Golf	
					2	Auto Racing	
					20	Gymnastics	
					21	Horse Jumping	
					22	Ice Skating	
					23	Inline Skating	
					25	Karate	
					26	Kickball	
					27	Lacrosse	
					28	Martial Arts	
					29	Mixed Martial Arts	
					3	Bandy	
					30	Motorcycle Racing	
					31	Mountaineering	
					32	Parachuting	
					33	Pentathlon	
					34	Power Lifting	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					35	Entertainment Wrestling	
					36	Racquetball	
					37	Roller Hockey	
					38	Rugby	
					39	Skiing	
					4	Baseball	
					40	Snowboarding	
					41	Soccer	
					42	Softball	
					43	Squash	
					44	Strongman	
					45	Swimming	
					46	Tennis	
					47	Track and Field	
					48	Triathlon	
					49	Ultimate Frisbee	
					5	Basketball	
					50	Water Polo	
					51	Water Skiing	
					52	Other	
					53	Not sure	
					6	Bodybuilding	
					7	Bowling	
					8	Bull Riding	
					9	Distance Running	
RepOtherSport2Play	Numeric	Did you play any other			1	Yes	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?			2 3 4	No Not sure Prefer not to answer	presented this question if they answered 'Yes' to the question in Variable 'RepOtherSportPlay'. (RepOtherSportPlay== 1)
RepOtherSport2Position1	Numeric	What was your primary position while playing [selected]? If the sport does not have positions (e.g. golf/tennis) please select 'not applicable'.			1 2 3 4	Primary position: Not applicable Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport2Play'. (RepOtherSport2Play== 1)
RepOtherSport2StartAge	Numeric	At what age did you start participating in [Selected]? If you are unsure of the exact age, please make your best guess.			1 2 3	Age: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport2Play'. (RepOtherSport2Play== 1)
RepOtherSport2StartAgeN	Numeric				Age Text	Age started	Derived variable.
RepOtherSport2StopAge	Numeric	At what age did you stop competing in [selected]? If you are unsure of the exact age, please make your best guess			1 2 3 4	Age: Still playing Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport2Play'. (RepOtherSport2Play== 1)
RepOtherSport2StopAgeN	Numeric				Age text	Age stopped	Derived variable.
RepOtherSport2Years	Numeric	How many total years did you compete in [selected]?			1 2 3	Total years: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport2Play'. (RepOtherSport2Play== 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepOtherSport2YearsN	Numeric				Year text	Total years competed	Derived variable
RepOtherSport3Name	Numeric	What was your next major organized sport?			1	Amateur Wrestling	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport3Play'. (RepOtherSport3Play== 1)
					10	Crew	
					11	Cross Country	
					12	Cycling	
					13	Decathlon	
					14	Diving	
					15	Equestrian	
					16	Field Hockey	
					17	Flag Football	
					18	Floor Hockey	
					19	Golf	
					2	Auto Racing	
					20	Gymnastics	
					21	Horse Jumping	
					22	Ice Skating	
					23	Inline Skating	
					25	Karate	
					26	Kickball	
					27	Lacrosse	
					28	Martial Arts	
					29	Mixed Martial Arts	
					3	Bandy	
					30	Motorcycle Racing	
					31	Mountaineering	
					32	Parachuting	
					33	Pentathlon	
					34	Power Lifting	
					35	Entertainment Wrestling	
					36	Racquetball	
					37	Roller Hockey	
					38	Rugby	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					39	Skiing	
					4	Baseball	
					40	Snowboarding	
					41	Soccer	
					42	Softball	
					43	Squash	
					44	Strongman	
					45	Swimming	
					46	Tennis	
					47	Track and Field	
					48	Triathlon	
					49	Ultimate Frisbee	
					5	Basketball	
					50	Water Polo	
					51	Water Skiing	
					52	Other	
					53	Not sure	
					6	Bodybuilding	
					7	Bowling	
					8	Bull Riding	
					9	Distance Running	
RepOtherSport3Play	Numeric	Did you play any other organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport3Position1	Numeric	What was your primary position while playing [selected]?			1	Primary position:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport3Play'. (RepOtherSport3Play== 1)
					2	Not applicable	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport3StartAge	Numeric	At what age did you			1	Age:	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		start participating in [QID165-ChoiceGroup-SelectedChoices]? If you are unsure of the exact age, please make your best guess.			2	Not sure	presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport3Play'. (RepOtherSport3Play== 1)
					3	Prefer not to answer	
RepOtherSport3StartAgeN	Numeric				Age Text	Age started	
RepOtherSport3StopAge	Numeric	At what age did you stop competing in [selected]? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport3Play'. (RepOtherSport3Play== 1)
					2	Still playing	
					3	Not sure	
					4	Prefer not to answer	
RepOtherSport3StopAgeN	Numeric				Age text	Age stopped	
RepOtherSport3Years	Numeric	How many total years did you compete in [selected]?			1	Total years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepOtherSport3Play'. (RepOtherSport3Play== 1)
					2	Not sure	
					3	Prefer not to answer	
RepOtherSport3YearsN	Numeric				Year text	Total years played	
RepOtherSportPlay	Numeric	Did you play any other organized sports, which includes membership on a team with scheduled practices and games (not including pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepPCSDx1Age	Numeric	How old were you when you were first diagnosed with Post-Concussion Syndrome? If you are unsure of the			1	Age:	Participants are only presented this question if they answered 'Yes' to the 'Did a health care provider (including
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		exact age, please make your best guess.					athletic trainer) ever diagnose you with Post-Concussion Syndrome?'
RepPCSDx1AgeN	Numeric				Age Text	Age	If participants answered 'Age:' to the question 'How old were you when you were first diagnosed with Post-Concussion Syndrome? If you are unsure of the exact age, please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepPCSDxCurrently	Numeric	Does your health care provider think that you currently have post-concussion syndrome?			1	Yes	Participants are only presented this question if they answered 'Yes' to the 'Did a health care provider (including athletic trainer) ever diagnose you with Post-Concussion Syndrome?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepPCSDxEver	Numeric	Did a health care provider (including athletic trainer) ever diagnose you with Post-Concussion Syndrome?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Based on that definition of a concussion, have you ever had a concussion during your life?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepPCSDxHowMany	Numeric	How many times did you receive a diagnosis of Post-Concussion Syndrome?			1	Number of times:	Participants are only presented this question if they answered 'Yes' to the 'Did a health care provider (including athletic trainer) ever diagnose you with Post-
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							Concussion Syndrome?'
RepPCSDxHowManyN	Numeric				Number Text	Number of Diagnosis	If participants answered 'Number of times:' to the question 'How many times did you receive a diagnosis of Post-Concussion Syndrome?' then this variables describes the specified numerical value that is restricted between 0-50.
RepPCSDxLastAge	Numeric	How old were you when you were last diagnosed with Post-Concussion Syndrome? If you are unsure of the exact age, please make your best guess.			1 2 3	Age: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the 'Did a health care provider (including athletic trainer) ever diagnose you with Post-Concussion Syndrome?'
RepPCSDxLastAgeN	Numeric				Age Text	Age	If participants answered 'Age:' to the question 'How old were you when you were last diagnosed with Post-Concussion Syndrome? If you are unsure of the exact age, please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepPDDiag	Numeric	Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?			1 2	Yes No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepPofSemiNonNFLFootballPlay	Numeric	Did you play American football professionally or semi-professionally outside of the NFL? Please note that this DOES NOT include college football.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfFootball1Downs	Numeric	Thinking of all the games you played in professionally or semi-professionally outside of the NFL, about what percentage of all the downs were you in the game at the [selected] position?			1	Percentage (%):	Participants are only presented this question if they specified a position in the variable 'RepProfFootballPosition 1'.
					2	Not sure	
					3	Prefer not to answer	
RepProfFootball1DownsN	Numeric				Percentage Text	Percantage(%) of Downs	This a derived variable from the participant response in 'RepProfFootball1Downs'.
RepProfFootball2Downs	Numeric	Thinking of all the games you played in professionally or semi-professionally outside of the NFL, about what percentage of all the downs were you in the game at the [selected] position?			1	Percentage (%):	Participants are only presented this question if they specified a position in the variable 'RepProfFootballPosition 2'.
					2	Not sure	
					3	Prefer not to answer	
RepProfFootball2DownsN	Numeric						This a derived variable from the participant response in 'RepProfFootball2Downs'.
RepProfFootball3Downs	Numeric	Thinking of all the games you played in professionally or semi-			1	Percentage (%):	Participants are only presented this question if they specified a position
					2	Not sure	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		professionally outside of the NFL, about what percentage of all the downs were you in the game at the [selected] position?				answer	in the variable 'RepProfFootballPosition 3'.
RepProfFootball3DownsN	Numeric						This a derived variable from the participant response in 'RepProfFootball3Downs'.
RepProfFootballOther2	Numeric	Did you play any other positions professionally or semi-professionally outside of the American NFL? Please note this DOES NOT include college football.			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepPofSemiNonNFLFootballPlay'. (RepPofSemiNonNFLFootballPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfFootballOther3	Numeric	Did you play any other positions professionally or semi-professionally outside of the American NFL? Please note this DOES NOT include college football.			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepPofSemiNonNFLFootballPlay'. (RepPofSemiNonNFLFootballPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfFootballPosition1	Numeric	What was your primary position while playing football professionally or semiprofessionally outside of the American NFL?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepPofSemiNonNFLFootballPlay.' (RepPofSemiNonNFLFootballPlay == 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepProfFootballPosition2	Numeric	What was your second most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepProfFootballOther2'. (RepProfFootballOther2' == 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					9	Offensive Running Back	
RepProfFootballPosition3	Numeric	What was your third most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepProfFootballOther3'. (RepProfFootballOther3' == 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepProfFootballTotalYears	Numeric	How many total years did you play football professionally or semi-professionally outside			1	Total years:	
					2	Still playing	
					3	Not sure	
					4	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		of the American NFL?				answer	
RepProfFootballTotalYearsN	Numeric	How many total years did you play football professionally or semi-professionally outside of the American NFL?			Year Text	Tears	
RepProfHockeyEnforcer	Numeric	Were you ever an enforcer while playing hockey professionally?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfHockeyPlay	Numeric	Did you play hockey professionally? Please note that professional hockey refers ONLY to the National Hockey League (NHL), American Hockey League (AHL), and ECHL.			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepHockeyPlay'. (RepHockeyPlay == 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfHockeyPosition1	Numeric	What was your primary position while playing hockey professionally?			1	Left Wing	
					10	Not sure	
					11	Other	
					12	Prefer not to answer	
					2	Right Wing	
					3	Wing	
					4	Forward	
					5	Center	
					6	Left Defensemen	
					7	Right Defensemen	
					8	Defensemen	
					9	Goalie	
RepProfHockeyYears	Numeric	How many years did you play hockey professionally?			1	Years:	
					2	Not sure	
					3	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						answer	
RepProfHockeyYearsN	Numeric				Year Text	Total Years	Derived variable.
RepProfSoccer	Numeric	Professional Soccer History Did you play soccer professionally?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepSoccerPlay'. (RepSoccerPlay== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepProfSoccerHeadings	Numeric	Did you participate in heading drills when you played professionally?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepProfSoccer'. (RepProfSoccer== 1)
					2	No	
					3	Not Sure	
					4	Prefer not to answer	
RepProfSoccerPosition1	Numeric	What was your primary position while playing soccer professionally?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepProfSoccer'. (RepProfSoccer== 1)
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	
					14	Other	
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepProfSoccerYears	Numeric	How many years did you play soccer professionally? - Selected Choice			1	Years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepProfSoccer'. (RepProfSoccer == 1)
					2	Not sure	
					3	Prefer not to answer	
RepProfSoccerYearsN	Numeric				Year text	Total years played soccer	Derived Variable.
RepSemiProfJrSoccerHeadings	Numeric	Did you participate in heading drills at the semi-professional or junior level?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepSemiProfJrSoccerPlay'. (RepSemiProfJrSoccerPlay== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepSemiProfJrSoccerPlay	Numeric	Did you play soccer semi-professionally or at the junior level? Please note that this DOES NOT include college or high school teams.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepSemiProfJrSoccerPosition1	Numeric	What was your primary position while playing soccer semi-professionally or at the junior level?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepSemiProfJrSoccerPlay'. (RepSemiProfJrSoccerPlay== 1)
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	
					14	Other	
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	
RepSemiProfJrSoccerYears	Numeric	How many years did you play soccer semi-professionally or at the junior level?			1	Years:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepSemiProfJrSoccerPlay'. (RepSemiProfJrSoccerPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepSemiProfJrSoccerYearsN	Numeric				Year Text	Years played in total	
RepSex	Numeric	What is your biological sex?			1	Female	
					2	Male	
RepSoccerPlay	Numeric	Did you play organized soccer at any level, which includes membership on a team with scheduled practices (not including pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepSoccerStartAge	Numeric	At what age did you start playing soccer? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question in Variable ' RepSoccerPlay'. (RepSoccerPlay == 1)
					2	Not sure	
					3	Prefer not to answer	
RepSoccerStartAgeN	Numeric				Age Text	Age started	Derived Variable.
RepSoccerStopAge	Numeric	At what age did you stop playing soccer? If			1	Age:	Participants are only presented this question if
					2	Still playing	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		you are unsure of the exact age, please make your best guess.			3	Not sure	they answered 'Yes' to the question in Variable ' RepSoccerPlay'. (RepSoccerPlay == 1)
					4	Prefer not to answer	
RepSoccerStopAgeN	Numeric						Derived Variable.
RepTeamOtherIntlMens	Numeric	Which league(s) did you play in? (Select all that apply) - Other International Men's Soccer Team			0	Not checked	
					1	Checked	
RepTeamOtherIntlWomens	Numeric	Which league(s) did you play in? (Select all that apply) - Other International Women's Soccer Team			0	Not checked	
					1	Checked	
RepUSFootballPlay	Numeric	Did you play organized American tackle football, which includes membership on a team with scheduled practices and games (such as Pop Warner, USA football, town league, and any school			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		team(s))? Please do not include pick-up or neighborhood games.					
RepUSFootballProfSemiPlay	Numeric	Did you play American football professionally or semi-professionally? Please note that this DOES NOT include college football.			1 2 3 4	Yes No Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepUSFootballPlay'. (RepUSFootballPlay == 1)
RepUSFootballStartAge	Numeric	At what age did you start playing American football? If you are unsure of the exact age, please make your best guess.			1 2 3	Age: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepUSFootballPlay'. (RepUSFootballPlay == 1)
RepUSFootballStartAgeN	Numeric				Age Text	Age	If participants answered 'Age:' to the question 'At what age did you start playing American football? If you are unsure of the exact age, please make your best guess.'
RepUSFootballStopAge	Numeric	At what age did you stop playing American football? If you are unsure of the exact age, please make your best guess.			1 2 3 4	Age Still playing Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in variable 'RepUSFootballPlay'. (RepUSFootballPlay == 1)
RepUSFootballStopAgeN	Numeric				Age Text	Age	If participants answered 'Age:' to the question 'At what age did you stop playing American football? If you are unsure of the exact age,

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepUSMilitaryBranch	Numeric	In which branch of the U.S. military did you serve?			1	Air Force	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					10	Marine Corps Reserve	
					11	Navy	
					12	Navy Reserve	
					13	Not sure	
					14	Other	
					3	Air Force Reserve	
					4	Army	
					5	Army Reserve	
					6	Army National Guard	
					7	Coast Guard	
					8	Coast Guard Reserve	
					9	Marine Corps	
RepUSMilitaryBreachingTraining	Numeric	Did you experience 'Breaching' training while in the U.S. military?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUSMilitaryCombatEver	Numeric	Did you experience any combat situations while in the U.S. military?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUSMilitaryCombatTraining	Numeric	Did you experience 'Combatant' training while in the U.S. military?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you
					2	No	
					3	Not sure	
					4	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						answer	ever serve in the United States (U.S.) military?'
RepUSMilitaryCounterIED	Numeric	Did you experience Counter-IED training while in the U.S. military?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUSMilitaryService	Numeric	Did you ever serve in the United States (U.S.) military?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUSMilitaryStartAge	Numeric	How old were you when you entered the U.S. military? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					2	Not sure	
					3	Prefer not to answer	
RepUSMilitaryStartAgeN	Numeric	How old were you when you entered the U.S. military? If you are unsure of the exact age, please make your best guess.			Age Text	Age	If participants answered 'Age:' to the question 'How old were you when you entered the U.S. military? If you are unsure of the exact age, please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepUSMilitaryStopAge	Numeric	How old were you when you left the U.S. military? If you are unsure of the exact age, please make your best guess.			1	Age:	Participants are only presented this question if they answered 'Yes' to the question, 'Did you ever serve in the United States (U.S.) military?'
					2	Still in the military	
					3	Not sure	
					4	Prefer not to answer	
RepUSMilitaryStopAgeN	Numeric				Age Text	Age	If participants answered 'Age:' to the question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							'How old were you when you left the U.S. military? If you are unsure of the exact age, please make your best guess.' then this variables describes the specified numerical value that is restricted between 0-99.
RepUnconsChokeHowMany	Numeric	How many times did you lose consciousness from being choked?			1 2 3	Number of times: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question, 'Have you ever lost consciousness from a drug overdose or being choked?'
RepUnconsChokeHowManyN	Numeric				Number Text		If participants answered 'Number of times:' to the question 'How many times did you lose consciousness from being choked?' then this variables describes the specified numerical value that is restricted between 0-50.
RepUnconsDrugODChoke	Numeric	Have you ever lost consciousness from a drug overdose or being choked?			1 2 3 4	Yes No Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to any of the questiones associated with the following variables, 'RepHeadNeckInjuryFall HitSports,' 'RepHeadNeckInjuryCar, ' 'RepHeadNeckInjuryBlast,' 'RepHeadNeckInjury,'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
							'RepHeadNeckInjuryShakeHitShot,' and 'RepLifeHeadNeckInjuryHosp.'
RepUnconsDrugODHowMany	Numeric	How many times did you lose consciousness from a drug overdose?			1	Number of times:	Participants are only presented this question if they answered 'Yes' to the question, 'Have you ever lost consciousness from a drug overdose or being choked?'
					2	Not sure	
					3	Prefer not to answer	
RepUnconsDrugODHowManyN	Numeric				Number Text		If participants answered 'Number of times:' to the question 'How many times did you lose consciousness from a drug overdoes?' then this variables describes the specified numerical value that is restricted between 0-50.
RepUniFootball	Numeric	College Football History Did you play organized American tackle football at any level during college, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUniFootball1Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the [selected]			1	Percentage (%):	Participants are only presented this question if they specified a position to the question in variable, 'RepUniFootballPosition
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		position?					1.'
RepUniFootball1DownsN	Numeric				Number text	Percentage of downs	Derived variable from the response in variable 'RepUniFootball1Downs'.
RepUniFootball2Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the [selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position to the question in variable, 'RepUniFootballOther2.'
RepUniFootball2DownsN	Numeric				Number text	Percentage of downs	Derived variable from the response in variable 'RepUniFootball2Downs'.
RepUniFootball3Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the [selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position to the question in variable, 'RepUniFootballOther3.'
RepUniFootball3DownsN	Numeric				Number text	Percentage of downs	Derived variable from the response in variable 'RepUniFootball3Downs'.
RepUniFootballDivision	Numeric	What division was your school in?			1 2	Division IAA/Football Championship Subdivision (FCS) Division IAA/Football Championship Subdivision (FCS)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					3	Division II	
					4	Division III	
					5	National Association of Intercollegiate Athletics (NAIA)	
					6	Other	
					7	Not sure	
					8	Prefer not to answer	
RepUniFootballFall	Numeric	How many fall seasons did you play tackle football in college? 'Fall seasons' refers to regular seasons, which include late summer preseason through playoffs			1	Number of fall seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
					2	Not sure	
					3	Prefer not to answer	
RepUniFootballFallN	Numeric				Number Text	Number of Fall Seasons	Derived variable from Participant response to question in variable ReUniFootballFall.
RepUniFootballOther2	Numeric	Did you play any other positions while playing American tackle football in college?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUniFootballOther3	Numeric	Did you play any other positions while playing American tackle football in college?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUniFootballPosition1	Numeric	What was your primary position while playing tackle football in college?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'.
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					12	Other Offensive	(RepUniFootball== 1)
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepUniFootballPosition2	Numeric	What was your second most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepUniFootballPosition3	Numeric	What was your third most played position?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepUniFootballSpring	Numeric	How many spring seasons did you play tackle football in college? 'Spring seasons' refers to additional seasons with pads on.			1	Number of spring seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniFootball'. (RepUniFootball== 1)
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepUniFootballSpringN	Numeric				Number Text	Number of Spring Seasons	Derived variable from response to question in variable 'RepUniFootballSpring.'
RepUniHockey	Numeric	Did you play hockey in college? Please exclude years already recorded at semi-professional or junior level.			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepUniHockeyLeagueDiv	Numeric	In what league/division did you play while playing hockey in college?			1	Division I	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniHockey'. (RepUniHockey == 1)
					2	Division II	
					3	Division III	
					4	National Association of Intercollegiate Athletics (NAIA)	
					5	Other	
					6	Not sure	
					7	Prefer not to answer	
RepUniHockeyPosition1	Numeric	What was your primary position while playing hockey in college?			1	Left Wing	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniHockey'. (RepUniHockey == 1)
					10	Not sure	
					11	Other	
					12	Prefer not to answer	
					2	Right Wing	
					3	Wing	
					4	Forward	
					5	Center	
					6	Left Defensemen	
					7	Right Defensemen	
					8	Defensemen	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					9	Goalie	
RepUniHockeyYears	Numeric	For how many years did you play hockey in college?			1 2 3	Years: Not sure Prefer not to answer	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniHockey'. (RepUniHockey == 1)
RepUniHockeyYearsN	Numeric						Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepUniHockey'. (RepUniHockey == 1)
RepYouthFootball1Downs	Numeric	Thinking of all the games you played before high school, about what percentage of all the downs were you in the game at the [Selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position 'RepYouthFootballPosition1'.
RepYouthFootball1DownsN	Numeric				Number Text	Percentage of downs	Derive variable from the response in RepYouthFootball1Downs.
RepYouthFootball2Downs	Numeric	Thinking of all the games you played before high school, about what percentage of all the downs were you in the game at the [selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position 'RepYouthFootballPosition2'.
RepYouthFootball2DownsN	Numeric				Number Text	Percentage of downs	Derive variable from the response in RepYouthFootball2Downs.
RepYouthFootball3Downs	Numeric	Thinking of all the games you played before high school,			1 2 3	Percentage (%): Not sure Prefer not to	Participants are only presented this question if they specified a position

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		about what percentage of all the downs were you in the game at the [selected] position?				answer	'RepYouthFootballPosition3'.
RepYouthFootball3DownsN	Numeric				Number Text	Percentage of downs	Derive variable from the response in RepYouthFootball3Downs.
RepYouthFootballFall	Numeric	How many fall seasons did you play tackle football before high school? 'Fall seasons" refers to regular seasons, which include late summer preseason through playoffs.			1	Number of fall seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthFootballPlay'. (RepYouthFootballPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepYouthFootballFallN	Numeric				Number Text	Number of Fall Seasons	Derived variable from response to the questionin variable RepYouthFootballFall.
RepYouthFootballOther2	Numeric	Did you play any other positions while playing American tackle football before high school?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthFootballPlay'. (RepYouthFootballPlay== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepYouthFootballOther3	Numeric	Did you play any other positions while playing American tackle football before high school?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthFootballPlay'. (RepYouthFootballPlay== 1)
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepYouthFootballPlay	Numeric	Youth Football History Did you play organized American tackle football before high			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		school, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games)?				answer	
RepYouthFootballPos1	Numeric	What was your primary position before high school?			1	Offensive Tackle	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthFootballPlay'. (RepYouthFootballPlay= = 1)
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
RepYouthFootballPosition2	Numeric	What was your second most played position?			1	Offensive Tackle	
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepYouthFootballPosition3	Numeric	What was your third most played position?			1	Offensive Tackle	
					10	Offensive Slot Back	
					11	Offensive Wide Receiver	
					12	Other Offensive	
					13	Defensive Tackle	
					14	Defensive End	
					15	Defensive Nose Guard	
					16	Defensive Nose Tackle	
					17	Other Defensive	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						Linemen	
					18	Defensive Middle Linebacker	
					19	Defensive Strong Side Linebacker	
					2	Offensive Guard	
					20	Defensive Weak Side Linebacker	
					21	Defensive Outside Linebacker	
					22	Defensive Other Linebacker	
					23	Defensive Cornerback	
					24	Defensive Safety	
					25	Defensive Strong Safety	
					26	Defensive Free Safety	
					27	Other Defensive Back	
					28	Other Defensive	
					29	Punter	
					3	Offensive Center	
					30	Kicker	
					31	Kick Returner	
					32	Gunner	
					33	Wedge Buster	
					34	Return Blocker	
					35	Kick Coverage	
					36	FT/PAT Lineman	
					37	Other Special Teams	
					38	Not sure	
					39	Prefer not to answer	
					4	Offensive Tight	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
						End	
					5	Other Offensive Linemen	
					6	Offensive Quarterback	
					7	Offensive Half Back	
					8	Offensive Full Back	
					9	Offensive Running Back	
RepYouthFootballSpring	Numeric	How many spring seasons did you play tackle football before high school? 'Spring seasons' refers to additional seasons with pads on.			1	Number of spring seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthFootballPlay'. (RepYouthFootballPlay= = 1)
					2	Not sure	
					3	Prefer not to answer	
RepYouthFootballSpringN	Numeric				Number Text	Number of Spring Seasons	Derived variable from the response in RepYouthFootballSpring.
RepYouthHockeyClubSeasons	Numeric	For how many seasons did you play club hockey prior to high school?			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthHockeyPlay'. (RepYouthHockeyPlay= = 1)
					3	Not sure	
RepYouthHockeyClubSeasonsN	Numeric				Number text	Total seasons played.	Derived variable from the response in RepYouthHockeyClubSeasons.
RepYouthHockeyPlay	Numeric	Did you play organized hockey, which includes membership on a team with scheduled practices and games (excluding pick-up and			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		neighborhood games) prior to high school?					
RepYouthHockeyPosition1	Numeric	What was your primary position while playing hockey prior to high school?			1	Left Wing	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthHockeyPlay'. (RepYouthHockeyPlay== 1)
					10	Not sure	
					11	Other	
					12	Prefer not to answer	
					2	Right Wing	
					3	Wing	
					4	Forward	
					5	Center	
					6	Left Defensemen	
					7	Right Defensemen	
					8	Defensemen	
					9	Goalie	
RepYouthHockeyTownSeasons	Numeric	For how many seasons did you play town or other similar (not including club counted previously) hockey prior to high school? Please do not include club hockey			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthHockeyPlay'. (RepYouthHockeyPlay== 1)
					2	Not sure	
					3	Prefer not to answer	
RepYouthHockeyTownSeasonsN	Numeric				Number Text	Number of seasons	Derived variable.
RepYouthSoccerClubSeasons	Numeric	For how many seasons did you play soccer for a club team prior to high school?			1	Number of seasons:	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthSoccerPlay'. (RepYouthSoccerPlay == 1)
					2	Not sure	
					3	Prefer not to answer	
RepYouthSoccerClubSeasonsN	Numeric				Number text	Number of seasons	Derived variable.
RepYouthSoccerHeadings	Numeric	Did you participate in heading drills at the			1	Yes	Participants are only presented this question if
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		Youth level?			3	Not sure	they answered 'Yes' to the question in Variable 'RepYouthSoccerPlay'. (RepYouthSoccerPlay == 1)
					4	Prefer not to answer	
RepYouthSoccerPlay	Numeric	Did you play organized soccer, which includes membership on a team with scheduled practices and games (excluding pick-up or neighborhood games), prior to high school?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
RepYouthSoccerPosition1	Numeric	What was your primary position while playing soccer prior to high school?			1	Center-back	Participants are only presented this question if they answered 'Yes' to the question in Variable 'RepYouthSoccerPlay'. (RepYouthSoccerPlay == 1)
					10	Forward	
					11	Striker	
					12	Secondary Striker	
					13	Goalie	
					14	Other	
					15	Not sure	
					16	Prefer not to answer	
					2	Sweeper	
					3	Full-back/Right-back/Left-back	
					4	Wingback	
					5	Other Defender	
					6	Midfielder	
					7	Center Midfielder	
					8	Defensive Midfielder	
					9	Winger	
RepYouthSoccerTownSeasons	Numeric	For how many seasons did you play soccer for a town team or other similar (not including club team) prior to high			1	Number of seasons:	
					2	Not sure	
					3	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/References
		school?					
RepYouthSoccerTownSeasonsN	Numeric	For how many seasons did you play soccer for a town team or other similar (not including club team) prior to high school?					
RepboxingStopAgeN	Numeric				Age Text	Age Stopped	Derived variable from response to the question in variable RepBoxingStopAge.
RepHSFootball2Downs	Numeric	Thinking of all the games you played in college, about what percentage of all the downs were you in the game at the [selected] position?			1 2 3	Percentage (%): Not sure Prefer not to answer	Participants are only presented this question if they specified a position to the question in Variable 'RepHSFootballPosition2'.

FINANCIAL AND SOCIAL (FinSoc)

Table Description: The Financial and Social Impact of Parkinson's Disease Survey

View Source Instrument: [link]

Details: This one-time survey is referred to as "The Financial and Social impact of Parkinson's Disease Survey" in Fox DEN, in the cross-sectional health and disease section of the Participant Schedule of Activities, and the questionnaire forms. This one-time survey was launched in September 2018 and closed in July 2019. 1,846 participants provided responses to this survey. This survey was completed by participants from both the PD and Control cohorts.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocCostAdultCare	Text	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Adult day care facility		Amount	Amount Spent ($)	All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocCostHospice	Text	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Hospice care in a facility		Amount	Amount Spent ($)	Participants were only presented this question if their response was greater than 0 for the variable in question 'FinSocTimeHospice.' (FinSocTimeHospice > 0) All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
FinSocCostLongTermCare	Text	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Other "long-term" care facilities		Amount	Amount Spent ($)	Participants were only presented this question if their response was greater than 0 for the variable in question 'FinSocTimeLongTermCare.' (FinSocTimeLongTermCae > 0) All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDailyCare	Numeric	In the past 12 months, on average, about how many hours of daily care (paid or unpaid, including providing supervision) did the PWP require on a typical day?			1.0	None	
					2.0	Between 0-4 hours	
					3.0	Between 4-8 hours	
					4.0	Between 8-12 hours	
					5.0	Between 12-16 hours	
					6.0	Requires almost round-the-clock supervision	
					7.0	Not applicable	
FinSocDiagAlzh	Numeric	Has the PWP ever been diagnosed with any of the	Alzheimer's disease		1.0	Checked	All Variables with prefix "FinSocDiag"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		below conditions? Check all that apply.					are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagAnxiety	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Anxiety		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagApathy	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Apathy (e.g., a lack of interest or enthusiasm)		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagBehavOthr	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Other personality or behavioral disorders		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagBipol	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Bipolar disorder		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagDement	Numeric	Has the PWP ever been	Dementia		1.0	Checked	All Variables with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		diagnosed with any of the below conditions? Check all that apply.					prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagDepress	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Depression		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagHalluDelu	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Hallucinations or delusions		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagNone	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	None of the above		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDiagPsychoticOthr	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Other kind of psychotic disorders		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocDiagSchizoph	Numeric	Has the PWP ever been diagnosed with any of the below conditions? Check all that apply.	Schizophrenia		1.0	Checked	All Variables with prefix "FinSocDiag" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocAge	Numeric	What is the current age of the PWP and each of the unpaid care partner(s)?	PWP		Age Text	Age	All Variables with prefix "FinSocAge" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocAgePrimCare	Numeric	What is the current age of the PWP and each of the unpaid care partner(s)?	Primary Care Partner		Age Text	Age	All Variables with prefix "FinSocAge" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are only presented this question if
FinSocAgeSeconCare	Numeric	What is the current age of the PWP and each of the unpaid care partner(s)?	Secondary Care Partner		Age Text	Age	All Variables with prefix "FinSocAge" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocAllMedCost	Numeric	In the past 12 months, approximately how much was spent by the PWP or	All Medications ($)		Amount Text	Amount Spent in USD	All Variables with suffix "MedCost" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the family (not by the insurance company) on medications? Please provide your best estimate in the table below. Note: Please enter 0 in the text box if money was not spent.					subitem question with the specific subitem shown as the Sub Choice.
FinSocCostNursHome	Numeric	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Nursing home			Amount Spent ($)	Participants were only presented this question if their response was greater than 0 for the variable in question 'FinSocTimeNursHome.' (FinSocTimeNursHome > 0) All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocCostRehab	Numeric	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Adult outpatient rehab facility			Amount Spent ($)	All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocCostSkilledNurs	Numeric	If the PWP spent any time in the following facilities/ institutions in the past 12 months, approximately how much was spent by the PWP or the family for the stay in the facility/institution? Note: Please enter 0 in the text box if no money was spent on the associated facility/institution.	Skilled Nursing Facilities			Amount Spent ($)	All Variables with prefix "FinSocCost" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDisabilIncomOthr	Numeric	In the past 12 months, did the PWP receive any of the following types of disability income? If so, what was the amount received? Check and answer all that apply.	Other Types of Disability Income		1	Yes	All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
FinSocDisabilIncomSSDI	Numeric	In the past 12 months, did the PWP receive any of the following types of disability income? If so, what was the amount received? Check and answer all that apply.	Social Security Disability Insurance (SSDI)		1	Yes	All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	
FinSocDisabilIncomSSI	Numeric	In the past 12 months, did the PWP receive any of the following types of disability income? If so, what was the amount received? Check and answer all that apply.	Supplemental Security Income (SSI)		1	Yes	All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
					3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocExpenseHiredCare	Numeric	In the past 12 months, how much has PWP or the family spent for each of the following reasons, as a result of caring for the PWP? Note: Please enter 0 in the text box if there was no money spent.	Expenses related to hiring someone (e.g. a professional, relative, or friend) to provide daily care		Amount Text	Amount paid using sources such as family income, savings, gifts from relatives, loans, credit card debts, early retirement withdrawal, home equity loan, etc.) ($)	All variables with the prefix "FinSocExpense" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocExpenseHomeMod	Numeric	In the past 12 months, how much has PWP or the family spent for each of the following reasons, as a result of caring for the PWP? Note: Please enter 0 in the text box if there was no money spent.	Expenses on home modifications (e.g., building a ramp in place of steps to enter/exit home)		Amount Text	Amount paid using sources such as family income, savings, gifts from relatives, loans, credit card debts, early retirement withdrawal, home equity loan, etc.) ($)	All variables with the prefix "FinSocExpense" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocExpenseTransport	Numeric	In the past 12 months, how much has PWP or the family spent for each of the following reasons, as a result of caring for the PWP? Note: Please enter 0 in the text box if there was no money spent.	Increased transportation costs (e.g. driving to and from clinics, rehab facilities, etc.) For example, drives an extra 20 miles per month (240 miles per year) for appointments. This is equivalent to approximately one tank of gas		Amount Text	Amount paid using sources such as family income, savings, gifts from relatives, loans, credit card debts, early retirement withdrawal, home equity loan, etc.) ($)	All variables with the prefix "FinSocExpense" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			at about $30 a tank; the resulting amount is $30 per month ($360 per year).				
FinSocExpenseVehicleEquip	Numeric	In the past 12 months, how much has PWP or the family spent for each of the following reasons, as a result of caring for the PWP? Note: Please enter 0 in the text box if there was no money spent.	Expenses related to purchasing a special vehicle or purchasing/ installing special equipment on a car or other motor vehicle		Amount Text	Amount paid using sources such as family income, savings, gifts from relatives, loans, credit card debts, early retirement withdrawal, home equity loan, etc.) ($)	All variables with the prefix "FinSocExpense" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHareOthrCare	Numeric	Approximately how many hours does the unpaid care partner(s) spend caring for the PWP in a typical week? Additionally, please report the combined hours spent by all unpaid care partners including the primary, secondary and all other unpaid care partners (if there were any).	All Other Care Partners Combined		Hours text	Hours spent providing unpaid care to the PWP in a typical week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare' and 'FinSocSeconCare .' (FinSocPrimCare == 1 & FinSocSeconCare == 1)
FinSocHrsCharity	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Performing voluntary	Hours Text	Number of hours in a week	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocHrsCharityPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	or charity work	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsCharitySeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Performing voluntary	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsCommun	Numeric	Please tell us the approximate number of hours in a typical week	PWP	Participating in a political or	Hours Text	Number of hours in a week	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		each person is able to participate in the following activities, BEFORE PD started having a significant impact.		community-related organization			
FinSocHrsCommunPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Participating in a political or community-related organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsCommunSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Participating in a political or community-related organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							specific subitem shown as the Sub Choice.
FinSocHrsEdu	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Attending an educational or training course	Hours Text	Number of hours in a week	
FinSocHrsEduPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Attending an educational or training course	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsEduSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Attending an educational or training course	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsEvent	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Attending a sporting event or social or other type of club	Hours Text	Number of hours in a week	
FinSocHrsEventPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Attending a sporting event or social or other type of club	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsEventSeconCare	Numeric	Please tell us the approximate number of hours in a typical week	SecondaryCare Partner	Attending a sporting event or social	Hours Text	Number of hours in a week	Participants were only presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		each person is able to participate in the following activities, BEFORE PD started having a significant impact.		or other type of club			responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsFriendFam	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Visiting with friends or relatives	Hours Text	Number of hours in a week	
FinSocHrsFriendFamPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Visiting with friends or relatives	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							specific subitem shown as the Sub Choice.
FinSocHrsFriendFamSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Visiting with friends or relatives	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsHelpOthers	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	
FinSocHrsHelpOthersPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix “FinSocHrs” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsHelpOthersSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	Participants were only presented this question if they responded ‘Yes’ to the question in variable ‘FinSocSeconCare.’ (FinSocSeconCare == 1) All Variables with prefix “FinSocHrs” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsPrimCare	Numeric	Approximately how many hours does the unpaid care partner(s) spend caring for the PWP in a typical week? Additionally, please report the combined hours spent by all unpaid care partners including the primary, secondary and all other unpaid care partners (if there were	Primary Care Partner		Hours text	Hours spent providing unpaid care to the PWP in a typical week	Participants were only presented this question if they responded ‘Yes’ to the question in variable ‘FinSocPrimCare.’ (FinSocPrimCare == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		any).					
FinSocHrsRelig	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	PWP	Participating in a religious organization	Hours Text	Number of hours in a week	
FinSocHrsReligPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	Primary Care Partner	Participating in a religious organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsReligSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, BEFORE PD started having a significant impact.	SecondaryCare Partner	Participating in a religious organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "FinSocHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocHrsSeconCare	Numeric	Approximately how many hours does the unpaid care partner(s) spend caring for the PWP in a typical week? Additionally, please report the combined hours spent by all unpaid care partners including the primary, secondary and all other unpaid care partners (if there were any).	Secondary Care Partner		Hours text	Hours spent providing unpaid care to the PWP in a typical week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1)
FinSocJbTimePrimCare	Numeric	During the past 12 months, how many months was each person employed (full or part time)? Note: Include any time the person worked or was on paid vacation, paid sick leave, jury duty, or military service.	Primary Care Partner		Month Text	Months employed in the past 12 months	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimCare == 1)
FinSocJobHrs	Numeric	If currently employed, how many hours does each individual usually work in a typical week?	PWP		Hours Text	Hours worked in a typical week	Participants were only presented this question if FinSocJob == 1 or FinSocJob == 2. All Variables with prefix "FinSocJobHrs" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocJobHrsPrimCare	Numeric	If currently employed, how many hours does each individual usually work in a typical week?	Primary Care Partner		Hours Text	Hours worked in a typical week	Participants were only presented this question if FinSocJobPrimCare == 1 or FinSocJobPrimCare == 2. All Variables with prefix "FinSocJobHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocJobHrsSeconCare	Numeric	If currently employed, how many hours does each individual usually work in a typical week?	Secondary Care Partner		Hours Text	Hours worked in a typical week	Participants were only presented this question if FinSocJobSeconCare == 1 or FinSocJobSeconCare == 2. All Variables with prefix "FinSocJobHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocJobTime	Numeric	During the past 12 months, how many	PWP		Month Text	Months employed in the past 12	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		months was each person employed (full or part time)? Note: Include any time the person worked or was on paid vacation, paid sick leave, jury duty, or military service.				months	
FinSocJobTimeSeconCare	Numeric	During the past 12 months, how many months was each person employed (full or part time)? Note: Include any time the person worked or was on paid vacation, paid sick leave, jury duty, or military service.	Secondary Care Partner		Month Text	Months employed in the past 12 months	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1)
FinSocMoblDevCane	Numeric	If yes, approximately how many weeks (in the past 12 months) did the PWP use any of the following devices? Responses can include decimals to account for a partial week. Note: Please enter 0 in the text box if the device was not used.	Canes		Week Text	Number of Weeks	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocMoblDev.' (FinSocMoblDev == 1) All Variables with prefix "FinSocMoblDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocMoblDevScooter	Numeric	If yes, approximately how many weeks (in the past 12 months) did the PWP use any of the following	Scooters		Week Text	Number of Weeks	Participants were only presented this question if they responded 'Yes' to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		devices? Responses can include decimals to account for a partial week. Note: Please enter 0 in the text box if the device was not used.					the question in variable 'FinSocMoblDev.' (FinSocMoblDev == 1) All Variables with prefix "FinSocMoblDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocMoblDevWalker	Numeric	If yes, approximately how many weeks (in the past 12 months) did the PWP use any of the following devices? Responses can include decimals to account for a partial week. Note: Please enter 0 in the text box if the device was not used.	Walkers		Week Text	Number of Weeks	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocMoblDev.' (FinSocMoblDev == 1) All Variables with prefix "FinSocMoblDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocMoblDevWheelChair	Numeric	If yes, approximately how many weeks (in the past 12 months) did the PWP use any of the following devices? Responses can	Wheelchairs		Week Text	Number of Weeks	Participants were only presented this question if they responded 'Yes' to the question in

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		include decimals to account for a partial week. Note: Please enter 0 in the text box if the device was not used.					variable 'FinSocMoblDev.' (FinSocMoblDev == 1) All Variables with prefix "FinSocMoblDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffEarnLoss	Numeric	Considering the various ways each individual's job has been impacted from the items in the previous question and any other applicable factors, provide the best estimate for their total loss in annual earnings in the past 12 months.	PWP		Amount text	Approximate Loss in Annual Earnings ($)	
FinSocPdAffEarnLossPrimCare	Numeric	Considering the various ways each individual's job has been impacted from the items in the previous question and any other applicable factors, provide the best estimate for their total loss in annual earnings in the past 12 months.	Primary Care Partner		Amount text	Approximate Loss in Annual Earnings ($)	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							specific subitem shown as the Sub Choice.
FinSocPdAffEarnLossSeconCare	Numeric	Considering the various ways each individual's job has been impacted from the items in the previous question and any other applicable factors, provide the best estimate for their total loss in annual earnings in the past 12 months.	Secondary Care Partner		Amount text	Approximate Loss in Annual Earnings ($)	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsCharity	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Performing voluntary or charity work	Hours Text	Number of hours in a week	
FinSocPdAffHrsCharityPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Performing voluntary or charity work	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsCharitySeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Performing voluntary or charity work	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsCommun	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Participating in a political or community-related organization	Hours Text	Number of hours in a week	
FinSocPdAffHrsCommunPrimCare	Numeric	Please tell us the approximate number of hours in a typical week	Primary Care Partner	Participating in a political or	Hours Text	Number of hours in a week	Participants were only presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		each person is able to participate in the following activities, AFTER PD started having a significant impact.		community-related organization			responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsEdu	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Attending an educational or training course	Hours Text	Number of hours in a week	
FinSocPdAffHrsEduPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Attending an educational or training course	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsEduSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Attending an educational or training course	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsEvent	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Attending a sporting event or social or other type of club	Hours Text	Number of hours in a week	
FinSocPdAffHrsEventPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Attending a sporting event or social or other type of club	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare ==

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsEventSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Attending a sporting event or social or other type of club	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsFriendFam	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Visiting with friends or relatives	Hours Text	Number of hours in a week	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocPdAffHrsFrndFamPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Visiting with friends or relatives	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsFrndFamSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Visiting with friends or relatives	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocPdAffHrsHlpOth	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	
FinSocPdAffHrsHlpOthPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsHlpOthSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Providing help to family, friends, or neighbors unrelated to personal care	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							"FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsRelig	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	PWP	Participating in a religious organization	Hours Text	Number of hours in a week	
FinSocPdAffHrsReligPrimCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	Primary Care Partner	Participating in a religious organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffLessProd	Numeric	In an average working month during the past 12 months, about how many days did the unpaid care partner(s)	PWP		Days Text	Days felt less productive at work	Participants were only presented this question if their response to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		miss work at a job or business or feel less productive while at work, due to responsibilities caring for the PWP? Note: Response can include decimals to account for partial days missed.					'FinSocJobTime' was greater than 0. (FinSocJobTime > 0) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffLessProdPrimCare	Numeric	In an average working month during the past 12 months, about how many days did the unpaid care partner(s) miss work at a job or business or feel less productive while at work, due to responsibilities caring for the PWP? Note: Response can include decimals to account for partial days missed.	Primary Care Partner		Days Text	Days felt less productive at work - Primary Care Partner	Participants were only presented this question if their response to the question in variable 'FinSocJbTimePrimCare' was greater than 0. (FinSocJbTimePrimCare' > 0) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffLessProdSeconCare	Numeric	In an average working month during the past 12 months, about how many days did the unpaid care partner(s) miss work at a job or business or feel less productive while at work,	SecondaryCare Partner		Days Text	Days felt less productive at work - Secondary Care Partner	Participants were only presented this question if their response to the question in variable 'FinSocJobTimeSeconCare' was greater than 0.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		due to responsibilities caring for the PWP? Note: Response can include decimals to account for partial days missed.					(FinSocJobTimeSeconCare' > 0) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffMissJob	Numeric	In an average working month during the past 12 months, about how many days did the PWP miss work at a job or business or feel less productive while at work, because of PD? Note: Response can include decimals to account for partial days missed.	PWP		Days Text	Days missed from work (include whole days missed as well as days when individual was late or left work early)	Participants were only presented this question if their response to the question in variable 'FinSocJobTime' was greater than 0. (FinSocJobTime > 0) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffMissJobPrimCare	Numeric	In an average working month during the past 12 months, about how many days did the unpaid care partner(s) miss work at a job or business or feel less productive while at work, due to responsibilities caring for the PWP? Note: Response can include	Primary Care Partner		Days Text	Days missed from work (include whole days missed as well as days when individual was late or left work early) - Primary Care Partner	Participants were only presented this question if their response to the question in variable 'FinSocJbTimePrimCare' was greater than 0. (FinSocJbTimePrimCare' > 0)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		decimals to account for partial days missed.					All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffMissJobSeconCare	Numeric	In an average working month during the past 12 months, about how many days did the unpaid care partner(s) miss work at a job or business or feel less productive while at work, due to responsibilities caring for the PWP? Note: Response can include decimals to account for partial days missed.	SecondaryCare Partner		Days Text	Days missed from work (include whole days missed as well as days when individual was late or left work early) - Secondary Care Partner	Participants were only presented this question if their response to the question in variable 'FinSocJobTimeSeconCare' was greater than 0. (FinSocJobTimeSeconCare' > 0) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdDiagYear	Numeric	In which year was the PWP first diagnosed with the disease?			1	2018	
					2	2017	
					3	2016	
					4	2015	
					5	2014	
					6	2013	
					7	2012	
					8	2011	
					9	2010	
					10	2009	
					11	2008	
					12	2007	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					13	2006	
					14	2005	
					15	2004	
					16	2003	
					17	2002	
					18	2001	
					19	2000	
					20	1999	
					21	1998	
					22	1997	
					23	1996	
					24	1995	
					25	1994	
					26	1993	
					27	1992	
					28	1991	
					29	1990	
					30	1989	
					31	1988	
					32	1987	
					33	1986	
					34	1985	
					35	1984	
					36	1983	
					37	1982	
					38	1981	
					39	1980	
					40	1979	
					41	1978	
					42	1977	
					43	1976	
					44	1975	
					45	1974	
					46	1973	
					47	1972	
					48	1971	
					49	1970	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					50	1969	
					51	1968	
					52	1967	
					53	1966	
					54	1965	
					55	1964	
					56	1963	
					57	1962	
					58	1961	
					59	1960	
					60	1959	
					61	1958	
					62	1957	
					63	1956	
					64	1955	
					65	1954	
					66	1953	
					67	1952	
					68	1951	
					69	1950	
					70	1949	
					71	1948	
					72	1947	
					73	1946	
					74	1945	
					75	1944	
					76	1943	
					77	1942	
					78	1941	
					79	1940	
					80	1939	
					81	1938	
					82	1937	
					83	1936	
					84	1935	
					85	1934	
					86	1933	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					87	1932	
					88	1931	
					89	1930	
					90	1929	
					91	1928	
					92	1927	
					93	1926	
					94	1925	
					95	1924	
					96	1923	
					97	1922	
					98	1921	
					99	1920	
					100	1919	
					101	1918	
FinSocPdMedCost	Numeric	In the past 12 months, approximately how much was spent by the PWP or the family (not by the insurance company) on medications? Please provide your best estimate in the table below. Note: Please enter 0 in the text box if money was not spent.	Medications for Treating PD ($)		Amount Text	Amount Spent in USD	All Variables with suffix “MedCost” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocRetire	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, in which year did he or she retire/stop working? Note: Please enter in an yyyy format.	PWP		Year Text	Year retired or stopped working	Participants were only presented this question if FinSocJob == 3 or FinSocJob == 5 or FinSocJob == 6. All Variables with prefix “FinSocRetire” are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
FinSocRetirePrimCare	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, in which year did he or she retire/stop working? Note: Please enter in an yyyy format.	Primary Care Partner		Year Text	Year retired or stopped working	Participants were only presented this question if FinSocJobPrimCare == 3 or FinSocJobPrimCare == 5 or FinSocJobPrimCare == 6. All Variables with prefix "FinSocRetire" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocRetireSeconCare	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, in which year did he or she retire/stop working? Note: Please enter in an yyyy format.	Secondary Care Partner		Year Text	Year retired or stopped working	Participants were only presented this question if FinSocJobSeconCare == 3 or FinSocJobSeconCare == 5 or FinSocJobSeconCare == 6. All Variables with prefix "FinSocRetire" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocTimeAlone	Numeric	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter 0 in the text box if no time was spent in the place listed.	Private home (alone)		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTimeNursHome	Numeric	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter 0 in the text box if no time was spent in the place listed.	Nursing home		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTimePartner	Numeric	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter 0 in the text box if no time was spent in the place listed.	Private home (with someone)		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTimeSeniorComm	Numeric	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter 0 in the text box if no time was spent in the place listed.	Active adult or senior living community		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocYearStartPrimCare	Numeric	In which year did each of the unpaid care partners start providing care to the PWP? Note: Please enter in an yyyy format.	Primary Care Partner		Year text	Year first began to provide care and assistance to the PWP	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(FinSocPrimCare == 1) All Variables with prefix "FinSocYearStart" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocYearStartSeconCare		In which year did each of the unpaid care partners start providing care to the PWP? Note: Please enter in an yyyy format.	Secondary Care Partner		Year text	Year first began to provide care and assistance to the PWP	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocYearStart" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDisabilIncomOthrAmnt	Numeric	If yes, provide the total amount received from disability income in the past 12 months.	Other Types of Disability Income		Amount	Total Amount In the Past 12 Months ($ Before Tax)	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocDisabilIncomOthr.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(FinSocDisabilIncomOthr == 1) All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDisabilIncomSSDIAmnt	Numeric	If yes, provide the total amount received from disability income in the past 12 months.	Social Security Disability Insurance (SSDI)		Amount	Total Amount In the Past 12 Months ($ Before Tax)	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocDisabilIncomSSDI.' (FinSocDisabilIncomSSDI == 1) All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDisabilIncomSSIAmnt	Numeric	If yes, provide the total amount received from disability income in the past 12 months.	Supplemental Security Income (SSI)		Amount	Total Amount In the Past 12 Months ($ Before Tax)	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocDisabilIncomSSI.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(FinSocDisabilIncomSSI == 1) All variables with the prefix "FinSocDisabilIncom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDyskinesia	Numeric	In the past 12 months, has the PWP experienced dyskinesia (uncontrolled, involuntary movement) from long-term use of PD medications such as Levodopa?			1.0 2.0 3.0	Yes No Don't know	
FinSocDyskinesiaHrs	Numeric	If yes, approximately how many of the PWP's waking hours in a typical day are spent in a dyskinesia state?			1.0 2.0 3.0 4.0 5.0	Less than 1 hour Between 1-2 hours Between 2-3 hours Between 3-4 hours Greater than 4 hours	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocDyskinesia.' (FinSocDyskinesia == 1)
FinSocEarn	Numeric	What were the total earnings of the PWP, the entire household of the PWP and each of the unpaid care partner(s) in the most recent tax year? Please select the appropriate response category for each party in the table below. Note:	PWP		1.0 10.0 2.0 3.0 4.0 5.0	Less than $25,000 Prefer not to answer $25,000 to less than $50,000 $50,000 to less than $75,000 $75,000 to less than $100,000 $100,000 to less	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		This includes the amount received through wages, salary, commissions, overtime pay, or tips from all jobs before taxes or other deductions, and exclude any social security income, supplemental security income (SSI), or social security disability insurance (SSDI). We recommend that you refer to last year's tax return. The household includes all family members living with the PWP, and excludes co-residents who are financially independent and all paid care partners who are not family members.				than $125,000	
					6.0	$125,000 to less than $150,000	
					7.0	$150,000 to less than $175,000	
					8.0	$175,000 to less than $200,000	
					9.0	More than $200,000	
FinSocEarnHouse	Numeric	What were the total earnings of the PWP, the entire household of the PWP and each of the unpaid care partner(s) in the most recent tax year? Please select the appropriate response category for each party in the table below. Note: This includes the amount received through wages, salary, commissions, overtime pay, or tips from all jobs before taxes or other deductions, and	Household of the PWP		1.0	Less than $25,000	Participants were only presented this question if they responded 'One' or 'Two' or 'Three' or 'Four or More' to the question in variable 'FinSocHomeAdult.' (FinSocHomeAdult== 2 or FinSocHomeAdult == 3 or FinSocHomeAdult == 4 or FinSocHomeAdult == 5)
					10.0	Prefer not to answer	
					2.0	$25,000 to less than $50,000	
					3.0	$50,000 to less than $75,000	
					4.0	$75,000 to less than $100,000	
					5.0	$100,000 to less than $125,000	
					6.0	$125,000 to less than $150,000	
					7.0	$150,000 to less than $175,000	
					8.0	$175,000 to less	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		exclude any social security income, supplemental security income (SSI), or social security disability insurance (SSDI). We recommend that you refer to last year's tax return. The household includes all family members living with the PWP, and excludes co-residents who are financially independent and all paid care partners who are not family members.				than $200,000	All variables with the prefix "FinSocEarn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. FinSocHomeAdult
					9.0	More than $200,000	
FinSocEarnPrimCare	Numeric	What were the total earnings of the PWP, the entire household of the PWP and each of the unpaid care partner(s) in the most recent tax year? Please select the appropriate response category for each party in the table below. Note: This includes the amount received through wages, salary, commissions, overtime pay, or tips from all jobs before taxes or other deductions, and exclude any social security income, supplemental security income (SSI), or social security disability insurance (SSDI). We	Primary Care Partner		1.0	Less than $25,000	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimCare == 1) All Variables with prefix "FinSocEarn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					10.0	Prefer not to answer	
					2.0	$25,000 to less than $50,000	
					3.0	$50,000 to less than $75,000	
					4.0	$75,000 to less than $100,000	
					5.0	$100,000 to less than $125,000	
					6.0	$125,000 to less than $150,000	
					7.0	$150,000 to less than $175,000	
					8.0	$175,000 to less than $200,000	
					9.0	More than $200,000	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		recommend that you refer to last year's tax return. The household includes all family members living with the PWP, and excludes co-residents who are financially independent and all paid care partners who are not family members.					
FinSocEarnSeconCare	Numeric	What were the total earnings of the PWP, the entire household of the PWP and each of the unpaid care partner(s) in the most recent tax year? Please select the appropriate response category for each party in the table below. Note: This includes the amount received through wages, salary, commissions, overtime pay, or tips from all jobs before taxes or other deductions, and exclude any social security income, supplemental security income (SSI), or social security disability insurance (SSDI). We recommend that you refer to last year's tax return. The household includes all family members living with the PWP, and excludes co-	Secondary Care Partner		1.0	Less than $25,000	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocEarn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					10.0	Prefer not to answer	
					2.0	$25,000 to less than $50,000	
					3.0	$50,000 to less than $75,000	
					4.0	$75,000 to less than $100,000	
					5.0	$100,000 to less than $125,000	
					6.0	$125,000 to less than $150,000	
					7.0	$150,000 to less than $175,000	
					8.0	$175,000 to less than $200,000	
					9.0	More than $200,000	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		residents who are financially independent and all paid care partners who are not family members.					
FinSocEdu	Numeric	What is the highest level of education attained by the PWP and each of the unpaid care?	PWP		1.0	Less than a high school degree	All Variables with prefix "FinSocEdu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	High school degree (GED or equivalent)	
					3.0	Some College (1-4 years, no degree)	
					4.0	Associate's Degree (AS, AAS, etc.)	
					5.0	Bachelor's Degree (BA, BS, etc.)	
					6.0	Master's Degree (MA, MS, etc.)	
					7.0	PhD or Professional School Degree (MD, JD, etc.)	
					8.0	Prefer not to answer	
					9.0	Don't know	
FinSocEduPrimCare	Numeric	What is the highest level of education attained by the PWP and each of the unpaid care?	Primary Care Partner		1.0	Less than a high school degree	All Variables with prefix "FinSocEdu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	High school degree (GED or equivalent)	
					3.0	Some College (1-4 years, no degree)	
					4.0	Associate's Degree (AS, AAS, etc.)	
					5.0	Bachelor's Degree (BA, BS, etc.)	
					6.0	Master's Degree (MA, MS, etc.)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					7.0	PhD or Professional School Degree (MD, JD, etc.)	
					8.0	Prefer not to answer	
FinSocEduSeconCare	Numeric	What is the highest level of education attained by the PWP and each of the unpaid care?	Secondary Care Partner		1.0	Less than a high school degree	All Variables with prefix "FinSocEdu" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	High school degree (GED or equivalent)	
					3.0	Some College (1-4 years, no degree)	
					4.0	Associate's Degree (AS, AAS, etc.)	
					5.0	Bachelor's Degree (BA, BS, etc.)	
					6.0	Master's Degree (MA, MS, etc.)	
					7.0	PhD or Professional School Degree (MD, JD, etc.)	
					8.0	Prefer not to answer	
					9.0	Don't know	
FinSocEthn	Numeric	What is the ethnicity of the PWP and each of the unpaid care partner(s)?	PWP		1.0	Hispanic	All Variables with prefix "FinSocEthn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Non-Hispanic	
					3.0	Prefer not to answer	
FinSocEthnPrimCare	Numeric	What is the ethnicity of the PWP and each of the unpaid care partner(s)?	Primary Care Partner		1.0	Hispanic	All Variables with prefix "FinSocEthn" are part of a large multi-subitem question with the
					2.0	Non-Hispanic	
					3.0	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							specific subitem shown as the Sub Choice.
FinSocEthnSeconCare	Numeric	What is the ethnicity of the PWP and each of the unpaid care partner(s)?	Secondary Care Partner		1.0	Hispanic	All Variables with prefix "FinSocEthn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Non-Hispanic	
					3.0	Prefer not to answer	
FinSocHomeAdult	Numeric	How many people (exclude paid professional caregivers) are in the PWP's household, not including the PWP?	Adults (age 18 and over)		1.0	None	Variables with Prefix "FinSocHome" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	One	
					3.0	Two	
					4.0	Three	
					5.0	Four or More	
FinSocHomeChild	Numeric	How many people (exclude paid professional caregivers) are in the PWP's household, not including the PWP?	Children (under age 18)		1.0	None	Variables with Prefix "FinSocHome" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	One	
					3.0	Two	
					4.0	Three	
					5.0	Four or More	
FinSocHomeLoc	Numeric	Where does the PWP currently live?			1.0	Urbanized area (comprised of at least 50,000 residents)	
					2.0	Urban clusters/suburban areas (comprised of at least 2,500 residents, but fewer than 50,000 residents)	
					3.0	Rural area (comprised of open country and	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						settlements with fewer than 2,500 residents)	
					4.0	Do not know	
FinSocInsurEmp	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Commercial Insurance through Employer		1.0	Yes	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	No	
					3.0	Don't Know	
FinSocInsurMedicaidA	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Medicare Part A (Hospital Insurance)		1.0	Yes	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	No	
					3.0	Don't Know	
FinSocInsurMedicaidB	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Medicare Part B (Medical Insurance)		1.0	Yes	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	No	
					3.0	Don't Know	
FinSocInsurMedicaidC	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Medicare Part C (Medicare Advantage)		1.0	Yes	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	No	
					3.0	Don't Know	
FinSocInsurMedicaidD	Numeric	What type of insurance does the PWP currently have? Check the	Medicare Part D (Prescription		1.0	Yes	All Variables with prefix "FinSocInsur" are part of a large
					2.0	No	
					3.0	Don't Know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		appropriate box for each type of health insurance.	Drug Coverage)				multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocInsurMedicaidSchip	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Medicaid/SCHIP		1.0 2.0 3.0	Yes No Don't Know	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocInsurMilitary	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Military/CHAMPUS/TRICARE		1.0 2.0 3.0	Yes No Don't Know	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocInsurNone	Numeric	What type of insurance does the PWP currently have? Check the appropriate box for each type of health insurance.	Uninsured		1.0 2.0 3.0	Yes No Don't Know	All Variables with prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocInsurNoneTime	Numeric	If the PWP does not currently have any health insurance coverage, approximately how many months has he/she been without coverage?			Month Text	Number of Months	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocInsurNone.' (FinSocInsurNone == 1)
FinSocInsurPrivate	Numeric	What type of insurance	Individual		1.0	Yes	All Variables with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		does the PWP currently have? Check the appropriate box for each type of health insurance.	Commercial Insurance (Private)		2.0	No	prefix "FinSocInsur" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3.0	Don't Know	
FinSocJob	Numeric	What is the current job status of the PWP and each of the unpaid care partner(s)?	PWP		1.0	Employed full-time	
					2.0	Employed part-time	
					3.0	Not employed, but seeking work	
					4.0	Not employed, but in school	
					5.0	Not employed, not seeking work and not in school	
					6.0	Retired	
					7.0	Not Applicable	
FinSocJobPrimCare	Numeric	What is the current job status of the PWP and each of the unpaid care partner(s)?	Primary Care Partner		1.0	Employed full-time	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimCare == 1) All Variables with prefix "FinSocJob" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Employed part-time	
					3.0	Not employed, but seeking work	
					4.0	Not employed, but in school	
					5.0	Not employed, not seeking work and not in school	
					6.0	Retired	
					7.0	Not Applicable	
FinSocJobSeconCare	Numeric	What is the current job status of the PWP and	Secondary Care Partner		1.0	Employed full-time	Participants were only presented this
					2.0	Employed part-	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		each of the unpaid care partner(s)?				time	question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocJob" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					3.0	Not employed, but seeking work	
					4.0	Not employed, but in school	
					5.0	Not employed, not seeking work and not in school	
					6.0	Retired	
					7.0	Not Applicable	
FinSocMarried	Numeric	What is the marital status of the PWP and each of the unpaid care partner(s)?	PWP		1.0	Married / Living with partner	All Variables with prefix "FinSocMarried" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Widowed	
					3.0	Divorced / Separated	
					4.0	Never Married	
					5.0	Prefer not to answer	
					6.0	Don't know	
FinSocMarriedPrimCare	Numeric	What is the marital status of the PWP and each of the unpaid care partner(s)?	Primary Care Partner		1.0	Married / Living with partner	All Variables with prefix "FinSocMarried" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Widowed	
					3.0	Divorced / Separated	
					4.0	Never Married	
					5.0	Prefer not to answer	
					6.0	Don't know	
FinSocMarriedSeconCare	Numeric	What is the marital status of the PWP and each of the unpaid care partner(s)?	Secondary Care Partner		1.0	Married / Living with partner	All Variables with prefix "FinSocMarried" are part of a large multi-
					2.0	Widowed	
					3.0	Divorced /	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						Separated	subitem question with the specific subitem shown as the Sub Choice.
					4.0	Never Married	
					5.0	Prefer not to answer	
					6.0	Don't know	
FinSocMoblDev	Numeric	In the past 12 months, did the PWP use any mobility assistance devices (e.g., walker, wheelchair, etc.) for reasons related to PD?			1.0	Yes	
					2.0	No	
					3.0	Don't know	
FinSocNegAffectOnPrimCare	Numeric	During the past 12 months, how much was the unpaid care partner(s) affected, either physically or emotionally, by providing care to the PWP?	Primary Care Partner		1.0	None at all	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimCare == 1) All Variables with prefix "FinSocNegAffectOn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	A little bit	
					3.0	A moderate amount	
					4.0	Quite a bit	
					5.0	An extreme amount	
FinSocNegAffectOnSeconCare	Numeric	During the past 12 months, how much was the unpaid care partner(s) affected, either physically or emotionally, by providing care to the PWP?	Secondary Care Partner		1.0	None at all	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare ==
					2.0	A little bit	
					3.0	A moderate amount	
					4.0	Quite a bit	
					5.0	An extreme amount	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							1) All Variables with prefix "FinSocNegAffectOn" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocOFF	Numeric	In the past 12 months, has the PWP experienced OFF periods (periods during which the PWP's Parkinson's medications seemed to "wear off" causing symptoms of PD to partially or fully return)?			1.0 2.0 3.0	Yes No Don't know	
FinSocOFFHrs	Numeric	If yes, approximately how many of the PWP's waking hours in a typical day are spent in an OFF state?			1.0 2.0 3.0 4.0 5.0	Less than 1 hour Between 1-2 hours Between 2-3 hours Between 3-4 hours Greater than 4 hours	Participants were only presented this question if they responded 'Yes' to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'FinSocOFF.' (FinSocOFF == 1)
FinSocPdAffEduLoss	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Lost opportunities for furthered education	1.0	Checked	
FinSocPdAffEduLossPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Lost opportunities for furthered education	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffEduLossSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Lost opportunities for furthered education	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsCommunSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Participating in a political or community-related organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffHrsReligSeconCare	Numeric	Please tell us the approximate number of hours in a typical week each person is able to participate in the following activities, AFTER PD started having a significant impact.	SecondaryCare Partner	Participating in a religious organization	Hours Text	Number of hours in a week	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAffHrs"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobChg	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Had to change occupation or employer	1.0	Checked	
FinSocPdAffJobChgPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Had to change occupation or employer	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocPdAffJobChgSecon Care	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Had to change occupation or employer	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrChg	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Changed hours to a different time of the day	1.0	Checked	
FinSocPdAffJobHrChgPri mCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Changed hours to a different time of the day	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrChgSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Changed hours to a different time of the day	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrFlex	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Changed to flexible hours or telecommuting	1.0	Checked	
FinSocPdAffJobHrFlexPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Changed to flexible hours or telecommuting	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare ==

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrFlexSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Changed to flexible hours or telecommuting	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrLoss	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Worked at job fewer hours	1.0	Checked	
FinSocPdAffJobHrLossPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and	Primary Care Partner	Worked at job fewer hours	1.0	Checked	Participants were only presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.					responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobHrLossSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Worked at job fewer hours	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobLoss	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's	PWP	Stopped working at their job (e.g., early retirement), causing lost	1.0	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		PD. Check all that apply for each individual.		earnings, benefits, and pension			
FinSocPdAffJobLossPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Stopped working at their job (e.g., early retirement), causing lost earnings, benefits, and pension	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobLossSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Stopped working at their job (e.g., early retirement), causing lost earnings, benefits, and pension	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
FinSocPdAffJobPromotPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Lost opportunities for a better job or promotion (including missed opportunities for more comprehensive benefits)	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffJobPromotSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Secondary Care Partner	Lost opportunities for a better job or promotion (including missed opportunities for more comprehensive benefits)	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffLossJobPromot	Numeric	Please select whether any of the below has ever applied to the PWP and	PWP	Lost opportunities for a better job	1.0	Checked	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.		or promotion (including missed opportunities for more comprehensive benefits)			
FinSocPdAffNoJob	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	Been unable to take a job	1.0	Checked	
FinSocPdAffNoJobPrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	Been unable to take a job	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffNoJobSeconCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's	Secondary Care Partner	Been unable to take a job	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		PD. Check all that apply for each individual.					'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffNone	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	PWP	None of these	1.0	Checked	
FinSocPdAffNonePrimCare	Numeric	Please select whether any of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Primary Care Partner	None of these	1.0	Checked	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimeCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdAffNoneSeconCa	Numeric	Please select whether any	Secondary	None of these	1.0	Checked	Participants were only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
re		of the below has ever applied to the PWP and their care partner(s) for reasons related to the individual's PD. Check all that apply for each individual.	Care Partner				presented this question if they responded 'Yes' to the question in variable 'FinSocSeconCare.' (FinSocSeconCare == 1) All Variables with prefix "FinSocPdAff" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympBalCor	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal	Poor balance and coordination		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympBowel	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.	Constipation or irritable bowel syndrome		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympComplexTask	Numeric	If the PWP has exhibited any of the symptoms/conditions	Difficulty with understanding requirements		1.0 2.0	Did not experience the symptom Mild	All Variables with prefix "FinSocPdSymp" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.	to complete complex tasks		3.0 4.0	Moderate Severe	part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympConcent	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/	Difficulty with concentrating		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympFatigue	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP	Fatigue and loss of energy		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympMemory	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.	Difficulty with memorizing or recalling information		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympPain	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12	Pain		1.0 2.0 3.0	Did not experience the symptom Mild Moderate	All Variables with prefix "FinSocPdSymp" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.			4.0	Severe	subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympSleep	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or	Sleep issues (such as trouble falling asleep, staying asleep, abnormal dreams, etc.)		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympSlowMove	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope	Slow movement		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympSpeak	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.	Trouble speaking		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympSwallow	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months,	Difficulty with swallowing		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					the specific subitem shown as the Sub Choice.
FinSocPdSympTrem	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping	Tremors		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympUrinary	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However,	Urinary issues such as urinary urgency or loss of bladder control		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		even with assistance, the PWP finds problems participating in normal activities.					
FinSocPdSympVision	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.	Vision problems		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocPdSympWrite	Numeric	If the PWP has exhibited any of the symptoms/conditions below in the past 12 months, please select the	Trouble writing		1.0 2.0 3.0 4.0	Did not experience the symptom Mild Moderate Severe	All Variables with prefix "FinSocPdSymp" are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		appropriate box to indicate their severity, on average. When responding, please consider the following definitions. **Mild**: Symptom/ condition is occasional or sporadic, not keeping PWP from normal activities. **Moderate**: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP from normal activities. **Severe**: PWP needs assistance to cope with problem. However, even with assistance, the PWP finds problems participating in normal activities.					shown as the Sub Choice.
FinSocPrimCare	Numeric	In the past 12 months, has the PWP received care from at least one unpaid care partner?	Primary Care Partner (the individual who spent the most time providing unpaid care to the PWP)		1.0 2.0 3.0	Yes No Not Applicable	
FinSocRace	Numeric	What is the race of the PWP and each of the unpaid care partner(s)?	PWP		1.0 2.0 3.0 4.0 5.0	American Indian or Alaska Native Asian Black or African American Multi-racial Native Hawaiian or Other Pacific Islander	All Variables with prefix "FinSocRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					6.0	White or Caucasian	
					7.0	Other	
					8.0	Prefer not to answer	
FinSocRacePrimCare	Numeric	What is the race of the PWP and each of the unpaid care partner(s)?	Primary Care Partner		1.0	American Indian or Alaska Native	All Variables with prefix "FinSocRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Asian	
					3.0	Black or African American	
					4.0	Multi-racial	
					5.0	Native Hawaiian or Other Pacific Islander	
					6.0	White or Caucasian	
					7.0	Other	
					8.0	Prefer not to answer	
FinSocRaceSeconCare	Numeric	What is the race of the PWP and each of the unpaid care partner(s)?	Secondary Care Partner		1.0	American Indian or Alaska Native	All Variables with prefix "FinSocRace" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Asian	
					3.0	Black or African American	
					4.0	Multi-racial	
					6.0	White or Caucasian	
					7.0	Other	
					8.0	Prefer not to answer	
FinSocRelPrimCare	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP in the table below.	Primary Care Partner		1.0	Spouse/partner/significant other	Participants were only presented this question if they responded 'Yes' to the question in variable 'FinSocPrimCare.' (FinSocPrimCare == 1) All Variables with
					2.0	Parent	
					3.0	Child	
					4.0	Friend	
					5.0	Other	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							prefix “FinSocRel” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocRelSeconCare	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP in the table below.	Secondary Care Partner		1.0	Spouse/partner/significant other	Participants were only presented this question if they responded ‘Yes’ to the question in variable ‘FinSocSeconCare.’ (FinSocSeconCare == 1) All Variables with prefix “FinSocRel” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2.0	Parent	
					3.0	Child	
					4.0	Friend	
					5.0	Other	
FinSocRetirePd	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, did PD play a major role in his/her decision to stop working?	PWP		1.0	Yes, PD played a role	Participants were only presented this question if FinSocJob == 3 or FinSocJob == 5 or FinSocJob == 6.
					2.0	No, PD did not play a role	
					3.0	Don't know	
FinSocRetirePdSeconCare	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, did PD play a major role in his/her decision to stop working?	Secondary Care Partner		1.0	Yes, PD played a role	Participants were only presented this question if FinSocJobSeconCare == 3 or FinSocJobSeconCare == 5 or FinSocJobSeconCare
					2.0	No, PD did not play a role	
					3.0	Don't know	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							== 6. All Variables with prefix "FinSocRetire" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocReturePdPrimCare	Numeric	If the PWP or unpaid care partner(s) is no longer working or currently retired, did PD play a major role in his/her decision to stop working?	Primary Care Partner		1.0 2.0 3.0	Yes, PD played a role No, PD did not play a role Don't know	Participants were only presented this question if FinSocJobPrimCare == 3 or FinSocJobPrimCare == 5 or FinSocJobPrimCare == 6.
FinSocSeconCare	Numeric	In the past 12 months, has the PWP received care from at least one unpaid care partner?	Secondary Care Partner (the individual who provides unpaid care to the PWP, but less frequently than the primary care partner)		1.0 2.0 3.0	Yes No Not Applicable	
FinSocSex	Numeric	What is the sex of the PWP and each of the unpaid care partner(s)?	PWP		1.0 2.0 3.0	Male Female Prefer not to answer	All Variables with prefix "FinSocSex" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocSexPrimCare	Numeric	What is the sex of the PWP and each of the	Primary Care Partner		1.0 2.0	Male Female	All Variables with prefix "FinSocSex"

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		unpaid care partner(s)?			3.0	Prefer not to answer	are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocSexSeconCare	Numeric	What is the sex of the PWP and each of the unpaid care partner(s)?	Secondary Care Partner		1.0 2.0 3.0	Male Female Prefer not to answer	All Variables with prefix "FinSocSex" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTherDevDBS	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	Deep Brain Stimulation (surgical procedure used to address tremor and other PD symptoms)		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTherDevDontKnow	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	Don't know		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTherDevLevoGel	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	Duopa or Levodopa-Carbidopa Intestinal Gels (a non-oral Levodopa medication that is delivered		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			continuously into the intestine)				
FinSocTherDevMedPump	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	Apomorphine Infusion (a pen or pump-like, injectable device used to deliver medication to address when the medication is "wearing off", or when Levodopa medication is no longer working)		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTherDevNeuroPro	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	Neupro Patch		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTherDevNone	Numeric	Has the PWP ever received any type of **device-assisted therapy** (such as those listed below) for treating the symptoms of PD? Check *all that apply.*	None of the above		1.0	Checked	All Variables with prefix "FinSocTherDev" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocTimeHospice	Text	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter	Hospice Facility		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		0 in the text box if no time was spent in the place listed.					specific subitem shown as the Sub Choice.
FinSocTimeLongTermCare	Text	In the past 12 months, approximately how many months did the PWP live in each of the following places? Note: Please enter 0 in the text box if no time was spent in the place listed.	Other "long-term" care facilities		Month Text	Length of Time (Months)	All Variables with prefix "FinSocTime" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FinSocDeathWhen	Numeric	If the PWP has passed away, please tell us when they passed away. Note: Please select from the drop down list			1	2018	Participants were only presented this question if they responded to the question in variable 'FinSocYou' with 'A care partner for someone who has PD' or 'A family member to someone who has PD, but not a care partner' or 'A close friend of someone who has PD, but not a care partner' or
					2	2017	
					3	2016	
					4	2015	
					5	2014	
					6	2013	
					7	2012	
					8	2011	
					9	2010	
					10	2009	
					11	2008	
					12	2007	
					13	2006	
					14	2005	
					15	2004	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					16	2003	'Do not have PD and do not know anyone with PD.' (FinSocYou == 2 or FinSocYou == 3 or FinSocYou == 4 or FinSocYou == 5)
					17	2002	
					18	2001	
					19	2000	
					20	1999	
					21	1998	
					22	1997	
					23	1996	
					24	1995	
					25	1994	
					26	1993	
					27	1992	
					28	1991	
					29	1990	
					30	1989	
					31	1988	
					32	1987	
					33	1986	
					34	1985	
					35	1984	
					36	1983	
					37	1982	
					38	1981	
					39	1980	
					40	1979	
					41	1978	
					42	1977	
					43	1976	
					44	1975	
					45	1974	
					46	1973	
					47	1972	
					48	1971	
					49	1970	
					50	1969	
					51	1968	
					52	1967	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					53	1966	
					54	1965	
					55	1964	
					56	1963	
					57	1962	
					58	1961	
					59	1960	
					60	1959	
					61	1958	
					62	1957	
					63	1956	
					64	1955	
					65	1954	
					66	1953	
					67	1952	
					68	1951	
					69	1950	
					70	1949	
					71	1948	
					72	1947	
					73	1946	
					74	1945	
					75	1944	
					76	1943	
					77	1942	
					78	1941	
					79	1940	
					80	1939	
					81	1938	
					82	1937	
					83	1936	
					84	1935	
					85	1934	
					86	1933	
					87	1932	
					88	1931	
					89	1930	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					90	1929	
					91	1928	
					92	1927	
					93	1926	
					94	1925	
					95	1924	
					96	1923	
					97	1922	
					98	1921	
					99	1920	
					100	1919	
					101	1918	
FinSocYou	Numeric	Which of the following best describes you (the person who is responding to this survey)?			1	A person with PD	Partticipants are presented with the following prompt, 'This section asks about the health of the person with Parkinson's (PWP), including their diagnosis history and current symptoms. Please note: If the PWP in your family has passed away, please answer the questions as best you can based on your knowledge of his/her experience before passing away.' If participants respond with 'Do not have PD and do not know anyone with PD' then they are skipped to the end of the survey. (FinSocYou == 5)
					2	A care partner for someone who has PD	
					3	A family member to someone who has PD, but not a care partner	
					4	A close friend of someone who has PD, but not a care partner	
					5	Do not have PD and do not know anyone with PD	

FINANCIAL AND SOCIAL IMPACT OF PARKINSON'S DISEASE AND PARKINSON'S RELATED DISORDERS (FnclImp)

Table Description: The Financial and Social Impact of Parkinson's Disease and Parkinson's Related Disorders

View Source Instrument: [link]

Details: This one-time survey is referred to as "The Financial and Social Impact of Parkinson's Disease and Parkinson's Related Disorders" in Fox DEN, in the cross-sectional health and the disease section of the Participant Schedule of Activities, and the questionnaire forms. This one-time survey was launched in April 2025 and 1,541 participants had provided responses to this survey as of June, 2025. This survey, presented in 3 sections, was completed by people with Parkinson's disease (PD) / Parkinson's related disorders (PRD) or unpaid Care Partners who have provided care to someone with PD/PRD within the past 12 months.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpPDDiag	Numeric	Which of the following best describes you (the person who is responding to this survey)?		1	A person with Parkinson's disease or Parkinson's related disorder (PWP/PRD)	Skip logic: If (d.), (e.), (f.), or (g.) is selected (FnclImpPDDiag = 4,5,6, or 7), skipped to End of Survey Thank you 2 (participants are reminded that this survey is intended only for those diagnosed with PD/PRD or caregivers (for patients who were still alive in the last 12 months)).
				2	An unpaid care partner for someone who has Parkinson's disease/Parkinson's related disorders (PD/PRD)	
				3	An unpaid care partner for someone who had PD/PRD and passed away in the last 12 months	
				4	An unpaid care partner for someone who had PD/PRD and passed away more than 12 months ago	
				5	A family member to someone who has PD/PRD, but I do not identify as a care partner	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
				6	A friend to someone who has PD/PRD, but I do not identify as a care partner	
				7	Do not have PD/PRD and do not know anyone with PD/PRD	
FnclImpPDDiagSpec		Which of the following diagnoses best describes the person with Parkinson's Disease or a Parkinson's related disorder?		1	Parkinson's Disease (PD)	Participants who input 8 were requested to input text specifying another form of parkinsonism.
				2	Dementia with Lewy Bodies (DLB)	
				3	Progressive Supranuclear Palsy (PSP)	
				4	Multiple System Atrophy (MSA)	
				5	Corticobasal Degeneration/Syndrome (CBD/S)	
				6	Vascular parkinsonism	
				7	Parkinsonism otherwise not specified	
				8	Another form of parkinsonism, please specify:	
FnclImpPDDeathYr	Numeric	Please tell us when the PWP/PRD passed away (year). Please enter your best guess if you are not sure.		11	2024	Only shown to participants who selected 'c. (value=3) An unpaid care partner for someone who had PD/PRD and passed away in the last 12 months)' for "Which of the following best describes you" (FnclImpPDDiag)
				12	2025	
FnclImpPDDiagYr	Numeric	In which year were you, or the PWP/PRD you care for first diagnosed with the disease? Please use a four-digit				Participants asked to enter a four-digit numeric value for the year

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		numeric value for the year.				
FnclImpPDSymptSlowMvmt	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Slowed movement	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptTremors	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Tremors	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptBlnceCoord	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Poor balance and coordination	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptOrthHptnsn	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Orthostatic hypotension (e.g., lightheaded or dizziness)	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptSpeaking	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Trouble speaking	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptWriting	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Trouble writing	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptUrinary	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Urinary issues such as urinary urgency or loss of bladder control	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptGI	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Gastrointestinal issues such as constipation or irritable bowel syndrome	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptSleep	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Sleep issues	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptFatigue	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Fatigue and loss of energy	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptConcentrate	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Difficulty with concentrating	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptMemory	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Difficulty with memorizing or recalling information	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptCmplxTsks	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Difficulty with understanding requirements to complete complex tasks	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptDrooling	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Drooling	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptSwallow	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Difficulty with swallowing	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptVision	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Vision problems (e.g., blurred vision or trouble reading)	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptPain	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Pain (e.g., muscle stiffness and pain, painful muscle spasm, joint pain, neuropathic pain)	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptAnxiety	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Anxiety	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptDepression	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Depression	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptApathy	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Apathy (e.g., lack of interest or enthusiasm)	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpPDSymptHllcntnDelsn	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their severity, on average.	Hallucinations or delusions	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities. Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	
FnclImpPDSymptFalls	Numeric	If you, or the PWP/PRD you care for has exhibited any of the symptoms/conditions below in the past 12 months, please select the appropriate box to indicate their	Falls resulting in injury	1	Did not experience the symptom	Mild: Symptom/condition is occasional or sporadic, not keeping PWP/PRD from normal activities. Moderate: The symptom/condition is usually present, some help/device is needed, and it occasionally keeps the PWP/PRD from normal activities.
				2	Mild	
				3	Moderate	
				4	Severe	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		severity, on average.				Severe: PWP/PRD needs assistance to cope with problem. However, even with assistance, the PWP/PRD has difficulty participating in normal activities.
FnclImpMobAsstDev	Numeric	In the past 12 months, did you, or the PWP/PRD you care for use any mobility assistance devices (e.g., walker, wheelchair, etc.) for reasons related to their medical condition?		1	Yes	
				2	No	
				3	Don't know	
FnclImpMobAsstDevWlkrMnths	Numeric	To the best of your knowledge, approximately how many months (in the past 12 months) did you, or the PWP/PRD you care for use any of the following devices? Please round up partial months (e.g., if time spent was more than three but less than four months, please enter 4).	Walker	0	Number of months	Participants were only presented this question if they responded 'Yes' to the question in Variable 'FnclImpMobAsstDev'. (FnclImpMobAsstDev=1). Users who received this question were asked to submit an integer representing the applicable number of months which would then be the value representing that period of time. E.g., a value of "4" would equal 4 months, etc.
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
				10		
				11		
				12		
FnclImpMobAsstDevWhlchrMnths	Numeric	To the best of your knowledge, approximately how many months (in the past 12 months) did you, or the PWP/PRD you care for use any of the following devices? Please round up partial months (e.g., if time spent was more than three but less than four months, please enter 4).	Wheelchair	0	Number of months	Participants were only presented this question if they responded 'Yes' to the question in Variable 'FnclImpMobAsstDev'. (FnclImp-MobAsstDev=1). Users who received this question were asked to submit an integer repre-senting the applicable number of months which would then be the value representing that period of time. E.g., a value of "4" would equal 4 months, etc.
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
				11		
				12		
FnclImpMobAsstDevCaneMnths	Numeric	To the best of your knowledge, approximately how many months (in the past 12 months) did you, or the PWP/PRD you care for use any	Cane	0	Number of months	Participants were only presented this question if they responded 'Yes' to the question in Variable 'FnclImpMobAsstDev'. (FnclImp-MobAsstDev=1).
				1		
				2		
				3		
				4		

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		of the following devices? Please round up partial months (e.g., if time spent was more than three but less than four months, please enter 4).		5		Users who received this question were asked to submit an integer representing the applicable number of months which would then be the value representing that period of time. E.g., a value of "4" would equal 4 months, etc.
				6		
				7		
				8		
				9		
				10		
				11		
				12		
FnclImpMobAsstDevSctrMnths	Numeric	To the best of your knowledge, approximately how many months (in the past 12 months) did you, or the PWP/PRD you care for use any of the following devices? Please round up partial months (e.g., if time spent was more than three but less than four months, please enter 4).	Scooter	0	Number of months	Participants were only presented this question if they responded 'Yes' to the question in Variable 'FnclImpMobAsstDev'. (FnclImp-MobAsstDev=1). Users who received this question were asked to submit an integer representing the applicable number of months which would then be the value representing that period of time. E.g., a value of "4" would equal 4 months, etc.
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
				9		
				10		
				11		
				12		
FnclImpLiveUS	Numeric	Do you live in the United States?		1	Yes	
				2	No	
FnclImpLiveSize	Numeric	Where do you currently live?		1	Urbanized area (at least 50,000 residents)	
				2	Urban clusters/suburban areas (at least 2,500 residents, but fewer than 50,000 residents)	
				3	Rural area (open country and settlements with fewer than 2,500 residents)	
				4	Do not know	
FnclImpHlthIns	Numeric	Do you currently have any type of health insurance?		1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in Variable 'FnclImpPDDiag. (FnclImpPDDiag =1).
				2	No	
				3	Don't know	
FnclImpHlthInsCommrclEmplyr	Numeric	What type of insurance do you currently have?	Commercial Insurance through Employer	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
				3	Don't Know	
FnclImpHlthInsCommrclIndvdl	Numeric	What type of insurance do you currently have?	Individual Commercial Insurance (Private)	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpHlthInsMedicaid	Numeric	What type of insurance do you currently have?	Medicaid/CHIP	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpHlthInsMedicareA	Numeric	What type of insurance do you currently have?	Medicare Part A (Hospital Insurance)	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpHlthInsMedicareB	Numeric	What type of insurance do you currently have?	Medicare Part B (Medical Insurance)	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpHlthInsMedicareC	Numeric	What type of insurance do you currently have?	Medicare Part C (Medicare Advantage)	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpHlthInsMedicareD	Numeric	What type of insurance do you currently have?	Medicare Part D (Prescription Drug Coverage)	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpHlthInsMilitary	Numeric	What type of insurance do you currently have?	Military/CHAMPUS/TRICARE	1	Yes	Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpHlthIns (FnclImpHlthIns=1).
				2	No	
				3	Don't Know	
FnclImpNoHlthInsMnths	Numeric	If you do not currently have any health insurance coverage, approximately how many months in the past 12 months have you been without coverage?		1	Integer representing n month(s)	Participants were only presented this question if they selected 'b'(2) for the question in variable FnclImpHlthIns (FnclImpHlthIns=2).
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
				11		
				12		
FnclImpHsehldSizeAdults	Numeric	How many people, excluding paid professional caregivers, are in your, or the PWP/PRD you	Adults (age 18 and over)	1	None	
				2	One	
				3	Two	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		care for, household, not including the PWP/PRD?		4	Three	
				5	Four or more	
FnclImpHsehldSizeChldrn	Numeric	How many people, excluding paid professional caregivers, are in your, or the PWP/PRD you care for, household, not including the PWP/PRD?	Children (under age 18)	1	None	
				2	One	
				3	Two	
				4	Three	
				5	Four or more	
FnclImpUnpdCrePrtnr	Numeric	In the past 12 months, have you, or the PWP/PRD you care for, received care from at least one unpaid care partner?		1	Yes	
				2	No	
				3	Not applicable	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrPrmrySO	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table below. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Spouse/partner/significant other			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrPrmryPrnt	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table below. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Parent			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrPrmryChld	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Child			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrPrmrySbl	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Sibling			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrPrmryFrnd	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Friend			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrPrmryOthr	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Other			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrNonPrmrySO	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table below. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Spouse/partner/significant other			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrNonPrmryPrnt	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table below. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Parent			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrNonPrmryChld	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Child			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrNonPrmrySbl	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Sibling			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpUnpdCrPrtnrNonPrm-ryFrnd	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Friend			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).
FnclImpUnpdCrPrtnrNonPrmryOthr	Numeric	Please describe the relationship of the unpaid care partner(s) to the PWP/PRD in the table be-low. Please enter the number of care partners in each relationship category. Enter "0" if there are no care partners in that category.	Other			Participants were only presented this question if they selected 'a'(1) for the question in variable FnclImpUnpdCrePrtnr (FnclImpUnpdCrePrtnr =1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpMrtlStat	Numeric	What is your or the PWP/PRD you care for marital status?		1	Married/Living with partner	
				2	Widowed	
				3	Divorced/Separated	
				4	Never Married	
				5	Don't Know	
				6	Prefer not to answer	
FnclImpHsehldEarn	Numeric	What were your or the PWP/PRD you care for total household earnings in the most recent tax year?		1	Less than $25,000	
				2	$25,000 to less than $50,000	
				3	$50,000 to less than $75,000	
				4	$75,000 to less than $100,000	
				5	$100,000 to less than $125,000	
				6	$125,000 to less than $150,000	
				7	$150,000 to less than $175,000	
				8	$175,000 to less than $200,000	
				9	More than $200,000	
				10	Prefer not to answer	
FnclImpAmntSpntAllPrscrptns	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners (not by the insurance company) on prescriptions?	All Prescriptions ($USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.
FnclImpAmntSpntPDPrscrptns	Numeric	In the past 12 months, approximately how	Prescriptions for Treating			Participants were asked to provide their best estimate in the table

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		much was spent by the PWP/PRD's household and care partners (not by the insurance company) on prescriptions?	PD/PRD ($USD			below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.
FnclImpAmntSpntProducts	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners (not by insurance company) on products (e.g., Over the Counter (OTC) medications, supplements), supplies (e.g., special/adapted clothing, equipment for feeding, other supplies), durable medical equipment, activities (e.g., gym, exercise classes, online classes) intended to manage their condition, and counseling for	Products (OTC and supplements) ($ USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		PWP/PRD and care partners?				
FnclImpAmntSpntSupplies	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners (not by insurance company) on products (e.g., Over the Counter (OTC) medications, supplements), supplies (e.g., special/adapted clothing, equipment for feeding, other supplies), durable medical equipment, activities (e.g., gym, exercise classes, online classes) intended to manage their condition, and counseling for PWP/PRD and care partners?	Supplies (adaptive clothing, feeding equipment) ($ USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.
FnclImpAmntSpntMedEqpmt	Numeric	In the past 12 months, approximately how much was spent by the	Durable medical equipment ($ USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		PWP/PRD's household and care partners (not by insurance company) on products (e.g., Over the Counter (OTC) medications, supplements), supplies (e.g., special/adapted clothing, equipment for feeding, other supplies), durable medical equipment, activities (e.g., gym, exercise classes, online classes) intended to manage their condition, and counseling for PWP/PRD and care partners?				They were to enter "0" in the text box if money was not spent.
FnclImpAmntSpntActvts	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners (not by insurance company) on products (e.g., Over the Counter	Activities (gym, exercise classes, online classes, home exercise equipment) ($ USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		(OTC) medications, supplements), supplies (e.g., special/adapted clothing, equipment for feeding, other supplies), durable medical equipment, activities (e.g., gym, exercise classes, online classes) intended to manage their condition, and counseling for PWP/PRD and care partners?				
FnclImpAmntSpntCnslng	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners (not by insurance company) on products (e.g., Over the Counter (OTC) medications, supplements), supplies (e.g., special/adapted clothing, equipment for feeding,	Counseling (patient education, psychotherapy, nutrition counseling, dietician) for PWP/PRD and care partners ($ USD)			Participants were asked to provide their best estimate in the table below, rounded to the nearest dollar amount. They were to enter "0" in the text box if money was not spent.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		other supplies), durable medical equipment, activities (e.g., gym, exercise classes, online classes) intended to manage their condition, and counseling for PWP/PRD and care partners?				
FnclImpAmntMnthsPrvteResAlne	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Private residence (e.g., home, townhouse, condo) (alone)			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsPrvtResNotAln	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Private residence (e.g., home, townhouse, condo) (with someone)			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsAdltDayCre	Numeric	In the past 12 months, approximately how many months did	Adult day care facility			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?				were also asked to round up partial months.
FnclImpAmntMnthsOutptRehFclty	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Adult outpatient rehab facility			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsSnrLvngComm	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Active adult or senior living community			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsHspce	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time	Hospice facility			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		at each of the following places?				
FnclImpAmntMnthsNrsngHme	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Nursing home (long-term residential care)			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsSklldNrsngFac	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Skilled Nursing Facilities (Short-term transitional care after an illness, injury, or surgery)			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnthsOthr	Numeric	In the past 12 months, approximately how many months did you (if you have PD/PRD), or the PWP/PRD you care for live in/or spend time at each of the following places?	Other "long-term" care facilities (e.g., assisted living, memory care, medical foster care, other residential care)			Participants were asked to enter "0" in the text box if no time was spent in the place listed. They were also asked to round up partial months.
FnclImpAmntMnyAdltDayCre	Numeric	In the past 12 months,	Adult day care facility			Participants were asked to provide a best

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		approximately how much was spent by the PWP/PRD's household and care partners for the stay in the facility/institution?				estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Adult day care facility" in Q18 was greater than 0 (FnclImpAmntMnthsAdltDayCre>0)
FnclImpAmntMnyOutptRehFclty	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners for the stay in the facility/institution?	Adult outpatient rehab facility			Participants were asked to provide a best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Adult outpatient rehab facility" in Q18 was greater than 0 (FnclImpAmntMnthsOutptRehFclty>0)
FnclImpAmntMnySnrLvngComm	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners for the stay in the	Active adult or senior living community			Participants were asked to provide a best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		facility/institution?				Shown if the response to "Active adult or senior living community" in Q18 was greater than 0 (FnclImpAmntMnthsSnrLvngComm>0).
FnclImpAmntMnyHspce	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners for the stay in the facility/institution?	Hospice facility			Participants were asked to provide a best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Hospice facility" in Q18 was greater than 0(FnclImpAmntMnthsHspce>0).
FnclImpAmntMnyNrsngHme	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners for the stay in the facility/institution?	Nursing home (long-term residential care)			Participants were asked to provide a best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Nursing home" in Q18 was greater than 0(FnclImpAmntMnthsNrsngHme>0).
FnclImpAmntMnySklldNrsngFac	Numeric	In the past 12 months, approximately how much was spent	Skilled Nursing Facilities (Short-term			Participants were asked to provide a best estimate, rounded to the nearest dollar amount.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		by the PWP/PRD's household and care partners for the stay in the facility/institution?	transitional care after an illness, injury, or surgery)			They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Nursing home" in Q18 was greater than 0 (FnclImpAmntMnthsNrsngHme>0)
FnclImpAmntMnyOthr	Numeric	In the past 12 months, approximately how much was spent by the PWP/PRD's household and care partners for the stay in the facility/institution?	Other "long-term" care facilities (e.g., assisted living, memory care, medical foster care, other residential care)			Participants were asked to provide a best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if no money was spent on the associated facility/institution. Shown if the response to "Other 'long-term' care facilities" in Q18 was greater than 0(FnclImpAmntMnthsOthr>0)
FnclImpDsbltyIncmeSSI	Numeric	In the past 12 months, did you (if you have PD/PRD), or the PWP/PRD you care for receive any of the following types of disability income?	Supplemental Security Income (SSI)	1	Yes	
				2	No	
				3	Don't Know	
FnclImpDsbltyIncmeSSDI	Numeric	In the past 12 months, did you (if you have PD/PRD), or the	Social Security Disability Insurance (SSDI)	1	Yes	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		PWP/PRD you care for receive any of the following types of disability income?		2	No	
				3	Don't Know	
FnclImpDsbltyIncmeOthr	Numeric	In the past 12 months, did you (if you have PD/PRD), or the PWP/PRD you care for receive any of the following types of disability income?	Other Types of Disability Income	1	Yes	
				2	No	
				3	Don't Know	
FnclImpDsbltyIncmeSSIAmnt	Numeric	Provide the total amount received from disability income in the past 12 months, before tax, and rounded to the nearest dollar amount.	Supplemental Security Income (SSI)			This question is shown if participant answered 'Yes' to Q20 for SSI. (FnclImpDsbltyIncmeSSI=1)
FnclImpDsbltyIncmeSSDIAmnt	Numeric	Provide the total amount received from disability income in the past 12 months, before tax, and rounded to the nearest dollar amount.	Social Security Disability Insurance (SSDI)			This question is shown if participant answered 'Yes' to Q20 for SSDI. (FnclImpDsbltyIncmeSSDI =1).
FnclImpDsbltyIncmeOthrAmnt	Numeric	Provide the total amount received from disability income in the past 12 months, before tax, and	Other Types of Disability Income			This question is shown if participant answered 'Yes' to Q20 for 'Other Types of Disability Income'. (FnclImpDsbltyIncmeOthr=1).

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		rounded to the nearest dollar amount.				
FnclImpAmntSpntPDCreHmeMod	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	Expenses on home modifications (e.g., building a ramp in place of steps to enter/exit home)			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.
FnclImpAmntSpntPDCreMvng	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	One-time costs incurred for moving or purchasing a residence necessary to meet care needs (e.g., moving company fees, closing costs to purchase an accessible home)			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.
FnclImpAmntSpntPDCreVhcl	Numeric	In the past 12 months, how much has the PWP/PRD's household and	Expenses related to purchasing a special vehicle or			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	purchasing/installing special equipment on a car or other motor vehicle			the text box if there was no money spent.
FnclImpAmntSpntPDCreHrSmnDlyCr	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	Expenses to hire someone (e.g. a professional, relative, or friend) to provide daily care			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.
FnclImpAmntSpntPDCreHrSmnChrs	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	Expenses to hire someone to do household chores/provide services other than patient care (e.g., shopping, meal preparation, delivery, house cleaning, gardening, taking care			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
			of other dependents, etc.)			
FnclImpAmntSpntPDCreTrnsprtn	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	Increased transportation costs (e.g. driving, taking taxis or rideshares to and from clinics, rehab facilities, visiting PWP who live in nursing home, etc.)			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.
FnclImpAmntSpntPDCreFnclLgl	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	Expenses related to financial and legal planning			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.
FnclImpAmntSpntPDCreRspte	Numeric	In the past 12 months, how much has the PWP/PRD's household and care partners spent on each of	Expenses related to care partner's respite care, defined as a short-term			Participants were asked to provide their best estimate, rounded to the nearest dollar amount. They were to enter "0" in the text box if there was no money spent.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		the expenses that you would not have spent otherwise, due to care needs for the PWP/PRD?	break given to the caregiver to rest, travel, or spend time with other family and friends for a few hours to several weeks at a time. Respite care can take place inside or outside the home, including in a health care facility, or at an adult day care center.			
FnclImpDlyCreHrs	Numeric	In the past 12 months, on average, about how many hours of daily care (paid or unpaid, including providing supervision, coordinating care, and/or accompanying to health care visits) did you (if you have		1	None	This question only appears if participants answered 'Yes' to Q12 (FnclImpUnpdCrePrtnr=1).
				2	Between 0-4 hours	
				3	Between 4-8 hours	
				4	Between 8-12 hours	
				5	Between 12-16 hours	
				6	More than 16 hours	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		PD/PRD), or the PWP/PRD you care for require on a typical day?		7	Not applicable	
FnclImpPDDlyCreAllCregvrs	Numeric	To the best of your knowledge, how many hours do all your unpaid care partner(s) spend caring for you in a typical day, on average?				This question only appears participants selected 'Yes' for Q1 (FnclImpPDDiag=1) AND if "Yes" is selected for Q12 (FnclImpUnpdCrePrtnr=1).
FnclImpCrePrtnrDlyCreSelf	Numeric	To the best of your knowledge, how many hours do you and all the other unpaid care partner(s) spend caring for the PWP/PRD in a typical day, on average?	You			This question only appears if (b.) or (c.) is selected for Q1 (FnclImpPDDiag=2 or 3) AND if "Yes" is selected for Q12 (FnclImpUnpdCrePrtnr=1).
FnclImpCrePrtnrDlyCreOthrs	Numeric	To the best of your knowledge, how many hours do you and all the other unpaid care partner(s) spend caring for the PWP/PRD in a typical day, on average?	All Other Unpaid Care Partner(s)			This question only appears if (b.) or (c.) is selected for Q1 (FnclImpPDDiag=2 or 3) AND if "Yes" is selected for Q12 (FnclImpUnpdCrePrtnr=1).
FnclImpStrtPDCreMnth	Numeric	When did you start providing care for the PWP/PRD? Please enter your	Month	1	January	This question only appears if (b.) or (c.) is selected for Q1 (FnclImpPDDiag=2 or 3)
				2	February	
				3	March	
				4	April	
				5	May	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		best guess if you are not sure.		6	June	(mm/dd/yyyy dropdown from calendar)
				7	July	
				8	August	
				9	September	
				10	October	
				11	November	
				12	December	
FnclImpStrtPDCreDay	Numeric	When did you start providing care for the PWP/PRD? Please enter your best guess if you are not sure.	Day	Range = [1:31]	Days of month	This question only appears if (b.) or (c.) is selected for Q1 (FnclImpPDDiag=2 or 3) Values range from 1-31, reflecting the day of the month. (mm/dd/yyyy dropdown from calendar)
FnclImpStrtPDCreYr	Numeric	When did you start providing care for the PWP/PRD? Please enter your best guess if you are not sure.	Year	Range=[51:126]	Years 1950-2025	This question only appears if (b.) or (c.) is selected for Q1 (FnclImpPDDiag=2 or 3) Value ranges include: - 51-100 (1950-1999) - 101-126 (2000-2025) (mm/dd/yyyy dropdown from calendar)
FnclImpJobStat	Numeric	What is your (the person answering this survey)		1	Employed or self-employed full-time	
				2	Employed or self-employed part-time	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		current job status?		3	Not employed or self-employed, but seeking work	
				4	Not employed or self-employed, but in school	
				5	Not employed or self-employed, not seeking work and not in school	
				6	Retired	
				7	Not applicable	
FnclImpHrsWrkd	Numeric	How many hours do you (the person answering this survey) usually work in a typical week?				This question only appears if PWP/PRD, primary care partner, or Non-Primary Care Partner answered "Employed full-time" or "Employed part-time" to Q25 (FnclImpJobStat=1 or 2)
FnclImpMnthsEmplyd	Numeric	During the past 12 months, how many months were you (the person answering this survey) employed (full or part time)? Include any time on paid vacation, paid sick leave, jury duty, or military service.				This question only appears if PWP/PRD, primary care partner, or Non-Primary Care Partner answered "Employed full-time" or "Employed part-time" to Q25 (FnclImpJobStat=1 or 2)
FnclImpYrRtrd	Numeric	In which year did you (the person answering this survey) retire/last worked?		Range=[1:77]	1 = "N/A" [2:51] = 1950:1999 [52:77] = 2000:2025	Range ["N/A", "1950", "1951" … "2025"] This question only appears if PWP/PRD, pri-

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
						mary care partner, or Non-Primary Care Partner answered (c.), (e.), or (f.) to Q25 (FnclImpJobStat=3,5, or 6)
FnclImpWrkDcsn	Numeric	Did your PD/PRD or care partner responsibilities play a major role in your decision to stop working?		1	Yes, it played a role	This question only appears if PWP/PRD, primary care partner, or Non-Primary Care Partner answered (c.), (e.), or (f.) to Q25 (FnclImpJobStat=3,5, or 6)
				2	No, it did not play a role	
				3	Don't know	
FnclImpDaysMssdWrk	Numeric	In a typical month during the past 12 months, about how many days did you miss work at a job or business or feel less productive while at work, because of PD/PRD or care partner responsibilities?	Days missed from work (include whole days missed as well as days when individual was late or left work early)			This question is skipped if response to Q27 was 0 (FnclImpHrsWrkd=0)
FnclImpDaysLessPrdctve	Numeric	In a typical month during the past 12 months, about how many days did you miss work at a job or business or feel less productive while at work,	Days felt less productive at work			This question is skipped if response to Q27 was 0 (FnclImpHrsWrkd=0)

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		because of PD/PRD or care partner responsibilities?				
FnclImpJobImpLostEdu	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Lost educational opportunity	0	Unchecked	
				1	Checked	
FnclImpJobImpEarlyRetrmnt	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Stopped working at your job (e.g., early retirement)	0	Unchecked	
				1	Checked	
FnclImpJobImpWrkFwrHrs	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Worked fewer hours at your job	0	Unchecked	
				1	Checked	
FnclImpJobImpChngeWrkHrs	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Changed work hours to a different time of the day	0	Unchecked	
				1	Checked	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
FnclImpJobImpFlxblHrs	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Changed to flexible hours or telecommuting	0	Unchecked	
				1	Checked	
FnclImpJobImpLostBttrJobPromo	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Lost opportunities for a better job or promotion	0	Unchecked	
				1	Checked	
FnclImpJobImpChngeOccEmplyr	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Changed occupation or employer	0	Unchecked	
				1	Checked	
FnclImpJobImpUnbleTkeJob	Numeric	Have any of the following ever applied to you for reasons related to your PD/PRD or care partner responsibilities?	Been unable to take a job	0	Unchecked	
				1	Checked	
FnclImpJobImpChngeRtneHlthCre	Numeric	Have any of the following ever applied to you for reasons	Postponed, skipped or canceled routine	0	Unchecked	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		related to your PD/PRD or care partner respon-sibilities?	health care (e.g., annual physical exam)	1	Checked	
FnclImpJobImpNone	Numeric	Have any of the following ever applied to you for reasons re-lated to your PD/PRD or care partner respon-sibilities?	None of these	0	Unchecked	
				1	Checked	
FnclImpLssAnnlEarn	Numeric	Considering the various ways your job has been impacted from the items in the previous question and any other applicable factors, provide the best estimate for your total loss in annual earnings in the past 12 months, rounded to the nearest dollar amount.				
FnclImpActvtsVlntrBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activi-ties, before your PD/PRD or care	Performing voluntary or charity work (be-fore)			No values greater than 168 allowed.

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsVlntrAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Performing voluntary or charity work (now)			
FnclImpActvtsVstFrndFamBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Visiting with friends or relatives (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsVstFrndFamAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Visiting with friends or relatives (now)			
FnclImpActvtsHlpFamFrndBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Providing help to family, friends, or neighbors unrelated to personal care (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsHlpFamFrndAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Providing help to family, friends, or neighbors unrelated to personal care (now)			
FnclImpActvtsAttndEduCrseBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Attending an educational or training course (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsAttndEduCrseAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Attending an educational or training course (now)			
FnclImpActvtsSprtSclClbBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Attending a sporting event or social or other type of club (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsSprtSclClbAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following ac-tivities now.	Attending a sporting event or social or other type of club (now)			
FnclImpActvtsRlgnBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Participation in a religious organization (e.g., church, synagogue, mosque) (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following ac-tivities now.				
FnclImpActvtsRlgnAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following ac-tivities now.	Participation in a religious organization (e.g., church, synagogue, mosque) (now)			
FnclImpActvtsPolCommBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Participating in a political or community-related organization (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following ac-tivities now.				
FnclImpActvtsPolCommAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following ac-tivities now.	Participating in a political or community-related organization (now)			
FnclImpActvtsEatOutBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Eating a meal at a restaurant or outside of home (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsEatOutAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Eating a meal at a restaurant or outside of home (now)			
FnclImpActvtsChrsBfre	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care	Independently doing household chores (before)			

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.				
FnclImpActvtsChrsAftr	Numeric	Please tell us the approximate number of hours in a typical week you were able to participate in the following activities, before your PD/PRD or care partner responsibilities started having an impact. Then, tell us how many hours in a typical week you spend participating in the following activities now.	Independently doing household chores (now)			
FnclImpCrePrtnrPhysImp	Numeric	During the past 12 months, how much were you affected physically by providing care to the PWP/PRD?		1	Not at all	To be answered by the care partner only.
				2	A little bit	
				3	A moderate amount	
				4	Quite a bit	
				5	An extreme amount	
FnclImpCrePrtnrEmtnImp	Numeric			1	Not at all	

Variable	Data Type	Question Text	Sub-Choice	Value	Value Description	Notes/Resources
		During the past 12 months, how much were you affected emotionally by providing care to the PWP/PRD?		2	A little bit	To be answered by the care partner only.
				3	A moderate amount	
				4	Quite a bit	
				5	An extreme amount	
FnclImpCrePrtnrFnclImp	Numeric	During the past 12 months, how much were you affected financially by providing care to the PWP/PRD?		1	Not at all	To be answered by the care partner only.
				2	A little bit	
				3	A moderate amount	
				4	Quite a bit	
				5	An extreme amount	

THE ROLE OF STRESS (Stress)

Table Description: The Role of Stress in Parkinson's Disease (Control)

View Source Instrument: [link]

Details: This one-time survey is referred to as "The Role of Stress in Parkinson's Disease (Control)" in Fox DEN, the questionnaire forms, and in the cross-sectional health and disease section of the Participant Schedule of Activities. This one-time survey was launched in October 2019 and closed in December 2019. 1,420 participants provided responses to this survey. The survey was completed by participants from the Control cohort only.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressAvoidObject	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Specific objects or situations (such as flying, heights, spiders or other animals, needles, or blood)		1	Not at all or never	All variables with prefix "StressAvoid" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressAvoidPublic	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Public settings (situations from which it may be difficult or embarrassing to escape, such as queues or lines, crowds, bridges, or public transportation)		1	Not at all or never	All variables with prefix "StressAvoid" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressAvoidSocial	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Social situations (where one may be observed, or evaluated by others, such as speaking in public, or talking to unknown people)		1	Not at all or never	All variables with prefix "StressAvoid" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressDailyAbnormal	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you	I believe some of my thoughts are abnormal or bad and I shouldn't think that way.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyAttention	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you	I find myself doing things without paying attention.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyAutomatic	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you	I do jobs or tasks automatically without being aware of what I'm doing.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyDaydream	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you	I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressDailyDistressLetGo	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	When I have distressing thoughts or images I just notice them and let them go.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyDistressReact	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	When I have distressing thoughts or images I am able just to notice them without reacting.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyDistressTaken	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressDailyEmotions	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	I think some of my emotions are bad or inappropriate and I shouldn't feel them.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyFeelings	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	I'm good at finding words to describe my feelings.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyFood	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyRightWords	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own	I have trouble thinking of the right words to express how I feel about things.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		opinion of what is generally true for you.					
StressDailyTellSelf	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	I tell myself I shouldn't be feeling the way I'm feeling.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyUpsetWords	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	Even when I'm feeling terribly upset I can find a way to put it into words.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyWaterSense	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice that best describes your own opinion of what is generally true for you.	When I take a shower or a bath, I stay alert to the sensations of water on my body.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
StressDailyWindSense	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the choice	I pay attention to sensations, such as the wind in my hair or sun on my face.		1	Never or very rarely true	All variables with prefix "StressDaily" are part of a large multi-subitem question with the specific
					2	Rarely true	
					3	Sometimes true	
					4	Often true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		that best describes your own opinion of what is generally true for you.			5	Very often or always true	subitem shown as the Sub Choice.
StressDepressDeserve	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.	How often do you think "What am I doing to deserve this?"		1 2 3 4	Almost never Sometimes Often Almost always	All questions with the prefix “StressDepress” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressDepressHandle	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.	How often do you think "Why can't I handle things better?"		1 2 3 4	Almost never Sometimes Often Almost always	All questions with the prefix “StressDepress” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressDepressProblem	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you generally	How often do you think "Why do I have problems other people don't have?"		1 2 3 4	Almost never Sometimes Often Almost always	All questions with the prefix “StressDepress” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		do, not what you think you should do.					
StressDepressReact	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.	How often do you think "Why do I always react this way?"		1 2 3 4	Almost never Sometimes Often Almost always	All questions with the prefix “StressDepress” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressDepressWish	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you generally do, not what you think you should do.	How often do you think about a recent situation, wishing it had gone better?		1 2 3 4	Almost never Sometimes Often Almost always	All questions with the prefix “StressDepress” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressExperHeartPalp	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Heart palpitations or heart beating fast (not related to physical effort or activity)		1 2 3 4 5	Not at all or never Very mild or rarely Mild or sometimes Moderate or often Severe or (nearly) always	All variables with prefix “StressExper” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressExperLoseControl	Numeric		Fear of losing control		1 2	Not at all or never Very mild or rarely	All variables with prefix “StressExper” are part of a

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		In the past four weeks, did you experience episodes of the following symptoms?			3	Mild or sometimes	large multi-subitem question with the specific subitem shown as the Sub Choice.
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExperPanic	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Panic or intense fear		1	Not at all or never	All variables with prefix "StressExper" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExperShortBreath	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Shortness of breath		1	Not at all or never	All variables with prefix "StressExper" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExtentAnxious	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks	Feeling anxious or nervous		1	Not at all or never	All variables with prefix "StressExtent" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExtentFear	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks	Fear of something bad, or even the worst, happening		1	Not at all or never	All variables with prefix "StressExtent" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExtentReleax	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks	Being unable to relax		1	Not at all or never	All variables with prefix "StressExtent" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExtentTense	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks	Feeling tense or stressed		1	Not at all or never	All variables with prefix "StressExtent" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressExtentWorry	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks	Excessive worrying about everyday matters		1	Not at all or never	All variables with prefix "StressExtent" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
StressFreqAnger	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you been angered because of things that were outside of your control?		1	Never	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Almost never	
					3	Sometimes	
					4	Fairly often	
					5	Very often	
StressFreqConfident	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you felt confident about your ability to handle your personal problems?		1	Never	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Almost never	
					3	Sometimes	
					4	Fairly often	
					5	Very often	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressFreqControl	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you felt that you were unable to control the important things in your life?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqCoping	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you found that you could not cope with all the things that you had to do?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqDifficulties	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you felt difficulties were piling up so high that you could not overcome them?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqIrritations	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations,	How often have you been able to control irritations in your life?		1 2 3 4	Never Almost never Sometimes Fairly often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		please choose how often you felt or thought a certain way during the last month.			5	Very often	subitem shown as the Sub Choice.
StressFreqNervous	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you felt nervous and stressed?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqOnTop	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you felt that you were on top of things?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqUpset	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	How often have you been upset because of something that happened unexpectedly?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressFreqYourWay	Numeric	We would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often	How often have you felt that things were going your way?		1 2 3 4 5	Never Almost never Sometimes Fairly often Very often	All variables with prefix "StressFreq" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you felt or thought a certain way during the last month.					subitem shown as the Sub Choice.
StressLevel	Numeric	What is the level of stress you perceive in your daily life?			1	None	
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Unbearable	
StressMindfulNowCost	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I find it too expensive		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowCourse	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose	There are no courses near my home		1	Checked	This question is only presented to participants if they answered 'Never' to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		more than one option. If nothing applies, you do not have to fill out anything.					the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowGroup	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't like group sessions, but would be interested in individual or online courses		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowOption	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I have never thought about this option, but would be interested in doing mindfulness		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question with the specific subitem shown as the Sub Choice.
StressMindfulNowOther	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	Other		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowStress	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't experience any stress		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowTime	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't have the time or the energy to participate in a course		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressMindfulNowWork	Numeric	What are your reasons for not doing mindfulness at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't believe mindfulness will work for me		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressMindful" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressSelfFailAlone	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I fail at something that's important to me, I tend to feel alone in my failure.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressSelfFeelShare	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you	When I feel inadequate some way, I try to remind myself that feelings of inadequacy are		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		behave in the stated manner, using the following scale.	shared by most people.				
StressSelfHumanCondition	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	I try to see my failings as part of the human condition.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressSelfInadequacy	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I fail at something important to me, I become consumed by feelings of inadequacy.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressSelfIntolerant	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	I'm intolerant and impatient towards those aspects of my personality I don't like.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressSelfJudgemental	Numeric	The following statements describe possible ways to act towards yourself in	I'm disapproving and judgmental about my own		1 2 3	Almost never 2 3	All variables with prefix "StressSelf" are part of a large multi-subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	flaws and inadequacies.		4	4	question with the specific subitem shown as the Sub Choice.
					5	Almost always	
StressSelfObsess	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I'm feeling down, I tend to obsess and fixate on everything that's wrong.		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	Almost always	
StressSelfOthersHappy	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I'm feeling down, I tend to feel like most other people are probably happier than I am.		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	Almost always	
StressSelfPainBalance	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When something painful happens, I try to take a balanced view of the situation.		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	Almost always	
StressSelfPatient	Numeric	The following statements describe possible ways to act towards yourself in	I try to be understanding and patient		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem
					2	2	
					3	3	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	towards those aspects of my personality I don't like.		4	4	question with the specific subitem shown as the Sub Choice.
					5	Almost always	
StressSelfTenderness	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I'm going through a very hard time, I give myself the caring and tenderness I need.		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	Almost always	
StressSelfUpsetBalance	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When something upsets me I try to keep my emotions in balance.		1	Almost never	All variables with prefix "StressSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	Almost always	
StressSympAnxious	Numeric	Over the last two weeks, how often have you been bothered by the following problems?	Feeling nervous, anxious, or on edge		1	Not at all	All variables with prefix "StressSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Several days	
					3	More than half the days	
					4	Nearly every day	
StressSympWorry	Numeric	Over the last two weeks, how often have you been bothered by the following problems?	Not being able to control or stop worrying		1	Not at all	
					2	Several days	
					3	More than half the days	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					4	Nearly every day	
StressTMNowCost	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I find it too expensive		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowCourse	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	There are no courses near my home		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowGroup	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't like group sessions, but would be interested in individual or online courses		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowOption	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I have never thought about this option, but would be interested in doing TM		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowOther	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	Other		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressTMNowStress	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't experience any stress		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowTime	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't have the time or the energy to participate in a course		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTMNowWork	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't believe TM will work for me		1	Checked	This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All variables with prefix "StressTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
StressTechMindful	Numeric	What do you do to reduce stress or anxiety?	How often have you used Mindfulness over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
StressTechMindfulEffect	Numeric	How effective is Mindfulness in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
StressTechOth	Numeric	What do you do to reduce stress or anxiety?	Do you use other types of stress or anxiety reduction techniques?		1	Yes	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice. Participants are able to provide a free text response if they answered 'Yes' to this question.
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressTechOthMedi	Numeric	What do you do to reduce stress or anxiety?	How often have you used other types of meditation over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
StressTechOthMediEffect	Numeric	How effective are other types of meditation in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used other types of meditation over the last three months to reduce stress or anxiety?
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
StressTechPhysExercise	Numeric	What do you do to reduce stress or anxiety?	How often have you used physical exercise (for example walking, cycling, swimming or sports) over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressTechPhysExerciseEffect	Numeric	How effective is physical exercise (for example walking, cycling, swimming or sports) in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used physical exercise (for example walking, cycling, swimming or sports) over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
StressTechPhysTherapy	Numeric	What do you do to reduce stress or anxiety?	How often have you used physical therapy over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
StressTechPhysTherapyEffect	Numeric	How effective is physical therapy in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used physical therapy over the
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					8	8	last three months to reduce stress or anxiety?'
					9	9	
					10	Excellent	
StressTechRelaxExercise	Numeric	What do you do to reduce stress or anxiety?	How often have you used relaxation exercise (for example yoga, Pilates, or Tai Chi) over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
StressTechRelaxExerciseEffect	Numeric	How effective are relaxation exercises (for example yoga, Pilates, or Tai Chi) in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used relaxation exercise (for example yoga, Pilates, or Tai Chi) over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
StressTechTransMedi	Numeric	What do you do to reduce stress or anxiety?	How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?		1	Never	This question is part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
StressTechTransMediEffect	Numeric	How effective is Transcendental Meditation in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
TxtStressTechOthEffect	Numeric	How effective is [Technique] in reducing stress or anxiety?			1	Not at all	Participants are only presented this question if they did not answer 'Never' to the question 'How often have you used [Technique] over the last three months?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
TxtStressTechOthFreq	Numeric	How often have you used [Technique] over the last three months?			1	Never	Participants are only presented this question if they answered 'Yes' to the question 'Do you use other types of stress or
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Several times a week	anxiety reduction techniques? [Technique] refers to the free text response participants provided in the aforementioned question.
					6	(Almost) daily	
					7	Several times a day	

THE ROLE OF STRESS (Mind)

Table Description: The Role of Stress in Parkinson's Disease

View Source Instrument: [link]

Details: This one-time survey is referred to as “The Role of Stress in Parkinson's Disease” in Fox DEN, the questionnaire forms, and in the cross-sectional health and disease section of the Participant Schedule of Activities. This one-time survey was launched in August 2019 and closed in September 2019. 9,387 participants provided responses to this survey. This survey was only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindAnxietyPDSympDepress	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do not experience this symptom, please choose “not applicable”.	Depressed mood		1	Symptom worsens a lot	All variables with prefix “MindAnxietyPDSymp” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyPDSympExcess	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do not experience this symptom, please choose “not applicable”.	Excessive movements ("dyskinesias", not tremor)		1	Symptom worsens a lot	All variables with prefix “MindAnxietyPDSymp” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindAnxietyPDSympOther	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do not experience this symptom, please choose "not applicable".	Other		1	Symptom worsens a lot	All variables with prefix "MindAnxietyPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyPDSympSleep	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do not experience this symptom, please choose "not applicable".	Sleeping difficulties		1	Symptom worsens a lot	All variables with prefix "MindAnxietyPDSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyPDSympSlow	Numeric	How does stress or anxiety affect the following Parkinson	Slowness of movements (for example		1	Symptom worsens a lot	All variables with prefix "MindAnxietyPDSymp
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptoms in your experience? If you do not experience this symptom, please choose “not applicable”.	when writing or getting dressed)		3	3	” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyPDSympTremor	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do not experience this symptom, please choose “not applicable”.	Tremor (trembling or shaking)		1	Symptom worsens a lot	All variables with prefix “MindAnxietyPDSymp ” are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyPDSympWalk	Numeric	How does stress or anxiety affect the following Parkinson symptoms in your experience? If you do	Problems with walking (including freezing of gait)		1	Symptom worsens a lot	All variables with prefix “MindAnxietyPDSymp ” are part of a large multi-subitem question
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		not experience this symptom, please choose "not applicable".			5	No change	with the specific subitem shown as the Sub Choice.
					6	6	
					7	7	
					8	8	
					9	Symptom improves a lot	
					10	Not Applicable	
MindAnxietyWeekEdge	Numeric	Over the last two weeks, how often have you been bothered by the following problems?	Feeling nervous, anxious, or on edge		1	Not at all	All variables with prefix "MindAnxietyWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Several days	
					3	More than half the days	
					4	Nearly every day	
MindAnxietyWeekWorry	Numeric	Over the last two weeks, how often have you been bothered by the following problems?	Not being able to control or stop worrying		1	Not at all	All variables with prefix "MindAnxietyWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Several days	
					3	More than half the days	
					4	Nearly every day	
MindAvoidPublic	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Public settings (situations from which it may be		1	Not at all or never	All variables with prefix "MindAvoid" are part of a large multi-subitem question with
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			difficult or embarrassing to escape, such as queues or lines, crowds, bridges, or public transportation)		5	Severe or (nearly) always	the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindAvoidSituation	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Specific objects or situations (such as flying, heights, spiders or other animals, needles, or blood)		1 2 3 4 5	Not at all or never Very mild or rarely Mild or sometimes Moderate or often Severe or (nearly) always	All variables with prefix "MindAvoid" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindAvoidSocial	Numeric	In the past four weeks, to what extent did you fear or avoid the following situations?	Social situations (where one may be observed, or evaluated by others, such as speaking in public, or		1 2 3 4 5	Not at all or never Very mild or rarely Mild or sometimes Moderate or often Severe or (nearly) always	All variables with prefix "MindAvoid" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
			talking to unknown people)				participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyAbnormal	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I believe some of my thoughts are abnormal or bad and I shouldn't think that way.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyAttention	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I find myself doing things without paying attention.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							this topic. Would you like to proceed?'
MindDailyAutomatic	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I do jobs or tasks automatically without being aware of what I'm doing.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyDaydream	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyDistressLetGo	Numeric	Below is a collection of statements about your	When I have distressing		1	Never or very rarely true	All variables with prefix "MindDaily" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	thoughts or images, I just notice them and let them go.		2	Rarely true	part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyDistressReact	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	When I have distressing thoughts or images, I am able just to notice them without reacting.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyDistressTaken	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your*	When I have distressing thoughts or images, I "step back" and am aware of the thought or		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		own opinion of what is *generally* true for you.	image without getting taken over by it.				This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyEmotions	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I think some of my emotions are bad or inappropriate and I shouldn't feel them.		1 2 3 4 5	Never or very rarely true Rarely true Sometimes true Often true Very often or always true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyFeelings	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I'm good at finding words to describe my feelings.		1 2 3 4 5	Never or very rarely true Rarely true Sometimes true Often true Very often or always true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyFood	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.		1 2 3 4 5	Never or very rarely true Rarely true Sometimes true Often true Very often or always true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyRightWords	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I have trouble thinking of the right words to express how I feel about things.		1 2 3 4 5	Never or very rarely true Rarely true Sometimes true Often true Very often or always true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindDailyTellSelf	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I tell myself I shouldn't be feeling the way I'm feeling.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyUpsetWords	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	Even when I'm feeling terribly upset, I can find a way to put it into words.		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Rarely true	
					3	Sometimes true	
					4	Often true	
					5	Very often or always true	
MindDailyWaterSense	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements	When I take a shower or a bath, I stay alert to the sensations of		1	Never or very rarely true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem
					2	Rarely true	
					3	Sometimes true	
					4	Often true	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		with the number that best describes *your own opinion* of what is *generally* true for you.	water on my body.		5	Very often or always true	shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDailyWindSense	Numeric	Below is a collection of statements about your everyday experience. Please rate each of the following statements with the number that best describes *your own opinion* of what is *generally* true for you.	I pay attention to sensations, such as the wind in my hair or sun on my face.		1 2 3 4 5	Never or very rarely true Rarely true Sometimes true Often true Very often or always true	All variables with prefix "MindDaily" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDepressDeserve	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or	What am I doing to deserve this?		1 2 3 4	Almost never Sometimes Often Almost always	All variables with prefix "MindDepress" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		depressed. Please indicate what you *generally do*, not what you think you should do. How often do you...					answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDepressHandle	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you *generally do*, not what you think you should do. How often do you...	Why can't I handle things better?		1 2 3 4	Almost never Sometimes Often Almost always	All variables with prefix "MindDepress" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDepressProblem	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you *generally do*, not what you think you should do.	Why do I have problems other people don't have?		1 2 3 4	Almost never Sometimes Often Almost always	All variables with prefix "MindDepress" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		How often do you...					like to proceed?'
MindDepressReact	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you *generally do*, not what you think you should do. How often do you...	Why do I always react this way?		1 2 3 4	Almost never Sometimes Often Almost always	All variables with prefix "MindDepress" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindDepressWish	Numeric	People think and do many different things when they feel depressed. Please read each of the items below. Indicate how often you think the way as stated below when you feel down, sad, or depressed. Please indicate what you *generally do*, not what you think you should do. How often do you...	Think about a recent situation, wishing it had gone better		1 2 3 4	Almost never Sometimes Often Almost always	All variables with prefix "MindDepress" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindEpisodeBreath	Numeric	In the past four weeks, did you experience episodes of the	Shortness of breath		1 2 3	Not at all or never Very mild or rarely Mild or sometimes	All variables with prefix "MindEpisode" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		following symptoms?			4	Moderate or often	multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					5	Severe or (nearly) always	
MindEpisodeControl	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Fear of losing control		1	Not at all or never	All variables with prefix "MindEpisode" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
MindEpisodeHeart	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Heart palpitations or heart beating fast (not related to physical effort or activity)		1	Not at all or never	All variables with prefix "MindEpisode" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindEpisodePanic	Numeric	In the past four weeks, did you experience episodes of the following symptoms?	Panic or intense fear		1	Not at all or never	All variables with prefix "MindEpisode" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
MindMindfulChangeAnxiety	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Anxiety/worry		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
MindMindfulChangeDepress	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Depressed mood		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindMindfulChangeExcess	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you	Excessive movements ('dyskinesias', not tremor)		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large
					2	2	
					3	3	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".			4	4	multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindMindfulChangeOther	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Other, namely…		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question,
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' Participants are provided with a free-text box to fill out their response to sub-choice-1.
MindMindfulChangeSleep	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Sleeping difficulties		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindMindfulChangeSlow	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started	Slowness of movements (for example writing or getting		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question
					2	2	
					3	3	
					4	4	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	dressed)		5	No change	with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindMindfulChangeTrem	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Tremor (trembling or shaking)		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							used Mindfulness over the last three months to reduce stress or anxiety?'
MindMindfulChangeWalk	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started mindfulness. How much has mindfulness changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Problems with walking and balance (including freezing of gait)		1	Symptoms worsen a lot	All variables with prefix "MindMindfulChange" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindMindfulNowCost	Numeric	What are your reasons for not doing mindfulness at the moment?	I find it too expensive		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMindfulNowCourse	Numeric	What are your reasons for not doing mindfulness at the moment?	There are no courses near my home		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							if participants do not fill out anything.
MindMindfulNowGroup	Numeric	What are your reasons for not doing mindfulness at the moment?	I don't like group sessions, but would be interested in individual or online courses		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMindfulNowOption	Numeric	What are your reasons for not doing mindfulness at the moment?	I have never thought about this option, but would be interested in doing mindfulness		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMindfulNowOther	Numeric	What are your reasons for not doing mindfulness at the moment?	Other, namely…		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							if participants do not fill out anything. Participants are provided with a free-text box to fill out their response to sub-choice-1.
MindMindfulNowStress	Numeric	What are your reasons for not doing mindfulness at the moment?	I don't experience any stress		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMindfulNowTime	Numeric	What are your reasons for not doing mindfulness at the moment?	I don't have the time or the energy to participate in a course		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMindfulNowWork	Numeric	What are your reasons for not doing mindfulness at the moment?	I don't believe mindfulness will work for me		1	Checked	All variables with prefix "MindMindfulNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							used Mindfulness over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindMotorConcentration	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Concentration (example: reading a book, or playing an instrument)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	
MindMotorConflict	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do	Conflicts in relationships (example: a disagreement with your partner or boss)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		not experience these activities.					like to proceed?'
MindMotorDoingSomething	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Doing something you really enjoy (example: painting, gardening, or another hobby)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	
MindMotorExcitement	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these	Excitement (example: after receiving good news)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		activities.					
MindMotorOther	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Other, namely…		1	Symptoms worsen a lot	Participants are provided a free-text box to respond with a specific example for sub-choice-1. All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	
MindMotorSocial	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Social stress (example: talking in a group, or when being evaluated by others)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindMotorTime	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Time pressure (example: being late for an appointment)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	
MindMotorWorrying	Numeric	Some people report that certain activities reduce or increase their motor symptoms. Motor symptoms include tremor, muscle stiffness, gait problems or movement slowness. For each of the following activities, please state the change you typically observe in your Parkinson symptoms. Choose "not applicable" if you do not experience these activities.	Worrying (example: thinking about financial troubles)		1	Symptoms worsen a lot	All variables with prefix "MindMotor" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not Applicable	
MindProceed	Numeric	We have prepared a few more detailed questions on this topic. Would you like to proceed?			1	Yes	Participants are only asked further questions if they answer "Yes" to this question. The survey ends if
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							participants answer "No."
MindSelfFailAlone	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I fail at something that's important to me, I tend to feel alone in my failure.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfFeelShare	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I feel inadequate some way, I try to remind myself that feelings of inadequacy are shared by most people.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfHumanCondition	Numeric	The following statements describe possible ways to act towards yourself in	I try to see my failings as part of the human condition.		1 2 3 4	Almost never 2 3 4	All variables with prefix "MindSelf" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.			5	Almost always	the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfInadequacy	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I fail at something important to me I become consumed by feelings of inadequacy.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfIntolerant	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	I'm intolerant and impatient towards those aspects of my personality I don't like.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfJudgemental	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	I'm disapproving and judgmental about my own flaws and inadequacies.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfObsess	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I'm feeling down I tend to obsess and fixate on everything that's wrong.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfOthersHappy	Numeric	The following statements describe	When I'm feeling down, I		1 2	Almost never 2	All variables with prefix "MindSelf" are

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	tend to feel like most other people are probably happier than I am.		3	3	part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					4	4	
					5	Almost always	
MindSelfPainBalance	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When something painful happens I try to take a balanced view of the situation.		1	Almost never	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	2	
					3	3	
					4	4	
					5	Almost always	
MindSelfPatient	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated	I try to be understanding and patient towards those aspects of my personality I don't like.		1	Almost never	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to
					2	2	
					3	3	
					4	4	
					5	Almost always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		manner, using the following scale.					participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfTenderness	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When I'm going through a very hard time, I give myself the caring and tenderness I need.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSelfUpsetBalance	Numeric	The following statements describe possible ways to act towards yourself in difficult times. Please read each statement carefully, and indicate how often you behave in the stated manner, using the following scale.	When something upsets me I try to keep my emotions in balance.		1 2 3 4 5	Almost never 2 3 4 Almost always	All variables with prefix "MindSelf" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindSkillLearn	Numeric	Would you like to learn to develop mindfulness skills?			1	Yes	Participants who saw this question were first presented with the following prompt: Mindfulness is the ability to be fully present and aware of what we are doing. It challenges you not to be overwhelmed by what is going on around you. This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	No	
					3	Maybe	
MindSkillRec	Numeric	Would you recommend mindfulness to other Parkinson patients?			1	Yes	Participants who saw this question were first presented with the following prompt: Mindfulness is the ability to be fully present and aware of what we are doing. It challenges you not to be overwhelmed by what is going on around you. This question is only presented to participants if they did not answer 'Never' to
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
MindSkillTM	Numeric	Would you like to learn to develop TM skills?			1	Yes	Participants who saw this question were first presented with the following prompt: Transcendental meditation (TM) is a type of meditation during which people sit still and recite a mantra. It is considered effortless, and it showed reduction in stress and anxiety and improvement in mental clarity. This question is only presented to participants if they answered 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					2	No	
					3	Maybe	
MindSkillTMRec	Numeric	Would you recommend TM to other Parkinson patients?			1	Yes	Participants who saw this question were first presented with the following prompt: Transcendental meditation (TM) is a
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							type of meditation during which people sit still and recite a mantra. It is considered effortless, and it showed reduction in stress and anxiety and improvement in mental clarity. This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
MindStress	Numeric	Stress is a state of mental tension resulting from negative or demanding circumstances. What is the level of stress you perceive in your daily life?			1 2 3 4 5 6 7 8 9 10	None 2 3 4 5 6 7 8 9 Unbearable	
MindStressFeelAngry	Numeric	First, we would like to know the level of stress	In the last month, how		1 2	Never Almost never	All variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	often have you been angered because of things that were outside of your control?		3	Sometimes	"MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					4	Fairly often	
					5	Often	
MindStressFeelConfident	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you felt confident about your ability to handle your personal problems?		1	Never	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Almost never	
					3	Sometimes	
					4	Fairly often	
					5	Often	
MindStressFeelControl	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations,	In the last month, how often have you felt that you were unable to		1	Never	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with
					2	Almost never	
					3	Sometimes	
					4	Fairly often	
					5	Often	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		please choose how often you felt or thought a certain way during the last month.	control the important things in your life?				the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelCope	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you found that you could not cope with all the things that you had to do?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelIrritate	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way	In the last month, how often have you been able to control irritations in your life?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during the last month.					This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelNervous	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you felt nervous and 'stressed'?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelOnTop	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you felt that you were on top of things?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelPiled	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindStressFeelUnexpect	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you been upset because of something that happened unexpectedly?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							detailed questions on this topic. Would you like to proceed?'
MindStressFeelYourWay	Numeric	First, we would like to know the level of stress you perceive in your daily life. For each of the following situations, please choose how often you felt or thought a certain way during the last month.	In the last month, how often have you felt that things were going your way?		1 2 3 4 5	Never Almost never Sometimes Fairly often Often	All variables with prefix "MindStressFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSympAnxious	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks.	Feeling anxious or nervous		1 2 3 4 5	Not at all or never Very mild or rarely Mild or sometimes Moderate or often Severe or (nearly) always	All variables with prefix "MindSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
MindSympFear	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks.	Fear of something bad, or even the worst, happening		1	Not at all or never	All variables with prefix "MindSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
MindSympRelax	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks.	Being unable to relax		1	Not at all or never	All variables with prefix "MindSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
MindSympStress	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks.	Feeling tense or stressed		1	Not at all or never	All variables with prefix "MindSymp" are part of a large multi-subitem question with the specific subitem
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						always	shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
MindSympWorry	Numeric	Please score to what extent you experienced the following symptoms in the past four weeks.	Excessive worrying about everyday matters		1	Not at all or never	All variables with prefix "MindSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?'
					2	Very mild or rarely	
					3	Mild or sometimes	
					4	Moderate or often	
					5	Severe or (nearly) always	
MindTMAnxiety	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not	Anxiety/worry		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		applicable".				a lot	answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					10	Not applicable	
MindTMDepress	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Depressed mood		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindTMNowCost	Numeric	What are your reasons for not doing TM at the moment? You can	I find it too expensive		1	Checked	All variables with prefix "MindTMNow" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		choose more than one option. If nothing applies, you do not have to fill out anything.					multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMNowCourse	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	There are no courses near my home		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question,

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMNowGroup	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't like group sessions, but would be interested in individual or online courses		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMNowOther	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do	Other, namely…		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question with the specific subitem shown as the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		not have to fill out anything.					Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything. Participants are provided with a free-text box to fill out their responses to sub-choice-1.
MindTMNowStress	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't experience any stress		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMNowTime	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I don't have the time or the energy to participate in a course		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMNowWork	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one	I don't believe TM will work for me		1	Checked	All variables with prefix "MindTMNow" are part of a large multi-subitem question

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		option. If nothing applies, you do not have to fill out anything.					with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMOption	Numeric	What are your reasons for not doing TM at the moment? You can choose more than one option. If nothing applies, you do not have to fill out anything.	I have never thought about this option, but would be interested in doing TM		1	Checked	This variable is part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and 'Never' to the question, 'How often have you used Transcendental Meditation over the last

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							three months to reduce stress or anxiety?' The value is left blank if participants do not fill out anything.
MindTMOther	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Other, namely…		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?' Participants are provided with a free-text box to fill out their response to sub-choice-1.
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindTMSExcess	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each	Excessive movements ('dyskinesias', not tremor)		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub
					2	2	
					3	3	
					4	4	
					5	No change	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		of the following symptoms? If you do not experience a symptom, choose "not applicable".			6	6	Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindTMSleep	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Sleeping difficulties		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							stress or anxiety?'
MindTMSlow	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Slowness of movements (for example writing or getting dressed)		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindTMTrem	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Tremor (trembling or shaking)		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
MindTMWalk	Numeric	It is possible that you have noticed changes in your Parkinson symptoms since you started TM. How much has TM changed each of the following symptoms? If you do not experience a symptom, choose "not applicable".	Problems with walking and balance (including freezing of gait)		1	Symptoms worsen a lot	All variables with prefix "MindTM" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice. This question is only presented to participants if they answered 'Yes' to the question, 'We have prepared a few more detailed questions on this topic. Would you like to proceed?' and if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	No change	
					6	6	
					7	7	
					8	8	
					9	Symptoms improve a lot	
					10	Not applicable	
MindTechMindful	Numeric	How often have you used Mindfulness over the last three months to reduce stress or anxiety?			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety?
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					6	(Almost) daily	
					7	Several times a day	
MindTechMindfulEffect	Numeric	How effective is Mindfulness in reducing stress or anxiety?			1	Not at all	This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used Mindfulness over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
MindTechOth	Numeric	Do you use other types of stress or anxiety reduction techniques?			1	Yes, namely:	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety? If participants answer 'Yes, namely:' to this question, they are presented a free-text box to fill out their response.
					2	No	
MindTechOthEffect	Numeric	How effective are (other types of stress or			1	Not at all	This question is only presented to
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		anxiety reduction techniques) in reducing stress or anxiety?			3	3	participants if they did not answer 'Never' to the question, 'How often have you used (other types of stress or anxiety reduction techniques) over the last three months?'
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
MindTechOthHow	Numeric	How often have you used (other types of stress or anxiety reduction techniques) over the last three months?			1	Never	This question is only presented to participants if they answered 'Yes, namely:' to the question, 'Do you use other types of stress or anxiety reduction techniques?'
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
MindTechOthMedi	Numeric	How often have you used other types of meditation over the last three months to reduce stress or anxiety?			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety?
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
MindTechOthMediEffect	Numeric	How effective are other types of meditation in			1	Not at all	This question is only presented to
					2	2	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		reducing stress or anxiety?			3	3	participants if they did not answer 'Never' to the question, 'How often have you used other types of meditation over the last three months to reduce stress or anxiety?'
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
MindTechPhysExercise	Numeric	How often have you used physical exercise (for example walking, cycling, swimming or sports) over the last three months to reduce stress or anxiety?			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety?
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
MindTechPhysExerciseEffect	Numeric	How effective is physical exercise (for example walking, cycling, swimming or sports) in reducing stress or anxiety?			1	Not at all	This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					7	7	physical exercise (for example walking, cycling, swimming or sports) over the last three months to reduce stress or anxiety?'
					8	8	
					9	9	
					10	Excellent	
MindTechPhysTherapy	Numeric	How often have you used physical therapy over the last three months to reduce stress or anxiety?			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety?
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
MindTechPhysTherapyEffect	Numeric	How effective is physical therapy in reducing stress or anxiety?			1	Not at all	This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used physical therapy over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
MindTechRelaxExercise	Numeric	How often have you used relaxation exercise (for example yoga, Pilates, or Tai Chi) over the last three months to reduce stress or			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		anxiety?			5	Several times a week	anxiety?
					6	(Almost) daily	
					7	Several times a day	
MindTechRelaxExerciseEffect	Numeric	How effective are relaxation exercises (for example yoga, Pilates, or Tai Chi) in reducing stress or anxiety?			1	Not at all	This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used relaxation exercise (for example yoga, Pilates, or Tai Chi) over the last three months to reduce stress or anxiety?'
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	
					9	9	
					10	Excellent	
MindTechTransMedi	Numeric	How often have you used Transcendental Meditation over the last three months to reduce stress or anxiety?			1	Never	Participants who saw this question were first presented with the following prompt: What do you do to reduce stress or anxiety?
					2	Once a month or less	
					3	A few times a month	
					4	Weekly	
					5	Several times a week	
					6	(Almost) daily	
					7	Several times a day	
MindTechTransMediEffect	Numeric	How effective is Transcendental Meditation in reducing stress or anxiety?			1	Not at all	This question is only presented to participants if they did not answer 'Never' to the question, 'How often have you used Transcendental Meditation over the last
					2	2	
					3	3	
					4	4	
					5	5	
					6	6	
					7	7	
					8	8	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					9	9	three months to reduce stress or anxiety?’
					10	Excellent	

UNDERSTANDING FATIGUE (Fatigue)

Table Description: Understanding Fatigue in Parkinson's Patients

View Source Instrument: [link]

Details: This one-time survey is referred to as "Understanding Fatigue in Parkinson's Patients" in Fox DEN, in the cross-sectional health and disease section of the Participant Schedule of Activities, and the questionnaire forms. This survey was launched in March 2019 and closed in June 2019. 1,647 participants provided to this survey. This survey was only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueFrequency	Numeric	There are many ways in which to define fatigue. For the purpose of this survey, please think of fatigue as "an abnormal and excessive lack of energy". How frequently, if ever, do you experience fatigue?		1	Every day	
				2	A few times a week	
				5	Once a month	
				6	Less often than monthly	
				3	Once a week	
				4	A few times a month	
				7	Never	
FatigueFeelRestDay	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I have to rest during the day	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				5	Strongly agree	
				1	Strongly disagree	
				3	Do not agree or disagree	
FatigueFeelRestricted	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	My life is restricted by fatigue	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				3	Do not agree or disagree	
				1	Strongly disagree	
				5	Strongly agree	
FatigueFeelTiredQuick	Numeric	How well do the statements describe your own feelings and	I get tired more quickly than other people I know	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question
				2	Disagree	
				5	Strongly agree	
				1	Strongly disagree	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		experiences over the past two weeks?		3	Do not agree or disagree	with the specific subitem shown as the Sub Choice.
FatigueFeelWorstSymptom	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	Fatigue is one of my three worst symptoms	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				1	Strongly disagree	
				5	Strongly agree	
				3	Do not agree or disagree	
FatigueFeelExhausted	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I feel completely exhausted	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Strongly disagree	
				3	Do not agree or disagree	
				5	Strongly agree	
				2	Disagree	
FatigueFeelReluctantSocial	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	Fatigue makes me reluctant to socialise	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				1	Strongly disagree	
				3	Do not agree or disagree	
				5	Strongly agree	
FatigueFeelLonger	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	It takes me longer to get things done because of fatigue	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				5	Strongly agree	
				3	Do not agree or disagree	
				1	Strongly disagree	
FatigueFeelHeavy	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I have a feeling of heaviness	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				3	Do not agree or disagree	
				1	Strongly disagree	
				5	Strongly agree	
FatigueFeelMoreThings	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	If I wasn't so tired I could do more things	5	Strongly agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				3	Do not agree or disagree	
				4	Agree	
				2	Disagree	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				1	Strongly disagree	
FatigueFeelEffort	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	Everything I do is an effort	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				1	Strongly disagree	
				3	Do not agree or disagree	
				5	Strongly agree	
FatigueFeelMuchTime	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I feel tired for much of the time	5	Strongly agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Disagree	
				4	Agree	
				3	Do not agree or disagree	
				1	Strongly disagree	
FatigueFeelDrained	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I feel totally drained	5	Strongly agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Strongly disagree	
				3	Do not agree or disagree	
				4	Agree	
				2	Disagree	
FatigueFeelEveryday	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	Fatigue makes it difficult for me to cope with everyday activities	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Strongly disagree	
				3	Do not agree or disagree	
				2	Disagree	
				5	Strongly agree	
FatigueFeelDoneAnything	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I feel tired even when I haven't done anything	5	Strongly agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Strongly disagree	
				4	Agree	
				2	Disagree	
				3	Do not agree or disagree	
FatigueFeelDoLess	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	Because of fatigue I do less in my day than I would like	5	Strongly agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				4	Agree	
				1	Strongly disagree	
				2	Disagree	
				3	Do not agree or disagree	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueFeelLieDown	Numeric	How well do the statements describe your own feelings and experiences over the past two weeks?	I get so tired I want to lie down wherever I am	4	Agree	All Variables with prefix "FatigueFeel" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Strongly disagree	
				2	Disagree	
				3	Do not agree or disagree	
				5	Strongly agree	
FatigueUseSleepTablet	Numeric	How often did you use sleeping tablets in the last months? (prescribed by a physician or not)		1	not at all	
				4	more than 3 times a week	
				2	less than once a week	
				3	once or twice a week	
FatigueTroubleFallingAsleep	Numeric	In the past month, have you had trouble falling asleep when you went to bed at night?		4	a lot	
				2	a little	
				3	quite a bit	
				1	not at all	
FatigueLastMonthWokeOften	Numeric	In the past month, to what extent do you feel that you have woken too often?		4	a lot	
				2	a little	
				3	quite a bit	
				1	not at all	
FatigueLastMonthTooLate	Numeric	In the past month, to what extent do you feel that you have been lying awake for too long at night?		4	a lot	
				2	a little	
				3	quite a bit	
				1	not at all	
FatigueLastMonthTooEarly	Numeric	In the past month, to what extent do you feel that you have woken up too early in the morning?		4	a lot	
				1	not at all	
				3	quite a bit	
				2	a little	
FatigueLastMonthLittleSleep	Numeric	In the past month, to what extent do you feel you have had too little sleep at night?		4	a lot	
				2	a little	
				3	quite a bit	
				1	not at all	
FatigueOverallSleptWell	Numeric	Overall, how well have you slept at night during the past month?		7	very badly	
				3	rather well	
				5	rather badly	
				4	not well but not badly	
				2	well	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				1	Very well	
				6	badly	
FatigueLastMonthSleepDay	Numeric	How often in the past month have you fallen asleep unexpectedly either during the day or in the evening?		2	sometimes	
				1	Never	
				3	regularly	
				4	often	
FatigueLastMonthSleepSit	Numeric	How often in the past month have you fallen asleep while sitting peacefully?		2	sometimes	
				1	Never	
				3	regularly	
				4	often	
FatigueLastMonthSleepRead	Numeric	How often in the past month have you fallen asleep while watching TV or reading?		2	sometimes	
				1	Never	
				3	regularly	
				4	often	
FatigueLastMonthSleepTalk	Numeric	How often in the past month have you fallen asleep while talking to someone?		2	sometimes	
				1	Never	
				3	regularly	
				4	often	
FatigueTroubleStayingAwake	Numeric	In the past month, have you had trouble staying awake during the day or in the evening?		2	sometimes	
				4	often	
				1	Never	
				3	regularly	
FatigueStayingAwakeProblem	Numeric	In the past month, have you experienced falling asleep during the day as a problem?		2	sometimes	
				1	Never	
				3	regularly	
				4	often	
FatigueLastWeekLearning	Numeric	Thinking about the past week, please answer the following questions.	Are you interested in learning new things?	4	A lot	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				3	Some	
				2	Slightly	
				1	Not at all	
FatigueLastWeekInterest	Numeric	Thinking about the past week, please answer the following questions.	Does anything interest you?	3	Some	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific
				4	A lot	
				1	Not at all	
				2	Slightly	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
						subitem shown as the Sub Choice.
FatigueLastWeekConcern	Numeric	Thinking about the past week, please answer the following questions.	Are you concerned about your condition?	4 3 2 1	A lot Some Slightly Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueLastWeekEffort	Numeric	Thinking about the past week, please answer the following questions.	Do you put much effort into things?	4 2 3 1	A lot Slightly Some Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueLastWeekLooking	Numeric	Thinking about the past week, please answer the following questions.	Are you always looking for something to do?	3 2 1 4	Some Slightly Not at all A lot	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueLastWeekPlans	Numeric	Thinking about the past week, please answer the following questions.	Do you have plans and goals for the future?	4 3 2 1	A lot Some Slightly Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueLastWeekMotivation	Numeric	Thinking about the past week, please answer the following questions.	Do you have motivation?	3 2 4 1	Some Slightly A lot Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueLastWeekEnerggy	Numeric	Thinking about the past week, please answer the following questions.	Do you have the energy for daily activities?	2 3 4 1	Slightly Some A lot Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueLastWeekTellYou	Numeric	Thinking about the past week, please answer the following questions.	Does someone have to tell you what to do each day?	1	Not at all	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Slightly	
				4	A lot	
				3	Some	
FatigueLastWeekIndifferent	Numeric	Thinking about the past week, please answer the following questions.	Are you indifferent to things?	2	Slightly	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				3	Some	
	Numeric			1	Not at all	
				4	A lot	
FatigueLastWeekUnconcerned	Numeric	Thinking about the past week, please answer the following questions.	Are you unconcerned with many things?	2	Slightly	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				3	Some	
				1	Not at all	
				4	A lot	
FatigueLastWeekNeedPush	Numeric	Thinking about the past week, please answer the following questions.	Do you need a push to get started on things?	3	Some	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				2	Slightly	
				1	Not at all	
				4	A lot	
FatigueLastWeekInBetween	Numeric	Thinking about the past week, please answer the following questions.	Are you neither happy nor sad, just in between?	3	Some	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				4	A lot	
				2	Slightly	
				1	Not at all	
FatigueLastWeekApathetic	Numeric	Thinking about the past week, please answer the following questions.	Would you consider yourself apathetic?	3	Some	All Variables with prefix "FatigueLastWeek" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				1	Not at all	
				2	Slightly	
				4	A lot	
FatigueExperiencePeriodLast	Numeric	When you experience fatigue, in general, how		3	6 hours or less than 1 full day (24 hours)	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		long does a period of fatigue last for you?		2	1 hour or less than 6 hours	
				1	Less than 1 hour	
				4	1 full day (24 hours) or longer	
				6	I always feel fatigued	
FatigueExperienceSleepy	Numeric	When you experience fatigue, do you feel sleepy?		1	Yes	
				2	No	
FatigueExperienceWeak	Numeric	When you experience fatigue, do you feel weakness?		1	Yes	
				2	No	
FatigueExperienceHeavy	Numeric	When you experience fatigue, do you feel a sensation of heaviness (feel weighted down)?		1	Yes	
				2	No	
FatigueExperienceAche	Numeric	When you experience fatigue, do you feel aching?		2	No	
				1	Yes	
FatigueExperienceStiff	Numeric	When you experience fatigue, do you feel stiffness?		1	Yes	
				2	No	
FatigueExperienceOther	Numeric	When you experience fatigue, do you feel some other way from a physical point of view?		2	No	
				1	Yes	
FatigueCognitiveClear	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	An inability to think clearly	1	Checked	
FatigueCognitiveConcentrate	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view?	Difficulty concentrating	1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		By cognitive we mean your thinking, memory, reasoning, attention or concentration.				
FatigueCognitiveCommunicate	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	Trouble communicating (e.g., difficulty in finding the right words)	1	Checked	
FatigueCognitiveStruggle	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	Struggling in following directions and/or conversations	1	Checked	
FatigueCognitiveMemory	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	Short term memory problems (e.g., forgetfulness)	1	Checked	
FatigueCognitiveOther	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	Some other way from a cognitive point of view	1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueCognitiveNone	Numeric	When you experience fatigue, what does it most often feel like from a cognitive point of view? By cognitive we mean your thinking, memory, reasoning, attention or concentration.	I don't experience cognitive difficulties when I am fatigued	1	Checked	
FatigueEmotionOverwhelmed	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Overwhelmed	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionFrustration	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Frustration	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionAnger	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Anger	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionIrritability	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Irritability	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionAnxiety	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Anxiety	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueEmotionFear	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Fear	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionDepression	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Depression and/or sadness	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionOther	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	Another emotion	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueEmotionNone	Numeric	When you are fatigued, which emotion(s), if any, do you experience most often along with your fatigue? Please select up to three	I do not experience emotions along with my fatigue	1	Checked	All Variables with prefix "FatigueEmotion" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueTriggerSleep	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	A poor night's sleep	1	Checked	
FatigueTriggerExercise	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	Physical exertion (e.g., from strenuous exercise or participating in sports)	1	Checked	
FatigueTriggerEmotion	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	Emotions, either negative or positive (such as stress, anger, joy, excitement, etc.)	1	Checked	
FatigueTriggerOverheat	Numeric	Which of the following experiences, if any, can	Being overheated	1	Checked	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		trigger or bring on fatigue for you?				
FatigueTriggerPDMed	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	Taking medication for Parkinson's disease	1	Checked	
FatigueTriggerBusy	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	A busy day	1	Checked	
FatigueTriggerOther	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	Some other trigger(s)	1	Checked	
FatigueTriggerNone	Numeric	Which of the following experiences, if any, can trigger or bring on fatigue for you?	Fatigue is not triggered by specific experiences for me	1	Checked	
FatiguePDWorse	Numeric	When you experience fatigue, how often, if ever, do your other PD symptoms (e.g., rigidity or tremors) get worse?		2	Most of the time	
				3	Sometimes	
				4	Rarely	
				5	Never	
				1	Always	
FatigueOFFPeriods	Numeric	Based on this definition of OFF, do you experience OFF periods?		1	Yes	
				2	No	
FatigueONOFF	Numeric	Which of the following statements comes closest to your experience?		2	I am more likely to experience fatigue during ON periods than during OFF periods	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueOFFPeriods'.
				1	I am more likely to experience fatigue during OFF periods than during ON periods	
				3	There is no relationship between	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
					fatigue and OFF for me - I am just as likely to experience fatigue during an OFF or ON period	
FatigueCopeSitting	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Sitting quietly (e.g., watching television, listening to the radio, reading, etc.)	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeSleep	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Sleeping	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeRest	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Laying down to rest (not sleeping)	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeExercise	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Exercising	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeMeditate	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please	Meditating	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		select up to three strategies.				
FatigueCopeBath	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Sitting in a bath and/or a jacuzzi	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeCoffee	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Drinking coffee/caffeine	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeMeds	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Taking medication	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeEat	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Eating	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueCopeOther	Numeric	When you experience fatigue, what strategies do you most often use to cope with or recover from your fatigue? Please select up to three strategies.	Some other coping strategy	1	Checked	All Variables with prefix "FatigueCope" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
	Numeric			10	Another medication	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueCopeMedWhich		Which medication(s) do you most often take to cope with or recover from your fatigue?		1	Carbidopa-Levodopa (Sinemet, Sinemet CR, Sinemet Extended Release, Parcopa, Rytary, Stalevo, Duopa)	Participants are only presented this question if FatigueCopeMed = 1.
				7	Amatandine (Symmetrel or Gocovri)	
				4	Ropinirole (Requip or Requip XL)	
				3	Pramipexole (Mirapex or Mirapex ER)	
				2	Entacapone (Comtan)	
				9	Selegiline (Deprenyl, Eldepryl, Zelapar)	
				5	Rotigotine (Neupro patch)	
FatigueCopeOftenSitting	Numeric	How often does the following help you cope with or recover from your fatigue?	Sitting quietly (e.g., watching television, listening to the radio, reading, etc.)	2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				3	Sometimes (25-49% of the time)	
				4	Rarely (1-24% of the time)	
				5	Never	
FatigueCopeOftenSleep	Numeric	How often does the following help you cope with or recover from your fatigue?	Sleeping	3	Sometimes (25-49% of the time)	
				1	Usually (75-100% of the time)	
				2	Often (50-74% of the time)	
				5	Never	
				4	Rarely (1-24% of the time)	
FatigueCopeOftenRest	Numeric	How often does the following help you cope	Laying down to rest	4	Rarely (1-24% of the time)	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		with or recover from your fatigue?		2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				3	Sometimes (25-49% of the time)	
				5	Never	
FatigueCopeOftenExercise	Numeric	How often does the following help you cope with or recover from your fatigue?	Exercising	2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				3	Sometimes (25-49% of the time)	
				4	Rarely (1-24% of the time)	
				5	Never	
FatigueCopeOftenMeditate	Numeric	How often does the following help you cope with or recover from your fatigue?	Meditating	4	Rarely (1-24% of the time)	
				2	Often (50-74% of the time)	
				3	Sometimes (25-49% of the time)	
				1	Usually (75-100% of the time)	
				5	Never	
FatigueCopeOftenBath	Numeric	How often does the following help you cope with or recover from your fatigue?	Sitting in a bath and/or a jacuzzi	1	Usually (75-100% of the time)	
				3	Sometimes (25-49% of the time)	
				2	Often (50-74% of the time)	
				4	Rarely (1-24% of the time)	
				5	Never	
FatigueCopeOftenCoffee	Numeric	How often does the following help you cope with or recover from your fatigue?	Drinking coffee/caffeine	3	Sometimes (25-49% of the time)	
				2	Often (50-74% of the time)	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				1	Usually (75-100% of the time)	
				4	Rarely (1-24% of the time)	
				5	Never	
FatigueCopeOftenMeds	Numeric	How often does the following help you cope with or recover from your fatigue?	Taking medication	2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				3	Sometimes (25-49% of the time)	
				4	Rarely (1-24% of the time)	
				5	Never	
FatigueCopeOftenEat	Numeric	How often does the following help you cope with or recover from your fatigue?	Eating	3	Sometimes (25-49% of the time)	
				4	Rarely (1-24% of the time)	
				2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				5	Never	
FatigueCopeOftenOther	Numeric	How often does the following help you cope with or recover from your fatigue?	Some other coping strategy	2	Often (50-74% of the time)	
				1	Usually (75-100% of the time)	
				4	Rarely (1-24% of the time)	
				3	Sometimes (25-49% of the time)	
				5	Never	
FatigueExerciseFeel	Numeric	Which of the following statements comes closest to your view about exercise and fatigue?		4	Exercise makes me feelmore fatigued physically, cognitively and emotionally	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
				5	Exercising doesn't change the amount of fatigue I experience	
				3	Exercise makes me feelless fatigued physically, cognitively and emotionally	
				6	I do not exercise	
FatigueDiscussDoc	Numeric	Have you ever discussed your fatigue or fatigue-related symptoms with the doctor you see for your Parkinson's disease?		2	No	
				1	Yes	
FatigueDontDiscussNothing	Numeric	Why have you not previously discussed your fatigue or fatigue-related symptoms with your doctor?	I feel there is nothing the doctor can do about it	1	Checked	Participants are only presented this question if they answered 'No' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 2)
FatigueDontDiscussNormal	Numeric	Why have you not previously discussed your fatigue or fatigue-related symptoms with your doctor?	I feel it's a normal part of the disease, and that talking about it won't help	1	Checked	Participants are only presented this question if they answered 'No' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 2)
FatigueDontDiscussFocus	Numeric	Why have you not previously discussed your fatigue or fatigue-related symptoms with your doctor?	Fatigue is not as bothersome as other symptoms and I focus on the more bothersome symptoms when speaking with my doctor	1	Checked	Participants are only presented this question if they answered 'No' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 2)
FatigueDontDiscussManage	Numeric	Why have you not previously discussed your fatigue or fatigue-related symptoms with your doctor?	I can manage my fatigue, so I don't feel it's necessary to discuss	1	Checked	Participants are only presented this question if they answered 'No' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 2)

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueDontDiscussOther	Numeric	Why have you not previously discussed your fatigue or fatigue-related symptoms with your doctor?	Some other reason	1	Checked	Participants are only presented this question if they answered 'No' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 2)
FatigueDiscussDocInitiate	Numeric	The first time you spoke about fatigue with your doctor, who initiated the conversation about your fatigue or fatigue-related symptoms?		2	My doctor brought it up with me (i.e., asked if I was experiencing fatigue)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
				1	I brought it up with my doctor	
				5	I don't recall who initiated the conversation	
				3	My care partner brought it up	
				4	Someone else brought it up (Please specify in the box below)	
FatigueDiscussDocMedSwitch	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	My doctor switched the medication(s) I was taking	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
FatigueDiscussDocMedNew	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	My doctor gave me a new medication to take	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
FatigueDiscussDocSleep	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	We decided to make an adjustment to my sleep pattern	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueDiscussDocDiet	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	We decided to make a change to my diet	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
FatigueDiscussDocOther	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	Another change was made	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
FatigueDiscussDocNone	Numeric	What was the outcome of your conversation about your fatigue or fatigue-related symptoms?	Based on this conversation, no changes were made to help with fatigue	1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatigueDiscussDoc'. (FatigueDiscussDoc = 1)
FatiguePDMed	Numeric	Do you currently take any medication(s) for your Parkinson's Disease?		2	No	
				1	Yes	
FatiguePDMedUse	Numeric	How many times per day do you take medication(s) for your Parkinson's disease?		1	Once a day	Participants are only presented this question if they answered 'Yes' to the question in Variable 'FatiguePDMed. (FatiguePDMed = 1)
				5	5 or more times a day	
				3	3 times a day	
				2	2 times a day	
				4	4 times a day	
FatigueSymptomAlert	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been less alert.	3	Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
				4	Often	
				2	Rarely	
				5	Almost Always	
				1	Never	
FatigueSymptomAttention	Numeric	Please read each statement carefully, then		3	Sometimes	All Variables with prefix "FatigueSymptom" are part
				4	Often	

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have had difficulty paying attention for long periods of time.	1 2 5	Never Rarely Almost Always	of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomThinkClear	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been unable to think clearly.	3 1 4 2 5	Sometimes Never Often Rarely Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomClumsy	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been clumsy and uncoordinated.	3 2 4 1 5	Sometimes Rarely Often Never Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomForget	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been forgetful.	3 2 4 1 5	Sometimes Rarely Often Never Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomPacePhysical	Numeric	Please read each statement carefully, then select the option that best indicates how often	I have had to pace myself in my physical activities.	4 3 5 1	Often Sometimes Almost Always Never	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks		2	Rarely	subitem shown as the Sub Choice.
FatigueSymptomMotivatePhys	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been less motivated to do anything that requires physical effort.	4 2 1 5 3	Often Rarely Never Almost Always Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomMotivateSoc	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been less motivated to participate in social activities.	4 2 1 5 3	Often Rarely Never Almost Always Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomLimitedHome	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been limited in my ability to do things away from home.	4 1 5 2 3	Often Never Almost Always Rarely Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomMaintainPhys	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my	I have trouble maintaining physical effort for long periods.	4 3 5 1 2	Often Sometimes Almost Always Never Rarely	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		fatigue during the past 4 weeks				
FatigueSymptomDecisions	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have had difficulty making decisions.	3 4 1 2 5	Sometimes Often Never Rarely Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomMotivateThink	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been less motivated to do anything that requires thinking.	4 3 1 2 5	Often Sometimes Never Rarely Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomWeak	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	My muscles have felt weak.	4 1 3 2 5	Often Never Sometimes Rarely Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomUncomfortable	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been physically uncomfortable.	4 3 1 5 2	Often Sometimes Never Almost Always Rarely	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
FatigueSymptomFinishThink	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have had trouble finishing tasks that require thinking.	3 2 4 1 5	Sometimes Rarely Often Never Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomOrganize	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have had difficulty organizing my thoughts when doing things at home or at work.	3 2 4 1 5	Sometimes Rarely Often Never Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomComplePhys	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have been less able to complete tasks that require physical effort.	4 2 1 5 3	Often Rarely Never Almost Always Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomThinkSlow	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	My thinking has been slowed down.	3 4 1 2 5	Sometimes Often Never Rarely Almost Always	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomConcentrate	Numeric	Please read each statement carefully, then	I have had trouble concentrating.	3 4	Sometimes Often	All Variables with prefix "FatigueSymptom" are part

Variable	Data Type	Question Text	Sub Choice-1	Value	Value Description	Notes/Resources
		select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks		1 2 5	Never Rarely Almost Always	of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomLimitPhys	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have limited my physical activities.	4 2 1 5 3	Often Rarely Never Almost Always Sometimes	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
FatigueSymptomLongRest	Numeric	Please read each statement carefully, then select the option that best indicates how often fatigue has affected you in this way during the past 4 weeks. Because of my fatigue during the past 4 weeks	I have needed to rest more often or for longer periods	4 3 2 5 1	Often Sometimes Rarely Almost Always Never	All Variables with prefix "FatigueSymptom" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

UNDERSTANDING OFF AND ON (ONOFF)

Table Description: Understanding Off And On In Parkinson's Patients

View Source Instrument: [link]

Details: This one-time survey is referred to as “Understanding Off and On in Parkinson's Patients” in Fox DEN, the questionnaire forms, and in the cross-sectional health and disease section of the Participant Schedule of Activities. This one-time survey was launched in November 2018 and closed in September 2019. 3,009 participants provided responses to this survey. This survey was only completed by participants from the PD cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ONOFFDyskinesiaOn	Numeric	Do you experience bothersome involuntary movements such as dyskinesias when in an ON period?			1	Yes	Participants were presented with the following prompt, ‘Now, we will focus on ON periods. As a reminder, we refer to periods during which symptoms are better controlled with medications as ON periods. In some people, during ON periods, involuntary movements called dyskinesias occur. Dyskinesias are uncontrolled, jerky, writhing or dance-like movements. They may feel or look like fidgeting, head bobbing, or like the body is rocking back and forth. These can affect the arms, legs or torso and can occur in one
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							part of your body or throughout. Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp
ONOFFHrsAwake	Numeric	In a typical 24-hour period, for how many hours are you awake? Please include both the hours you are awake during the day and night. For example, if you are awake 14 hours a day, please enter 14 in the text box below.			Hour Text	Hours/day	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
ONOFFHrsOff	Numeric	And, in a typical day, how many hours are you OFF?			Hour Text	Hours/day	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
ONOFFExpOffCloudy	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *Cloudy thought process*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffConcrete	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *A concrete suit coming on*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffMudWalk	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Does the following phrase describe how you have ever felt in an OFF period? *Walking through mud*			2	No	
ONOFFExpOffOtherWorld	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *In another world*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffOthr	Numeric	Is there any other phrase you use to describe your OFF experience?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffSand	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *Sinking slowly into quicksand*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffTinMan	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *Like the tin man in Wizard of Oz*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFExpOffTrapped	Numeric	Does the following phrase describe how you have ever felt in an OFF period? *Trapped in my own skin*			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	
ONOFFManageOff	Numeric	Other than taking medication, is there anything you do			1	Yes	Participants are only presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		during your OFF periods to help manage your PD symptoms?			2	No	answered 'Yes' to the question in Variable 'ONOFFoffexp.'
ONOFFMedNotResolvOff	Numeric	How often does taking your PD medication NOT resolve your OFF symptoms?			1	Always	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	Most of the time	
					3	Sometimes	
					4	Rarely	
					5	Never	
ONOFFMedPredictOff	Numeric	How often do your OFF periods have a predictable relationship with the timing of your medication? Some examples of predictable relationships would be: OFF periods that are more common just before you are due to take more medication, just after, or at a consistent time point in the middle of your medication cycle.			1	Always	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	Most of the time	
					3	Sometimes	
					4	Rarely	
					5	Never	
ONOFFMedResolvOff	Numeric	How often does taking your PD medication resolve			1	Always	Participants are only presented this question if they answered 'Yes' to the
					2	Most of the time	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your OFF symptoms?			3	Sometimes	question in Variable 'ONOFFoffexp.'
					4	Rarely	
					5	Never	
ONOFFOffExp	Numeric	Based on the above definition of OFF, do you experience OFF periods?			1	Yes	Participants are presented with the following prompt before this question, 'The Michael J. Fox Foundation for Parkinson's Research seeks to understand unmet needs of Parkinson's patients. With this goal, the current research explores how patients experience, and communicate about, their life with Parkinson's disease (PD). In particular, the current research focuses on OFF and ON periods in PD.'
					2	No	
ONOFFPdMedAmatandine	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Amatandine (Symmetrel or Gocovri)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
ONOFFPdMedApomorphine	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Apomorphine (apokyn)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedEntacapone	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Entacapone (Comtan)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedFreq	Numeric	How many times per day do you take medication(s) for your Parkinsons disease? For example, if you take two pills in one day at the same time,			1 2 3 4 5	Once a day 2 times a day 3 times a day 4 times a day 5 or more times a day	Participants are only presented this question if they answered 'Checked' to the question in Variable 'ONOFFPdMedNone.'

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		please count that as 'once a day'. If you take 1 pill in the morning and 1 pill in the evening, please count that as '2 times a day'.					
ONOFFPdMedLevo	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Carbidopa-Levodopa (Sinemet, Sinemet CR, Sinemet Extended Release, Parcopa, Rytary, Stalevo, Duopa)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedNone	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Do not take any medication for Parkinson's Disease		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedOthr	Numeric	What medication(s) are you currently taking for your	Take medication for Parkinson's Disease, but		1	Checked	Participants are only presented this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's Disease?	none of the medications listed above (Please specify)				question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedPramipexole	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Pramipexole (Mirapex or Mirapex ER)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedRopinirole	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Ropinirole (Requip or Requip XL)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ONOFFPdMedRotigotine	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Rotigotine (Neupro patch)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedSafinamide	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Safinamide (Xadago)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdMedSelegiline	Numeric	What medication(s) are you currently taking for your Parkinson's Disease?	Selegiline (Deprenyl, Eldepryl, Zelapar)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' Variables with prefix "ONOFFPdMed" are part of a large multi-subitem question with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							the specific subitem shown as the Sub Choice.
ONOFFPdSympAbdomPain	Numeric	The following symptoms have occurred at least once a day recently.	Abdominal discomfort		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympAnxiety	Numeric	The following symptoms have occurred at least once a day recently.	Anxiety		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympConfusion	Numeric	The following symptoms have occurred at least once a day recently.	Confusion or slow thinking		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympDepress	Numeric	The following symptoms have occurred at least once a day recently.	Mood swings or depression		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympDetailWork	Numeric	The following symptoms have occurred at least once a day recently.	Difficulty doing detailed work with hands and fingers		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympDiffSpeak	Numeric	The following symptoms have occurred at least once a day recently.	Difficulty speaking		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympDullPain	Numeric	The following symptoms have occurred at least once a day recently.	Persistent dull pain		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
	Numeric				1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ONOFFPdSympHotColdFlash		The following symptoms have occurred at least once a day recently.	Hot-flashes and chills in the body		2	No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympImpairBalance	Numeric	The following symptoms have occurred at least once a day recently.	Impaired balance		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympMuscleSpasm	Numeric	The following symptoms have occurred at least once a day recently.	Muscle spasms		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympNumb	Numeric	The following symptoms have occurred at least once a day recently.	Numbness		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympPanic	Numeric	The following symptoms have occurred at least once a day recently.	Feelings of panic		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
ONOFFPdSympSharpPain	Numeric	The following symptoms have occurred at least once a day recently.	Sharp pain		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympSlowMove	Numeric	The following symptoms have occurred at least once a day recently.	Slow movemnt		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympStandFromChair	Numeric	The following symptoms have occurred at least once a day recently.	Difficulty standing from a chair		1	Yes	Participants are only presented this question if they answered 'Yes' to the
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympStiff	Numeric	The following symptoms have occurred at least once a day recently.	Stiffness of body parts		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympSweat	Numeric	The following symptoms have occurred at least once a day recently.	Sweating		1 2	Yes No	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympTremor	Numeric	The following symptoms have occurred at least once a day recently.	Tremors		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympWeakness	Numeric	The following symptoms have occurred at least once a day recently.	Feeling weak		1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	No	
ONOFFPdSympWithLevoAbdomPain	Numeric	After taking levodopa* or other	Abdominal discomfort		1	is alleviated	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo			2	remains the same	question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevo Anxiety	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Anxiety		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevo Confusion	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodop	Confusion or slow thinking		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		a, Parcopa, Sinemet, Rytary, Stalevo					"ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoDepress	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Mood swings or depression		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoDetailWork	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Difficulty doing detailed work with hands and fingers		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
ONOFFPdSympWithLevoDiffSpeak	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Difficulty speaking		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	remains the same	
ONOFFPdSympWithLevoDullPain	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Persistent dull pain		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	remains the same	
ONOFFPdSympWithLevoHotCldFlsh	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa	Hot-flashes and chills in the body		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	remains the same	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo					All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoImpairBal	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Impaired balance		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoMuscleSpasm	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Muscle spasms		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
ONOFFPdSympWithLevo Numb	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Numbness		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	remains the same	
ONOFFPdSympWithLevo Panic	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Feelings of panic		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
					2	remains the same	
ONOFFPdSympWithLevo SharpPain	Numeric	After taking levodopa* or other Parkinson's medication the symptom... *	Sharp pain		1	is alleviated	Participants are only presented this question if they answered 'Yes' to the
					2	remains the same	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo					question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoSlowMove	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Slow movemnt		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoStandChair	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary,	Difficulty standing from a chair		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Stalevo					multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevo Stiff	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Stiffness of body parts		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevo Sweat	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Sweating		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevo Tremor	Numeric	After taking levodopa* or other	Tremors		1 2	is alleviated remains the same	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo					question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFPdSympWithLevoWeakness	Numeric	After taking levodopa* or other Parkinson's medication the symptom... * Medications that contain levodopa include: Carbidopa/Levodopa, Parcopa, Sinemet, Rytary, Stalevo	Feeling weak		1 2	is alleviated remains the same	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.' All Variables with prefix "ONOFFPdSympWith" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
ONOFFSympReturnName	Numeric	When you talk with your family and friends, what do you call the periods where your PD symptoms return?			1 2 3 4	OFF Periods OFF Episodes OFF Time Something Else (PLEASE SPECIFY)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
ONOFFTriggOff	Numeric	Are there triggers, such as anxiety or stress, which can			1 2	Yes No	Participants are only presented this question if they

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		bring on an OFF period for you?					answered 'Yes' to the question in Variable 'ONOFFoffexp.'
ONOFFUnpredictOff	Numeric	How often are your OFF periods unpredictable?			1	Always	Participants are only presented this question if they answered 'Yes' to the question in Variable 'ONOFFoffexp.'
					2	Most of the time	
					3	Sometimes	
					4	Rarely	
					5	Never	

PARKINSON'S, NEURODEVELOPMENT AND AUTISM (ASD)

Table Description: Understanding Parkinson's Disease, Neurodevelopment and Autism Spectrum Disorder (ASD)
View Source Instrument: [link]
Details: This one-time survey instrument is referred to as "Understanding Parkinson's Disease, Neurodevelopment and Autism Spectrum Disorder (ASD)" in FoxDEN, the cross-sectional health and disease questionnaires section of the Participant Schedule of Activities, and the Questionnaire Forms. This one-time survey was launched in October 2024 and 4,527 participants have responded to this survey as of March 2025. This survey was completed by both the PD and non-PD cohorts within Fox Insight.

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDPDDiag		Has a doctor diagnosed you with Parkinson's disease?			1	Yes	
					2	No	
ASDPDConnectParent		What is your connection to Parkinson's disease? Please check all that apply.	I am a PARENT of someone with Parkinson's disease		1	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectSibling		What is your connection to Parkinson's disease? Please check all that apply.	I am a SIBLING of someone with Parkinson's disease		2	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDPDConnectChild		What is your connection to Parkinson's disease? Please check all that apply.	I am a CHILD of someone with Parkinson's disease		3	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDConnectSpouse		What is your connection to Parkinson's disease? Please check all that apply.	I am a PARTNER or SPOUSE of someone with Parkinson's disease		4	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectSecond		What is your connection to Parkinson's disease? Please check all that apply.	I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings)		5	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectFriend		What is your connection to Parkinson's disease? Please check all that apply.	I am friends with someone with Parkinson's disease		6	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDPDConnectCaregiver		What is your connection to Parkinson's disease? Please check all that apply.	I am a caregiver of someone with Parkinson's disease		7	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectPrevPDDx		What is your connection to Parkinson's disease? Please check all that apply.	I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional		8	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectGenetic		What is your connection to Parkinson's disease? Please check all that apply.	I have a genetic mutation associated with PD but have not been diagnosed with PD		9	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASPDConnectWork		What is your connection to Parkinson's disease? Please check all that apply.	My work relates to Parkinson's disease		10	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectNoKnowPD		What is your connection to Parkinson's disease?	I do not know anyone with Parkinson's		11	Checked	This question was only presented to participants who

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		Please check all that apply.	disease but I want to participate in research				did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectNoOtherCon		What is your connection to Parkinson's disease? Please check all that apply.	I have no other connection to Parkinson's disease		12	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDPDConnectOther		What is your connection to Parkinson's disease? Please check all that apply.	Other		13	Checked	This question was only presented to participants who did not endorse having a PD diagnosis (ASDPDDiag = 2).
ASDLiveAlone		Which best describes your current living situation? Please select all that apply.	Living alone		1	Checked	
ASDLivePartner		Which best describes your current living situation? Please select all that apply.	Living with spouse/ partner/ significant other		2	Checked	
ASDLiveAdultChildren		Which best describes your current living situation? Please select all that apply.	Living with adult child/children		3	Checked	
ASDLiveMinorChildren		Which best describes your current living situation? Please select all that apply.	Living with minor child/children		4	Checked	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDLiveParents		Which best describes your current living situation? Please select all that apply.	Living with parents		5	Checked	
ASDLiveSiblings		Which best describes your current living situation? Please select all that apply.	Living with siblings		6	Checked	
ASDLiveOtherFam		Which best describes your current living situation? Please select all that apply.	Living with other family		7	Checked	
ASDLivePaidCare		Which best describes your current living situation? Please select all that apply.	Living with paid in-home care provider/aide		8	Checked	
ASDLiveAsst		Which best describes your current living situation? Please select all that apply.	Living in a group home or assisted living facility		9	Checked	
ASDLiveNurse		Which best describes your current living situation? Please select all that apply.	Living in a nursing home		10	Checked	
ASDLiveOther		Which best describes your current living situation? Please select all that apply.	Other		11	Checked	
ASDLiveAlwysFamAdult		Have you always lived with your parents,			1	Yes – almost always (e.g., except for brief periods,	Participants were only presented with this question

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		siblings, and/or other family as an adult?				such as when in college)	if they endorsed living with family members (if ASDLiveParents, ASDLiveSiblings, or ASDLiveOtherFam were checked)
					2	Yes – but only intermittently (e.g., due to employment disruptions)	
					3	No – currently living with them for reasons due to Parkinson's (e.g., support needs)	
					4	No – currently living with them for other reasons not related to Parkinson's	
ASDEmployHistory		Have you ever been employed?			1	No	
					2	Yes, but I am currently unemployed	
					3	Yes, but I am currently retired	
					4	Yes, currently employed	
ASDEmployDur		What is the longest time you have held a job? If you are not sure, please make your best guess.			1	Less than 6 months	Participants were not presented with this question if they did not report having previously been employed (ASDEmployHistory =1)
					2	6-12 months	
					3	1-4 years	
					4	5-9 years	
					5	10 or more years	
ASDEmployHrs		How many hours on average did you work per week when employed? If not consistent week to			1	1-9 hours	Participants were not presented with this question if they did not report having
					2	10-19 hours	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		week, what is the most usual number of hours you worked per week?			3	20-34 hours	previously been employed (ASDEmployHistory =1)
					4	35 or more horus	
ASDEmploySupprts		Did you ever seek out professional supports to help you get a job (e.g., access services through the Vocational Rehabilitation agency for your state) or to maintain / keep your job (e.g., use a job coach to provide job training or on-site support).			1	Yes	
					2	No	
ASDFinStateFoodCloth		How would you describe your financial state each month after paying all of your bills, including housing, car payments, etc.?	I am able to pay for all food and clothing needs		1	Every month	
					2	Most months	
					3	Some months	
					4	Never	
ASDFinStateExtraThngs		How would you describe your financial state each month after paying all of your bills, including housing, car payments, etc.?	I am able to pay for extra things like entertainment or shopping for fun		1	Every month	
					2	Most months	
					3	Some months	
					4	Never	
ASDFinStateSavings		How would you describe your financial state each month after paying all of your bills, including housing, car payments, etc.?	I am able to put some money into savings		1	Every month	
					2	Most months	
					3	Some months	
					4	Never	
ASDBirthPremature		As an infant, do you know if there was anything out of the ordinary with your	Premature		1	Checked	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		delivery/birth? Please select all that apply.					
ASDBirthMultiple		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	Multiple birth (twins, triplets)		2	Checked	
ASDBirthCSection		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	Emergency C-Section		3	Checked	
ASDBirthBreathing		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	Not breathing when born, needed resuscitation, lost oxygen during delivery		4	Checked	
ASDBirthOther		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	Other		5	Checked	
ASDBirthNormal		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	No known issues/ concerns – born full term (39+ weeks)		6	Checked	
ASDBirthUnsure		As an infant, do you know if there was anything out of the ordinary with your delivery/birth? Please select all that apply.	Not sure		7	Checked	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDBirthWeeksGest		In the previous question, you indicated you were born prematurely (born before 39 weeks). Please indicate at what week of gestation you were born. If you are not sure, please make your best guess.			Weeks Text	Weeks of gestation (numeral, whole integer)	Participants were only shown this question if they indicate having been born prematurely (ASDBirthPremature = 1).
ASDDelayMotor		Did you experience any delayed motor skills in your first year of life such as sitting up, rolling over or crawling?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ASDDelayMotorSitUp		Which of the following delayed motor skills did you experience in your first year of life. Please select all that apply:	Sitting up		1	Checked	Participants were only shown this question if they indicated having delayed motor skills in their first year of life (ASDDelayMotor = 1).
ASDDelayMotorRoll		Which of the following delayed motor skills did you experience in your first year of life. Please select all that apply:	Rolling over		1	Checked	Participants were only shown this question if they indicated having delayed motor skills in their first year of life (ASDDelayMotor = 1).
ASDDelayMotorCrawl		Which of the following delayed motor skills did you experience in your first year of life. Please select all that apply:	Crawling		1	Checked	Participants were only shown this question if they indicated having delayed motor

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
							skills in their first year of life (ASDDelayMotor = 1).
ASDDelayMotorNone		Which of the following delayed motor skills did you experience in your first year of life. Please select all that apply:	None of the above		1	Checked	Participants were only shown this question if they indicated having delayed motor skills in their first year of life (ASDDelayMotor = 1).
ASDDelayWalk		Did you experience any delays in walking independently?			1	Yes	
					2	No	
					3	Not Sure	
					4	Prefer not to answer	
ASDDelayWalkTime		Please select when you were able to walk independently.			1	Never able to walk independently	Participants were only shown this question if they indicated having experienced delays in walking independently (ASDDelayWalk = 1).
					2	BEFORE 2 years of age	
					3	BETWEEN 2-5 years of age	
					4	AFTER 5 years of age	
					5	Not sure	
ASDDelaySinWord		Did you experience any delays in speaking single words?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ASDDelaySinWordTime		Please select when you were able to speak single words:			1	Never able to speak in SINGLE WORDS	Participants were only shown this question if they indicated having experienced
					2	BEFORE 2 years of age	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					3	BETWEEN 2-5 years of age	delays in speaking single words (ASDDelaySinWord = 1).
					4	AFTER 5 years of age	
					5	Not sure	
ASDDelayPhrase		Did you experience any delays in speaking in phrases?			1	Yes	
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ASDDelayPhraseTime		Please select when you were able to speak in phrases:			1	Never able to speak in PHRASES	Participants only received this question if they indicated having experienced delays in speaking phrases (ASDDelayPhrase = 1).
					2	BEFORE 2 years of age	
					3	BETWEEN 2-5 years of age	
					4	AFTER 5 years of age	
					5	Not sure	
ASDLearnSupNone		Did you receive any learning supports in school? Please select all that apply.	I did not receive any learning supports in school		1	Checked	
ASDLearnSupIEP		Did you receive any learning supports in school? Please select all that apply.	Individualized Education Program (IEP) or 504 plan		1	Checked	
ASDLearnSupIndAid		Did you receive any learning supports in school? Please select all that apply.	Individual aide		1	Checked	
ASDLearnSupSpecEdClssrm		Did you receive any learning supports in school? Please select all that apply.	Special Education classroom		1	Checked	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDLearnSupSpecEdTchr		Did you receive any learning supports in school? Please select all that apply.	Special Education teacher within general ed classroom		1	Checked	
ASDLearnSupRsrcRm		Did you receive any learning supports in school? Please select all that apply.	Resource Room		1	Checked	
ASDLearnSupSpchThrpy		Did you receive any learning supports in school? Please select all that apply.	Special therapy		1	Checked	
ASDLearnSupOccThrpy		Did you receive any learning supports in school? Please select all that apply.	Occupational therapy		1	Checked	
ASDLearnSupPT		Did you receive any learning supports in school? Please select all that apply.	Physical therapy		1	Checked	
ASDLearnSupTutor		Did you receive any learning supports in school? Please select all that apply.	Tutoring		1	Checked	
ASDLearnSupOther		Did you receive any learning supports in school? Please select all that apply.	Other		1	Checked	
ASDDiagNone		Have you ever received any of the following diagnoses? Please select all that apply.	I have never received any of the diagnoses below		1	Checked	
ASDDiagASD		Have you ever received any of the following diagnoses? Please select all that apply.	Autism Spectrum Disorder		1	Checked	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDDiagAspergerSyn		Have you ever received any of the following diagnoses? Please select all that apply.	Asperger's Syndrome		1	Checked	
ASDDiagPDDNOS		Have you ever received any of the following diagnoses? Please select all that apply.	Pervasive Development-al Disorder Not Otherwise Specified (PDD-NOS)		1	Checked	
ASDDiagSocCommDis		Have you ever received any of the following diagnoses? Please select all that apply.	Social Communicati-on Disorder		1	Checked	
ASDDiagNonvrblComDis		Have you ever received any of the following diagnoses? Please select all that apply.	Nonverbal Learning Disorder		1	Checked	
ASDDiagSensProcDis		Have you ever received any of the following diagnoses? Please select all that apply.	Sensory Processing Disorder		1	Checked	
ASDDiagASDAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were diagnosed, please make your best guess.	Autism Spectrum Disorder		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a diagnosis of Autism Spectrum Disorder (ASDDiagASD = 1).
					2	5-18 years old (K-12)	
					3	18-29 years old (young adulthood)	
					4	30 or more years old	
ASDDiagAspergerSynAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were	Asperger's Syndrome		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a
					2	5-18 years old (K-12)	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		diagnosed, please make your best guess.			3	18-29 years old (young adulthood)	diagnosis of Asperger's Syndrome (ASDDiagAspergerSyn = 1).
					4	30 or more years old	
ASDDiagPDDNOSAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were diagnosed, please make your best guess.	Pervasive Development-al Disorder Not Otherwise Specified (PDD-NOS)		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a diagnosis of Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) (ASDDiagPDDNOS = 1).
					2	5-18 years old (K-12)	
					3	18-29 years old (young adulthood)	
					4	30 or more years old	
ASDDiagSocCommDisAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were diagnosed, please make your best guess.	Social Communicati-on Disorder		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a diagnosis of Social Communication Disorder (ASDDiagSocCommDis = 1).
					2	5-18 years old (K-12)	
					3	18-29 years old (young adulthood)	
					4	30 or more years old	
ASDDiagNonvrblComDisAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were diagnosed, please make your best guess.	Nonverbal Learning Disorder		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a diagnosis of Nonverbal Learning
					2	5-18 years old (K-12)	
					3	18-29 years old (young adulthood)	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	30 or more years old	Disorder (ASDDiagNonvrblComDis = 1).
ASDDiagSensProcDisAge		Do you recall the approximate age you received this diagnosis? If you are not sure at what age you were diagnosed, please make your best guess.	Sensory Processing Disorder		1	Before 5 years old (before kindergarten)	Participants were only presented with this question if they endorsed having received a diagnosis of Sensory Processing Disorder (ASDDiagSensProcDis = 1).
					2	5-18 years old (K-12)	
					3	18-29 years old (young adulthood)	
					4	30 or more years old	
ASDDiagSelfDiag		Have you ever thought you may fit the description for any of the following diagnoses? • Autism Spectrum Disorder • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			1	Yes	Participants were only presented with this question if they endorsed having not received any of the ASD & related diagnoses from the prior variables (ASDDiagNone = 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDDiagOthersDiag		Has anyone else ever suggested that you may fit the description for, or were you ever tested for any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			1	Yes	Participants were only presented with this question if they endorsed having not received any of the ASD & related diagnoses from the prior variables (ASDDiagNone = 1).
					2	No	
					3	Not sure	
					4	Prefer not to answer	
ASDBioFamAutism		To your knowledge, do any biological family members or relatives have one of the following diagnoses? • Autism Spectrum Disorder • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS)			1	Yes	
					2	No	
					3	Not sure	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		• Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			4	Prefer not to answer	
ASDBioFamGrndprnt		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder	Grandparent		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses (ASDBioFamAutism = 1).
					2	Suspected / Not Sure	
					3	Diagnosed	
ASDBioFamUncAun		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental	Uncles/Aunts		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses
					2	Suspected / Not Sure	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			3	Diagnosed	(ASDBioFamAutism = 1).
ASDBioFamCousin		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder	Cousins		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses (ASDBioFamAutism = 1).
					2	Suspected / Not Sure	
					3	Diagnosed	
ASDBioFamParent		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental	Parents		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses
					2	Suspected / Not Sure	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			3	Diagnosed	(ASDBioFamAutism = 1).
ASDBioFamSiblings		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder	Siblings		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses (ASDBioFamAutism = 1).
					2	Suspected / Not Sure	
					3	Diagnosed	
ASDBioFamSpouse		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental	Spouse		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses
					2	Suspected / Not Sure	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder			3	Diagnosed	(ASDBioFamAutism = 1).
ASDBioFamChildrn		Which of your biological family members or relatives have any of the following diagnoses? • Autistic Disorder • Asperger's Syndrome • Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) • Social Communication Disorder • Nonverbal Learning Disorder • Sensory Processing Disorder	Children		1	Not diagnosed	Participants were only presented with this question if they endorsed having biological family members or relatives have any of the associated diagnoses (ASDBioFamAutism = 1).
					2	Suspected / Not Sure	
					3	Diagnosed	
ASDPsychDiagDeprssn		Do you have any of the following behavioral or psychological diagnoses?	Depressive Disorders (includes Major Depression, Persistent Depressive Disorder, Unspecified Depressive Disorder, etc.)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagAnxty		Do you have any of the following behavioral or psychological diagnoses?	Anxiety (includes Generalized Anxiety, Social Anxiety, Panic Disorder, Specific phobia etc.).		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagOCD		Do you have any of the following behavioral or psychological diagnoses?	Obsessive-Compulsive Disorder (OCD)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagBipolDis		Do you have any of the following behavioral or psychological diagnoses?	Bipolar disorders (includes Bipolar I, Bipolar II, etc.)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagPersDis		Do you have any of the following behavioral or psychological diagnoses?	Personality Disorder (includes Borderline Personality Disorder, etc.).		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagEatDis		Do you have any of the following behavioral or psychological diagnoses?	Eating disorder		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagSchiz		Do you have any of the following behavioral or psychological diagnoses?	Schizophrenia		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagADHD		Do you have any of the following behavioral or psychological diagnoses?	Attention-Deficit/Hyperactivity Disorder (ADHD)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagSpchLangDis		Do you have any of the following behavioral or psychological diagnoses?	Speech or Language Disorder (e.g., apraxia, stuttering)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagIntLrnDis		Do you have any of the following behavioral or psychological diagnoses?	Intellectual Disability OR Learning Disability (e.g., Dyscalculia, Dyslexia, etc)		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDPsychDiagOther		Do you have any of the following behavioral or psychological diagnoses?	Other		1	NO, I never received this diagnosis	
					2	YES, I received this diagnosis when younger but not currently experiencing symptoms or receiving treatment	
					3	YES and I believe this diagnosis is still relevant to me	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	Not diagnosed but suspected (i.e., experience some symptoms consistent with these diagnosis)	
ASDBehvrOtherPplFeel		Please respond with the answer that most accurately describes how each of the statements below applies to you.	It is difficult for me to understand how other people are feeling when we are talking.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrTextures		Please respond with the answer that most accurately describes how each of the statements below applies to you.	Some ordinary textures that do not bother others feel very offensive when they touch my skin.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrWrkFctGroups		Please respond with the answer that most accurately describes how each of the statements below applies to you.	It is very difficult for me to work and function in groups.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrExpectations		Please respond with the answer that most accurately describes how each of the	It is difficult to figure out what other		1	True NOW and when I was younger than 18	
					2	True only NOW	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		statements below applies to you.	people expect of me.		3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrActSocialSitn		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I often don't know how to act in social situations.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrSmllTlk		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I can chat and make small talk with people.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrSensesIsolate		Please respond with the answer that most accurately describes how each of the statements below applies to you.	When I feel overwhelmed by my senses, I have to isolate myself to shut them down.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrFrnds		Please respond with the answer that most accurately describes how each of the statements below applies to you.	How to make friends and socialize is a mystery to me.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	NEVER true	
ASDBehvrTurnTlkLstn		Please respond with the answer that most accurately describes how each of the statements below applies to you.	When talking to someone, I have a hard time telling when it is my turn to talk or to listen.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrPainNoise		Please respond with the answer that most accurately describes how each of the statements below applies to you.	Sometimes I have to cover my ears to block out painful noises (like vacuum cleaners or people talking too much or too loudly).		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrReadFceBdyMvmts		Please respond with the answer that most accurately describes how each of the statements below applies to you.	It can be very hard to read someone's face, hand, and body movements when we are talking.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrDetails		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I focus on details rather than the overall idea.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
					4	NEVER true	
ASDBehvrLiteral		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I take things too literally, so I often miss what people are trying to say		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrSuddnChnge		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I get extremely upset when the way I like to do things is suddenly changed.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrUnuslVoice		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I have been told that I have an unusual voice (for example flat, monotone, childish or high pitched)		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrReptveHands		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I do certain things with my hands over and over again (like flapping, twirling sticks or strings,		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
			waving things by my eyes)		4	NEVER true	
ASDBehvrSpinRockStrss		Please respond with the answer that most accurately describes how each of the statements below applies to you.	It calms me to spin around or to rock in a chair when I am feeling stressed		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrRoutineChnge		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I like things to be exactly the same day after day and even small changes in my routines upset me		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrFmlrRoutne		Please respond with the answer that most accurately describes how each of the statements below applies to you.	When I go somewhere I have to follow a familiar routine or I can get very confused or upset		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrTlkSpecIntrst		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I only like to talk to people who share my special interests.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
ASDBehvrListIntrst		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I keep lists of things that interest me, even when they have no practical use (for example sports statistics, train schedules, calendar dates, historical facts and dates)		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrUnuslIntrst		Please respond with the answer that most accurately describes how each of the statements below applies to you.	have never been interested in what most of the people I know consider interesting.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrCpySpkAct		Please respond with the answer that most accurately describes how each of the statements below applies to you.	I like to copy the way certain people speak and act. it helps me appear more normal.		1	True NOW and when I was younger than 18	
					2	True only NOW	
					3	True ONLY when I was younger than 18	
					4	NEVER true	
ASDBehvrFceGstrsAmbigs		Please respond with the answer that most accurately describes how each of the	I have been told that people can not tell how I am		1	True NOW and when I was younger than 18	
					2	True only NOW	

Variable	Data Type	Question Text	Sub-Choice 1	Sub-Choice 2	Value	Value Description	Notes/Resources
		statements below applies to you.	feeling by my facial expressions or gestures.		3	True ONLY when I was younger than 18	
					4	NEVER true	

UNDERSTANDING PSYCHOSIS (Psych)

Table Description: Understanding Psychosis And Its Burden On Caregivers

View Source Instrument: [link]

Details: This one-time survey is referred to as "Understanding Psychosis and Its Burden On Caregivers" in Fox DEN, in the cross-sectional health and disease section of the Participant Schedule of Activities and as "Understanding Psychosis & Caregiver Burden" in the questionnaire forms. This one-time survey was launched in September 2019 and closed in October 2019. 740 participants provided responses to this survey. This survey was only completed by participants from the Control cohort.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychAbnormalSleepDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychAbnormalSleepLastMonth.' (PsychAbnormalSleepLastMonth== 1).
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychAbnormalSleepLastMo	Numeric	Does the patient			1	Yes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
nth		awaken you during the night, rise too early in the morning, or take excesive naps during the day? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			2	No	
PsychAbnormalSleepSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychAbnormalSleepLastMonth.' (PsychAbnormalSleepLastMonth== 1).
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychAnyMedication	Numeric	Do they currently take any medication(s) specifically to treat these psychosis symptoms (i.e., hallucinations, delusions, and/or paranoia), or not?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
					2	No	
					3	I do not know	
PsychCareStartPrior	Numeric	When did you first become a caregiver for your (Relationship)?			4	After 1989	
					5	Prior to 1989	
PsychCurrentAge	Numeric	What is the age of			Age	Current Age	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		your (Relationship)?			Text		
PsychCommChallengeDontAsk	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	The doctor does not ask about it		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeEmbarrass	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	I do not want to embarrass the patient by discussing these symptoms		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeNone	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	There are no challenges in discussing psychosis symptoms with the doctor		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeOther	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	Some other challenge		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(PsychHealthCommNever'== 1)
PsychCommChallengePriority	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	There are more pressing and/or important items/symptoms to discuss during the appointments than the psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeReluctant	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	The person I care for is reluctant to share this information with the doctor, so we do not discuss the symptoms		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeSpeak	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s doctor?	I do not want to speak about these symptoms in front of the patient I care for		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychCommChallengeTime	Numeric	What challenges, if any, do you experience when discussing psychosis symptoms with your (Relationship)'s	There is not enough time during the appointments to discuss the psychosis		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		doctor?	symptoms				'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychDepressedDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			1	Minimal (slightly distressing, not a problem to cope with)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychDepressedLastMonth.' (PsychDepressedLastMonth== 1).
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychDepressedLastMonth	Numeric	Does the patient seems sad or say that he/she is depressed? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychDepressedSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychDepressedLast
					2	Moderate (significant, but not a dramatic change)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					3	Severe (very marked or prominent, a dramatic change)	Month.' (PsychDepressedLastMonth== 1).
PsychDiagAgePrior	Numeric	When was your (Relationship) diagnosed with Parkinson's disease?			7	After 1989	
					8	Prior to 1989	
PsychDiagAge	Numeric	When was your (Relationship) diagnosed with Parkinson's disease?			Year Text	Year Diagnosed (After 1989)	Participants are only presented this question if they answered 'After 1989' to the question in Variable 'PsychDiagAgePrior.'
PsychCareStart	Numeric	When did you first become a caregiver for your (Relationship)? Please type the year you began providing care below. Your best estimate is fine.			Year Text	Year Started (After 1989)	Participants are only presented this question if they answered 'After 1989' to the question in Variable 'PsychCareStartPrior.'
PsychExcessHappyDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychExcessHappyLastMonth.' (PsychExcessHappyLastMonth== 1).
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						distressing, difficult to cope with)	
PsychExcessHappyLastMonth	Numeric	Does the patient appear to feel good or act excessively happy? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No"			1	Yes	
					2	No	
PsychExcessHappySeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychExcessHappyLastMonth.' (PsychExcessHappyLastMonth== 1).
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychFalseBeliefDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychFalseBeliefLastMonth.' (PsychFalseBeliefLastMonth == 1)
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychFalseBeliefLastMonth	Numeric	Does the patient has false beliefs, such as thinking that someone is stealing from him/her or planning to harm him/her in some way? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No"			1	Yes	
					2	No	
PsychFalseBeliefSeverity	Numeric	Does the patient has false beliefs, such as thinking that someone is stealing from him/her or planning to harm him/her in some way? Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychFalseBeliefLastMonth.' (PsychFalseBeliefLastMonth == 1)
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychFeelAngry	Numeric	I feel angry about my interactions with him/her.			0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelAppreciation	Numeric	Choose the number that best represents how often the statement describes your feelings.	My care giving efforts aren't appreciated by others in my family.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychFeelAshamed	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel ashamed of him/her.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelBasicHelp	Numeric	Choose the number that best represents how often the statement describes your feelings.	I have to help him/her with many basic functions.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelDailyTask	Numeric	Choose the number that best represents how often the statement describes your feelings.	He/she needs my help to perform many daily tasks.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelDependent	Numeric	Choose the number that best represents how often the statement describes your feelings.	He/she is dependent on me.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelDrained	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel emotionally drained due to caring for him/her.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelEmbarrassed	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel embarrassed over his/her behavior.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelEscape	Numeric	Choose the number that best represents how often the statement describes your feelings.	I wish I could escape from this situation.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelExpectation	Numeric	Choose the number that best represents	I expected that things would		0	Never	
					1	Rarely	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		how often the statement describes your feelings.	be different at this point in my life.		2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelFamily	Numeric	Choose the number that best represents how often the statement describes your feelings.	I don't get along with other family members as well as I used to.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelFriendly	Numeric	Choose the number that best represents how often the statement describes your feelings.	I don't get along as well as I used to with others.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelHealth	Numeric	Choose the number that best represents how often the statement describes your feelings.	My health has suffered.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelMarriage	Numeric	Choose the number that best represents how often the statement describes your feelings.	I've had problems with my marriage (or other significant relationship).		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelMissingOut	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel that I am missing out on life.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelNoBreak	Numeric	Choose the number that best represents how often the statement describes your feelings.	I don't have a minute's break from his/her chores.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelResent	Numeric	Choose the number that best represents how often the	I resent him/her.		0	Never	
					1	Rarely	
					2	Sometimes	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		statement describes your feelings.			3	Quite Frequently	
					4	Nearly Always	
PsychFeelResentRelative	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel resentful of other relatives who could but do not help.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelSick	Numeric	Choose the number that best represents how often the statement describes your feelings.	Care giving has made me physically sick.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelSleep	Numeric	Choose the number that best represents how often the statement describes your feelings.	I'm not getting enough sleep.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelSocial	Numeric	Choose the number that best represents how often the statement describes your feelings.	My social life has suffered.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelTired	Numeric	Choose the number that best represents how often the statement describes your feelings.	I'm physically tired.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelUncomfortable	Numeric	Choose the number that best represents how often the statement describes your feelings.	I feel uncomfortable when I have friends over.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	
PsychFeelWatchAlways	Numeric	Choose the number that best represents how often the statement describes your feelings.	I have to watch him/her constantly.		0	Never	
					1	Rarely	
					2	Sometimes	
					3	Quite Frequently	
					4	Nearly Always	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychHallucinationDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth.' (PsychHallucinationLastMonth== 1)
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
PsychHallucinationLastMonth	Numeric	Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychHallucinationSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth.' (PsychHallucinationLastMonth== 1)
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						dramatic change)	
PsychSympStart	Numeric	You mentioned the person you care for with Parkinson's disease experiences psychosis symptoms. In what year did your (Relationship) start experiencing Parkinson's disease psychosis symptoms? Please type the year the psychosis symptoms began.			Year Text	Year started experiencing symptoms	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthActionAdjustMed	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	The doctor adjusted or stopped current medication(s)		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthActionNewMed	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms,	The doctor gave the person I care for a new medication to take		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		which, if any, of the following happened?					on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthActionNone	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	None of the above/The doctor did not think the symptoms were serious enough to require treatment		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthActionOrderTest	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the	The doctor ordered tests to be done		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based on communication(s)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		following happened?					you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthActionOther	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	Another decision was made		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthActionReferOther	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	The doctor referred my (Relationship) to another health care provider		1	Checked	Participants are only presented this question if they 'checked' at least one of the sub-choices in the question, 'Based on communication(s) you've had with your

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							(Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?' except for the sub-choice, 'I have never communicated with the doctor about my (relationship) psychosis symptoms.'
PsychHealthCommAlone	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	During the appointment, but without my (Relationship) in the room		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommEmail	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	Through emails to the doctor, without my (Relationship) knowing		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommInRoom	Numeric	Based on communication(s)	During the appointment,		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	with my (Relationship) in the room				question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommNever	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	I have never communicated with the doctor about my (Relationship)'s psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommOnline	Numeric	Based on communication(s) you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?	Through an online patient portal (outside of appointments)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommOther	Numeric	Based on communication(s)	Some other way		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		you've had with your (Relationship)'s doctor about their psychosis symptoms, which, if any, of the following happened?					question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychHealthCommPrefer	Numeric	How do you most prefer to communicate with the doctor your (Relationship) sees for their Parkinson's disease about their psychosis symptoms?			1	During the appointment, with my (Relationship) in the room	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
					2	During the appointment, but without my (Relationship) in the room	
					3	Through an online patient portal (outside of appointments)	
					4	Through emails to the doctor, without my (Relationship) knowing	
					5	Some other way	
					6	I do not feel the need to communicate with the doctor about my (Relationship)'s psychosis symptoms	
PsychImpatientDistress	Numeric	Please rate the DISTRESS you experience due to this			0	Not distressing at all	Participants are only presented this question if they
					1	Minimal (slightly	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptom below (how it affects you).				distressing, not a problem to cope with)	answered 'Yes' to the question in Variable 'PsychImpatientLast Month.' (PsychImpatientLast Month== 1)
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychImpatientLastMonth	Numeric	Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activites? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	:
					2	No	
PsychImpatientSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychImpatientLast Month.' (PsychImpatientLast
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						prominent, a dramatic change)	Month== 1)
PsychImpulsiveDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychImpulsiveLast Month.' (PsychImpulsiveLast Month== 1)
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychImpulsiveLastMonth	Numeric	Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychImpulsiveSeverity	Numeric	Please rate the SEVERITY of the			1	Mild (noticeable, but not a	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptom below (how it affects the patient).				significant change)	question if they answered 'Yes' to the question in Variable 'PsychImpulsiveLast Month.' (PsychImpulsiveLast Month== 1)
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychKnowOfMedication	Numeric	As far as you know, are there any medications available to treat Parkinson's disease psychosis symptoms (i.e., hallucinations, delusions, and/or paranoia), or not?			1	Yes	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
					2	No	
PsychLearnHelpCause	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	Information on the causes of psychosis		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpHandleEpisode	Numeric	What information, if any, would have been most helpful to have when the person you care for with	Information on how best to handle the person you care for when		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease started experiencing psychosis symptoms?	they experience a psychosis episode				'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpMeds	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	Information on medication to treat psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpNone	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	None		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpOther	Numeric	What information, if any, would have been most helpful to have when the person you care for with	Some other type of information		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease started experiencing psychosis symptoms?					'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpReading	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	Information on books and/or articles to read about psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpSupport	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	Information on support groups		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpSymptoms	Numeric	What information, if any, would have been most helpful to have when the person you care for with	Information explaining the symptoms of psychosis (i.e., hallucinations,		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Parkinson's disease started experiencing psychosis symptoms?	delusions, and paranoia)				'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnHelpTreat	Numeric	What information, if any, would have been most helpful to have when the person you care for with Parkinson's disease started experiencing psychosis symptoms?	Information on the treatments for psychosis in PD		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychLearnPsychosis	Numeric	How did you first learn about Parkinson's disease psychosis?			1	The doctor of the patient I care for with Parkinson's disease informed me about psychosis	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
					2	When the person I care for started experiencing psychosis symptoms	
					3	Someone at a support group informed me	
					4	From a PD organization such as Parkinson's Foundation, MJFF, APDA	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Research I did myself online or through books	
					6	From a television commercial	
					7	Some other way	
PsychLessInterestDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychLessInterestLastMonth.' (PsychLessInterestLastMonth== 1)
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychLessInterestLastMonth	Numeric	Does the patient seem less interested in his/her usual activities or in the activities and plans for others? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychLessInterestSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychLessInterestLastMonth.' (PsychLessInterestLastMonth== 1)
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychMedAdvocateCare	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	If I could no longer care for them due to the psychosis symptoms they were experiencing		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateDangerMe	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	If they became a danger to you (the caregiver) or others due to their psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateDangerThem	Numeric	What would make you more likely to	If they became a danger to		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		advocate for medicine to treat the psychosis symptoms of your (Relationship)	themselves due to their psychosis symptoms				question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateImpactMe	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	If the psychosis symptoms were negatively impacting me as a caregiver in other ways than feeling as if I was in danger		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateImpactThem	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	If the psychosis symptoms were negatively impacting the patient in other ways than being a danger to themselves		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateLikely	Numeric	How likely are you to advocate for			1 2	Very likely Somewhat likely	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		medicine to treat the psychosis symptoms of the person you care for with Parkinson's disease?			3	Slightly likely	question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
					4	Not at all likely	
PsychMedAdvocateNothing	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	Nothing would make me more likely to advocate for medication to treat psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedAdvocateOther	Numeric	What would make you more likely to advocate for medicine to treat the psychosis symptoms of your (Relationship)	Some other reason		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedClonazepam	Numeric	Does the person you care for take any of	Clonazepam (Klonopin)		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the following medication(s)? (Relationship)					question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedClozapine	Numeric	Does the person you care for take any of the following medication(s)?	Clozapine (Clozaril)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedDonepezil	Numeric	Does the person you care for take any of the following medication(s)?	Donepezil (Aricept)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedDontKnow	Numeric	Does the person you care for take any of	I do not know the		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the following medication(s)?	medication(s) they currently take				question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedHaloperidol	Numeric	Does the person you care for take any of the following medication(s)?	Haloperidol (Haldol)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedLorazepam	Numeric	Does the person you care for take any of the following medication(s)?	Lorazepam (Ativan)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedMemantine	Numeric	Does the person you care for take any of	Memantine (Namenda)		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the following medication(s)?					question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedNoneAbove	Numeric	Does the person you care for take any of the following medication(s)?	None of the above		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPimavanserin	Numeric	Does the person you care for take any of the following medication(s)?	Pimavanserin (Nuplazid)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptCare	Numeric	What prompted your (Relationship) health	As a caregiver, I		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		care provider to prescribe medication to treat their psychosis symptoms?	could no longer provide adequate care due to their psychosis symptoms				question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptDangerOther	Numeric	What prompted your (Relationship) health care provider to prescribe medication to treat their osychosis symptoms?	They became a danger to others		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptDangerThem	Numeric	What prompted your (Relationship) health care provider to prescribe medication to treat their osychosis symptoms?	They became a danger to themselves		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptOther	Numeric	What prompted your (Relationship) health	Some other reason		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		care provider to prescribe medication to treat their osychosis symptoms?					question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptScareMe	Numeric	What prompted your (Relationship) health care provider to prescribe medication to treat their osychosis symptoms?	Their psychosis symptoms were scaring or otherwise negatively impacting me as a caregiver		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedPromptScareThem	Numeric	What prompted your (Relationship) health care provider to prescribe medication to treat their osychosis symptoms?	The psychosis symptoms were scaring or otherwise negatively impacting my(Relationship)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedQuetiapine	Numeric	Does the person you care for take any of	Quetiapine (Seroquel)		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the following medication(s)?					question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychMedRivastagimine	Numeric	Does the person you care for take any of the following medication(s)?	Rivastagimine (Exelon)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychNoCommCantDo	Numeric	Why have you not previously discussed the psychosis symptoms the person you care for Experiences with their doctor?	I feel there is nothing the doctor can do about it.		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychNoCommEmbarrassed	Numeric	Why have you not previously discussed the psychosis symptoms the person you care for	I feel discussing the psychosis embarrasses my		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		Experiences with their doctor?	(Relationship) so I don't want to talk about it in front of them.				Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychNoCommManage	Numeric	Why have you not previously discussed the psychosis symptoms the person you care for Experiences with their doctor?	I can manage the psychosis, so I don't feel it's necessary to discuss.		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychNoCommNormal	Numeric	Why have you not previously discussed the psychosis symptoms the person you care for Experiences with their doctor?	I feel it's a normal part of the disease.		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychNoCommNotBother	Numeric	Why have you not previously discussed the psychosis symptoms the person you care for Experiences with their doctor?	Psychosis is not as bothersome as other symptoms and I focus on the more bothersome symptoms when speaking with the doctor.		1	Checked	Participants are only presented this question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychNoCommOther	Numeric	Why have you not previously discussed	Some other reason		1	Checked	Participants are only presented this

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		the psychosis symptoms the person you care for Experiences with their doctor?					question if they answered 'Checked' to the question in Variable 'PsychHealthCommNever'. (PsychHealthCommNever'== 1)
PsychOutsideWork	Numeric	Do you currently work outside the home?			1	Yes	
					2	No	
PsychPhysSympHair	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Hair loss		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympHeadache	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Headaches		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympNone	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Have not experienced any physical symptoms		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympOther	Numeric	What physical	Some other		1	Checked	All Variables with

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	physical symptom/s				prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympPain	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Physical pain		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympSleep	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Difficulty sleeping		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympTired	Numeric	What physical symptoms, if any, do you associate with being a caregiver of someone with Parkinson's disease?	Exhaustion		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPhysSympWeight	Numeric	What physical symptoms, if any, do you associate with being a caregiver of	Changes in weight		1	Checked	All Variables with prefix "PsychPhysSymp" are part of a large

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		someone with Parkinson's disease?					multi-subitem question with the specific subitem shown as the Sub Choice.
PsychPrincipal	Numeric	Are you the principal caregiver for your (Relationship)?			1	Yes	
					2	No	
PsychRelationship	Numeric	What is your relationship to the person you care for with Parkinson's disease?			1	They are my spouse/partner	
					2	They are my parent	
					3	They are my sibling	
					5	They are my employer	
					6	Some other relationship	
PsychRepetitionDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychRepetitionLastMonth.' (PsychRepetitionLastMonth== 1).
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
PsychRepetitionLastMonth	Numeric	Does the patient engage in repetitive activities such as			1	Yes	
					2	No	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		pacing around the house, handling buttons, wrapping string, or doing other things repeteadly? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".					
PsychRepetitionSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychRepetitionLast Month.' (PsychRepetitionLast Month== 1).
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychResistHelpDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychResistHelpLast Month.' (PsychResistHelpLast Month== 1).
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychResistHelpLastMonth	Numeric	Is the patient resistive to help from others at times, or hard to handle? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychResistHelpSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychResistHelpLastMonth.' (PsychResistHelpLastMonth== 1)
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychResponsibilityEmergency	Numeric	Which of the following responsibilities do you have as a caregiver?	Handling a crisis or medical emergency		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityEmotional	Numeric	Which of the following responsibilities do you have as a caregiver?	Providing emotional support		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							shown as the Sub Choice.
PsychResponsibilityFinance	Numeric	Which of the following responsibilities do you have as a caregiver?	Financial responsibilities		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityFood	Numeric	Which of the following responsibilities do you have as a caregiver?	Food preparation		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityHealth	Numeric	Which of the following responsibilities do you have as a caregiver?	General health care (such as scheduling medical appointments, making sure they get to appointments, etc., but does not include medications)		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityHome	Numeric	Which of the following responsibilities do you have as a caregiver?	Home organization (e.g., cleaning and organizing the home)		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
							Choice.
PsychResponsibilityMedication	Numeric	Which of the following responsibilities do you have as a caregiver?	Obtaining and/or administering prescribed medications		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityMobility	Numeric	Which of the following responsibilities do you have as a caregiver?	Mobility assistance (e.g., helping them getting up from a chair, assisting with balance)		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityOther	Numeric	Which of the following responsibilities do you have as a caregiver?	Another responsibility		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityPersonal	Numeric	Which of the following responsibilities do you have as a caregiver?	Assisting with personal care (e.g., helping with bathing, grooming, dressing, etc.)		1	Checked	All Variables with prefix "PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychResponsibilityTransport	Numeric	Which of the following	Transportation		1	Checked	All Variables with prefix

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		responsibilities do you have as a caregiver?					"PsychResponsibility" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychRole	Numeric	Which of the following best describes your role as a caregiver?			1	I am not a paid caregiver and I live with my (Relationship)	
					2	I am not a paid caregiver and I do not live with my (Relationship)	
					3	I am a paid caregiver and I live with my (Relationship)	
					4	I am a paid caregiver and I do not live with my (Relationship)	
PsychStrategyCounsel	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Receiving mental health counseling (e.g., speak to a therapist)		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyExercise	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Exercising		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychStrategyFriend	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Talking to a family member or friend		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyGetAway	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Getting away from the caregiver role (e.g., working in the yard, going grocery shopping, taking time off, etc.)		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyGroup	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Participating in support groups (in-person or online)		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyMeditation	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Meditating		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyNone	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of	Nothing is helpful to cope with the burden of		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		caregiving for someone with Parkinson's disease?	being a caregiver				subitem question with the specific subitem shown as the Sub Choice.
PsychStrategyOther	Numeric	What strategies, if any, do you find are most helpful to cope with the challenges of caregiving for someone with Parkinson's disease?	Some other coping strategy		1	Checked	All Variables with prefix "PsychStrategy" are part of a large multi-subitem question with the specific subitem shown as the Sub Choice.
PsychSympStrategyConvince	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	Trying to convince them they are not seeing, hearing, or feeling what they claim is happening		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyDistract	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	Attempting to distract them (e.g., putting on music or going for a walk)		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyGoAlong	Numeric	When your	Going along		1	Checked	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	with it (e.g., 'shoo-ing' away the 'people in the yard')				presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyHelp	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	Calling in help		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyNone	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	I do not find anything helpful when the person I care for is experiencing psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyOther	Numeric	When your	Some other		1	Checked	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	coping strategy				presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyRelax	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	Trying to relax them by giving calming reassurance and support		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyRemoveSelf	Numeric	When your (Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	Removing yourself from the situation		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychSympStrategyRestrain	Numeric	When your	Gently		1	Checked	Participants are only

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		(Relationship) is experiencing psychosis symptoms, what strategies, if any, do you find most helpful to handle the psychosis episode? Please select up to three strategies.	restraining them				presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychTimeWeek	Numeric	How much time per week do you spend caring for your (Relationship)?			1	I care for my (Relationship) full time	
					2	I care for my (Relationship) a few hours a day every day, but I am not with them full time	
					3	I care for my (Relationship) a few days a week, but do not provide care for them every day	
					4	I care for my (Relationship) one day during the week or less	
PsychUpsetSeparateDistress	Numeric	Please rate the DISTRESS you experience due to this symptom below (how it affects you).			0	Not distressing at all	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychUpsetSeparateLastMonth.' (PsychUpsetSeparate
					1	Minimal (slightly distressing, not a problem to cope with)	
					2	Mild (not very distressing,	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
						generally easy to cope with)	LastMonth== 1).
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
PsychUpsetSeparateLastMonth	Numeric	Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychUpsetSeparateSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychUpsetSeparate LastMonth.' (PsychUpsetSeparate LastMonth== 1).
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	
PsychWeightChangeDistress	Numeric	Please rate the DISTRESS you experience due to this			0	Not distressing at all	Participants are only presented this question if they
					1	Minimal (slightly	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
		symptom below (how it affects you).				distressing, not a problem to cope with)	answered 'Yes' to the question in Variable 'PsychWeightChange LastMonth.' (PsychWeightChange LastMonth== 1).
					2	Mild (not very distressing, generally easy to cope with)	
					3	Moderate (fairly distressing, not always easy to cope with)	
					4	Severe (very distressing, difficult to cope with)	
					5	Extreme or Very Severe (extremely distressing, unable to cope with)	
PsychWeightChangeLastMonth	Numeric	Has the patient lost or gained weight, or had a change in the type of food he/she has? Select "Yes" only if the symptom(s) has been present in the last month. Otherwise, select "No".			1	Yes	
					2	No	
PsychWeightChangeSeverity	Numeric	Please rate the SEVERITY of the symptom below (how it affects the patient).			1	Mild (noticeable, but not a significant change)	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychWeightChange LastMonth.' (PsychWeightChange LastMonth== 1).
					2	Moderate (significant, but not a dramatic change)	
					3	Severe (very marked or prominent, a dramatic change)	

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychYourEmotionAnxiety	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Anxiety/ Feeling anxious		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionDepression	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Depression and/or sadness		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionEmbarrass	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Embarrassment		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychYourEmotionFear	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Fear		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionFrustration	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Frustration		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionNone	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	I do not experience emotions when thinking about psychosis symptoms		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)

Variable	Data Type	Question Text	Sub-Choice-1	Sub-Choice-2	Value	Value Description	Notes/Resources
PsychYourEmotionOther	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Another emotion		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionOverwhelmed	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Feeling overwhelmed		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)
PsychYourEmotionUncomfortable	Numeric	Thinking about when your (Relationship) has had PD psychosis symptoms, which of the following emotions, if any, have you experienced?	Being uncomfortable		1	Checked	Participants are only presented this question if they answered 'Yes' to the question in Variable 'PsychHallucinationLastMonth' or 'PsychFalseBeliefLastMonth.' (PsychHallucinationLastMonth== 1 or PsychFalseBeliefLastMonth == 1)