



CON-TEX

 Codebook ▾

 Data Dictionary Codebook

06/24/2016 12:47pm

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																																																																						
Instrument: Participant Characteristics																																																																									
1	record_id	Record ID	text																																																																						
2	study_part_id	Study Participant ID	text																																																																						
3	site	Enrollment site	radio <table border="1"> <tr><td>1</td><td>Children's Dallas</td></tr> <tr><td>2</td><td>Children's Legacy</td></tr> <tr><td>3</td><td>Children's Southlake</td></tr> <tr><td>4</td><td>TH Ben Hogan</td></tr> <tr><td>5</td><td>Scottish Rite</td></tr> <tr><td>6</td><td>UT Southwestern</td></tr> </table>	1	Children's Dallas	2	Children's Legacy	3	Children's Southlake	4	TH Ben Hogan	5	Scottish Rite	6	UT Southwestern																																																										
1	Children's Dallas																																																																								
2	Children's Legacy																																																																								
3	Children's Southlake																																																																								
4	TH Ben Hogan																																																																								
5	Scottish Rite																																																																								
6	UT Southwestern																																																																								
4	date_enrolled	Date subject signed consent MM-DD-YYYY	text (date_mdy)																																																																						
5	patient_document	Upload the patient's consent form	file																																																																						
6	first_name	First Name	text, Identifier																																																																						
7	middle_initial	Middle Initial	text, Identifier																																																																						
8	last_name	Last Name	text, Identifier																																																																						
9	other_names	Other Names	text, Identifier																																																																						
10	address	Street:	text, Identifier																																																																						
11	city	City:	text, Identifier																																																																						
12	state	State	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Texas</td></tr> <tr><td>2</td><td>Alabama</td></tr> <tr><td>3</td><td>Alaska</td></tr> <tr><td>4</td><td>Arizona</td></tr> <tr><td>5</td><td>Arkansas</td></tr> <tr><td>6</td><td>California</td></tr> <tr><td>7</td><td>Colorado</td></tr> <tr><td>8</td><td>Connecticut</td></tr> <tr><td>9</td><td>Delaware</td></tr> <tr><td>10</td><td>Florida</td></tr> <tr><td>11</td><td>Georgia</td></tr> <tr><td>12</td><td>Hawaii</td></tr> <tr><td>13</td><td>Idaho</td></tr> <tr><td>14</td><td>Illinois</td></tr> <tr><td>15</td><td>Indiana</td></tr> <tr><td>16</td><td>Iowa</td></tr> <tr><td>17</td><td>Kansas</td></tr> <tr><td>18</td><td>Kentucky</td></tr> <tr><td>19</td><td>Louisiana</td></tr> <tr><td>20</td><td>Maine</td></tr> <tr><td>21</td><td>Maryland</td></tr> <tr><td>22</td><td>Massachusetts</td></tr> <tr><td>23</td><td>Michigan</td></tr> <tr><td>24</td><td>Minnesota</td></tr> <tr><td>25</td><td>Mississippi</td></tr> <tr><td>26</td><td>Missouri</td></tr> <tr><td>27</td><td>Montana</td></tr> <tr><td>28</td><td>Nebraska</td></tr> <tr><td>29</td><td>Nevada</td></tr> <tr><td>30</td><td>New Hampshire</td></tr> <tr><td>31</td><td>New Jersey</td></tr> <tr><td>32</td><td>New Mexico</td></tr> <tr><td>33</td><td>New York</td></tr> <tr><td>34</td><td>North Carolina</td></tr> <tr><td>35</td><td>North Dakota</td></tr> </table>	1	Texas	2	Alabama	3	Alaska	4	Arizona	5	Arkansas	6	California	7	Colorado	8	Connecticut	9	Delaware	10	Florida	11	Georgia	12	Hawaii	13	Idaho	14	Illinois	15	Indiana	16	Iowa	17	Kansas	18	Kentucky	19	Louisiana	20	Maine	21	Maryland	22	Massachusetts	23	Michigan	24	Minnesota	25	Mississippi	26	Missouri	27	Montana	28	Nebraska	29	Nevada	30	New Hampshire	31	New Jersey	32	New Mexico	33	New York	34	North Carolina	35	North Dakota
1	Texas																																																																								
2	Alabama																																																																								
3	Alaska																																																																								
4	Arizona																																																																								
5	Arkansas																																																																								
6	California																																																																								
7	Colorado																																																																								
8	Connecticut																																																																								
9	Delaware																																																																								
10	Florida																																																																								
11	Georgia																																																																								
12	Hawaii																																																																								
13	Idaho																																																																								
14	Illinois																																																																								
15	Indiana																																																																								
16	Iowa																																																																								
17	Kansas																																																																								
18	Kentucky																																																																								
19	Louisiana																																																																								
20	Maine																																																																								
21	Maryland																																																																								
22	Massachusetts																																																																								
23	Michigan																																																																								
24	Minnesota																																																																								
25	Mississippi																																																																								
26	Missouri																																																																								
27	Montana																																																																								
28	Nebraska																																																																								
29	Nevada																																																																								
30	New Hampshire																																																																								
31	New Jersey																																																																								
32	New Mexico																																																																								
33	New York																																																																								
34	North Carolina																																																																								
35	North Dakota																																																																								

			<table border="1"> <tr><td>36</td><td>Ohio</td></tr> <tr><td>37</td><td>Oklahoma</td></tr> <tr><td>38</td><td>Oregon</td></tr> <tr><td>39</td><td>Pennsylvania</td></tr> <tr><td>40</td><td>Rhode Island</td></tr> <tr><td>41</td><td>South Carolina</td></tr> <tr><td>42</td><td>South Dakota</td></tr> <tr><td>43</td><td>Tennessee</td></tr> <tr><td>44</td><td>Utah</td></tr> <tr><td>45</td><td>Vermont</td></tr> <tr><td>46</td><td>Virginia</td></tr> <tr><td>47</td><td>Washington</td></tr> <tr><td>48</td><td>West Virginia</td></tr> <tr><td>49</td><td>Wisconsin</td></tr> <tr><td>50</td><td>Wyoming</td></tr> </table>	36	Ohio	37	Oklahoma	38	Oregon	39	Pennsylvania	40	Rhode Island	41	South Carolina	42	South Dakota	43	Tennessee	44	Utah	45	Vermont	46	Virginia	47	Washington	48	West Virginia	49	Wisconsin	50	Wyoming
36	Ohio																																
37	Oklahoma																																
38	Oregon																																
39	Pennsylvania																																
40	Rhode Island																																
41	South Carolina																																
42	South Dakota																																
43	Tennessee																																
44	Utah																																
45	Vermont																																
46	Virginia																																
47	Washington																																
48	West Virginia																																
49	Wisconsin																																
50	Wyoming																																
13	zip	ZIP Code	text (zipcode), Identifier																														
14	telephone_1	Participant Cell Phone Number	text (phone), Identifier																														
15	telephone_2	Participant Home Phone Number Include Area Code	text (phone), Identifier																														
16	email	Participant E-mail This email is used to send 3-month follow-up surveys	text (email), Identifier																														
17	alt_cont	Alternate contact name	text, Identifier																														
18	alt_contact_rel	Alternate contact relationship Parent, Spouse, Roommate, etc.	text																														
19	telephone_3	Alternate Phone Number	text (phone), Identifier																														
20	alt_email	Alternate E-mail	text (email), Identifier																														
21	dob	Date of birth	text (date_mdy), Identifier																														
22	age	Age:	calc Calculation: rounddown(datediff([date_enrolled], [dob],"y","mdy"))																														
23	ss	Social Security Number	text, Identifier																														
24	velos	Velos ID Number (Auto-generated by Velos when entering Clin Card info)	text, Identifier																														
25	sex	What is your gender?	radio <table border="1"> <tr><td>0</td><td>Female</td></tr> <tr><td>1</td><td>Male</td></tr> </table>	0	Female	1	Male																										
0	Female																																
1	Male																																
26	ethnicity	What is your ethnicity?	radio <table border="1"> <tr><td>1</td><td>NOT Hispanic or Latino</td></tr> <tr><td>0</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Unknown / Not Reported</td></tr> </table>	1	NOT Hispanic or Latino	0	Hispanic or Latino	2	Unknown / Not Reported																								
1	NOT Hispanic or Latino																																
0	Hispanic or Latino																																
2	Unknown / Not Reported																																
27	race	What is your race?	dropdown <table border="1"> <tr><td>0</td><td>American Indian/Alaska Native</td></tr> <tr><td>1</td><td>Asian</td></tr> <tr><td>2</td><td>Native Hawaiian or Other Pacific Islander</td></tr> <tr><td>3</td><td>Black or African American</td></tr> <tr><td>4</td><td>White</td></tr> <tr><td>5</td><td>More Than One Race</td></tr> <tr><td>6</td><td>Unknown / Not Reported</td></tr> </table>	0	American Indian/Alaska Native	1	Asian	2	Native Hawaiian or Other Pacific Islander	3	Black or African American	4	White	5	More Than One Race	6	Unknown / Not Reported																
0	American Indian/Alaska Native																																
1	Asian																																
2	Native Hawaiian or Other Pacific Islander																																
3	Black or African American																																
4	White																																
5	More Than One Race																																
6	Unknown / Not Reported																																
28	primary_language	What is your primary language?	radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Other</td></tr> </table>	1	English	2	Spanish	3	Other																								
1	English																																
2	Spanish																																
3	Other																																
29	primary_language_other	Other- Please Specify Show the field ONLY if: [primary_language] = '3'	text																														
30	languages_spoken	Which languages do you speak fluently?	checkbox <table border="1"> <tr><td>1</td><td>languages_spoken__1</td><td>English</td></tr> <tr><td>2</td><td>languages_spoken__2</td><td>Spanish</td></tr> <tr><td>3</td><td>languages_spoken__3</td><td>Other</td></tr> </table>	1	languages_spoken__1	English	2	languages_spoken__2	Spanish	3	languages_spoken__3	Other																					
1	languages_spoken__1	English																															
2	languages_spoken__2	Spanish																															
3	languages_spoken__3	Other																															
31	languages_spoken_other	Other- Please Specify Show the field ONLY if: [languages_spoken(3)] = '1'	text																														
32	birth_country_usa	What is your country of birth?	radio <table border="1"> <tr><td>1</td><td>USA</td></tr> <tr><td>2</td><td>Other</td></tr> </table>	1	USA	2	Other																										
1	USA																																
2	Other																																
33	birth_country_other	Other - Please Specify Show the field ONLY if:	text																														

	[birth_country_usa] = '2'																																																
34	hand_preference	What is your hand preference?	radio <table border="1"> <tr><td>1</td><td>Right</td></tr> <tr><td>2</td><td>Left</td></tr> <tr><td>3</td><td>Ambidextrous</td></tr> </table>	1	Right	2	Left	3	Ambidextrous																																								
1	Right																																																
2	Left																																																
3	Ambidextrous																																																
35	height	Height (cm) Height Converter (ft to cm)	text (number, Min: 80, Max: 240)																																														
36	weight	Weight (kg) Weight Converter (lbs to kgs)	text (number, Min: 10, Max: 184)																																														
37	bmi	BMI	calc Calculation: [weight]*10000/([height]*[height])																																														
38	education_year_count	How many years of school have you completed?	dropdown <table border="1"> <tr><td>22</td><td>0 (Still in Kindergarten or Pre-K/ daycare)</td></tr> <tr><td>0</td><td>Kindergarten</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12 (High School Degree)</td></tr> <tr><td>21</td><td>GED</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16 (Bachelor's degree)</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18 (Master's)</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20 (PhD or more)</td></tr> </table>	22	0 (Still in Kindergarten or Pre-K/ daycare)	0	Kindergarten	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12 (High School Degree)	21	GED	13	13	14	14	15	15	16	16 (Bachelor's degree)	17	17	18	18 (Master's)	19	19	20	20 (PhD or more)
22	0 (Still in Kindergarten or Pre-K/ daycare)																																																
0	Kindergarten																																																
1	1																																																
2	2																																																
3	3																																																
4	4																																																
5	5																																																
6	6																																																
7	7																																																
8	8																																																
9	9																																																
10	10																																																
11	11																																																
12	12 (High School Degree)																																																
21	GED																																																
13	13																																																
14	14																																																
15	15																																																
16	16 (Bachelor's degree)																																																
17	17																																																
18	18 (Master's)																																																
19	19																																																
20	20 (PhD or more)																																																
39	learning_disability	Have you ever been diagnosed with a learning disability?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																										
1	Yes																																																
0	No																																																
40	learning_disability_type Show the field ONLY if: [learning_disability] = '1'	Which learning disability type? Check all that apply	checkbox <table border="1"> <tr><td>1</td><td>learning_disability_type__1</td><td>Dyslexia</td></tr> <tr><td>2</td><td>learning_disability_type__2</td><td>ADD/ADHD</td></tr> <tr><td>3</td><td>learning_disability_type__3</td><td>Sensorimotor Integration Deficit</td></tr> <tr><td>4</td><td>learning_disability_type__4</td><td>Other</td></tr> </table>	1	learning_disability_type__1	Dyslexia	2	learning_disability_type__2	ADD/ADHD	3	learning_disability_type__3	Sensorimotor Integration Deficit	4	learning_disability_type__4	Other																																		
1	learning_disability_type__1	Dyslexia																																															
2	learning_disability_type__2	ADD/ADHD																																															
3	learning_disability_type__3	Sensorimotor Integration Deficit																																															
4	learning_disability_type__4	Other																																															
41	other_id_type Show the field ONLY if: [learning_disability_type(4)] = '1'	Other- Please specify	text																																														
42	special_education	Have you received Special Education?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																										
1	Yes																																																
0	No																																																
43	special_education_type Show the field ONLY if: [special_education] = '1'	Special Education Type Check all that apply	checkbox <table border="1"> <tr><td>1</td><td>special_education_type__1</td><td>English as a Second Language/ English Language Learner (ESL/ELL)</td></tr> <tr><td>2</td><td>special_education_type__2</td><td>Individualized Education Program (IEP)</td></tr> <tr><td>3</td><td>special_education_type__3</td><td>Speech-Language Therapy</td></tr> <tr><td>4</td><td>special_education_type__4</td><td>Dyslexia Services</td></tr> <tr><td>5</td><td>special_education_type__5</td><td>Auditory Impairment Services</td></tr> <tr><td>6</td><td>special_education_type__6</td><td>Autism/Total Communication (TC)</td></tr> <tr><td>7</td><td>special_education_type__7</td><td>Behavior Program</td></tr> <tr><td>8</td><td>special_education_type__8</td><td>Functional Living Skills Program (FLS)/Activities of Daily Living (ADL)</td></tr> <tr><td>9</td><td>special_education_type__9</td><td>504</td></tr> <tr><td>10</td><td>special_education_type__10</td><td>Other</td></tr> </table>	1	special_education_type__1	English as a Second Language/ English Language Learner (ESL/ELL)	2	special_education_type__2	Individualized Education Program (IEP)	3	special_education_type__3	Speech-Language Therapy	4	special_education_type__4	Dyslexia Services	5	special_education_type__5	Auditory Impairment Services	6	special_education_type__6	Autism/Total Communication (TC)	7	special_education_type__7	Behavior Program	8	special_education_type__8	Functional Living Skills Program (FLS)/Activities of Daily Living (ADL)	9	special_education_type__9	504	10	special_education_type__10	Other																
1	special_education_type__1	English as a Second Language/ English Language Learner (ESL/ELL)																																															
2	special_education_type__2	Individualized Education Program (IEP)																																															
3	special_education_type__3	Speech-Language Therapy																																															
4	special_education_type__4	Dyslexia Services																																															
5	special_education_type__5	Auditory Impairment Services																																															
6	special_education_type__6	Autism/Total Communication (TC)																																															
7	special_education_type__7	Behavior Program																																															
8	special_education_type__8	Functional Living Skills Program (FLS)/Activities of Daily Living (ADL)																																															
9	special_education_type__9	504																																															
10	special_education_type__10	Other																																															

44	special_ed_other Show the field ONLY if: [special_education_type(10)] = '1'	Other - specify	text
45	repeated_yrs_school	Did you repeat one or more years of school?	yesno 1 Yes 0 No
46	student_status	Are you currently enrolled in school?	radio 1 Full-time student 2 Part-time student 3 Not enrolled in school
47	school_type Show the field ONLY if: [student_status] = '1' or [student_status] = '2'	School type	radio 1 Public 2 Private 3 Charter 4 College
48	school_district Show the field ONLY if: [school_type] = '1'	School District:	text
49	charter_name Show the field ONLY if: [school_type] = '3'	Charter Name:	text, Identifier
50	school_name Show the field ONLY if: [student_status] = '1' or [student_status] = '2'	School name:	text, Identifier
51	employment_status	Are you currently employed?	radio 7 Student only 1 Full-time employment 2 Part-time employment 3 Unemployed 4 Homemaker 5 Retired 6 Other
52	employment_other Show the field ONLY if: [employment_status] = '6'	Other - Please specify	text
53	employed_toi	Were you employed at the time of the concussion?	radio 7 Student only 1 Full-time employment 2 Part-time employment 3 Unemployed 4 Homemaker 5 Retired 6 Other
54	employed_doi_other Show the field ONLY if: [employed_toi] = '6'	Other - Please specify	text
55	participant_characteristics_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Participant And Family Medical History

56	med_hx_cond	Have you been diagnosed with a serious medical condition (i.e., diabetes, asthma, hypertension)? Any chronic cond. requiring medical care	yesno 1 Yes 0 No
57	med_ill Show the field ONLY if: [med_hx_cond] = '1'	If yes, what?	text
58	med_hx_hosp	Have you been hospitalized in the past year? Not including the current concussion	yesno 1 Yes 0 No
59	med_hx_hosp_why Show the field ONLY if: [med_hx_hosp] = '1'	If yes, why? (asthma, surgery, other, etc.)	text
60	med_hx_probs	Have you had any problems with? Not including the current concussion	checkbox

			<table border="1"> <tr><td>1</td><td>med_hx_probs__1</td><td>Heart</td></tr> <tr><td>2</td><td>med_hx_probs__2</td><td>Bones and joints</td></tr> <tr><td>3</td><td>med_hx_probs__3</td><td>Brain and nerves</td></tr> <tr><td>4</td><td>med_hx_probs__4</td><td>Emotional health</td></tr> <tr><td>5</td><td>med_hx_probs__5</td><td>Other</td></tr> <tr><td>0</td><td>med_hx_probs__0</td><td>None</td></tr> </table>	1	med_hx_probs__1	Heart	2	med_hx_probs__2	Bones and joints	3	med_hx_probs__3	Brain and nerves	4	med_hx_probs__4	Emotional health	5	med_hx_probs__5	Other	0	med_hx_probs__0	None
1	med_hx_probs__1	Heart																			
2	med_hx_probs__2	Bones and joints																			
3	med_hx_probs__3	Brain and nerves																			
4	med_hx_probs__4	Emotional health																			
5	med_hx_probs__5	Other																			
0	med_hx_probs__0	None																			
61	med_hx_probs_other Show the field ONLY if: [med_hx_probs(5)] = '1'	Other (please specify)	text																		
62	psych_disorder	Have you been diagnosed with a psychological disorder?	yesno 1 Yes 0 No																		
63	psych_disorder_type Show the field ONLY if: [psych_disorder] = '1'	Psychological disorder type Check all that apply	checkbox 1 psych_disorder_type__1 Depression 2 psych_disorder_type__2 Anxiety 3 psych_disorder_type__3 Bipolar 4 psych_disorder_type__4 Schizophrenia 5 psych_disorder_type__5 Obsessive Compulsive Disorder 6 psych_disorder_type__6 Other																		
64	other_psych_disorder Show the field ONLY if: [psych_disorder_type(6)] = '1'	Other- Please specify	text																		
65	hx_migraine	Do you have a history of headache/migraine?	yesno 1 Yes 0 No																		
66	impact_migraine Show the field ONLY if: [hx_migraine] = '1'	Treatment for headache/migraine by physician:	yesno 1 Yes 0 No																		
67	impact_meningitis	Do you have a history of meningitis?	yesno 1 Yes 0 No																		
68	impact_brainsurgery	Do you have a history of brain surgery?	yesno 1 Yes 0 No																		
69	impact_epilepsyseizures	Do you have a history of epilepsy/seizures?	yesno 1 Yes 0 No																		
70	tobacco Show the field ONLY if: ([age] >= 10)	Have you ever smoked cigarettes (including e-cigs) or used smokeless tobacco? Check all that apply	checkbox 0 tobacco__0 No 1 tobacco__1 Cigarettes 2 tobacco__2 Smokeless tobacco																		
71	cigs Show the field ONLY if: [tobacco(1)] = '1'	How often have you smoked cigarettes (or e-cigs)?	radio 1 Once or twice 2 Occasionally but not regularly 3 Regularly in the past 4 Regularly now																		
72	smokless_tobacco Show the field ONLY if: [tobacco(2)] = '1'	How often have you taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco)?	radio 1 Once or twice 2 Occasionally but not regularly 3 Regularly in the past 4 Regularly now																		
73	etoh Show the field ONLY if: ([age] >= 10)	Have you ever had any alcoholic beverage to drink - more than just a few sips?	yesno 1 Yes 0 No																		
74	etoh_month Show the field ONLY if: [etoh] = '1'	During the past month, about how many days did you drink any alcoholic beverages?	dropdown (autocomplete) 0 Never 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8																		

			<table border="1"> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> <tr><td>31</td><td>31</td></tr> </table>	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31
9	9																																																
10	10																																																
11	11																																																
12	12																																																
13	13																																																
14	14																																																
15	15																																																
16	16																																																
17	17																																																
18	18																																																
19	19																																																
20	20																																																
21	21																																																
22	22																																																
23	23																																																
24	24																																																
25	25																																																
26	26																																																
27	27																																																
28	28																																																
29	29																																																
30	30																																																
31	31																																																
75	<p>etoh_drinks</p> <p>Show the field ONLY if:                      [etoh_month] = '1' or [etoh_month] = '2' or [etoh_month] = '3' or [etoh_month] = '4' or [etoh_month] = '5' or [etoh_month] = '6' or [etoh_month] = '7' or [etoh_month] = '8' or [etoh_month] = '9' or [etoh_month] = '10' or [etoh_month] = '11' or [etoh_month] = '12' or [etoh_month] = '13' or [etoh_month] = '14' or [etoh_month] = '15' or [etoh_month] = '16' or [etoh_month] = '17' or [etoh_month] = '18' or [etoh_month] = '19' or [etoh_month] = '20' or [etoh_month] = '21' or [etoh_month] = '22' or [etoh_month] = '23' or [etoh_month] = '24' or [etoh_month] = '25' or [etoh_month] = '26' or [etoh_month] = '27' or [etoh_month] = '28' or [etoh_month] = '29' or [etoh_month] = '30' or [etoh_month] = '31'</p>	<p>On the days when you drank, about how many drinks did you drink on average?                      A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, a mixed drink, etc.</p>	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10+</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10+																										
1	1																																																
2	2																																																
3	3																																																
4	4																																																
5	5																																																
6	6																																																
7	7																																																
8	8																																																
9	9																																																
10	10+																																																
76	<p>etoh_5drinks</p> <p>Show the field ONLY if:                      [etoh_month] = '1' or [etoh_month] = '2' or [etoh_month] = '3' or [etoh_month] = '4' or [etoh_month] = '5' or [etoh_month] = '6' or [etoh_month] = '7' or [etoh_month] = '8' or [etoh_month] = '9' or [etoh_month] = '10' or [etoh_month] = '11' or [etoh_month] = '12' or [etoh_month] = '13' or [etoh_month] = '14' or [etoh_month] = '15' or [etoh_month] = '16' or [etoh_month] = '17' or [etoh_month] = '18' or [etoh_month] = '19' or [etoh_month] = '20' or [etoh_month] = '21' or [etoh_month] = '22' or [etoh_month] = '23' or [etoh_month] = '24' or [etoh_month] = '25' or [etoh_month] = '26' or [etoh_month] = '27' or [etoh_month] = '28' or [etoh_month] = '29' or [etoh_month] = '30' or [etoh_month] = '31'</p>	<p>In the past month, how many times have you had 5 or more drinks in a row?                      A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, a mixed drink, etc.</p>	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10+</td></tr> </table>	0	Never	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10+																								
0	Never																																																
1	1																																																
2	2																																																
3	3																																																
4	4																																																
5	5																																																
6	6																																																
7	7																																																
8	8																																																
9	9																																																
10	10+																																																
77	<p>mj</p> <p>Show the field ONLY if:                      ([age] &gt;= 10)</p>	<p>Do you smoke marijuana?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																										
1	Yes																																																
0	No																																																
78	<p>mj_freq</p> <p>Show the field ONLY if:                      [mj] = '1'</p>	<p>How often?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Once or twice in my life</td></tr> <tr><td>2</td><td>Once or twice per year</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>6</td><td>More than once a day</td></tr> </table>	1	Once or twice in my life	2	Once or twice per year	3	Monthly	4	Weekly	5	Daily	6	More than once a day																																		
1	Once or twice in my life																																																
2	Once or twice per year																																																
3	Monthly																																																
4	Weekly																																																
5	Daily																																																
6	More than once a day																																																
79	<p>drugs</p> <p>Show the field ONLY if:                      ([age] &gt;= 10)</p>	<p>Have you used any illicit drugs?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																										
1	Yes																																																
0	No																																																
80	<p>impact_substanceabuse</p>	<p>Have you ever received treatment for substance/alcohol abuse?</p>	<p>yesno</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																														

	Show the field ONLY if: [etoh] = '1' or [m] = '1' or [drugs] = '1'		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
81	med	Prior to your concussion, were you taking any medication? Check all that apply	checkbox <table border="1"> <tr> <td>1</td> <td>med__1</td> <td>For pain or headache?</td> </tr> <tr> <td>2</td> <td>med__2</td> <td>To help you sleep?</td> </tr> <tr> <td>3</td> <td>med__3</td> <td>For your mood or emotions?</td> </tr> <tr> <td>4</td> <td>med__4</td> <td>For ADHD (stimulants)?</td> </tr> <tr> <td>5</td> <td>med__5</td> <td>Other</td> </tr> <tr> <td>0</td> <td>med__0</td> <td>None</td> </tr> </table>	1	med__1	For pain or headache?	2	med__2	To help you sleep?	3	med__3	For your mood or emotions?	4	med__4	For ADHD (stimulants)?	5	med__5	Other	0	med__0	None
1	med__1	For pain or headache?																			
2	med__2	To help you sleep?																			
3	med__3	For your mood or emotions?																			
4	med__4	For ADHD (stimulants)?																			
5	med__5	Other																			
0	med__0	None																			
82	med_ha Show the field ONLY if: [med(1)] = '1'	Pain or headache medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_ha__1</td> <td>NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)</td> </tr> <tr> <td>2</td> <td>med_ha__2</td> <td>Opiate (codeine, oxycodone, hydrocodone)</td> </tr> <tr> <td>3</td> <td>med_ha__3</td> <td>Triptans (migraine medications)</td> </tr> <tr> <td>4</td> <td>med_ha__4</td> <td>Other</td> </tr> </table>	1	med_ha__1	NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)	2	med_ha__2	Opiate (codeine, oxycodone, hydrocodone)	3	med_ha__3	Triptans (migraine medications)	4	med_ha__4	Other						
1	med_ha__1	NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)																			
2	med_ha__2	Opiate (codeine, oxycodone, hydrocodone)																			
3	med_ha__3	Triptans (migraine medications)																			
4	med_ha__4	Other																			
83	med_pain_other Show the field ONLY if: [med_ha(4)] = '1'	Other pain or headache medication	text																		
84	med_sleep Show the field ONLY if: [med(2)] = '1'	Sleep medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_sleep__1</td> <td>Melatonin</td> </tr> <tr> <td>2</td> <td>med_sleep__2</td> <td>Other over the counter medication (usually Benadryl)</td> </tr> <tr> <td>3</td> <td>med_sleep__3</td> <td>Prescribed medication</td> </tr> <tr> <td>4</td> <td>med_sleep__4</td> <td>Other</td> </tr> </table>	1	med_sleep__1	Melatonin	2	med_sleep__2	Other over the counter medication (usually Benadryl)	3	med_sleep__3	Prescribed medication	4	med_sleep__4	Other						
1	med_sleep__1	Melatonin																			
2	med_sleep__2	Other over the counter medication (usually Benadryl)																			
3	med_sleep__3	Prescribed medication																			
4	med_sleep__4	Other																			
85	med_sleep_other Show the field ONLY if: [med_sleep(4)] = '1'	Other sleep medication	text																		
86	med_mood Show the field ONLY if: [med(3)] = '1'	Mood or emotion medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_mood__1</td> <td>Antidepressants</td> </tr> <tr> <td>2</td> <td>med_mood__2</td> <td>Anxiolitics</td> </tr> <tr> <td>3</td> <td>med_mood__3</td> <td>Herbals</td> </tr> <tr> <td>4</td> <td>med_mood__4</td> <td>Other</td> </tr> </table>	1	med_mood__1	Antidepressants	2	med_mood__2	Anxiolitics	3	med_mood__3	Herbals	4	med_mood__4	Other						
1	med_mood__1	Antidepressants																			
2	med_mood__2	Anxiolitics																			
3	med_mood__3	Herbals																			
4	med_mood__4	Other																			
87	med_mood_other Show the field ONLY if: [med_mood(4)] = '1'	Other mood or emotion medications	text																		
88	med_other Show the field ONLY if: [med(5)] = '1'	Other medications	text																		
89	med_since_conc	Because of your concussion, have you taken any medication? Check all that apply	checkbox <table border="1"> <tr> <td>1</td> <td>med_since_conc__1</td> <td>For pain or headache?</td> </tr> <tr> <td>2</td> <td>med_since_conc__2</td> <td>To help you sleep?</td> </tr> <tr> <td>3</td> <td>med_since_conc__3</td> <td>For your mood or emotions?</td> </tr> <tr> <td>4</td> <td>med_since_conc__4</td> <td>For ADHD (stimulants)?</td> </tr> <tr> <td>5</td> <td>med_since_conc__5</td> <td>Other</td> </tr> <tr> <td>0</td> <td>med_since_conc__0</td> <td>None</td> </tr> </table>	1	med_since_conc__1	For pain or headache?	2	med_since_conc__2	To help you sleep?	3	med_since_conc__3	For your mood or emotions?	4	med_since_conc__4	For ADHD (stimulants)?	5	med_since_conc__5	Other	0	med_since_conc__0	None
1	med_since_conc__1	For pain or headache?																			
2	med_since_conc__2	To help you sleep?																			
3	med_since_conc__3	For your mood or emotions?																			
4	med_since_conc__4	For ADHD (stimulants)?																			
5	med_since_conc__5	Other																			
0	med_since_conc__0	None																			
90	med_pain Show the field ONLY if: [med_since_conc(1)] = '1'	Pain or headache medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_pain__1</td> <td>NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)</td> </tr> <tr> <td>2</td> <td>med_pain__2</td> <td>Opiate (codeine, oxycodone, hydrocodone)</td> </tr> <tr> <td>3</td> <td>med_pain__3</td> <td>Triptans (migraine medications)</td> </tr> <tr> <td>4</td> <td>med_pain__4</td> <td>Other</td> </tr> </table>	1	med_pain__1	NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)	2	med_pain__2	Opiate (codeine, oxycodone, hydrocodone)	3	med_pain__3	Triptans (migraine medications)	4	med_pain__4	Other						
1	med_pain__1	NSAID or Analgesic (ibuprofen, naproxen, acetaminophen)																			
2	med_pain__2	Opiate (codeine, oxycodone, hydrocodone)																			
3	med_pain__3	Triptans (migraine medications)																			
4	med_pain__4	Other																			
91	med_pain_other_conc Show the field ONLY if: [med_pain(4)] = '1'	Other pain or headache medication	text																		
92	med_sleep_since_conc Show the field ONLY if: [med_since_conc(2)] = '1'	Sleep medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_sleep_since_conc__1</td> <td>Melatonin</td> </tr> <tr> <td>2</td> <td>med_sleep_since_conc__2</td> <td>Other over the counter medication (usually Benadryl)</td> </tr> <tr> <td>3</td> <td>med_sleep_since_conc__3</td> <td>Prescribed medication</td> </tr> <tr> <td>4</td> <td>med_sleep_since_conc__4</td> <td>Other</td> </tr> </table>	1	med_sleep_since_conc__1	Melatonin	2	med_sleep_since_conc__2	Other over the counter medication (usually Benadryl)	3	med_sleep_since_conc__3	Prescribed medication	4	med_sleep_since_conc__4	Other						
1	med_sleep_since_conc__1	Melatonin																			
2	med_sleep_since_conc__2	Other over the counter medication (usually Benadryl)																			
3	med_sleep_since_conc__3	Prescribed medication																			
4	med_sleep_since_conc__4	Other																			
93	med_sleep_other_conc Show the field ONLY if: [med_sleep_since_conc(4)] = '1'	Other sleep medication	text																		
94	med_mood_conc Show the field ONLY if: [med_since_conc(3)] = '1'	Mood or emotion medications	checkbox <table border="1"> <tr> <td>1</td> <td>med_mood_conc__1</td> <td>Antidepressants</td> </tr> <tr> <td>2</td> <td>med_mood_conc__2</td> <td>Anxiolitics</td> </tr> <tr> <td>3</td> <td>med_mood_conc__3</td> <td>Herbals</td> </tr> </table>	1	med_mood_conc__1	Antidepressants	2	med_mood_conc__2	Anxiolitics	3	med_mood_conc__3	Herbals									
1	med_mood_conc__1	Antidepressants																			
2	med_mood_conc__2	Anxiolitics																			
3	med_mood_conc__3	Herbals																			

			4   med_mood_conc__4   Other
95	med_mood_other_conc Show the field ONLY if: [med_mood_conc(4)] = '1'	Other mood or emotion medications	text
96	med_other_conc Show the field ONLY if: [med_since_conc(5)] = '1'	Other medications	text
97	prev_head_inj	Have you had a previous head injury (including mild to severe)? Not including the current concussion	yesno 1 Yes 0 No
98	reinjury Show the field ONLY if: [prev_head_inj] = '1'	Has less force caused re-injury? Has a subsequent impact of a lesser degree caused similar concussion symptoms?	radio 1 Yes 0 No 2 Unsure
99	diff_recovery Show the field ONLY if: [prev_head_inj] = '1'	Have you had difficulty recovering from a head injury in the past?	yesno 1 Yes 0 No
100	prior_conc_total Show the field ONLY if: [prev_head_inj] = '1'	How many times in the past have you been diagnosed with a concussion, including non-sports concussions? Not including the current concussion	dropdown 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 >6
101	prior_conc_immed_mem Show the field ONLY if: [prev_head_inj] = '1'	Concussions that resulted in difficulty remembering events that occurred immediately after injury: Not including the current concussion	dropdown 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 >6
102	impact_confusion Show the field ONLY if: [prev_head_inj] = '1'	Concussions that resulted in confusion: Not including the current concussion	dropdown (autocomplete) 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 >6
103	impact_lossofconsciousness Show the field ONLY if: [prev_head_inj] = '1'	Concussions that resulted in loss of consciousness: Not including the current concussion	dropdown (autocomplete) 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 >6
104	date_conc_1 Show the field ONLY if: [prior_conc_total] = '1' or [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'	Date of your most recent past concussion? Not current concussion	text
105	loc_dur_1 Show the field ONLY if: [prior_conc_total] = '1' or [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'	Loss of consciousness for your most recent past concussion? Not current concussion	dropdown 0 None 1 Less than 1 min 2 1-5 min 3 6-20 min 4 21-30 min



			<table border="1"> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown										
5	31-59 min																								
6	1 hour to 5 hours:59 minutes																								
7	6-24 hours																								
8	1-7 days																								
9	Greater than 7 days																								
10	Unknown																								
106	<p>recov_time_1</p> <p>Show the field ONLY if: [prior_conc_total] = '1' or [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your most recent past concussion: Not current concussion</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> <tr><td>6</td><td>Unsure</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered	6	Unsure										
1	Less than 1 day																								
2	1-7 days																								
3	8-14 days																								
4	Greater than 14 days																								
5	Never fully recovered																								
6	Unsure																								
107	<p>date_conc_2</p> <p>Show the field ONLY if: [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Date of your 2nd most recent past concussion? Approximation</p>	<p>text</p>																						
108	<p>loc_dur_2</p> <p>Show the field ONLY if: [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Loss consciousness your 2nd most recent past concussion?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	0	None	1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown
0	None																								
1	Less than 1 min																								
2	1-5 min																								
3	6-20 min																								
4	21-30 min																								
5	31-59 min																								
6	1 hour to 5 hours:59 minutes																								
7	6-24 hours																								
8	1-7 days																								
9	Greater than 7 days																								
10	Unknown																								
109	<p>recov_time_2</p> <p>Show the field ONLY if: [prior_conc_total] = '2' or [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your 2nd most recent past concussion:</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> <tr><td>6</td><td>Unsure</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered	6	Unsure										
1	Less than 1 day																								
2	1-7 days																								
3	8-14 days																								
4	Greater than 14 days																								
5	Never fully recovered																								
6	Unsure																								
110	<p>date_conc_3</p> <p>Show the field ONLY if: [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Date of your 3rd most recent past concussion? Approximation</p>	<p>text</p>																						
111	<p>loc_dur_3</p> <p>Show the field ONLY if: [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Loss of consciousness for your 3rd most recent past concussion?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	0	None	1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown
0	None																								
1	Less than 1 min																								
2	1-5 min																								
3	6-20 min																								
4	21-30 min																								
5	31-59 min																								
6	1 hour to 5 hours:59 minutes																								
7	6-24 hours																								
8	1-7 days																								
9	Greater than 7 days																								
10	Unknown																								
112	<p>recov_time_3</p> <p>Show the field ONLY if: [prior_conc_total] = '3' or [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your 3rd most recent past concussion:</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> <tr><td>6</td><td>Unsure</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered	6	Unsure										
1	Less than 1 day																								
2	1-7 days																								
3	8-14 days																								
4	Greater than 14 days																								
5	Never fully recovered																								
6	Unsure																								
113	<p>date_conc_4</p> <p>Show the field ONLY if: [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Date of your 4th most recent past concussion? Approximation</p>	<p>text</p>																						

<p>114</p> <p>loc_dur_4</p> <p>Show the field ONLY if: [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>[prior_conc_total] = '7'</p> <p>Los of consciousness for your 4th most recent past concussion?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	0	None	1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown
0	None																							
1	Less than 1 min																							
2	1-5 min																							
3	6-20 min																							
4	21-30 min																							
5	31-59 min																							
6	1 hour to 5 hours:59 minutes																							
7	6-24 hours																							
8	1-7 days																							
9	Greater than 7 days																							
10	Unknown																							
<p>115</p> <p>recov_time_4</p> <p>Show the field ONLY if: [prior_conc_total] = '4' or [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your 4th most recent past concussion:</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> <tr><td>6</td><td>Unsure</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered	6	Unsure										
1	Less than 1 day																							
2	1-7 days																							
3	8-14 days																							
4	Greater than 14 days																							
5	Never fully recovered																							
6	Unsure																							
<p>116</p> <p>date_conc_5</p> <p>Show the field ONLY if: [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Date of your 5th most recent past concussion? Approximation</p>	<p>text</p>																						
<p>117</p> <p>loc_dur_5</p> <p>Show the field ONLY if: [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Loss of consciousness for your 5th most recent past concussion?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	0	None	1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown
0	None																							
1	Less than 1 min																							
2	1-5 min																							
3	6-20 min																							
4	21-30 min																							
5	31-59 min																							
6	1 hour to 5 hours:59 minutes																							
7	6-24 hours																							
8	1-7 days																							
9	Greater than 7 days																							
10	Unknown																							
<p>118</p> <p>recov_time_5</p> <p>Show the field ONLY if: [prior_conc_total] = '5' or [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your 5th most recent past concussion:</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> <tr><td>6</td><td>Unsure</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered	6	Unsure										
1	Less than 1 day																							
2	1-7 days																							
3	8-14 days																							
4	Greater than 14 days																							
5	Never fully recovered																							
6	Unsure																							
<p>119</p> <p>date_conc_6</p> <p>Show the field ONLY if: [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Date of your 6th most recent past concussion? Approximation</p>	<p>text</p>																						
<p>120</p> <p>loc_dur_6</p> <p>Show the field ONLY if: [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Loss of consciousness for your 6th most recent past concussion?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	0	None	1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown
0	None																							
1	Less than 1 min																							
2	1-5 min																							
3	6-20 min																							
4	21-30 min																							
5	31-59 min																							
6	1 hour to 5 hours:59 minutes																							
7	6-24 hours																							
8	1-7 days																							
9	Greater than 7 days																							
10	Unknown																							
<p>121</p> <p>recov_time_6</p> <p>Show the field ONLY if: [prior_conc_total] = '6' or [prior_conc_total] = '7'</p>	<p>Recovery time of your 6th most recent past concussion:</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Less than 1 day</td></tr> <tr><td>2</td><td>1-7 days</td></tr> <tr><td>3</td><td>8-14 days</td></tr> <tr><td>4</td><td>Greater than 14 days</td></tr> <tr><td>5</td><td>Never fully recovered</td></tr> </table>	1	Less than 1 day	2	1-7 days	3	8-14 days	4	Greater than 14 days	5	Never fully recovered												
1	Less than 1 day																							
2	1-7 days																							
3	8-14 days																							
4	Greater than 14 days																							
5	Never fully recovered																							

			6   Unsure
122	date_conc_over6 Show the field ONLY if: [prior_conc_total] = '7'	If you have had more than 6 previous concussions, please list the approximate dates of each of those.	notes
123	loc_dur_over6 Show the field ONLY if: [prior_conc_total] = '7'	If you have had more than 6 previous concussions, please list the loss of consciousness duration for each of those using same numbering as questions above.	notes
124	recov_time_over6 Show the field ONLY if: [prior_conc_total] = '7'	If you have had more than 6 previous concussions, please list the recovery times for each of those using same numbering as questions above.	notes
125	age_first_conc Show the field ONLY if: [prev_head_inj] = '1'	Age at first concussion	text (number)
126	fam_hx_braininjury	Do you have a relative with a history of difficulty recovering from, or death from, a head injury?	yesno 1 Yes 0 No
127	fam_hx_psychdo	Family history of psychological disorders?	checkbox 1 fam_hx_psychdo__1 Depression 2 fam_hx_psychdo__2 Anxiety 3 fam_hx_psychdo__3 Bipolar 4 fam_hx_psychdo__4 Schizophrenia 5 fam_hx_psychdo__5 Obsessive Compulsive Disorder 6 fam_hx_psychdo__6 Other 0 fam_hx_psychdo__0 None
128	fam_hx_psychdo_other Show the field ONLY if: [fam_hx_psychdo(6)] = '1'	Other - Please specify	text
129	fam_hx_migraine	Family history of headache/migraine?	yesno 1 Yes 0 No
130	fam_hx_dementia	Family history of dementia/Alzheimer's?	yesno 1 Yes 0 No
131	biomarker	Biomarkers	file
132	genetics	Genetics	file
133	accelerometer	Accelerometer data	file
134	participant_and_family_medical_history_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
<b>Instrument: Events Related to Concussion</b>			
135	date_injury	Date of concussion	text (date_mdy), Identifier
136	time_since_injury	Time since injury	calc Calculation: datediff([date_injury],[date_enrolled],"d","mdy")
137	immediate_report	Did you report the injury immediately?	yesno 1 Yes 0 No
138	delay_bt_inj_dx Show the field ONLY if: [immediate_report] = '0'	If not, how many days passed between the injury and the assessment or diagnosis of concussion?	dropdown (autocomplete) 0 Less than 1 day 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16

			<table border="1"> <tr> <td>17</td> <td>&gt;16 days, &lt; 1 mo</td> </tr> <tr> <td>18</td> <td>&gt; 1 month</td> </tr> </table>	17	>16 days, < 1 mo	18	> 1 month																																								
17	>16 days, < 1 mo																																														
18	> 1 month																																														
139	initial_assess_by	Who performed the initial assessment?	dropdown <table border="1"> <tr><td>1</td><td>Team Doctor</td></tr> <tr><td>2</td><td>Coach</td></tr> <tr><td>3</td><td>Athletic Trainer</td></tr> <tr><td>4</td><td>Referee</td></tr> <tr><td>9</td><td>School Nurse</td></tr> <tr><td>7</td><td>Family Doctor or Primary Care Physician</td></tr> <tr><td>8</td><td>Emergency Personnel</td></tr> <tr><td>5</td><td>This visit is first assessment</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Team Doctor	2	Coach	3	Athletic Trainer	4	Referee	9	School Nurse	7	Family Doctor or Primary Care Physician	8	Emergency Personnel	5	This visit is first assessment	6	Other																										
1	Team Doctor																																														
2	Coach																																														
3	Athletic Trainer																																														
4	Referee																																														
9	School Nurse																																														
7	Family Doctor or Primary Care Physician																																														
8	Emergency Personnel																																														
5	This visit is first assessment																																														
6	Other																																														
140	init_assess_by_other Show the field ONLY if: [initial_assess_by] = '6'	Other, please specify	text																																												
141	tbi_type	Mechanism of concussion:	radio <table border="1"> <tr><td>1</td><td>Sports-related</td></tr> <tr><td>2</td><td>Motor Vehicle Accident (MVA)</td></tr> <tr><td>3</td><td>Hit (an object, or hit by object)</td></tr> <tr><td>6</td><td>Assault (intentional trauma)</td></tr> <tr><td>4</td><td>Fall</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Sports-related	2	Motor Vehicle Accident (MVA)	3	Hit (an object, or hit by object)	6	Assault (intentional trauma)	4	Fall	5	Other																																
1	Sports-related																																														
2	Motor Vehicle Accident (MVA)																																														
3	Hit (an object, or hit by object)																																														
6	Assault (intentional trauma)																																														
4	Fall																																														
5	Other																																														
142	tbi_type_other Show the field ONLY if: [tbi_type] = '5'	Other please specify	text																																												
143	sport_played_injured Show the field ONLY if: [tbi_type] = '1'	Which sport were you playing at time of concussion?	dropdown <table border="1"> <tr><td>1</td><td>Football</td></tr> <tr><td>2</td><td>Swimming or diving</td></tr> <tr><td>3</td><td>Wrestling</td></tr> <tr><td>4</td><td>Basketball</td></tr> <tr><td>5</td><td>Tennis</td></tr> <tr><td>6</td><td>Volleyball</td></tr> <tr><td>7</td><td>Soccer</td></tr> <tr><td>8</td><td>Golf</td></tr> <tr><td>9</td><td>Softball</td></tr> <tr><td>10</td><td>Baseball</td></tr> <tr><td>11</td><td>Cross Country/ Track and field</td></tr> <tr><td>12</td><td>Lacrosse</td></tr> <tr><td>13</td><td>Cheerleading</td></tr> <tr><td>14</td><td>Field hockey</td></tr> <tr><td>15</td><td>Ice hockey</td></tr> <tr><td>16</td><td>Gymnastics</td></tr> <tr><td>17</td><td>Skiing/Snowboarding</td></tr> <tr><td>18</td><td>Bicycling</td></tr> <tr><td>19</td><td>Ice Skating</td></tr> <tr><td>20</td><td>Roller Skating/ Skate boarding</td></tr> <tr><td>21</td><td>Rugby</td></tr> <tr><td>22</td><td>Other</td></tr> </table>	1	Football	2	Swimming or diving	3	Wrestling	4	Basketball	5	Tennis	6	Volleyball	7	Soccer	8	Golf	9	Softball	10	Baseball	11	Cross Country/ Track and field	12	Lacrosse	13	Cheerleading	14	Field hockey	15	Ice hockey	16	Gymnastics	17	Skiing/Snowboarding	18	Bicycling	19	Ice Skating	20	Roller Skating/ Skate boarding	21	Rugby	22	Other
1	Football																																														
2	Swimming or diving																																														
3	Wrestling																																														
4	Basketball																																														
5	Tennis																																														
6	Volleyball																																														
7	Soccer																																														
8	Golf																																														
9	Softball																																														
10	Baseball																																														
11	Cross Country/ Track and field																																														
12	Lacrosse																																														
13	Cheerleading																																														
14	Field hockey																																														
15	Ice hockey																																														
16	Gymnastics																																														
17	Skiing/Snowboarding																																														
18	Bicycling																																														
19	Ice Skating																																														
20	Roller Skating/ Skate boarding																																														
21	Rugby																																														
22	Other																																														
144	other_sport Show the field ONLY if: [sport_played_injured] = '22'	Other	text																																												
145	primary_position Show the field ONLY if: [tbi_type] = '1'	What was the position you were playing? Or event/class in sport: N/A if irrelevant	text																																												
146	event_type Show the field ONLY if: [tbi_type] = '1'	In what event did your concussion occur?	radio <table border="1"> <tr><td>1</td><td>Game</td></tr> <tr><td>2</td><td>Practice</td></tr> <tr><td>3</td><td>Scrimmage</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Game	2	Practice	3	Scrimmage	4	Other																																				
1	Game																																														
2	Practice																																														
3	Scrimmage																																														
4	Other																																														
147	event_type_other Show the field ONLY if: [event_type] = '4'	Other- Please specify	text																																												
148	type_team Show the field ONLY if: [tbi_type] = '1'	What type of sports team?	radio <table border="1"> <tr><td>1</td><td>School</td></tr> <tr><td>2</td><td>Club</td></tr> </table>	1	School	2	Club																																								
1	School																																														
2	Club																																														

			<table border="1"> <tr><td>3</td><td>Intramural</td></tr> <tr><td>4</td><td>Recreational</td></tr> <tr><td>5</td><td>Professional</td></tr> <tr><td>6</td><td>Semi-professional</td></tr> </table>	3	Intramural	4	Recreational	5	Professional	6	Semi-professional																								
3	Intramural																																		
4	Recreational																																		
5	Professional																																		
6	Semi-professional																																		
149	<p>contact_object</p> <p>Show the field ONLY if: [tbi_type] = '1'</p>	What made contact with your head (or neck)?	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Bare ground (dirt)</td></tr> <tr><td>2</td><td>Grass</td></tr> <tr><td>3</td><td>Artificial turf</td></tr> <tr><td>4</td><td>Gym floor</td></tr> <tr><td>5</td><td>Concrete</td></tr> <tr><td>6</td><td>Ice</td></tr> <tr><td>7</td><td>Wall</td></tr> <tr><td>8</td><td>Other player's upper body</td></tr> <tr><td>9</td><td>Other player's lower body</td></tr> <tr><td>10</td><td>Head to head</td></tr> <tr><td>11</td><td>Helmet to helmet</td></tr> <tr><td>12</td><td>Implement (hockey stick, baseball bat, etc.)</td></tr> <tr><td>13</td><td>Ball</td></tr> <tr><td>14</td><td>Field equipment (goal, bench, etc.)</td></tr> <tr><td>15</td><td>Non-contact (whiplash)</td></tr> <tr><td>16</td><td>Other</td></tr> </table>	1	Bare ground (dirt)	2	Grass	3	Artificial turf	4	Gym floor	5	Concrete	6	Ice	7	Wall	8	Other player's upper body	9	Other player's lower body	10	Head to head	11	Helmet to helmet	12	Implement (hockey stick, baseball bat, etc.)	13	Ball	14	Field equipment (goal, bench, etc.)	15	Non-contact (whiplash)	16	Other
1	Bare ground (dirt)																																		
2	Grass																																		
3	Artificial turf																																		
4	Gym floor																																		
5	Concrete																																		
6	Ice																																		
7	Wall																																		
8	Other player's upper body																																		
9	Other player's lower body																																		
10	Head to head																																		
11	Helmet to helmet																																		
12	Implement (hockey stick, baseball bat, etc.)																																		
13	Ball																																		
14	Field equipment (goal, bench, etc.)																																		
15	Non-contact (whiplash)																																		
16	Other																																		
150	<p>contact_object_other</p> <p>Show the field ONLY if: [contact_object] = '12' or [contact_object] = '14' or [contact_object] = '16'</p>	Please specify	text																																
151	<p>rtp_post_inj</p> <p>Show the field ONLY if: [tbi_type] = '1'</p>	Did the athlete return to play following the injury?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																												
1	Yes																																		
0	No																																		
152	<p>mva_type</p> <p>Show the field ONLY if: [tbi_type] = '2'</p>	Type of MVA	<p>radio</p> <table border="1"> <tr><td>1</td><td>Automobile</td></tr> <tr><td>2</td><td>Motorcycle</td></tr> <tr><td>3</td><td>All Terrain Vehicle (ATV or 4 wheeler)</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Automobile	2	Motorcycle	3	All Terrain Vehicle (ATV or 4 wheeler)	4	Other																								
1	Automobile																																		
2	Motorcycle																																		
3	All Terrain Vehicle (ATV or 4 wheeler)																																		
4	Other																																		
153	<p>mva_other</p> <p>Show the field ONLY if: [mva_type] = '4'</p>	MVA other please describe	text																																
154	<p>trauma_loc</p>	What was the location of impact?	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>trauma_loc__1</td><td>Front of head</td></tr> <tr><td>2</td><td>trauma_loc__2</td><td>Back of head</td></tr> <tr><td>3</td><td>trauma_loc__3</td><td>Right Side of head</td></tr> <tr><td>4</td><td>trauma_loc__4</td><td>Left Side of head</td></tr> <tr><td>5</td><td>trauma_loc__5</td><td>Top of head</td></tr> <tr><td>6</td><td>trauma_loc__6</td><td>Neck</td></tr> <tr><td>8</td><td>trauma_loc__8</td><td>Chin</td></tr> <tr><td>7</td><td>trauma_loc__7</td><td>Unknown</td></tr> </table>	1	trauma_loc__1	Front of head	2	trauma_loc__2	Back of head	3	trauma_loc__3	Right Side of head	4	trauma_loc__4	Left Side of head	5	trauma_loc__5	Top of head	6	trauma_loc__6	Neck	8	trauma_loc__8	Chin	7	trauma_loc__7	Unknown								
1	trauma_loc__1	Front of head																																	
2	trauma_loc__2	Back of head																																	
3	trauma_loc__3	Right Side of head																																	
4	trauma_loc__4	Left Side of head																																	
5	trauma_loc__5	Top of head																																	
6	trauma_loc__6	Neck																																	
8	trauma_loc__8	Chin																																	
7	trauma_loc__7	Unknown																																	
155	<p>protectiv_headgear</p>	Was protective head gear used?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	1	Yes	0	No	2	Unknown																										
1	Yes																																		
0	No																																		
2	Unknown																																		
156	<p>conc_suspected</p>	What was the primary reason for suspected concussion?	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>conc_suspected__1</td><td>Knocked out</td></tr> <tr><td>2</td><td>conc_suspected__2</td><td>Memory or thinking problems</td></tr> <tr><td>3</td><td>conc_suspected__3</td><td>Physical problems</td></tr> <tr><td>4</td><td>conc_suspected__4</td><td>Unusual behavior</td></tr> <tr><td>5</td><td>conc_suspected__5</td><td>Other</td></tr> </table>	1	conc_suspected__1	Knocked out	2	conc_suspected__2	Memory or thinking problems	3	conc_suspected__3	Physical problems	4	conc_suspected__4	Unusual behavior	5	conc_suspected__5	Other																	
1	conc_suspected__1	Knocked out																																	
2	conc_suspected__2	Memory or thinking problems																																	
3	conc_suspected__3	Physical problems																																	
4	conc_suspected__4	Unusual behavior																																	
5	conc_suspected__5	Other																																	
157	<p>other_conc_susp</p> <p>Show the field ONLY if: [conc_suspected(5)] = '1'</p>	Other	text																																
158	<p>headache_post_inj</p>	Did the patient have a headache after the injury?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																												
1	Yes																																		
0	No																																		
159	<p>vomit_post_inj</p>	Did patient vomit after the injury?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																												
1	Yes																																		
0	No																																		
160	<p>loss_of_con</p>	Was there loss of consciousness after the injury?	yesno																																

			<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			
161	loc_duration Show the field ONLY if: [loss_of_con] = '1'	If so, how long?	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	radio		1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown											
radio																																				
1	Less than 1 min																																			
2	1-5 min																																			
3	6-20 min																																			
4	21-30 min																																			
5	31-59 min																																			
6	1 hour to 5 hours:59 minutes																																			
7	6-24 hours																																			
8	1-7 days																																			
9	Greater than 7 days																																			
10	Unknown																																			
162	motor_incoord	Balance or motor incoordination (stumbles, slow/ labored movements, etc.)?	<table border="1"> <tr><td colspan="2">yesno</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno		1	Yes	0	No																											
yesno																																				
1	Yes																																			
0	No																																			
163	dis_conf	Disorientation or confusion (inability to respond appropriately to questions)?	<table border="1"> <tr><td colspan="2">yesno</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno		1	Yes	0	No																											
yesno																																				
1	Yes																																			
0	No																																			
164	loss_mem	Loss of memory?	<table border="1"> <tr><td colspan="2">yesno</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno		1	Yes	0	No																											
yesno																																				
1	Yes																																			
0	No																																			
165	pta_duration Show the field ONLY if: [loss_mem] = '1'	If so, how long? Disoriented=to time, place location at time of concussion	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>Less than 1 min</td></tr> <tr><td>2</td><td>1-5 min</td></tr> <tr><td>3</td><td>6-20 min</td></tr> <tr><td>4</td><td>21-30 min</td></tr> <tr><td>5</td><td>31-59 min</td></tr> <tr><td>6</td><td>1 hour to 5 hours:59 minutes</td></tr> <tr><td>7</td><td>6-24 hours</td></tr> <tr><td>8</td><td>1-7 days</td></tr> <tr><td>9</td><td>Greater than 7 days</td></tr> <tr><td>10</td><td>Unknown</td></tr> </table>	radio		1	Less than 1 min	2	1-5 min	3	6-20 min	4	21-30 min	5	31-59 min	6	1 hour to 5 hours:59 minutes	7	6-24 hours	8	1-7 days	9	Greater than 7 days	10	Unknown											
radio																																				
1	Less than 1 min																																			
2	1-5 min																																			
3	6-20 min																																			
4	21-30 min																																			
5	31-59 min																																			
6	1 hour to 5 hours:59 minutes																																			
7	6-24 hours																																			
8	1-7 days																																			
9	Greater than 7 days																																			
10	Unknown																																			
166	mem_before_after Show the field ONLY if: [loss_mem] = '1'	Memory loss before or after the concussion? Before = can't remember events leading up to the concussion After = can't remember events following the concussion	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>Before</td></tr> <tr><td>2</td><td>After</td></tr> <tr><td>3</td><td>Both</td></tr> </table>	radio		1	Before	2	After	3	Both																									
radio																																				
1	Before																																			
2	After																																			
3	Both																																			
167	inj_seizure	Did you have a seizure following the concussion?	<table border="1"> <tr><td colspan="2">radio</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	radio		1	Yes	0	No	2	Unknown																									
radio																																				
1	Yes																																			
0	No																																			
2	Unknown																																			
168	ed_hospitalization	Was an emergency department visit or hospitalization necessary for the concussion?	<table border="1"> <tr><td colspan="2">yesno</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno		1	Yes	0	No																											
yesno																																				
1	Yes																																			
0	No																																			
169	ed_hospitalization_date Show the field ONLY if: [ed_hospitalization] = '1'	Initial Emergency Department visit/Hospitalization date: (for current concussion injury only)	text (date_mdy)																																	
170	events_related_to_concussion_complete	Complete?	<table border="1"> <tr><td colspan="2">dropdown</td></tr> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	dropdown		0	Incomplete	1	Unverified	2	Complete																									
dropdown																																				
0	Incomplete																																			
1	Unverified																																			
2	Complete																																			
<b>Instrument: Assessments</b>																																				
171	assessments	Check all that apply:	<table border="1"> <tr><td colspan="3">checkbox</td></tr> <tr><td>1</td><td>assessments__1</td><td>Baseline IMPACT (prior to injury)</td></tr> <tr><td>2</td><td>assessments__2</td><td>Post concussion IMPACT</td></tr> <tr><td>3</td><td>assessments__3</td><td>King-Devick</td></tr> <tr><td>4</td><td>assessments__4</td><td>SCAT-3 (or Child SCAT-3)</td></tr> <tr><td>5</td><td>assessments__5</td><td>CNS Vital Signs</td></tr> <tr><td>6</td><td>assessments__6</td><td>Balance Error Scoring System (BESS)</td></tr> <tr><td>15</td><td>assessments__15</td><td>SWAY (balance test)</td></tr> <tr><td>7</td><td>assessments__7</td><td>Acute Concussion Evaluation (ACE)</td></tr> <tr><td>8</td><td>assessments__8</td><td>Neck CT</td></tr> <tr><td>9</td><td>assessments__9</td><td>Head CT</td></tr> </table>	checkbox			1	assessments__1	Baseline IMPACT (prior to injury)	2	assessments__2	Post concussion IMPACT	3	assessments__3	King-Devick	4	assessments__4	SCAT-3 (or Child SCAT-3)	5	assessments__5	CNS Vital Signs	6	assessments__6	Balance Error Scoring System (BESS)	15	assessments__15	SWAY (balance test)	7	assessments__7	Acute Concussion Evaluation (ACE)	8	assessments__8	Neck CT	9	assessments__9	Head CT
checkbox																																				
1	assessments__1	Baseline IMPACT (prior to injury)																																		
2	assessments__2	Post concussion IMPACT																																		
3	assessments__3	King-Devick																																		
4	assessments__4	SCAT-3 (or Child SCAT-3)																																		
5	assessments__5	CNS Vital Signs																																		
6	assessments__6	Balance Error Scoring System (BESS)																																		
15	assessments__15	SWAY (balance test)																																		
7	assessments__7	Acute Concussion Evaluation (ACE)																																		
8	assessments__8	Neck CT																																		
9	assessments__9	Head CT																																		

			<table border="1"> <tr> <td>10</td> <td>assessments__10</td> <td>Neck X-ray</td> </tr> <tr> <td>11</td> <td>assessments__11</td> <td>Skull X-ray</td> </tr> <tr> <td>12</td> <td>assessments__12</td> <td>MRI</td> </tr> <tr> <td>14</td> <td>assessments__14</td> <td>Visual tracking</td> </tr> <tr> <td>13</td> <td>assessments__13</td> <td>Other Assessments</td> </tr> </table>	10	assessments__10	Neck X-ray	11	assessments__11	Skull X-ray	12	assessments__12	MRI	14	assessments__14	Visual tracking	13	assessments__13	Other Assessments
10	assessments__10	Neck X-ray																
11	assessments__11	Skull X-ray																
12	assessments__12	MRI																
14	assessments__14	Visual tracking																
13	assessments__13	Other Assessments																
172	<p>impact_directions</p> <p>Show the field ONLY if: [assessments(1)] = '1' or [assessments(2)] = '1'</p>	ImPACT: Enter results in designated event	descriptive															
173	<p>kddevice</p> <p>Show the field ONLY if: [assessments(3)] = '1'</p>	King-Devick: Enter results in designated event	descriptive															
174	<p>scat</p> <p>Show the field ONLY if: [assessments(4)] = '1'</p>	SCAT-3: Enter results in designated event	descriptive															
175	<p>cns</p> <p>Show the field ONLY if: [assessments(5)] = '1'</p>	CNS Vital Signs: Upload document	file															
176	<p>balbess</p> <p>Show the field ONLY if: [assessments(6)] = '1'</p>	Balance Error Scoring System (BESS): Enter results in designated event	descriptive															
177	<p>sway</p> <p>Show the field ONLY if: [assessments(15)] = '1'</p>	SWAY (balance test): Upload document	file															
178	<p>ace</p> <p>Show the field ONLY if: [assessments(7)] = '1'</p>	Scanned Acute Concussion Evaluation (ACE): Upload document	file															
179	<p>neck_ct</p> <p>Show the field ONLY if: [assessments(8)] = '1'</p>	Neck CT: Upload here	file															
180	<p>head_ct_loc</p> <p>Show the field ONLY if: [assessments(9)] = '1'</p>	Head CT: Where was this completed?	text															
181	<p>head_ct_normal_or_abnormal</p> <p>Show the field ONLY if: [assessments(9)] = '1'</p>	Head CT: Normal or Abnormal?	radio <input type="radio"/> 0 normal <input type="radio"/> 1 abnormal															
182	<p>head_ct</p> <p>Show the field ONLY if: [assessments(9)] = '1'</p>	Head CT: Upload here	file															
183	<p>neck_x_ray_normal_or_abnor</p> <p>Show the field ONLY if: [assessments(10)] = '1'</p>	Neck X-ray: Normal or Abnormal?	radio <input type="radio"/> 0 normal <input type="radio"/> 1 abnormal															
184	<p>neck_xray</p> <p>Show the field ONLY if: [assessments(10)] = '1'</p>	Neck X-ray: Upload here	file															
185	<p>skull_x_ray_normal_or_abno</p> <p>Show the field ONLY if: [assessments(11)] = '1'</p>	Skull X-ray: Normal or Abnormal?	radio <input type="radio"/> 0 normal <input type="radio"/> 1 abnormal															
186	<p>head_xray</p> <p>Show the field ONLY if: [assessments(11)] = '1'</p>	Skull X-ray: Upload here	file															
187	<p>mri_loc</p> <p>Show the field ONLY if: [assessments(12)] = '1'</p>	MRI: Where was this completed?	text															
188	<p>mri_contrast</p> <p>Show the field ONLY if: [assessments(12)] = '1'</p>	MRI: With contrast?	yesno <input type="radio"/> 1 Yes <input type="radio"/> 0 No															
189	<p>mri_normal_or_abnormal</p> <p>Show the field ONLY if: [assessments(12)] = '1'</p>	MRI: Normal or Abnormal?	radio <input type="radio"/> 0 Normal <input type="radio"/> 1 Abnormal															
190	<p>mri</p> <p>Show the field ONLY if: [assessments(12)] = '1'</p>	MRI: Upload here	file															
191	<p>visual</p> <p>Show the field ONLY if: [assessments(14)] = '1'</p>	Visual tracking: upload here	file															
192	<p>other_assessments1</p> <p>Show the field ONLY if: [assessments(13)] = '1'</p>	Other assessments: Upload here	file															

193	other_assessments2 Show the field ONLY if: [assessments(13)] = '1'	Other assessments: Upload here	file						
194	other_assessments3 Show the field ONLY if: [assessments(13)] = '1'	Other assessments: Upload here	file						
195	assessments_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Impact									
196	impact_dot	Date Tested (MM-DD-YYYY)	text (date_mdy), Identifier						
197	impact_org	Organization:	text						
198	impact_code	ImPACT code:	text						
199	impact_exercise	Strenuous exercise in the last 3 hours:	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
200	impact_comments	Comments:	notes						
201	impact_exmtype	Exam Type:	radio <table border="1"> <tr><td>1</td><td>Baseline</td></tr> <tr><td>2</td><td>Post-Injury</td></tr> </table>	1	Baseline	2	Post-Injury		
1	Baseline								
2	Post-Injury								
202	impact_exmlang	Exam Language:	text						
203	impact_version	Test Version:	text						
204	impact_memcompverbal	Memory composite (verbal):	text (number)						
205	impact_memcompvisual	Memory composite (visual):	text (number)						
206	impact_visualmotorspeed	Visual motor speed composite:	text (number)						
207	impact_reactiontime	Reaction time composite:	text (number)						
208	impact_impulsecontrol	Impulse control composite:	text (number)						
209	impact_totalsymptom	Total symptom score:	text (number)						
210	impact_cognitiveefficiency	Cognitive Efficiency Index:	text (number)						
211	impact_sleep	Hours slept last night:	text (number)						
212	impact_medication	Medication:	text						
213	impact_comments2	Comments:	notes						
214	impact_wm_hitsimmed	Hits (immediate):	text						
215	impact_wm_distractimmed	Correct distractors (immediate):	text (number)						
216	impact_wm_lmgpct	Learning percent correct:	text						
217	impact_wm_hitsdelay	Hits (delay):	text (number)						
218	impact_wm_distractdelay	Correct distractors (delay):	text						
219	impact_wm_delaypct	Delayed memory percent correct:	text						
220	impact_wm_totalpct	Total percent correct:	text						
221	impact_dm_hitsimmed	Hits (Immediate):	text (number)						
222	impact_dm_distractimmed	Correct Distractors (immediate):	text (number)						
223	impact_dm_lmgpct	Learning percent correct:	text						
224	impact_dm_hitsdelay	Hits (delay):	text (number)						
225	impact_dm_distractdelay	Correct distractors (delay):	text (number)						
226	impact_dm_delaymem	Delayed memory percent correct:	text						
227	impact_dm_totalpct	Total percent correct:	text (number)						
228	impact_xo_correctmem	Total correct (memory):	text (number)						
229	impact_xo_correctinterfer	Total correct (interference):	text (number)						
230	impact_xo_rtinterfer	Average correct RT (interference):	text (number)						
231	impact_xo_incorrctinterfer	Total incorrect (interference):	text (number)						
232	impact_xo_incorrriinterfer	Average incorrect RT (interference):	text (number)						
233	impact_sm_corrvisible	Total correct (visible):	text (number)						
234	impact_sm_rtvisible	Average correct RT (visible):	text (number)						
235	impact_sm_corrhidden	Total correct (hidden):	text (number)						
236	impact_sm_rthidden	Average correct RT (hidden):	text (number)						
237	impact_cm_correct	Total correct:	text (number)						
238	impact_cm_corrtrt	Average correct RT	text (number)						
239	impact_cm_comiss	Total comissions:	text (number)						
240	impact_cm_comissrt	Average comissions RT:	text (number)						
241	impact_tl_seqcorr	Total sequence correct:	text (number)						
242	impact_tl_ltrscorr	Total letters correct:	text (number)						
243	impact_tl_pctltrcorr	Percent of total letters correct:	text (number)						
244	impact_tl_time2click	Average time to first click:	text (number)						



245	impact_avgcountd	Average counted:	text (number)														
246	impact_tl_avgcountdcorr	Average counted correctly:	text (number)														
247	impact_comments3	Comments:	notes														
248	impact_headache	Headache	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
249	impact_nausea	Nausea	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
250	impact_vomit	Vomiting	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
251	impact_balance	Balance problems	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
252	impact_dizzit	Dizziness	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
253	impact_fatigue	Fatigue	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
254	impact_fallaslp	Trouble falling asleep	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
255	impact_morslp	Sleeping more than usual	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	0	0	1	1	2	2								
0	0																
1	1																
2	2																

			<table border="1"> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	3	3	4	4	5	5	6	6						
3	3																
4	4																
5	5																
6	6																
256	impact_lessstp	Sleeping less than usual	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
257	impact_drow	Drowsiness	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
258	impact_light	Sensitivity to light	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
259	impact_noise	Sensitivity to noise	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
260	impact_irritability	Irritability	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
261	impact_sad	Sadness	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
262	impact_nerv	Nervousness	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
263	impact_emot	Feeling more emotional	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	0	0	1	1										
0	0																
1	1																

			<table border="1"> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	2	2	3	3	4	4	5	5	6	6				
2	2																
3	3																
4	4																
5	5																
6	6																
264	impact_numb	Numbness or tingling	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
265	impact_slow	Feeling slowed down	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
266	impact_fog	Feeling mentally foggy	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
267	impact_concentr	Difficulty concentrating	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
268	impact_rem	Difficulty remembering	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
269	impact_visual	Visual problems	radio (Matrix) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
0	0																
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
270	impact_totsymptomscore	Total Symptom Score	calc Calculation: ([impact_headache]+[impact_nausea]+[impact_vomit]+[impact_balance]+[impact_dizz]+[impact_fatigue]+[impact_fallaslp]+[impact_morslp]+[impact_lessstp]+[impact_drow]+[impact_light]+[impact_noise]+[impact_irratability]+[impact_sad]+[impact_nerv]+[impact_emot]+[impact_numb]+[impact_slow]+[impact_fog]+[impact_concentr]+[impact_rem]+[impact_visual])														
271	impact_comments4	Comments:	notes														
272	impact_upload	Upload ImPACT after entering data	file														
273	impact_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																

Instrument: Scat3 Sideline Assessment			
274	scat_sideline_date	Date of assessment:	text (date_mdy)
275	loc	Any loss of consciousness?	yesno 1 Yes 0 No
276	loc_length Show the field ONLY if: [loc] = '1'	If so, how long?	text
277	balance	Balance or motor incoordination (stumbles, slow/labored movements, etc.)?	yesno 1 Yes 0 No
278	disorientation	Disorientation or confusion (inability to respond appropriately to questions)?	yesno 1 Yes 0 No
279	lom	Loss of memory	yesno 1 Yes 0 No
280	lom_length Show the field ONLY if: [lom] = '1'	If so, how long?	text
281	lom_before_after Show the field ONLY if: [lom] = '1'	Before or after the injury?	radio 1 Before 2 After
282	look	Blank or vacant look	yesno 1 Yes 0 No
283	visible_injury	Visible facial injury in combination with any of the above	yesno 1 Yes 0 No
284	scat3_sideline_assessment_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Scat3 Glasgow Coma Scale (GCS)			
285	gcs_date	Date of assessment:	text (date_mdy)
286	scat3_gcs_eye	Best eye response (E)	radio, Required 1 1- No eye opening 2 2- Eye opening in response to pain 3 3- Eye opening to speech 4 4- Eyes opening spontaneously
287	scat3_gcs_verbal	Best verbal response (V)	radio, Required 1 1- No verbal response 2 2- Incomprehensible sounds 3 3- Inappropriate words 4 4- Confused 5 5- Oriented
288	scat3_gcs_motor	Best motor response (M)	radio, Required 1 1- No verbal response 2 2- Extension to pain 3 3- Abnormal flexion to pain 4 4- Flexion/Withdrawal to pain 5 5- Localizes to pain 6 6- Obeys commands
289	scat3_gcs_score	Glasgow Coma Score (E +V + M) out of 15	calc Calculation: [scat3_gcs_eye]+[scat3_gcs_verbal]+ [scat3_gcs_motor]
290	scat3_glasgow_coma_scale_gcs_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Scat3 Maddocks			
291	maddocks_date	Maddock's assessment date:	text (date_mdy)

292	venue	What venue are we at today?	radio (Matrix) 0 Incorrect0 1 Correct1
293	half	Which half is it now?	radio (Matrix) 0 Incorrect0 1 Correct1
294	scored	Who scored last in this match?	radio (Matrix) 0 Incorrect0 1 Correct1
295	team_played	What team did you play in the last week/game?	radio (Matrix) 0 Incorrect0 1 Correct1
296	team_won	Did your team win last game?	radio (Matrix) 0 Incorrect0 1 Correct1
297	maddocks_score	Maddocks Score: out of 5	calc Calculation: [venue]+[half]+[scored]+[team_played]+[team_won]
298	scat3_maddocks_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Scat3 Symptom Evaluation			
299	sx_date	Symptom assessment date:	text (date_mdy)
300	scat3_symptom_1	Headache	radio (Matrix) 0 None0 1 Mild1 2 Mild2 3 Moderate3 4 Moderate4 5 Severe5 6 Severe6
301	scat3_symptom_4	Nausea or vomiting	radio (Matrix) 0 None0 1 Mild1 2 Mild2 3 Moderate3 4 Moderate4 5 Severe5 6 Severe6
302	scat3_symptom_5	Dizziness	radio (Matrix) 0 None0 1 Mild1 2 Mild2 3 Moderate3 4 Moderate4 5 Severe5 6 Severe6
303	scat3_symptom_7	Balance problems	radio (Matrix) 0 None0 1 Mild1 2 Mild2 3 Moderate3 4 Moderate4 5 Severe5 6 Severe6
304	scat3_symptom_15	Fatigue or low energy	radio (Matrix) 0 None0 1 Mild1 2 Mild2 3 Moderate3 4 Moderate4 5 Severe5 6 Severe6

305	scat3_symptom_17	Drowsiness	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
306	scat3_symptom_18	Trouble falling asleep	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
307	scat3_symptom_6	Blurred or double vision	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
308	scat3_symptom_8	Sensitivity to light	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
309	scat3_symptom_9	Sensitivity to noise	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
310	scat3_symptom_11	Feeling like "in a fog"	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
311	scat3_symptom_13	Difficulty concentrating	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
312	scat3_symptom_14	Difficulty remembering	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																

313	scat3_symptom_20	Irritability	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
314	scat3_symptom_21	Sadness	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
315	scat3_symptom_22	Nervous or anxious	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
316	scat3_symptom_2	"Pressure in head"	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
317	scat3_symptom_3	Neck pain	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
318	scat3_symptom_10	Feeling slowed down	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
319	scat3_symptom_12	"Don't feel right"	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		
6	Severe6																		
320	scat3_symptom_16	Confusion	<table border="1"> <tr><td colspan="2">radio (Matrix)</td></tr> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> </table>	radio (Matrix)		0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5		
radio (Matrix)																			
0	None0																		
1	Mild1																		
2	Mild2																		
3	Moderate3																		
4	Moderate4																		
5	Severe5																		

			<table border="1"> <tr> <td>6</td> <td>Severe6</td> </tr> </table>	6	Severe6												
6	Severe6																
321	scat3_symptom_19	More emotional	radio (Matrix) <table border="1"> <tr><td>0</td><td>None0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	None0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	None0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
322	scat3_symptom_total	Tota number of symptoms: (maximum possible 22)	calc Calculation: $\text{if}([\text{scat3\_symptom\_1}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_2}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_3}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_4}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_5}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_6}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_7}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_8}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_9}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_10}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_11}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_12}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_13}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_14}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_15}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_16}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_17}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_18}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_19}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_20}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_21}] > 0, 1, 0) + \text{if}([\text{scat3\_symptom\_22}] > 0, 1, 0)$														
323	scat3_symptom_severity	Symptom severity score: (maximum possible 132)	calc Calculation: $([\text{scat3\_symptom\_1}] + [\text{scat3\_symptom\_2}] + [\text{scat3\_symptom\_3}] + [\text{scat3\_symptom\_4}] + [\text{scat3\_symptom\_5}] + [\text{scat3\_symptom\_6}] + [\text{scat3\_symptom\_7}] + [\text{scat3\_symptom\_8}] + [\text{scat3\_symptom\_9}] + [\text{scat3\_symptom\_10}] + [\text{scat3\_symptom\_11}] + [\text{scat3\_symptom\_12}] + [\text{scat3\_symptom\_13}] + [\text{scat3\_symptom\_14}] + [\text{scat3\_symptom\_15}] + [\text{scat3\_symptom\_16}] + [\text{scat3\_symptom\_17}] + [\text{scat3\_symptom\_18}] + [\text{scat3\_symptom\_19}] + [\text{scat3\_symptom\_20}] + [\text{scat3\_symptom\_21}] + [\text{scat3\_symptom\_22}])$														
324	scat3_symptom_23	Do the symptoms get worse with physical activity?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
325	scat3_symptom_24	Do the symptoms get worse with mental activity?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
326	scat3_symptom_rater		radio <table border="1"> <tr><td>1</td><td>Self rated</td></tr> <tr><td>2</td><td>Clinician interview</td></tr> <tr><td>3</td><td>Self rated and clinician monitored</td></tr> <tr><td>4</td><td>Self rated with parent input</td></tr> </table> Custom alignment: LV	1	Self rated	2	Clinician interview	3	Self rated and clinician monitored	4	Self rated with parent input						
1	Self rated																
2	Clinician interview																
3	Self rated and clinician monitored																
4	Self rated with parent input																
327	scat3_symptom_25	Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?	radio <table border="1"> <tr><td>1</td><td>No different</td></tr> <tr><td>2</td><td>Very different</td></tr> <tr><td>3</td><td>Unsure</td></tr> <tr><td>4</td><td>N/A</td></tr> </table> Custom alignment: LH	1	No different	2	Very different	3	Unsure	4	N/A						
1	No different																
2	Very different																
3	Unsure																
4	N/A																
328	scat3_symptom_evaluation_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																

Instrument: Scat3 Cognitive Evaluation (SAC)

329	scat_cog_date	Cognitive evaluation date:	text (date_mdy)				
330	scat3_sac_orient_1	What month is it?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1
0	Incorrect0						
1	Correct1						
331	scat3_sac_orient_2	What is the date today?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1
0	Incorrect0						
1	Correct1						
332	scat3_sac_orient_3	What is the day of the week?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1
0	Incorrect0						
1	Correct1						
333	scat3_sac_orient_4	What year is it?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1
0	Incorrect0						
1	Correct1						
334	scat3_sac_orient_5	What time is it right now? (within 1 hour)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> </table>	0	Incorrect0		
0	Incorrect0						



			1 Correct1									
335	scat3_sac_orient_score	Orientation Score: out of 5	calc Calculation: ([scat3_sac_orient_1]+[scat3_sac_orient_2]+[scat3_sac_orient_3]+[scat3_sac_orient_4]+[scat3_sac_orient_5])									
336	scat3_sac_memory_a	elbow	checkbox <table border="1"> <tr><td>1</td><td>scat3_sac_memory_a__1</td><td>Trial 1</td></tr> <tr><td>2</td><td>scat3_sac_memory_a__2</td><td>Trial 2</td></tr> <tr><td>3</td><td>scat3_sac_memory_a__3</td><td>Trial 3</td></tr> </table>	1	scat3_sac_memory_a__1	Trial 1	2	scat3_sac_memory_a__2	Trial 2	3	scat3_sac_memory_a__3	Trial 3
1	scat3_sac_memory_a__1	Trial 1										
2	scat3_sac_memory_a__2	Trial 2										
3	scat3_sac_memory_a__3	Trial 3										
337	scat3_sac_memory_b	apple	checkbox <table border="1"> <tr><td>1</td><td>scat3_sac_memory_b__1</td><td>Trial 1</td></tr> <tr><td>2</td><td>scat3_sac_memory_b__2</td><td>Trial 2</td></tr> <tr><td>3</td><td>scat3_sac_memory_b__3</td><td>Trial 3</td></tr> </table>	1	scat3_sac_memory_b__1	Trial 1	2	scat3_sac_memory_b__2	Trial 2	3	scat3_sac_memory_b__3	Trial 3
1	scat3_sac_memory_b__1	Trial 1										
2	scat3_sac_memory_b__2	Trial 2										
3	scat3_sac_memory_b__3	Trial 3										
338	scat3_sac_memory_c	carpet	checkbox <table border="1"> <tr><td>1</td><td>scat3_sac_memory_c__1</td><td>Trial 1</td></tr> <tr><td>2</td><td>scat3_sac_memory_c__2</td><td>Trial 2</td></tr> <tr><td>3</td><td>scat3_sac_memory_c__3</td><td>Trial 3</td></tr> </table>	1	scat3_sac_memory_c__1	Trial 1	2	scat3_sac_memory_c__2	Trial 2	3	scat3_sac_memory_c__3	Trial 3
1	scat3_sac_memory_c__1	Trial 1										
2	scat3_sac_memory_c__2	Trial 2										
3	scat3_sac_memory_c__3	Trial 3										
339	scat3_sac_memory_d	saddle	checkbox <table border="1"> <tr><td>1</td><td>scat3_sac_memory_d__1</td><td>Trial 1</td></tr> <tr><td>2</td><td>scat3_sac_memory_d__2</td><td>Trial 2</td></tr> <tr><td>3</td><td>scat3_sac_memory_d__3</td><td>Trial 3</td></tr> </table>	1	scat3_sac_memory_d__1	Trial 1	2	scat3_sac_memory_d__2	Trial 2	3	scat3_sac_memory_d__3	Trial 3
1	scat3_sac_memory_d__1	Trial 1										
2	scat3_sac_memory_d__2	Trial 2										
3	scat3_sac_memory_d__3	Trial 3										
340	scat3_sac_memory_e	bubble	checkbox <table border="1"> <tr><td>1</td><td>scat3_sac_memory_e__1</td><td>Trial 1</td></tr> <tr><td>2</td><td>scat3_sac_memory_e__2</td><td>Trial 2</td></tr> <tr><td>3</td><td>scat3_sac_memory_e__3</td><td>Trial 3</td></tr> </table>	1	scat3_sac_memory_e__1	Trial 1	2	scat3_sac_memory_e__2	Trial 2	3	scat3_sac_memory_e__3	Trial 3
1	scat3_sac_memory_e__1	Trial 1										
2	scat3_sac_memory_e__2	Trial 2										
3	scat3_sac_memory_e__3	Trial 3										
341	at1wordlist		descriptive									
342	scat3_sac_memory_score	Immediate memory score total: out of 15	calc Calculation: if([scat3_sac_memory_a(1)]>0,1,0)+if([scat3_sac_memory_b(1)]>0,1,0)									
343	scat3_sac_conc_digits_a	4-9-3	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1					
0	Incorrect0											
1	Correct1											
344	scat3_sac_conc_digits_b	3-8-1-4	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1					
0	Incorrect0											
1	Correct1											
345	scat3_sac_conc_digits_c	6-2-9-7-1	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1					
0	Incorrect0											
1	Correct1											
346	scat3_sac_conc_digits_d	7-1-8-4-6-2	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1					
0	Incorrect0											
1	Correct1											
347	altdigitlist		descriptive									
348	scat3_sac_conc_dig_total	Total: out of 4	calc Calculation: ([scat3_sac_conc_digits_a]+[scat3_sac_conc_digits_b]+[scat3_sac_conc_digits_c]+[scat3_sac_conc_digits_d])									
349	scat3_sac_conc_months	Dec-Nov-Oct-Sept-Aug-Jul-Jun-Apr-Mar-Feb-Jan	radio (Matrix) <table border="1"> <tr><td>0</td><td>Incorrect0</td></tr> <tr><td>1</td><td>Correct1</td></tr> </table>	0	Incorrect0	1	Correct1					
0	Incorrect0											
1	Correct1											
350	scat3_sac_conc_score	Total Concentration Score: out of 5	calc Calculation: ([scat3_sac_conc_digits_a]+[scat3_sac_conc_digits_b]+[scat3_sac_conc_digits_c]+[scat3_sac_conc_digits_d]+[scat3_sac_conc_months])									
351	scat3_cognitive_evaluation_sac_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete			
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: Scat3 Physical Evaluation (BESS, FTN, Gait)												
352	scat3_phys_date	Physical evaluation date:	text (date_mdy)									
353	scat3_neck_range	Range of Motion:	text									
354	scat3_neck_tender	Tenderness:	text									
355	scat3_neck_limbs	Upper and lower limb sensation & strength:	text									
356	scat3_footwear	Footwear: (shoes, barefoot, braces, tape, etc.)	text									
357	scat3_bal_bess	Modified Balance Error Scoring System (BESS) testing	descriptive									
358	scat3_bess_foot	Which foot was tested? (i.e. which is the non-dominant foot)	radio <table border="1"> <tr><td>1</td><td>Left</td></tr> <tr><td>2</td><td>Right</td></tr> </table>	1	Left	2	Right					
1	Left											
2	Right											

359	scat3_bess_surface	Testing surface: (hard floor, field, etc.)	text
360	scat3_bess_cond	Condition	descriptive
361	scat3_bess_double	Double leg stance: # of errors (max of 10)	text (integer, Min: 0, Max: 10)
362	scat3_bess_single	Single leg stance (non-dominant foot): # of errors (max of 10)	text (integer, Min: 0, Max: 10)
363	scat3_bess_tandem	Tandem stance (non-dominant foot at back): # of errors (max of 10)	text (integer, Min: 0, Max: 10)
364	scat3_bal_gait	Tandem Gait  Time (best of 4 trials): seconds	text
365	scat3_coord_arm	Which arm was tested:	radio 1 Left 2 Right
366	scat3_coord_score	Coordination score: Scoring: 5 correct repetitions in < 4 seconds = 1 Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.	radio 0 0 - Fail 1 1 - Correct
367	scat3_physical_evaluation_bess_ftn_gait_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Scat3 Delayed Recall			
368	scat3_del_recall_a	Word 1	checkbox 1 scat3_del_recall_a__1 Check the box if correct
369	scat3_del_recall_b	Word 2	checkbox 1 scat3_del_recall_b__1 Check the box if correct
370	scat3_del_recall_c	Word 3	checkbox 1 scat3_del_recall_c__1 Check the box if correct
371	scat3_del_recall_d	Word 4	checkbox 1 scat3_del_recall_d__1 Check the box if correct
372	scat3_del_recall_e	Word 5	checkbox 1 scat3_del_recall_e__1 Check the box if correct
373	recall_explain	If you don't know which word was missed, leave any of the options above blank so the score below matches the total number correct on the assessment form.	descriptive
374	scat3_del_recall_alt	Alternate word lists: elbow apple carpet saddle bubble	descriptive
375	scat3_del_recall_score	Delayed recall score: out of 5	calc Calculation: if([scat3_del_recall_a(1)]>0,1,0)+if([scat3_del_recall_b(1)]>0,1,0)+if([scat3_del_recall_c(1)]>0,1,0)+if([scat3_del_recall_d(1)]>0,1,0)+if([scat3_del_recall_e(1)]>0,1,0)
376	scat3_delayed_recall_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Scat3 Scoring Summary			
377	scor_sum_symptoms	Number of Symptoms: out of 22	calc Calculation: if([scat3_symptom_1]>0,1,0)+if([scat3_symptom_2]>0,1,0)+if([scat3_symptom_3]>0,1,0)+if([scat3_symptom_4]>0,1,0)+if([scat3_symptom_5]>0,1,0)+if([scat3_symptom_6]>0,1,0)+if([scat3_symptom_7]>0,1,0)+if([scat3_symptom_8]>0,1,0)+if([scat3_symptom_9]>0,1,0)+if([scat3_symptom_10]>0,1,0)+if([scat3_symptom_11]>0,1,0)+if([scat3_symptom_12]>0,1,0)+if([scat3_symptom_13]>0,1,0)+if([scat3_symptom_14]>0,1,0)+if([scat3_symptom_15]>0,1,0)+if([scat3_symptom_16]>0,1,0)+if([scat3_symptom_17]>0,1,0)+if([scat3_symptom_18]>0,1,0)+if([scat3_symptom_19]>0,1,0)+if([scat3_symptom_20]>0,1,0)+if([scat3_symptom_21]>0,1,0)+if([scat3_symptom_22]>0,1,0)
378	score_sum_sym_sev1	Symptom Severity Score: out of 132	calc Calculation: ([scat3_symptom_1]+[scat3_symptom_2]+[scat3_symptom_3]+[scat3_symptom_4]+[scat3_symptom_5]+[scat3_symptom_6]+[scat3_symptom_7]+[scat3_symptom_8]+[scat3_symptom_9]+[scat3_symptom_10]+[scat3_symptom_11]+[scat3_symptom_12]+[scat3_symptom_13]+[scat3_symptom_14]+[scat3_symptom_15]+[scat3_symptom_16]+[scat3_symptom_17]+[scat3_symptom_18]+[scat3_symptom_19]+[scat3_symptom_20]+[scat3_symptom_21]+[scat3_symptom_22])
379	score_sum_orient	Orientation: out of 5	calc Calculation: ([scat3_sac_orient_1]+[scat3_sac_orient_2]+[scat3_sac_orient_3]+[scat3_sac_orient_4]+[scat3_sac_orient_5])
380	score_sum_mem	Immediate Memory: out of 15	calc Calculation: if([scat3_sac_memory_a(1)]>0,1,0)+if([scat3_sac_memory_b(1)]>0,1,0)+if([scat3_sac_memory_c(1)]>0,1,0)+if([scat3_sac_memory_d(1)]>0,1,0)+if([scat3_sac_memory_e(1)]>0,1,0)+if([scat3_sac_memory_f(1)]>0,1,0)+if([scat3_sac_memory_g(1)]>0,1,0)+if([scat3_sac_memory_h(1)]>0,1,0)+if([scat3_sac_memory_i(1)]>0,1,0)+if([scat3_sac_memory_j(1)]>0,1,0)+if([scat3_sac_memory_k(1)]>0,1,0)+if([scat3_sac_memory_l(1)]>0,1,0)+if([scat3_sac_memory_m(1)]>0,1,0)

381	score_sum_conc	Concentration: out of 5	calc Calculation: ([scat3_sac_conc_digits_a]+ [scat3_sac_conc_digits_b]+[scat3_sac_conc_digits_c]+ [scat3_sac_conc_digits_d]+[scat3_sac_conc_months])						
382	score_sum_recall	Delayed Recall: out of 5	calc Calculation: if([scat3_del_recall_a(1)]>0,1,0)+if([scat3_del_recall_b(1)]>0,1,0)+if([scat3_del_recall_c(1)]>0,1,0)						
383	score_sum_sactotal	SAC Total: out of 30	calc Calculation: [score_sum_orient]+[score_sum_mem]+ [score_sum_conc]+[score_sum_recall]						
384	score_sum_bess	BESS (total errors)	calc Calculation: [scat3_bess_double]+[scat3_bess_single]+ [scat3_bess_tandem]						
385	score_sum_gait	Tandem Gait: [scat3_bal_gait] seconds	descriptive						
386	score_sum_coord	Coordination: 1=pass; 0=fail	calc Calculation: if([scat3_coord_score]>0,1,0)						
387	scat3_scoring_summary_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Kingdevick Test

388	kd_date	Date	text (date_mdy), Identifier						
389	kd_time	Total time seconds	text (number)						
390	kd_errors	Total Errors	text (number)						
391	kingdevick_test_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Concussion Symptom Log

392	sx_log_date	Date:	text (date_mdy), Required														
393	sx_log_headache	Headache	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
394	sx_log_nausea	Nausea/Vomiting	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
395	sx_log_dizziness	Dizziness	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
396	sx_log_balance	Balance problems	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
397	sx_log_fatigue	Fatigue or Low energy	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> </table>	0	No 0	1	Mild1	2	Mild2								
0	No 0																
1	Mild1																
2	Mild2																

			<table border="1"> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6						
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
398	sx_log_drowsiness	Drowsiness	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
399	sx_log_sleep	Trouble falling asleep	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
400	sx_log_vision	Blurry or double vision	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
401	sx_log_light	Sensitivity to light	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
402	sx_log_noise	Sensitivity to noise	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
403	sx_log_fog	Feeling "in a fog"	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
404	sx_log_concentration	Trouble concentrating	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
405	sx_log_memory	Trouble remembering	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> </table>	0	No 0	1	Mild1										
0	No 0																
1	Mild1																

			<table border="1"> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6				
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
406	sx_log_irritable	Feeling irritable	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
407	sx_log_sad	Feeling sad	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
408	sx_log_nervous	Feeling nervous	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
409	sx_log_head_pressure	Pressure in head	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
410	sx_log_neck_pain	Neck pain	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
411	sx_log_slowed	Feeling slowed down	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
412	sx_log_feel_right	"Don't feel right"	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
413	sx_log_confusion	Confusion	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> </table>	0	No 0												
0	No 0																

			<table border="1"> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6		
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
414	sx_log_emotional	More emotional than usual	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No 0</td></tr> <tr><td>1</td><td>Mild1</td></tr> <tr><td>2</td><td>Mild2</td></tr> <tr><td>3</td><td>Moderate3</td></tr> <tr><td>4</td><td>Moderate4</td></tr> <tr><td>5</td><td>Severe5</td></tr> <tr><td>6</td><td>Severe6</td></tr> </table>	0	No 0	1	Mild1	2	Mild2	3	Moderate3	4	Moderate4	5	Severe5	6	Severe6
0	No 0																
1	Mild1																
2	Mild2																
3	Moderate3																
4	Moderate4																
5	Severe5																
6	Severe6																
415	sx_log_score	Symptom Log Total Score: Max 132	calc Calculation: [sx_log_headache]+[sx_log_nausea]+ [sx_log_dizziness]+[sx_log_balance]+[sx_log_fatigue]+ [sx_log_drowsiness]+[sx_log_sleep]+[sx_log_vision]+ [sx_log_light]+[sx_log_noise]+[sx_log_fog]+ [sx_log_concentration]+[sx_log_memory]+[sx_log_irritable]+ [sx_log_sad]+[sx_log_nervous]+[sx_log_head_pressure]+ [sx_log_neck_pain]+[sx_log_slowed]+[sx_log_feel_right]+ [sx_log_confusion]+[sx_log_emotional]														
416	sx_worsen_phys	Do symptoms worsen with physical activity?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unsure</td></tr> </table>	1	Yes	0	No	2	Unsure								
1	Yes																
0	No																
2	Unsure																
417	sx_worsen_cog	Do symptoms worsen with cognitive activity?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unsure</td></tr> </table>	1	Yes	0	No	2	Unsure								
1	Yes																
0	No																
2	Unsure																
418	submit_1	Press SUBMIT to go to next survey	descriptive														
419	concussion_symptom_log_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Generalized Anxiety Disorder Scale (GAD-7)																	
420	gad_7_1	Feeling nervous, anxious, or on edge	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day						
0	Not at all																
1	Several days																
2	Over half the days																
3	Nearly every day																
421	gad_7_2	Not being able to stop or control worrying	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day						
0	Not at all																
1	Several days																
2	Over half the days																
3	Nearly every day																
422	gad_7_3	Worrying too much about different things	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day						
0	Not at all																
1	Several days																
2	Over half the days																
3	Nearly every day																
423	gad_7_4	Trouble relaxing	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day						
0	Not at all																
1	Several days																
2	Over half the days																
3	Nearly every day																
424	gad_7_5	Being so restless that it's hard to sit still	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days	3	Nearly every day						
0	Not at all																
1	Several days																
2	Over half the days																
3	Nearly every day																
425	gad_7_6	Becoming easily annoyed or irritable	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>Over half the days</td></tr> </table>	0	Not at all	1	Several days	2	Over half the days								
0	Not at all																
1	Several days																
2	Over half the days																

			3	Nearly every day
426	gad_7_7	Feeling afraid as if something awful might happen	radio (Matrix), Required 0 Not at all 1 Several days 2 Over half the days 3 Nearly every day	
427	gad7_total_score	GAD-7 Total Score:	calc Calculation: [gad_7_1]+[gad_7_2]+[gad_7_3]+[gad_7_4]+[gad_7_5]+[gad_7_6]+[gad_7_7]	
428	gad7_difficult_to_function	If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?	radio 1 Not difficult at all 2 Somewhat difficult 3 Very difficult 4 Extremely difficult	
429	gad_report	How was this survey completed?	radio 1 Patient report 2 Parent/guardian observation 3 Other	
430	gad_report_other Show the field ONLY if: [gad_report] = '3'	Other - Please specify	text	
431	submit_2	Press SUBMIT to go to next survey	descriptive	
432	generalized_anxiety_disorder_scale_gad7_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Instrument: Patient Health Questionnaire (PHQ-9)				
433	phq9_1	Little interest or pleasure in doing things	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
434	phq9_2	Feeling down, depressed, or hopeless	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
435	phq9_3	Trouble falling or staying asleep, or sleeping too much	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
436	phq9_4	Feeling tired or having little energy	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
437	phq9_5	Poor appetite or overeating	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
438	phq9_6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
439	phq9_7	Trouble concentrating on things, such as reading the newspaper or watching television	radio (Matrix), Required 0 Not at all 1 Several days 2 More than half the days 3 Nearly every day	
440	phq9_8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot	radio (Matrix), Required 0 Not at all	

		more than usual	<table border="1"> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	1	Several days	2	More than half the days	3	Nearly every day		
1	Several days										
2	More than half the days										
3	Nearly every day										
441	phq9_9	Thoughts that you would be better off dead or of hurting yourself in some way	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
442	phq9_total_score	PHQ-9 Total Score:	calc Calculation: [phq9_1]+[phq9_2]+[phq9_3]+[phq9_4]+[phq9_5]+[phq9_6]+[phq9_7]+[phq9_8]+[phq9_9]								
443	phq9_functioning	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	radio <table border="1"> <tr><td>1</td><td>Not difficult at all</td></tr> <tr><td>2</td><td>Somewhat difficult</td></tr> <tr><td>3</td><td>Very difficult</td></tr> <tr><td>4</td><td>Extremely difficult</td></tr> </table>	1	Not difficult at all	2	Somewhat difficult	3	Very difficult	4	Extremely difficult
1	Not difficult at all										
2	Somewhat difficult										
3	Very difficult										
4	Extremely difficult										
444	phq_report	How was this survey completed?	radio <table border="1"> <tr><td>1</td><td>Patient report</td></tr> <tr><td>2</td><td>Parent/guardian observation</td></tr> <tr><td>3</td><td>Other</td></tr> </table>	1	Patient report	2	Parent/guardian observation	3	Other		
1	Patient report										
2	Parent/guardian observation										
3	Other										
445	phq_report_other	Other - Please specify	text								
		Show the field ONLY if: [phq_report] = '3'									
446	submit_3	Press SUBMIT to go to next survey	descriptive								
447	patient_health_questionnaire_phq9_complete	Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Pittsburgh Sleep Quality Index (PSQI)											
448	psqi_1	1. During the past month, what time have you usually gone to bed at night? BED TIME Answer given must be given in military time. To calculate military time, add the time you went to bed and 12. Ex. if you went to bed at 10 PM, add 10 to 12. Your military time would be 22:00.	text (time), Required								
449	psqi_2	2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? NUMBER OF MINUTES	text (integer, Min: 0), Required								
450	psqi_3	3. During the past month, what time have you usually gotten up in the morning? GETTING UP TIME Answer must be given in military time. To calculate military time, treat midnight as zero and add the hour and minute you woke up to zero. Ex. if you woke up at 7:30 AM in military time that would be 07:30. If you woke up at 10 AM, in military time that would be 10:00.	text (time), Required								
451	psqi_4	4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) HOURS OF SLEEP PER NIGHT	text (number, Min: 0, Max: 24), Required								
452	psqi_5a	5a) Cannot get to sleep within 30 minutes	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
453	psqi_5b	5b) Wake up in the middle of the night or early morning	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
454	psqi_5c	5c) Have to get up to use the bathroom	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
455	psqi_5d	5d) Cannot breathe comfortably	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
456	psqi_5e	5e) Cough or snore loudly	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week		
0	Not during the past month										
1	Less than once a week										
2	Once or twice a week										



			3 Three or more times a week
457	psqi_5f	5f) Feel too cold	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
458	psqi_5g	5g) Feel too hot	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
459	psqi_5h	5h) Had bad dreams	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
460	psqi_5i	5i) Have pain	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
461	psqi_5other	5j) Other reason(s), please describe Include nap information here	notes
462	psqi_5othera Show the field ONLY if: [psqi_5other]<>""	How often during the past month have you had trouble sleeping because of this?	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
463	psqi_6	6. During the past month, how would you rate your sleep quality overall?	radio, Required 0 Very good 1 Fairly good 2 Fairly bad 3 Very bad
464	psqi_7	7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
465	psqi_8	8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	radio, Required 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
466	psqi_9	9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	radio, Required 0 No problem at all 1 Only a very slight problem 2 Somewhat of a problem 3 A very big problem
467	psqi_10	10. Do you have a bed partner or room mate?	radio, Required 0 No bed partner or room mate 1 Partner/room mate in other room 2 Partner in same room, but not same bed 3 Partner in same bed
468	psqi_10a Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'	10a) Loud snoring	radio 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
469	psqi_10b Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'	10b) Long pauses between breaths while asleep	radio 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week

470	psqi_10c Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'	10c) Legs twitching or jerking while you sleep	radio 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
471	psqi_10d Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'	10d) Episodes of disorientation or confusion during sleep	radio 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
472	psqi_10e Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'	10e) Other restlessness while you sleep; please describe	notes
473	psqi_10e1 Show the field ONLY if: [psqi_10] = '1' or [psqi_10] = '2' or [psqi_10] = '3'		radio 0 Not during the past month 1 Less than once a week 2 Once or twice a week 3 Three or more times a week
474	psqi_report	How was this survey completed?	radio 1 Patient report 2 Parent/guardian observation 3 Other
475	psqi_report_other Show the field ONLY if: [psqi_report] = '3'	Other - Please specify	text
476	submit_4	Press SUBMIT to go to next survey	descriptive
477	pittsburgh_sleep_quality_index_psqi_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Concussion Related Treatment

478	rest	Due to your concussion, was rest advised from any of the following activities? Check all that apply	checkbox, Required 1 rest__1 Physical activity 2 rest__2 Studying, concentration, and learning activities 3 rest__3 Screen time (computer, video games, television, smartphone, tablet) 4 rest__4 Other 5 rest__5 None
479	other_rest Show the field ONLY if: [rest(4)] = '1'	Other rest, please describe:	text
480	meds_taken	Due to your concussion, were any of the the following medications prescribed or recommended by a clinician? Check all that apply	checkbox, Required 1 meds_taken__1 For pain or headache? 2 meds_taken__2 To help you sleep? 3 meds_taken__3 For your mood or emotions? 4 meds_taken__4 For ADHD (stimulants)? 5 meds_taken__5 Other 6 meds_taken__6 None
481	meds_pain Show the field ONLY if: [meds_taken(1)] = '1'	Pain or headache medications	checkbox, Required 1 meds_pain__1 NSAID or Analgesic (ibuprofen, naproxen, acetaminophen) 2 meds_pain__2 Opiate (codeine, oxycodone, hydrocodone) 3 meds_pain__3 Triptans (migraine medications) 4 meds_pain__4 Other
482	meds_pain_other Show the field ONLY if: [meds_pain(4)] = '1'	Other pain or headache medication	text, Required
483	meds_pain_yn2_07c Show the field ONLY if: [meds_taken(1)] = '1'	Did you take them?	radio 1 Yes 0 No 2 Not yet
484	meds_sleep Show the field ONLY if: [meds_taken(2)] = '1'	Sleep medications	checkbox, Required 1 meds_sleep__1 Melatonin 2 meds_sleep__2 Other over the counter medication (usually Benadryl)

			<table border="1"> <tr> <td>3</td> <td>meds_sleep__3</td> <td>Prescribed medication</td> </tr> <tr> <td>4</td> <td>meds_sleep__4</td> <td>Other</td> </tr> </table>	3	meds_sleep__3	Prescribed medication	4	meds_sleep__4	Other						
3	meds_sleep__3	Prescribed medication													
4	meds_sleep__4	Other													
485	meds_sleep_other Show the field ONLY if: [meds_sleep(4)] = '1'	Other sleep medication	text, Required												
486	meds_sleep_yn Show the field ONLY if: [meds_taken(2)] = '1'	Did you take them?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
487	meds_mood Show the field ONLY if: [meds_taken(3)] = '1'	Mood or emotion medications	checkbox, Required <table border="1"> <tr> <td>1</td> <td>meds_mood__1</td> <td>Antidepressants</td> </tr> <tr> <td>2</td> <td>meds_mood__2</td> <td>Anxiolytics (anti-anxiety)</td> </tr> <tr> <td>3</td> <td>meds_mood__3</td> <td>Herbals</td> </tr> <tr> <td>4</td> <td>meds_mood__4</td> <td>Other</td> </tr> </table>	1	meds_mood__1	Antidepressants	2	meds_mood__2	Anxiolytics (anti-anxiety)	3	meds_mood__3	Herbals	4	meds_mood__4	Other
1	meds_mood__1	Antidepressants													
2	meds_mood__2	Anxiolytics (anti-anxiety)													
3	meds_mood__3	Herbals													
4	meds_mood__4	Other													
488	meds_mood_other Show the field ONLY if: [meds_mood(4)] = '1'	Other mood or emotion medications	text, Required												
489	meds_mood_yn Show the field ONLY if: [meds_taken(3)] = '1'	Did you take them?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
490	meds_adhd_yn Show the field ONLY if: [meds_taken(4)] = '1'	Did you take ADHD medications?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
491	meds_other Show the field ONLY if: [meds_taken(5)] = '1'	Other Medications	text, Required												
492	meds_other_yn Show the field ONLY if: [meds_taken(5)] = '1'	Did you take them?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
493	speech_rehab	Was speech rehabilitation recommended?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
494	speech_rehab_yn Show the field ONLY if: [speech_rehab] = '1'	Did you receive it?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
495	cognitive_rehab	Was cognitive rehabilitation recommended?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
496	cog_rehab_yn Show the field ONLY if: [cognitive_rehab] = '1'	Did you receive it?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
497	ocular_rehab	Was visual rehabilitation recommended? Eye/visual retraining	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
498	ocular_rehab_yn Show the field ONLY if: [ocular_rehab] = '1'	Did you receive it?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
499	phys_ther	Was physical therapy (e.g. balance treatment, neck strengthening) recommended?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
500	phys_ther_yn Show the field ONLY if: [phys_ther] = '1'	Did you receive it?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not yet</td></tr> </table>	1	Yes	0	No	2	Not yet						
1	Yes														
0	No														
2	Not yet														
501	counseling	Was supportive counseling or psychotherapy recommended?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														

502	counseling_yn Show the field ONLY if: [counseling] = '1'	Did you receive it?	radio, Required 1 Yes 0 No 2 Not yet
503	neuropsych	Was a neuropsychological evaluation recommended?	yesno, Required 1 Yes 0 No
504	neuropsych_yn Show the field ONLY if: [neuropsych] = '1'	Did you receive it?	radio, Required 1 Yes 0 No 2 Not yet
505	other_ther	Other therapy recommended?	yesno, Required 1 Yes 0 No
506	other_ther_type Show the field ONLY if: [other_ther] = '1'	Other therapy, please specify	text
507	other_ther_yn Show the field ONLY if: [other_ther] = '1'	Did you receive it?	radio, Required 1 Yes 0 No 2 Not yet
508	submit_5	Press SUBMIT to go to next survey	descriptive
509	concussion_related_treatment_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Outcomes

510	rtp	If your concussion was sports-related, have you returned to play?	radio, Required 1 Yes 0 No 2 N/A--injury was not sports-related
511	complete_rtp Show the field ONLY if: [rtp] = '1'	How many days passed between the date of your concussion and when you were allowed to returned to play?	dropdown, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 >16 days, < 1 mo 18 > 1 month
512	rtp_gradual Show the field ONLY if: [rtp] = '1'	Was your return to play gradual? In other words, did they limit your activities at the start, and slowly let you do more and more as you got better?	yesno, Required 1 Yes 0 No
513	rtp_school_load Show the field ONLY if: [rtp] = '1'	If you are in school, were you at full academic load before you returned to play?	radio, Required 1 Yes 0 No 2 N/A
514	rtp_dxmed Show the field ONLY if: [rtp] = '1'	Were you off all symptomatic concussion medications before returning to play? Daily headache medications, muscle relaxants, anti-inflammatory medications, etc.	radio, Required 1 Yes 0 No 2 N/A--never on medication
515	sds_work_school	The symptoms have disrupted your work/school work:	radio (Matrix), Required

			<table border="1"> <tr><td>0</td><td>Not at all 0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>Mildly 2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>Moderately 5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>Markedly 8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>Extremely 10</td></tr> </table>	0	Not at all 0	1	1	2	Mildly 2	3	3	4	4	5	Moderately 5	6	6	7	7	8	Markedly 8	9	9	10	Extremely 10																		
0	Not at all 0																																										
1	1																																										
2	Mildly 2																																										
3	3																																										
4	4																																										
5	Moderately 5																																										
6	6																																										
7	7																																										
8	Markedly 8																																										
9	9																																										
10	Extremely 10																																										
516	sds_social	The symptoms have disrupted your social life/leisure activities:	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>0</td><td>Not at all 0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>Mildly 2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>Moderately 5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>Markedly 8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>Extremely 10</td></tr> </table>	0	Not at all 0	1	1	2	Mildly 2	3	3	4	4	5	Moderately 5	6	6	7	7	8	Markedly 8	9	9	10	Extremely 10																		
0	Not at all 0																																										
1	1																																										
2	Mildly 2																																										
3	3																																										
4	4																																										
5	Moderately 5																																										
6	6																																										
7	7																																										
8	Markedly 8																																										
9	9																																										
10	Extremely 10																																										
517	sds_family_home	The symptoms have disrupted your family life/home responsibilities:	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>0</td><td>Not at all 0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>Mildly 2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>Moderately 5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>Markedly 8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>Extremely 10</td></tr> </table>	0	Not at all 0	1	1	2	Mildly 2	3	3	4	4	5	Moderately 5	6	6	7	7	8	Markedly 8	9	9	10	Extremely 10																		
0	Not at all 0																																										
1	1																																										
2	Mildly 2																																										
3	3																																										
4	4																																										
5	Moderately 5																																										
6	6																																										
7	7																																										
8	Markedly 8																																										
9	9																																										
10	Extremely 10																																										
518	days_missed	How many days did you have to take time off from school, work, or household responsibilities because of your concussion?	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>19</td><td>Less than 1 day</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>Greater than 16 days, but less than 1 month</td></tr> <tr><td>18</td><td>Greater than 1 month</td></tr> </table>	0	0	19	Less than 1 day	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	Greater than 16 days, but less than 1 month	18	Greater than 1 month
0	0																																										
19	Less than 1 day																																										
1	1																																										
2	2																																										
3	3																																										
4	4																																										
5	5																																										
6	6																																										
7	7																																										
8	8																																										
9	9																																										
10	10																																										
11	11																																										
12	12																																										
13	13																																										
14	14																																										
15	15																																										
16	16																																										
17	Greater than 16 days, but less than 1 month																																										
18	Greater than 1 month																																										
519	accomodations	Were accomodations made at school/work? Such as 504, or excused time off	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>N/A--retired, unemployed, or homemaker</td></tr> </table>	1	Yes	0	No	2	N/A--retired, unemployed, or homemaker																																		
1	Yes																																										
0	No																																										
2	N/A--retired, unemployed, or homemaker																																										
520	status_change	Did you have a change in student/ employment status due to your concussion?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										

			2   N/A																																								
521	status_change_desc Show the field ONLY if: [status_change] = '1'	Check all that apply:	checkbox <table border="1"> <tr> <td>5</td> <td>status_change_desc__5</td> <td>Full-time student pre-concussion, part-time student now</td> </tr> <tr> <td>6</td> <td>status_change_desc__6</td> <td>Taking time off from school</td> </tr> <tr> <td>7</td> <td>status_change_desc__7</td> <td>Dropped out of school</td> </tr> <tr> <td>0</td> <td>status_change_desc__0</td> <td>Returned to similar work position</td> </tr> <tr> <td>1</td> <td>status_change_desc__1</td> <td>Returned to different position at a lower level</td> </tr> <tr> <td>2</td> <td>status_change_desc__2</td> <td>Returned to different position at a higher level</td> </tr> <tr> <td>3</td> <td>status_change_desc__3</td> <td>Working pre-concussion, not now</td> </tr> <tr> <td>4</td> <td>status_change_desc__4</td> <td>Not working before, working now</td> </tr> <tr> <td>8</td> <td>status_change_desc__8</td> <td>Other</td> </tr> </table>	5	status_change_desc__5	Full-time student pre-concussion, part-time student now	6	status_change_desc__6	Taking time off from school	7	status_change_desc__7	Dropped out of school	0	status_change_desc__0	Returned to similar work position	1	status_change_desc__1	Returned to different position at a lower level	2	status_change_desc__2	Returned to different position at a higher level	3	status_change_desc__3	Working pre-concussion, not now	4	status_change_desc__4	Not working before, working now	8	status_change_desc__8	Other													
5	status_change_desc__5	Full-time student pre-concussion, part-time student now																																									
6	status_change_desc__6	Taking time off from school																																									
7	status_change_desc__7	Dropped out of school																																									
0	status_change_desc__0	Returned to similar work position																																									
1	status_change_desc__1	Returned to different position at a lower level																																									
2	status_change_desc__2	Returned to different position at a higher level																																									
3	status_change_desc__3	Working pre-concussion, not now																																									
4	status_change_desc__4	Not working before, working now																																									
8	status_change_desc__8	Other																																									
522	status_change_other Show the field ONLY if: [status_change_desc(8)] = '1'	Please describe.	text																																								
523	comp_disability	Are you receiving (or did you receive) disability income or worker's compensation due to your concussion?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>N/A</td> </tr> </table>	1	Yes	0	No	2	N/A																																		
1	Yes																																										
0	No																																										
2	N/A																																										
524	doi_clear_sx	How many days passed between the date of your concussion to when your symptoms went away? (no longer having headaches, nausea, dizziness, etc.)	dropdown, Required <table border="1"> <tr> <td>19</td> <td>Less than 1 day</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>7</td> </tr> <tr> <td>8</td> <td>8</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>10</td> <td>10</td> </tr> <tr> <td>11</td> <td>11</td> </tr> <tr> <td>12</td> <td>12</td> </tr> <tr> <td>13</td> <td>13</td> </tr> <tr> <td>14</td> <td>14</td> </tr> <tr> <td>15</td> <td>15</td> </tr> <tr> <td>16</td> <td>16</td> </tr> <tr> <td>17</td> <td>Greater than 16 days, but less than 1 month</td> </tr> <tr> <td>18</td> <td>Greater than 1 month</td> </tr> <tr> <td>20</td> <td>Still experiencing symptoms</td> </tr> </table>	19	Less than 1 day	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	Greater than 16 days, but less than 1 month	18	Greater than 1 month	20	Still experiencing symptoms
19	Less than 1 day																																										
1	1																																										
2	2																																										
3	3																																										
4	4																																										
5	5																																										
6	6																																										
7	7																																										
8	8																																										
9	9																																										
10	10																																										
11	11																																										
12	12																																										
13	13																																										
14	14																																										
15	15																																										
16	16																																										
17	Greater than 16 days, but less than 1 month																																										
18	Greater than 1 month																																										
20	Still experiencing symptoms																																										
525	percent_normal	What percentage back to normal are you compared to before the concussion?	slider (number), Required Slider labels: 0, 50, 100																																								
526	litigation	Are you involved in litigation as a result of the concussion?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Undecided</td> </tr> <tr> <td>3</td> <td>Decline to answer</td> </tr> </table>	1	Yes	0	No	2	Undecided	3	Decline to answer																																
1	Yes																																										
0	No																																										
2	Undecided																																										
3	Decline to answer																																										
527	submit_end	Press SUBMIT to complete your survey Thank you!	descriptive																																								
528	outcomes_complete	Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																																		
0	Incomplete																																										
1	Unverified																																										
2	Complete																																										
Instrument: 3 Month Outcomes- Med Record Review																																											
529	rtp_medrec	Has the participant returned to play?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										
530	rtp_date_medrec Show the field ONLY if: [rtp_medrec] = '1'	Date of clearance for Return to Play?	text (date_mdy)																																								
531	impact_used_medrec Show the field ONLY if: [rtp_medrec] = '1'	Was IMPACT used during recovery? A computerized test given at school or in clinic	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table>	1	Yes	0	No	2	Unknown																																		
1	Yes																																										
0	No																																										
2	Unknown																																										

<p>532</p>	<p>doi_clear_impact_medrec Show the field ONLY if: [impact_used_medrec] = '1'</p>	<p>How many days passed between date of injury to clear ImPACT?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>&gt;16days</td></tr> <tr><td>18</td><td>Unknown</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	>16days	18	Unknown
0	0																																								
1	1																																								
2	2																																								
3	3																																								
4	4																																								
5	5																																								
6	6																																								
7	7																																								
8	8																																								
9	9																																								
10	10																																								
11	11																																								
12	12																																								
13	13																																								
14	14																																								
15	15																																								
16	16																																								
17	>16days																																								
18	Unknown																																								
<p>533</p>	<p>balance_used_medrec Show the field ONLY if: [rtp_medrec] = '1'</p>	<p>Was Balance testing used during recovery? Stand on one leg, bring finger to nose, etc.</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	1	Yes	0	No	2	Unknown																																
1	Yes																																								
0	No																																								
2	Unknown																																								
<p>534</p>	<p>doi_clear_balance_medrec Show the field ONLY if: [balance_used_medrec] = '1'</p>	<p>How many days passed between date of injury to cleared Balance test?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>&gt;16</td></tr> <tr><td>18</td><td>Unknown</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	>16	18	Unknown
0	0																																								
1	1																																								
2	2																																								
3	3																																								
4	4																																								
5	5																																								
6	6																																								
7	7																																								
8	8																																								
9	9																																								
10	10																																								
11	11																																								
12	12																																								
13	13																																								
14	14																																								
15	15																																								
16	16																																								
17	>16																																								
18	Unknown																																								
<p>535</p>	<p>doi_clear_sx_medrec Show the field ONLY if: [rtp_medrec] = '1'</p>	<p>How many days passed between date of injury to clear symptoms?</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>&gt;16</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	>16		
0	0																																								
1	1																																								
2	2																																								
3	3																																								
4	4																																								
5	5																																								
6	6																																								
7	7																																								
8	8																																								
9	9																																								
10	10																																								
11	11																																								
12	12																																								
13	13																																								
14	14																																								
15	15																																								
16	16																																								
17	>16																																								

			18   Still experiencing symptoms
536	month_outcomes_med_record_review_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Tracking			
537	visit_1_complete	Is Visit 1 complete?	yesno 1 Yes 0 No
538	paid_1	Was participant paid for Visit 1?	yesno 1 Yes 0 No
539	fu_target	Visit 2 (3 mo. F/U) target date:	text (date_mdy)
540	fu_scheduled	Visit 2 completed date: 3 mo. F/U	text (date_mdy)
541	days_past_target	Days past Visit 2 target date	calc Calculation: datediff([fu_target],[fu_scheduled],"d","mdy",true)
542	contact_notes	Contact attempts notes/issues:	notes
543	time_since_consent	Time since consent >90 days is over 3 mo.	calc Calculation: datediff("today",[date_enrolled],"d","mdy")
544	visit_2_complete	Is Visit 2 complete?	yesno 1 Yes 0 No
545	paid_2	Was participant paid for Visit 2?	yesno 1 Yes 0 No
546	tracking_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete