

Data Dictionary Codebook

09/08/2025 2:27am

Languages	
ID	Display Name
pt	<input checked="" type="checkbox"/> Portuguese (default)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)		
Instrument: Consent Form (consent_form)  Enabled as survey					
Active languages - Data Entry: None Survey: None					
1	[record_id]	Record ID	text		
2	[consent_form]	The University of Loyola students' LIFEstyle behaviors and Mental health cohort (UNILIFE-M): a prospective study protocol for a cohort in Spain. This project is a global initiative. Loyola University is conducting research to assess multiple lifestyle behaviors and mental health trajectories throughout college. The principal investigator at Loyola University is José Francisco López Gil. This research is being conducted in conjunction with the Federal University of Santa Maria (Brazil), whose principal investigator is Felipe Barreto Schuch. Therefore, we are contacting you to invite you to complete the following questionnaire, which takes approximately 10 to 20 minutes. The protocols for this research have been reviewed and approved by the Loyola University Ethics Committee. Thank you for collaborating with us by completing this questionnaire. Your participation will help us identify the incidence of mental health problems and lifestyle behaviors among university students. Once you complete the questionnaire, we will contact you again to complete a follow-up questionnaire after 1 year, 2 years, and 3.5 years.	descriptive		
3	[consent]	INFORMED CONSENT OF THE PARTICIPANT Project type: Research Project Project title: The University students' LIFEstyle behaviors and Mental health cohort (UNILIFE-M): prospective study protocol of a cohort from Spain. Project presented by: José Francisco López Gil, Pablo Galán López I (write your first and last name below):	text, Required Custom alignment: LV		
4	[consent_part_2]	• I have read the information document that accompanies this consent (Participant	radio, Required		
			<table border="1" data-bbox="1013 2129 1473 2165"> <tr> <td>1</td> <td>I voluntarily agree to participate</td> </tr> </table>	1	I voluntarily agree to participate
1	I voluntarily agree to participate				

		Information Sheet). • I have been able to ask questions. • I have received sufficient information. I have spoken with the research staff: José Francisco López Gil. • I understand that my participation is voluntary and I am free to participate or not in the study. • I have been informed that all data obtained in this study will be confidential and will be treated in accordance with the Organic Law on the Protection of Personal Data and Guarantee of Digital Rights 3/2018. • I have been informed that the information obtained will only be used for the specific purposes of the study. • I understand that I can withdraw from the study: • Whenever I want. • Without having to give explanations. • Without this having any negative repercussions on me. I freely give my consent to participate in the University students' LIFEstyle behaviors and Mental health cohort (UNILIFE-M) project: a prospective study protocol for a cohort in Spain. If you consider that all your doubts have been clarified and you are convinced to participate in this study, you can then give your consent to complete the survey:	2 <input type="checkbox"/> I do not agree to participate						
5	[consent_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Unilife Survey (unilife_survey) 

Active languages - Data Entry: None | Survey: None

6	[email]	What is your email address?	text, Required Custom alignment: LV				
7	[age]	1. How old are you? <i>For example: 20</i>	text (number), Required Custom alignment: LV				
8	[sex]	2. What is your biological sex?	radio, Required <table border="1"> <tr> <td>1</td> <td>Women</td> </tr> <tr> <td>2</td> <td>Man</td> </tr> </table> Custom alignment: LV	1	Women	2	Man
1	Women						
2	Man						
9	[pregnant] Show the field ONLY if: [sex]=1	2a. Are you pregnant?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yeah</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yeah	2	No
1	Yeah						
2	No						
10	[gender_identity]	3. What is your gender identity?	radio, Required <table border="1"> <tr> <td>1</td> <td>Cisgender - you identify with your biological sex</td> </tr> <tr> <td>2</td> <td>Transgender - you do not identify with your biological sex</td> </tr> </table>	1	Cisgender - you identify with your biological sex	2	Transgender - you do not identify with your biological sex
1	Cisgender - you identify with your biological sex						
2	Transgender - you do not identify with your biological sex						

			<table border="1"> <tr> <td>3</td><td>Non-binary - you identify with both genders or you don't</td></tr> </table>	3	Non-binary - you identify with both genders or you don't								
3	Non-binary - you identify with both genders or you don't												
			Custom alignment: LV										
11	[sexual_orientation]	4. Regarding your sexual orientation, do you consider yourself:	radio, Required <table border="1"> <tr> <td>1</td><td>Heterosexual</td></tr> <tr> <td>2</td><td>Homosexual</td></tr> <tr> <td>3</td><td>Bisexual</td></tr> <tr> <td>4</td><td>Pansexual</td></tr> <tr> <td>5</td><td>Other</td></tr> </table>	1	Heterosexual	2	Homosexual	3	Bisexual	4	Pansexual	5	Other
1	Heterosexual												
2	Homosexual												
3	Bisexual												
4	Pansexual												
5	Other												
			Custom alignment: LV										
12	[otro_orientacion]	If other, specify: Show the field ONLY if: [sexual_orientation]=5	text, Required Custom alignment: LV										
13	[ethnic_group]	5. What is your ethnic group?	radio, Required <table border="1"> <tr> <td>1</td><td>Asian</td></tr> <tr> <td>2</td><td>Afro-descendant</td></tr> <tr> <td>3</td><td>Caucasian</td></tr> <tr> <td>4</td><td>Other</td></tr> </table>	1	Asian	2	Afro-descendant	3	Caucasian	4	Other		
1	Asian												
2	Afro-descendant												
3	Caucasian												
4	Other												
			Custom alignment: LV										
14	[otro_etnico]	If other, specify: Show the field ONLY if: [ethnic_group]=4	text, Required Custom alignment: LV										
15	[height]	6. What is your height in meters, approximately? <i>For example: 1.68</i>	text, Required Custom alignment: LV										
16	[weight]	7. What is your weight in kilograms, approximately? <i>For example: 70.5</i>	text (number), Required Custom alignment: LV										
17	[bmi]	MC	calc Calculation: round([weight]/([height] * [height])),1) Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
18	[marital_status]	8. What is your marital status?	radio, Required <table border="1"> <tr> <td>1</td><td>Married</td></tr> <tr> <td>2</td><td>Single</td></tr> <tr> <td>3</td><td>Widowed</td></tr> <tr> <td>4</td><td>Divorced or Separated</td></tr> <tr> <td>5</td><td>Stable couple</td></tr> </table>	1	Married	2	Single	3	Widowed	4	Divorced or Separated	5	Stable couple
1	Married												
2	Single												
3	Widowed												
4	Divorced or Separated												
5	Stable couple												



			Custom alignment: LV																					
19	[student_accommodation]	9. Do you live in a student residence or other accommodation offered by your university?	radio, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td><td>Yeah</td></tr> <tr> <td>2</td><td>No</td></tr> </table> Custom alignment: LH	1	Yeah	2	No																	
1	Yeah																							
2	No																							
20	[work]	10. Are you currently working?	radio, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td><td>Yeah</td></tr> <tr> <td>2</td><td>No</td></tr> </table> Custom alignment: LH	1	Yeah	2	No																	
1	Yeah																							
2	No																							
21	[job] Show the field ONLY if: [work]=1	10a. What is your job?	text, Required Custom alignment: LV																					
22	[income]	11. What is your family's approximate monthly income (in euros)? <i>For example: €1,200 or €2,800</i>	text, Required Custom alignment: LV																					
23	[mental_disorder_diagnosis]	12. Do you have any mental health problems or developmental disorders that have been diagnosed by a psychiatrist or psychologist?	radio, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td><td>Yeah</td></tr> <tr> <td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yeah	2	No																	
1	Yeah																							
2	No																							
24	[mental_disorders] Show the field ONLY if: [mental_disorder_diagnosis]=1	12a. If the answer is yes, please mention which one(s):	checkbox, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>1</td><td>mental_disorders__1</td><td>Anxiety disorder (panic disorder, generalized anxiety, social phobia, or other phobias)</td></tr> <tr> <td>2</td><td>mental_disorders__2</td><td>Depressive disorder</td></tr> <tr> <td>3</td><td>mental_disorders__3</td><td>Bipolar disorder</td></tr> <tr> <td>4</td><td>mental_disorders__4</td><td>Obsessive-compulsive disorder</td></tr> <tr> <td>5</td><td>mental_disorders__5</td><td>Schizophrenia</td></tr> <tr> <td>6</td><td>mental_disorders__6</td><td>Eating disorder</td></tr> <tr> <td>7</td><td>mental_disorders__7</td><td>Autism spectrum disorder</td></tr> </table>	1	mental_disorders__1	Anxiety disorder (panic disorder, generalized anxiety, social phobia, or other phobias)	2	mental_disorders__2	Depressive disorder	3	mental_disorders__3	Bipolar disorder	4	mental_disorders__4	Obsessive-compulsive disorder	5	mental_disorders__5	Schizophrenia	6	mental_disorders__6	Eating disorder	7	mental_disorders__7	Autism spectrum disorder
1	mental_disorders__1	Anxiety disorder (panic disorder, generalized anxiety, social phobia, or other phobias)																						
2	mental_disorders__2	Depressive disorder																						
3	mental_disorders__3	Bipolar disorder																						
4	mental_disorders__4	Obsessive-compulsive disorder																						
5	mental_disorders__5	Schizophrenia																						
6	mental_disorders__6	Eating disorder																						
7	mental_disorders__7	Autism spectrum disorder																						

			<table border="1"> <tr> <td>8</td><td>mental_disorders__8</td><td>Attention deficit hyperactivity disorder (ADD, ADHD)</td></tr> <tr> <td>9</td><td>mental_disorders__9</td><td>Others</td></tr> </table>	8	mental_disorders__8	Attention deficit hyperactivity disorder (ADD, ADHD)	9	mental_disorders__9	Others						
8	mental_disorders__8	Attention deficit hyperactivity disorder (ADD, ADHD)													
9	mental_disorders__9	Others													
Custom alignment: LV															
25	[others_specify] Show the field ONLY if: [mental_disorders(9)] = '1'	If other, specify:	text, Required Custom alignment: LV												
26	[currently_medication]	13. Are you currently taking any medication for your mental health?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yeah</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yeah	2	No								
1	Yeah														
2	No														
27	[which_medication] Show the field ONLY if: [currently_medication]=1	13a. If yes, which one(s)?	text, Required Custom alignment: LV												
28	[psychotherapy]	14. Are you currently undergoing psychotherapy (psychological therapy)?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yeah</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>No, but I was there in the past.</td> </tr> </table> Custom alignment: LV	1	Yeah	2	No	3	No, but I was there in the past.						
1	Yeah														
2	No														
3	No, but I was there in the past.														
29	[treatment]	15. Are you currently using any other strategies to manage your mental health, such as mindfulness or yoga?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yeah</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yeah	2	No								
1	Yeah														
2	No														
30	[which_treatment] Show the field ONLY if: [treatment]= 1	15a. If yes, which one(s)?	notes, Required Custom alignment: LV												
31	[other_diseases]	16. Do you have any of the following diseases, diagnosed by a health professional?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>other_diseases__1</td> <td>Obesity</td> </tr> <tr> <td>2</td> <td>other_diseases__2</td> <td>Type 1 diabetes</td> </tr> <tr> <td>3</td> <td>other_diseases__3</td> <td>Type 2 diabetes</td> </tr> <tr> <td>4</td> <td>other_diseases__4</td> <td>As[†]</td> </tr> </table>	1	other_diseases__1	Obesity	2	other_diseases__2	Type 1 diabetes	3	other_diseases__3	Type 2 diabetes	4	other_diseases__4	As [†]
1	other_diseases__1	Obesity													
2	other_diseases__2	Type 1 diabetes													
3	other_diseases__3	Type 2 diabetes													
4	other_diseases__4	As [†]													

5	other_diseases_5	Chronic bronchitis
6	other_diseases_6	Chronic allergies
7	other_diseases_7	Heart disease
8	other_diseases_8	Osteoarthritis
9	other_diseases_9	Chronic lower back pain
10	other_diseases_10	Chronic neck pain
11	other_diseases_11	Migraine
12	other_diseases_12	Cancer
13	other_diseases_13	Osteoporosis
14	other_diseases_14	Muscle injury
15	other_diseases_15	None
16	other_diseases_16	Other

Custom alignment: LH

32	<p><code>[other_diseases_specify]</code></p> <p>Show the field ONLY if: <code>[other_diseases(16)] = 1</code></p>	<p>16a. If other, specify</p>	text, Required Custom alignment: LV						
33	<p><code>[coronavirus_infection]</code></p>	<p>17. Did you have a coronavirus (COVID-19) infection during the pandemic?</p>	radio, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yeah</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LH	1	Yeah	2	No		
1	Yeah								
2	No								
34	<p><code>[university]</code></p>	<p>18. Which university do you study at?</p>	text, Required Custom alignment: LV						
35	<p><code>[student_of]</code></p>	<p>19. You are a student of:</p>	radio, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Grade</td></tr> <tr><td>2</td><td>Master</td></tr> <tr><td>3</td><td>Doctorate</td></tr> </table> Custom alignment: LV	1	Grade	2	Master	3	Doctorate
1	Grade								
2	Master								
3	Doctorate								
36	<p><code>[curso]</code></p>	<p>20. What degree, master's degree, or doctoral program are you studying? <i>For example: architecture</i></p>	text, Required Custom alignment: LH						
37	<p><code>[year_entered]</code></p>	<p>21. In what year did you start your current studies? <i>For example: 2023</i></p>	text, Required Custom alignment: LV						
38	<p><code>[unilife_survey_complete]</code></p>	<p>Section Header: <i>Form Status</i> Complete?</p>	dropdown <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>0</td><td>Incomplete</td></tr> </table> 	0	Incomplete				
0	Incomplete								

1	Unverified
2	Complete

Instrument: Lifestyle (lifestyle)  Enabled as survey

Active languages - Data Entry: None | Survey: None

39	[smile_figure]		descriptive								
40	[smile_beginning]	Now we're going to ask you some questions about your lifestyle. In the last month, how often in your daily routine...	descriptive								
41	[smile_2]	When you shop, have you checked the labels for ingredients, such as the amount of salt?	radio (Matrix), Required <table border="1" data-bbox="1029 518 1214 736"> <tr> <td>4</td> <td>Always</td> </tr> <tr> <td>3</td> <td>Often</td> </tr> <tr> <td>2</td> <td>Sometimes</td> </tr> <tr> <td>1</td> <td>Never</td> </tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
42	[smile_3]	Have you eaten processed foods, i.e. frozen foods like pizzas, French fries, processed pastries, fried foods, and canned foods?	radio (Matrix), Required <table border="1" data-bbox="1029 788 1214 1006"> <tr> <td>1</td> <td>Always</td> </tr> <tr> <td>2</td> <td>Often</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
43	[smile_5]	Have you eaten healthy foods such as fresh fruits, fresh vegetables, whole grains, legumes, or nuts?	radio (Matrix), Required <table border="1" data-bbox="1029 1057 1214 1275"> <tr> <td>4</td> <td>Always</td> </tr> <tr> <td>3</td> <td>Often</td> </tr> <tr> <td>2</td> <td>Sometimes</td> </tr> <tr> <td>1</td> <td>Never</td> </tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
44	[smile_8]	Have you had 5 or more alcoholic drinks (if you are a man) or 4 or more alcoholic drinks (if you are a woman) on a single occasion, i.e., within 2 hours? (* 1 alcoholic drink = 1 glass of beer, 1 glass of wine, or 1 shot of distilled spirits [rum, vodka, whiskey, tequila, gin])	radio (Matrix), Required <table border="1" data-bbox="1029 1327 1214 1545"> <tr> <td>1</td> <td>Always</td> </tr> <tr> <td>2</td> <td>Often</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
45	[smile_9]	Have you ever smoked tobacco (cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco, or vaped)?	radio (Matrix), Required <table border="1" data-bbox="1029 1596 1214 1814"> <tr> <td>1</td> <td>Always</td> </tr> <tr> <td>2</td> <td>Often</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
46	[smile_10]	Have you smoked marijuana or hashish?	radio (Matrix), Required <table border="1" data-bbox="1029 1866 1214 2084"> <tr> <td>1</td> <td>Always</td> </tr> <tr> <td>2</td> <td>Often</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
47	[smile_11]	Have you taken other drugs (cocaine, crack, amphetamines, ecstasy, non-prescription	radio (Matrix), Required 								

		opiates, or other drugs)?	<table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Never</td></tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
48	[smile_12]	Have you exercised at least 30 minutes a day (or 150 minutes a week)?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
49	[smile_13]	Have you played team sports (football, volleyball, basketball, rugby, etc.) for at least 2 hours a week?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
50	[smile_15]	Have you felt good after doing physical activities?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
51	[smile_17]	Have you used any psychological strategies or support to manage stress? For example, meditation, mindfulness, or psychotherapy.	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
52	[smile_19]	Have you practiced any religion or spiritual belief?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
53	[smile_25]	Have you managed to sleep between 7 and 9 hours each night?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
54	[smile_26]	Have you felt rested with the number of hours you sleep?	radio (Matrix), Required <table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										



55	[smile_28]	Have you maintained a regular sleep schedule?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
56	[smile_30]	Have you interacted with your friends and/or family?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
57	[smile_31]	Have you felt like you are part of a group of friends, your community, or society?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
58	[smile_32]	Have you found someone you trust to listen to your problems or concerns?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
59	[smile_34]	Have you ever had someone in your life that you could go out or have fun with whenever you felt like it?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
60	[smile_37]	Have you been available to help your loved ones?	radio (Matrix), Required								
			<table border="1"> <tr><td>4</td><td>Always</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>1</td><td>Never</td></tr> </table>	4	Always	3	Often	2	Sometimes	1	Never
4	Always										
3	Often										
2	Sometimes										
1	Never										
61	[smile_40]	Have you spent more than 2 hours a day watching TV, playing computer games, or surfing the internet?	radio (Matrix), Required								
			<table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Never</td></tr> </table>	1	Always	2	Often	3	Sometimes	4	Never
1	Always										
2	Often										
3	Sometimes										
4	Never										
62	[smile_41]	Have you used your computer or mobile phone in the hour before bed?	radio (Matrix), Required								
			<table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Often</td></tr> <tr><td>3</td><td>Sometimes</td></tr> </table>	1	Always	2	Often	3	Sometimes		
1	Always										
2	Often										
3	Sometimes										



			4 Never
63	[smile_42]	Have you spent time in nature? For example, in parks, on the beach, in the countryside, or in the mountains?	radio (Matrix), Required
			4 Always
			3 Often
			2 Sometimes
			1 Never
64	[smile_43]	Have you felt that your relationship with nature, that is, all living beings, is an important part of who you are?	radio (Matrix), Required
			4 Always
			3 Often
			2 Sometimes
			1 Never
65	[lifestyle_complete]	Section Header: <i>Form Status</i> Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: Pas21s Physical Activity Questionnaire (pas21s_physical_activity_questionnaire) Enabled as survey

Active languages - Data Entry: None | Survey: None

66	[pas_description]	The following questions are about the physical activity you do at home, at work, or at university, and in your free time. This includes not only sports and exercise, but also the physical activity and inactivity you do in your daily life. Fill in the hours or minutes in the spaces. If the exact activity you do isn't listed, try to choose the one that most closely resembles yours.	descriptive
67	[actividades_diarías]	DAILY ACTIVITIES In this section, please fill in the hours or minutes in which you perform the activities mentioned above on an average day (24 hours). Do not leave any blank spaces and do not exceed 24 hours. If you do not do anything, please fill in zeros (0).	descriptive
68	[pas_1]	1) How many hours of sleep do you get daily on average? (Include daytime naps) <i>for example: 05:00</i>	text, Required Custom alignment: LV
69	[pas_trabajo]	At work or university, how many hours or minutes a day do you typically spend doing the following activities? (Includes homework)	descriptive
70	[pas_2]	2) Sitting <i>for example: 08:00</i>	text, Required Custom alignment: LV
71	[pas_3]	3) Standing or walking <i>for example: 01:00</i>	text, Required Custom alignment: LV
72	[pas_4]	4) Lifting heavy things or climbing stairs <i>for example: 05:00</i>	text, Required Custom alignment: LV

73	[pas_5]	5) How many hours and minutes a day do you typically spend sitting (in your car or public transport) to travel from your home to work/University and from work/University to your home? <i>for example: 03:00</i>	text, Required Custom alignment: LV						
74	[pas_6]	6. In your free time, how many hours and minutes a day do you typically spend sitting in front of a screen (television, computer, mobile phone, tablet, video games, etc.) or reading? <i>for example: 04:00</i>	text, Required Custom alignment: LV						
75	[pas_ejercicio]	WEEKLY EXERCISE ACTIVITIES This section asks you to report the time in hours and minutes per week spent doing EXERCISE. If you do not do anything, please enter zeros (0).	descriptive						
76	[pas_7]	7) Light Physical Activity: In your free time, how many hours and minutes a week do you typically do light physical activity, such as walking? (Example: half an hour from Monday to Friday would be equal to 2 hours and 30 minutes)	text, Required Custom alignment: LV						
77	[pas_8]	8) Moderate Physical Activity: In your free time, how many hours and minutes a week do you typically do sports such as cycling, jogging or similar activities? (Example: half an hour from Monday to Friday would be equal to 2 hours and 30 minutes)	text, Required Custom alignment: LV						
78	[pas_9]	9) Vigorous Physical Activity: In your free time, how many hours and minutes a week do you typically spend doing strenuous sports such as aerobics, running fast, playing soccer, tennis, swimming, etc.? (Example: half an hour from Monday to Friday would be equal to 2 hours and 30 minutes)	text, Required Custom alignment: LV						
79	[cuestionario_de_actividad_fsica_pas21s_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Sedentary Behavior (sedentary_behavior)  **Enabled as survey**

Active languages - Data Entry: None | Survey: None

80	[sedentary_figure]		descriptive										
81	[sedentary_behavior]	Approximately how many hours a day do you usually spend SITTING (includes sitting at work/home, watching TV and videos/DVDs, on the computer, at home and at work, eating, etc.)?	radio, Required <table border="1"> <tr> <td>1</td> <td>Less than 3h/day</td> </tr> <tr> <td>2</td> <td>3h or more to less than 6h/day</td> </tr> <tr> <td>3</td> <td>6h or more to less than 8h/day</td> </tr> <tr> <td>4</td> <td>8h or more to less than 11h/day</td> </tr> <tr> <td>5</td> <td>11 or more hours/day</td> </tr> </table>	1	Less than 3h/day	2	3h or more to less than 6h/day	3	6h or more to less than 8h/day	4	8h or more to less than 11h/day	5	11 or more hours/day
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5	11 or more hours/day												

			Custom alignment: LV										
82	[sedentary_2]	Last week, how many hours a day did you spend lying down or in a reclining position? Note: To answer this question, consider the time you were awake.	radio, Required <table border="1"> <tr><td>1</td><td>Less than 3h/day</td></tr> <tr><td>2</td><td>3h or more to less than 6h/day</td></tr> <tr><td>3</td><td>6h or more to less than 8h/day</td></tr> <tr><td>4</td><td>8h or more to less than 11h/day</td></tr> <tr><td>5</td><td>11 or more hours/day</td></tr> </table>	1	Less than 3h/day	2	3h or more to less than 6h/day	3	6h or more to less than 8h/day	4	8h or more to less than 11h/day	5	11 or more hours/day
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83	[sedentary_behavior_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: Mental Health (mental_health)  Enabled as survey

Active languages - Data Entry: None | Survey: None

84	[description]		descriptive										
85	[nivel1_descricao]	Instructions: The following questions ask about things that might have made you feel sick. For each question, circle the number that best describes how much (or how often) you have felt sick during the past TWO (2) WEEKS. (0) = Not at all. Not at all. (1) = Somewhat unusual. Less than a day or two. (2) = Mild. Several days. (3) = Moderate. More than half the days. (4) = Severe. Almost every day. During the past TWO (2) WEEKS, how much (or how often) have the following problems bothered you?	descriptive										
86	[interest_pleasure]	Little interest or satisfaction in doing things?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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87	[sad_depressed]	Feeling down, depressed, or hopeless?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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88	[irritated]	Feeling more irritated, moody, or angry than usual?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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89	[to_sleep]	Sleeping less than usual but still feeling full of energy?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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90	[project]	Start more projects than usual or do riskier things than usual?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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91	[nervous_anxious]	Feeling nervous, anxious, worried, or on edge?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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92	[panic_fear]	Feel panic or be scared?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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4	Serious. Almost every day.												
93	[nervous]	Avoid situations that make you nervous?	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> </table>	0	Nothing. Not at any time.								
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94	[pain]	Unexplained aches or pains (e.g., head, back, joints, abdomen, legs)?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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95	[disease]	Feel like your illnesses aren't taken seriously enough?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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96	[hurt_yourself]	Having thoughts of harming yourself?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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97	[hear_sounds]	Hear things other people couldn't hear, like voices, even when no one is around?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> <tr><td>3</td><td>Moderate. More than half of the days</td></tr> <tr><td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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98	[hear_thoughts]	Feeling like someone could hear your thoughts or that you could hear what someone else was thinking?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Nothing. Not at any time.</td></tr> <tr><td>1</td><td>Something strange. Less th day or two.</td></tr> <tr><td>2</td><td>Mild. Several days</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less th day or two.	2	Mild. Several days				
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99	[sleep]	Sleep problems that affect your overall sleep quality?	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Nothing. Not at any time.</td></tr> <tr> <td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr> <td>2</td><td>Mild. Several days</td></tr> <tr> <td>3</td><td>Moderate. More than half of the days</td></tr> <tr> <td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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100	[memory_problems]	Problems with memory (e.g., learning new information) or location (e.g., finding your way home)?	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Nothing. Not at any time.</td></tr> <tr> <td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr> <td>2</td><td>Mild. Several days</td></tr> <tr> <td>3</td><td>Moderate. More than half of the days</td></tr> <tr> <td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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101	[impulses]	Unpleasant thoughts, urgent needs, or repeated images in your head?	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Nothing. Not at any time.</td></tr> <tr> <td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr> <td>2</td><td>Mild. Several days</td></tr> <tr> <td>3</td><td>Moderate. More than half of the days</td></tr> <tr> <td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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102	[mental Acts]	Feeling compelled to perform certain behaviors or mental acts over and over again?	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Nothing. Not at any time.</td></tr> <tr> <td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr> <td>2</td><td>Mild. Several days</td></tr> <tr> <td>3</td><td>Moderate. More than half of the days</td></tr> <tr> <td>4</td><td>Serious. Almost every day.</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days	4	Serious. Almost every day.
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103	[off]	Feeling indifferent or distant from yourself, your body, your surroundings, or your memories?	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Nothing. Not at any time.</td></tr> <tr> <td>1</td><td>Something strange. Less than a day or two.</td></tr> <tr> <td>2</td><td>Mild. Several days</td></tr> <tr> <td>3</td><td>Moderate. More than half of the days</td></tr> </table>	0	Nothing. Not at any time.	1	Something strange. Less than a day or two.	2	Mild. Several days	3	Moderate. More than half of the days		
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104	[want_life]	Not knowing who you really are or what you want out of life?	radio (Matrix), Required 0 Nothing. Not at any time. 1 Something strange. Less than a day or two. 2 Mild. Several days 3 Moderate. More than half of the days 4 Serious. Almost every day.
105	[relationship_people]	Not feeling close to other people or not enjoying your relationships with them?	radio (Matrix), Required 0 Nothing. Not at any time. 1 Something strange. Less than a day or two. 2 Mild. Several days 3 Moderate. More than half of the days 4 Serious. Almost every day.
106	[drink_4]	Have at least four alcoholic drinks in a single day?	radio (Matrix), Required 0 Nothing. Not at any time. 1 Something strange. Less than a day or two. 2 Mild. Several days 3 Moderate. More than half of the days 4 Serious. Almost every day.
107	[cigarettes_cigars]	Smoke cigarettes, cigars, or pipes, or use snuff, vapes, or chewing tobacco?	radio (Matrix), Required 0 Nothing. Not at any time. 1 Something strange. Less than a day or two. 2 Mild. Several days 3 Moderate. More than half of the days 4 Serious. Almost every day.
108	[medicines]	Use any of the following remedies ON YOUR OWN WAY, that is, without a doctor's prescription, in larger amounts, or for longer than prescribed [e.g., pain relievers (such as Termalgin, Codeine), stimulants (such as Rubifen), sedatives or tranquilizers (such as sleeping pills or Valium), or voluntarily take drugs (such as marijuana, cocaine, or crack), man-made drugs (such as ecstasy), hallucinogens (such as LSD), heroin, inhalants or solvents (such as glue), or methamphetamine (such as speed)]?	radio (Matrix), Required 0 Nothing. Not at any time. 1 Something strange. Less than a day or two. 2 Mild. Several days 3 Moderate. More than half of the days 4 Serious. Almost every day. 

109	[mental_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Scoff (scoff) 

Active languages - Data Entry: None | Survey: None

110	[scoff_description]	The SCOFF Questionnaire is a valid and reliable screening tool for detecting the existence of an eating disorder. The questions focus on some key features of anorexia and bulimia. Please select the response that best applies to your situation:	descriptive						
111	[scoff_1]	Do you feel sick because your stomach feels so full that it is uncomfortable?	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Yeah</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yeah	0	No		
1	Yeah								
0	No								
112	[scoff_2]	Are you worried because you feel you have to control how much you eat?	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Yeah</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yeah	0	No		
1	Yeah								
0	No								
113	[scoff_3]	Have you recently lost more than 6 kilos in a three-month period?	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Yeah</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yeah	0	No		
1	Yeah								
0	No								
114	[scoff_4]	Do you think you are fat even though others say you are thin?	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Yeah</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yeah	0	No		
1	Yeah								
0	No								
115	[scoff_5]	Would you say that food dominates your life?	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Yeah</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yeah	0	No		
1	Yeah								
0	No								
116	[scoff_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Phq9 (phq9) 

Active languages - Data Entry: None | Survey: None

117	[phq_9_description]	PHQ-9: PATIENT HEALTH QUESTIONNAIRE-9 During the past 2 weeks, how often have you had discomfort due to the following problems? (0) = None (1) = Several days (2) = More than half the days (3) = Almost every day	descriptive		
118	[trouble_falling]	Have had difficulty falling or staying asleep, or have slept too much	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No day</td></tr></table>	0	No day
0	No day				

			<table border="1"> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	1	Several days	2	More than half of the days	3	Almost every day		
1	Several days										
2	More than half of the days										
3	Almost every day										
119	[<i>feelin_tired</i>]	Have you felt tired or low on energy?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
120	[<i>poor_appetite</i>]	No appetite or has overeaten	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
121	[<i>feeling_bad</i>]	You have felt bad about yourself, either thinking you are a failure or that you have let yourself or your family down.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
122	[<i>trouble_concentration</i>]	You have had difficulty concentrating on certain activities, such as reading the newspaper or watching television	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
123	[<i>moving_slowly</i>]	Has moved or spoken so slowly that other people could have noticed, or the opposite - very restless or agitated that has been moving around much more than usual	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
124	[<i>hurting_yourself</i>]	Thoughts that you would be better off dead or that you would harm yourself in some way	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No day</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	No day	1	Several days	2	More than half of the days	3	Almost every day
0	No day										
1	Several days										
2	More than half of the days										
3	Almost every day										
125	[<i>phq9_score</i>]	PHQ-9 Score	calc Calculation: ([interest_pleasure] - 1) + ([sad_depressed] - 1) + [trouble_falling] + [feelin_tired] + [poor_appetite] + [feeling_bad] + [trouble_concentration] + [moving_slowly] + [hurting_yourself] Field Annotation: @HIDDEN-SURVEY 								

126	[depressive_symptoms]	Depressive Symptoms	text Field Annotation: $@CALCTEXT(if(([interest_pleasure]-1) + ([sad_depressed]-1) + [trouble_falling] + [feelin_tired] + [poor_appetite] + [feeling_bad] + [trouble_concentration] + [moving_slowly] + [hurting_yourself]) > 9.1, "Sintomas Depresivos", "Sin Sintomas Depresivos") @HIDDEN-SURVEY$						
127	[phq9_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Gad7 (gad7)  Enabled as survey

Active languages - Data Entry: None | Survey: None

128	[gad_7_description]	GAD-7 During the past 2 weeks, how often have you been bothered by the following problems? (0) = Never (1) = Several days (2) = More than half of the days (3) = Almost every day	descriptive								
129	[being_able_to_stop]	Not being able to stop worrying or not being able to control worrying	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	Never	1	Several days	2	More than half of the days	3	Almost every day
0	Never										
1	Several days										
2	More than half of the days										
3	Almost every day										
130	[worrying]	Worrying too much about different things	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	Never	1	Several days	2	More than half of the days	3	Almost every day
0	Never										
1	Several days										
2	More than half of the days										
3	Almost every day										
131	[trouble_relaxing]	Difficulty relaxing	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	Never	1	Several days	2	More than half of the days	3	Almost every day
0	Never										
1	Several days										
2	More than half of the days										
3	Almost every day										
132	[restless]	Being so restless that it is difficult to sit still	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	Never	1	Several days	2	More than half of the days	3	Almost every day
0	Never										
1	Several days										
2	More than half of the days										
3	Almost every day										
133	[annoyed_irritable]	To become annoyed or irritated easily	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> </table>	0	Never						
0	Never										

			<table border="1"> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	1	Several days	2	More than half of the days	3	Almost every day		
1	Several days										
2	More than half of the days										
3	Almost every day										
134	[feeling_afraid]	Feeling afraid as if something terrible could happen	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half of the days</td></tr> <tr><td>3</td><td>Almost every day</td></tr> </table>	0	Never	1	Several days	2	More than half of the days	3	Almost every day
0	Never										
1	Several days										
2	More than half of the days										
3	Almost every day										
135	[gad7_score]	GAD-7 score	calc Calculation: ([nervous_anxious] -1) + [being_able_to_stop] + [worrying] + [trouble_relaxing] + [restless] + [annoyed_irritable] + [feeling_afraid] Field Annotation: @HIDDEN-SURVEY								
136	[anxious_symptoms]	Anxiety Symptoms	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if(([nervous_anxious] -1) + [being_able_to_stop] + [worrying] + [trouble_relaxing] + [restless] + [annoyed_irritable] + [feeling_afraid])>9.1, "Sintomas Ansiosos", "Sin Sintomas de Ansiedad")								
137	[gad7_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: Hcl16 (hcl16) 

Active languages - Data Entry: None | Survey: None

138	[hcl_16_descriptio n]	HCL-16: Hypomania At different times in life, people experience changes or fluctuations in energy, activity, and mood (ups and downs). The purpose of this questionnaire is to assess the characteristics of periods of elevated mood.	descriptive				
139	[less_sleep]	Section Header: <i>Please try to recall a time when you were in a high mood. How did you feel then? Please answer all of these statements regardless of your current mood. In that state:</i> I need to sleep less	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
140	[more_energy]	I feel more energetic and more active.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
141	[more_sociable]	I am more sociable (I make more phone calls, I go out more)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						

142	[drive_faster]	I tend to drive faster or more riskily.	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
143	[more_risks]	I take more risks in my daily life (at work and/or other activities)	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
144	[physically_active]	Physically I am more active (sports, etc.)	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
145	[more_activities]	I plan more activities or projects	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
146	[more_colourful]	I wear more flashy and extravagant clothes/makeup	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
147	[more_people]	I want to meet and, in fact, I meet with more people	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
148	[talk_more]	I speak more	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
149	[more_jokes]	I joke more or make more puns when I speak	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
150	[more_distracted]	I get distracted more easily	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
151	[mood_higher]	My mood is higher, more optimistic	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
152	[more_coffee]	I drink more coffee	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
153	[drink_more_alcohol]	I drink more alcohol	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						
154	[more_drugs]	I take more drugs (tranquilizers, anxiolytics, stimulants...)	radio (Matrix), Required				
			<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah
0	No						
1	Yeah						



155	[hcl_16_score]	HCL-16 Score	<p>calc</p> <p>Calculation: [less_sleep] + [more_energy] + [more_sociable] + [drive_faster] + [more_risks] + [physically_active] + [more_activities] + [more_colourful] + [more_people] + [talk_more] + [more_jokes] + [more_distracted] + [mood_higher] + [more_coffee] + [drink_more_alcohol] + [more_drugs]</p> <p>Field Annotation: @HIDDEN-SURVEY</p>						
156	[bipolar_symptoms]	Bipolar Disorder Symptoms	<p>text</p> <p>Field Annotation: @HIDDEN-SURVEY</p> <p>@CALCTEXT(if([less_sleep] + [more_energy] + [more_sociable] + [drive_faster] + [more_risks] + [physically_active] + [more_activities] + [more_colourful] + [more_people] + [talk_more] + [more_jokes] + [more_distracted] + [mood_higher] + [more_coffee] + [drink_more_alcohol] + [more_drugs])>8.1, "Síntomas de Trastorno Bipolar", "Sin Síntomas de Trastorno Bipolar")</p>						
157	[hcl16_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <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: Psqi (psqi)  **Enabled as survey**

Active languages - Data Entry: None | Survey: None

158	[psqi_descricao]	<p>PSQI - Pittsburgh Sleep Quality Index</p> <p>Instructions: The following questions ask about your normal sleep habits only during the past month. Your answers will attempt to accurately reflect your experience during most days and nights during the past month.</p>	descriptive								
159	[fall_sleep]	<p>Section Header: <i>For each of the following questions, choose the answer that best suits your needs. Try to answer ALL questions.</i></p> <p>a) Not being able to fall asleep in the first half hour</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>0</td> <td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
160	[woke_up_mid_night]	b) Waking up during the night or early in the morning	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>0</td> <td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
161	[bathroom]	c) Having to get up to go to the bathroom	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>0</td> <td>Not once in the last month</td> </tr> </table>	0	Not once in the last month						
0	Not once in the last month										

			<table border="1"> <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>	1	Less than once a week	2	Once or twice a week	3	Three or more times a week		
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
162	[no_breathe_comfortably]	d) Not being able to breathe well	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
163	[cough_or_snore]	e) Coughing or snoring loudly	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
164	[feel_cold]	f) Feel cold	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
165	[feel_hot]	g) Feeling too hot	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
166	[have_bad_dreams]	h) Having nightmares or bad dreams	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
167	[have_pain]	i) Suffer pain	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not once in the last 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 once in the last month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week
0	Not once in the last month										
1	Less than once a week										
2	Once or twice a week										
3	Three or more times a week										
168	[outra_razao]	(j) Other reason(s), please describe:	text, Required Custom alignment: LV								
169	[psqi_score]	Sleep Instrument Score	calc Calculation: [fall_sleep] + [woke_up_mid_night] + [bathroom] + [no_breathe_comfortably] + [cough_or_snore] + [feel_cold] + [feel_hot] + [have_bad_dreams] + 								

			[have_pain] Field Annotation: @HIDDEN-SURVEY						
170	[sleep_disorder_symptoms]	Symptoms of Sleep Disorders	text Field Annotation : @HIDDEN-SURVEY @CALCTEXT(if([fall_sleep] + [woke_up_mid_night] + [bathroom] + [no_breathe_comfortably] + [cough_or_snore] + [feel_cold] + [feel_hot] + [have_bad_dreams] + [have_pain])>9.1, "Symptoms of Sleep Disorder Sleep", "No Symptoms of Sleep Disorders")						
171	[psqi_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Ocir (ocir)  Enabled as survey

Active languages - Data Entry: None | Survey: None

172	[oci_r_descricao]	OCI-R: Revised Compulsive Disorder Inventory The following statements refer to experiences that many people have in their daily lives. Select the response that best describes HOW MUCH discomfort or annoyance this experience has caused you during the PAST MONTH. The numbers refer to the following categories: 0 = Not at all/None/Not at all 1 = A little 2 = Quite a bit 3 = A lot 4 = Very much	descriptive										
173	[stuff_clutter]	To accumulate things to the point that they become a hindrance.	radio (Matrix), Required <table border="1"><tr><td>0</td><td>Not at all / None / Nothing</td></tr><tr><td>1</td><td>A bit</td></tr><tr><td>2</td><td>Quite a lot</td></tr><tr><td>3</td><td>A lot</td></tr><tr><td>4</td><td>Lot</td></tr></table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
174	[check_stuff_often]	Checking things more often than necessary.	radio (Matrix), Required <table border="1"><tr><td>0</td><td>Not at all / None / Nothing</td></tr><tr><td>1</td><td>A bit</td></tr><tr><td>2</td><td>Quite a lot</td></tr><tr><td>3</td><td>A lot</td></tr><tr><td>4</td><td>Lot</td></tr></table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												

175	[<i>stay_disturb_obje_no</i>]	That things are not well ordered.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
176	[<i>compelled</i>]	Feeling the need to count while doing things.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
177	[<i>touch_obj</i>]	Touching an object when you know that strangers or certain people have touched it.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
178	[<i>dis_control_think</i>]	Not being able to control your own thoughts.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
179	[<i>collect_stuff</i>]	Accumulating things you don't need.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
180	[<i>check_repeatedly</i>]	Repeatedly check doors, windows, drawers, etc.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
181	[<i>disturb_people_change</i>]	Let others change the way they have arranged things.	radio (Matrix), Required										
			<table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> </table>	0	Not at all / None / Nothing	1	A bit						
0	Not at all / None / Nothing												
1	A bit												

			<table border="1"> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	2	Quite a lot	3	A lot	4	Lot				
2	Quite a lot												
3	A lot												
4	Lot												
182	[repeat_numbers]	Having the need to repeat certain numbers.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
183	[have_wash_clean]	Sometimes having to wash or clean yourself simply because you feel contaminated.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
184	[think_unpleasant]	Having unpleasant thoughts against your will.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
185	[avoid_play_stuff_outside]	Feeling unable to throw things away for fear of needing them later.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
186	[check_repeated_gas]	Repeatedly check the gas, water, and electricity after turning them off.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
187	[stuff_be_tidy]	Having the need for things to be arranged in a certain way.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												

188	[numbers_good_bad]	Feeling that there are good and bad numbers.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
189	[wash_hands_often]	Washing your hands more often and for longer than necessary.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
190	[thought_dingy]	To frequently have repugnant thoughts and find it difficult to get rid of them.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all / None / Nothing</td></tr> <tr><td>1</td><td>A bit</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Lot</td></tr> </table>	0	Not at all / None / Nothing	1	A bit	2	Quite a lot	3	A lot	4	Lot
0	Not at all / None / Nothing												
1	A bit												
2	Quite a lot												
3	A lot												
4	Lot												
191	[ocir_score]	OCI-R Score	calc Calculation: [stuff_clutter] + [check_stuff_often] + [stay_disturb_obje_no] + [compelled] + [touch_obj] + [dis_control_think] + [collect_stuff] + [check_repeatedly] + [disturb_people_change] + [repeat_numbers] + [have_wash_clean] + [think_unpleasant] + [avoid_play_stuff_outside] + [check_repeared_gas] + [stuff_be_tidy] + [numbers_good_bad] + [wash_hands_often] + [thought_dingy] Field Annotation: @HIDDEN-SURVEY										
192	[ocd_symptoms]	OCD Symptoms	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if([stuff_clutter] + [check_stuff_often] + [stay_disturb_obje_no] + [compelled] + [touch_obj] + [dis_control_think] + [collect_stuff] + [check_repeatedly] + [disturb_people_change] + [repeat_numbers] + [have_wash_clean] + [think_unpleasant] + [avoid_play_stuff_outside] + [check_repeared_gas] + [stuff_be_tidy] + [numbers_good_bad] + [wash_hands_often] + [thought_dingy])>20.1, "Síntomas de										

			Trastorno Obsesivo Compulsivo", "Sin síntomas de Trastorno Obsesivo Compulsivo")						
193	[ocir_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Assist (assist)  Enabled as survey

Active languages - Data Entry: None | Survey: None

194	[assist_descricao]	ASSIST - The Alcohol, Tobacco and Substance Use Screening Test	descriptive				
195	[tobacco_1]	Section Header: <i>1. Throughout your life, which of the following substances have you ever used? (only those used without a prescription)</i> a. Tobacco (cigarettes, chewing tobacco, cigars, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
196	[alcohol_1]	b. Alcoholic beverages (beer, wines, spirits, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
197	[cannabis_1]	c. Cannabis (marijuana, hierba, hash, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
198	[crack_1]	d. Cocaína (coke, crack, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
199	[amphetamine_1]	e. Amphetamine-type stimulants (speed, amphetamines, ecstasy, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
200	[inhalants_1]	f. Inhalants (nitrous oxide, glue, gasoline, paint thinner, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
201	[sedatives_1]	g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
202	[hallucinogens_1]	h. Hallucinogens (LSD, acids, mushrooms, ketamine, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
203	[opioids_1]	i. Opiates (heroin, morphine, methadone, buprenorphine, codeine, etc.)	radio (Matrix), Required <table border="1"><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yeah</td></tr></table>	0	No	1	Yeah
0	No						
1	Yeah						
204	[other_1]	j. Others, specify:	radio (Matrix), Required 				

			<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yeah</td></tr> </table>	0	No	1	Yeah						
0	No												
1	Yeah												
205	<p>[outras_especifique_1]</p> <p>Show the field ONLY if: [other_1]=1</p>	For others, please specify:	text, Required Custom alignment: LV										
206	<p>[tobacco_2]</p> <p>Show the field ONLY if: [tobacco_1]=1</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p> <p>a. Tobacco (cigarettes, chewing tobacco, cigars, etc.)</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
207	<p>[alcohol_2]</p> <p>Show the field ONLY if: [alcohol_1]=1</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p> <p>b. Alcoholic beverages (beer, wines, spirits, etc.)</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
208	<p>[cannabis_2]</p> <p>Show the field ONLY if: [cannabis_1]=1</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p> <p>c. Cannabis (marijuana, hierba, hash, etc.)</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
209	<p>[crack_2]</p> <p>Show the field ONLY if: [crack_1]=1</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p> <p>d. Cocaína (coke, crack, etc.)</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
210	<p>[amphetamine_2]</p> <p>Show the field ONLY if: [amphetamine_1]=1</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p> <p>e. Amphetamine-type stimulants (speed, amphetamines, ecstasy, etc.)</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
211	<p>[inhalants_2]</p> <p>Show the field ONLY if:</p>	<p>Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> </table>	0	Never	1	Once or twice						
0	Never												
1	Once or twice												



	[inhalants_1]=1	f. Inhalants (nitrous oxide, glue, gasoline, paint thinner, etc.)	<table border="1"> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	2	Monthly	3	Weekly	4	Daily or almost daily				
2	Monthly												
3	Weekly												
4	Daily or almost daily												
212	[sedatives_2] Show the field ONLY if: [sedatives_1]=1	Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)? g. Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
213	[hallucinogens_2] Show the field ONLY if: [hallucinogens_1]=1	Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)? h. Hallucinogens (LSD, acids, mushrooms, ketamine, etc.)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
214	[opioids_2] Show the field ONLY if: [opioids_1]=1	Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)? i. Opiates (heroin, morphine, methadone, buprenorphine, codeine, etc.)	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
215	[other_2] Show the field ONLY if: [other_1]=1	Section Header: 2. In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)? Others, please specify:	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or almost daily</td></tr> </table>	0	Never	1	Once or twice	2	Monthly	3	Weekly	4	Daily or almost daily
0	Never												
1	Once or twice												
2	Monthly												
3	Weekly												
4	Daily or almost daily												
216	[outras_especificue_2] Show the field ONLY if: [other_2]>0	For others, please specify:	text, Required Custom alignment: LV										
217	[tobacco_score]	Tobacco Score	calc Calculation: [tobacco_1] + [tobacco_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY										
218	[alcohol_score]	Score Alcoholic Beverages	calc Calculation: [alcohol_1] + [alcohol_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY										
219	[cannabis_score]	Cannabis Score	calc Calculation: [cannabis_1] +										

			[cannabis_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
220	[crack_score]	Cocaine Score	calc Calculation: [crack_1] + [crack_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
221	[amphetamine_score]	Amphetamine-type stimulants score	calc Calculation: [amphetamine_1] + [amphetamine_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
222	[inhalants_score]	Inhalant Score	calc Calculation: [inhalants_1] + [inhalants_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
223	[sedatives_score]	Sedatives or sleeping pills score	calc Calculation: [sedatives_1] + [sedatives_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
224	[hallucinogens_score]	Hallucinogens Score	calc Calculation: [hallucinogens_1] + [hallucinogens_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
225	[opioids_1_opioids_2]	Opiate Score	calc Calculation: [opioids_1] + [opioids_2] Custom alignment: RH Field Annotation: @HIDDEN-SURVEY						
226	[assist_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Asrs (asrs) 

Active languages - Data Entry: None | Survey: None

227	[asrs_descricao]	Section Header: <i>This is our last instrument. After that, we'll ask for contact information. Please keep responding.</i> Answer the questions below, rating yourself on each of the criteria shown. As you answer each question, click the box that best describes how you have felt and behaved over the past 6 months.	descriptive								
228	[asrs_1]	1. How often do you have trouble finishing the final details of a project, once the challenging parts have been done?	radio, Required <table border="1"> <tr> <td>0</td><td>Never</td></tr> <tr> <td>1</td><td>Seldom</td></tr> <tr> <td>2</td><td>Sometimes</td></tr> <tr> <td>3</td><td>Often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often
0	Never										
1	Seldom										
2	Sometimes										
3	Often										

			<table border="1"> <tr> <td>4</td><td>Very often</td></tr> </table>	4	Very often								
4	Very often												
			Custom alignment: LV										
229	[score_asrs1]	Score ASRS_1	<p>calc Calculation: if([asrs_1]=0 or [asrs_1]=1, 0, 1) Field Annotation: @HIDDEN-SURVEY</p>										
230	[asrs_2]	2. How often do you have trouble putting things in order when you have to do a task that requires organization?	<p>radio, Required</p> <table border="1"> <tr> <td>0</td><td>Never</td></tr> <tr> <td>1</td><td>Seldom</td></tr> <tr> <td>2</td><td>Sometimes</td></tr> <tr> <td>3</td><td>Often</td></tr> <tr> <td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
			Custom alignment: LV										
231	[score_asrs2]	Score ASRS_2	<p>calc Calculation: if([asrs_2]=0 or [asrs_2]=1, 0, 1) Field Annotation: @HIDDEN-SURVEY</p>										
232	[asrs_3]	3. How often do you have trouble remembering appointments or obligations?	<p>radio, Required</p> <table border="1"> <tr> <td>0</td><td>Never</td></tr> <tr> <td>1</td><td>Seldom</td></tr> <tr> <td>2</td><td>Sometimes</td></tr> <tr> <td>3</td><td>Often</td></tr> <tr> <td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
			Custom alignment: LV										
233	[score_asrs3]	Score ASRS_3	<p>calc Calculation: if([asrs_3]=0 or [asrs_3]=1, 0, 1) Custom alignment: RH Field Annotation: @HIDDEN-SURVEY</p>										
234	[asrs_4]	4. When you have a task that requires a lot of thinking, how often do you avoid or delay starting it?	<p>radio, Required</p> <table border="1"> <tr> <td>0</td><td>Never</td></tr> <tr> <td>1</td><td>Seldom</td></tr> <tr> <td>2</td><td>Sometimes</td></tr> <tr> <td>3</td><td>Often</td></tr> <tr> <td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
			Custom alignment: LV										
235	[score_asrs4]	Score ASRS_4	<p>calc Calculation: if([asrs_4]=3 or [asrs_4]=4, 1, 0) Custom alignment: RH Field Annotation: @HIDDEN-SURVEY</p>										
236	[asrs_5]	5. How often do you fidget or twist your hands or feet when you have to sit for a long	radio, Required										

		time?	<table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
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2	Sometimes												
3	Often												
4	Very often												
		Custom alignment: LV											
237	[[score_asrs5]]	Score ASRS_5	<p>calc</p> <p>Calculation: if([asrs_5]=3 or [asrs_5]=4, 1, 0)</p> <p>Custom alignment: RH</p> <p>Field Annotation: @HIDDEN-SURVEY</p>										
238	[[asrs_6]]	6. How often do you feel overactive and driven to do things, as if you had a motor inside you?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
		Custom alignment: LV											
239	[[score_asrs6]]	Score ASRS_6	<p>calc</p> <p>Calculation: if([asrs_6]=3 or [asrs_6]=4, 1, 0)</p> <p>Custom alignment: RH</p> <p>Field Annotation: @HIDDEN-SURVEY</p>										
240	[[asrs_7]] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	7. How often do you make careless mistakes when working on a difficult or boring project?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
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4	Very often												
		Custom alignment: LV											
241	[[asrs_8]] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	8. How often do you have trouble staying focused when doing boring or repetitive work?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
		Custom alignment: LV											
242	[[asrs_9]] Show the field ONLY if:	9. How often do you have trouble concentrating on what other people are saying, even when they are speaking directly to you?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> </table>	0	Never	1	Seldom						
0	Never												
1	Seldom												



	([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4		<table border="1"> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> <p>Custom alignment: LV</p>	2	Sometimes	3	Often	4	Very often				
2	Sometimes												
3	Often												
4	Very often												
243	<p>[asrs_10]</p> <p>Show the field ONLY if:</p> <p>([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4</p>	10. How often do you have trouble finding things at home or work?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
244	<p>[asrs_11]</p> <p>Show the field ONLY if:</p> <p>([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4</p>	11. How often are you distracted by activities or noises around you?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
245	<p>[asrs_12]</p> <p>Show the field ONLY if:</p> <p>([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4</p>	12. How often do you leave your seat in meetings or other situations where you are expected to remain seated?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
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3	Often												
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246	<p>[asrs_13]</p> <p>Show the field ONLY if:</p> <p>([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4</p>	13. How often do you feel restless or agitated?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
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2	Sometimes												
3	Often												
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247	<p>[asrs_14]</p> <p>Show the field ONLY if:</p> <p>([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] +</p>	14. How often do you find it difficult to relax and unwind when you have free time?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> </table> <p style="text-align: right;">↑</p>	0	Never	1	Seldom	2	Sometimes	3	Often		
0	Never												
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	[score_asrs5] + [score_asrs6])>=4		<table border="1"> <tr><td>4</td><td>Very often</td></tr> </table> Custom alignment: LV	4	Very often								
4	Very often												
248	[asrs_15] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	15. How often do you find that you talk too much when in social situations?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> Custom alignment: LV	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
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4	Very often												
249	[asrs_16] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	16. When you are engaged in conversation, how often do you find that you finish the sentences of the people you are talking to before they can finish theirs?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> Custom alignment: LV	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
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250	[asrs_17] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	17. How often do you have trouble waiting your turn in situations where waiting is necessary?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> Custom alignment: LV	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
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4	Very often												
251	[asrs_18] Show the field ONLY if: ([score_asrs1] + [score_asrs2] + [score_asrs3] + [score_asrs4] + [score_asrs5] + [score_asrs6])>=4	18. How often do you interrupt other people when they are busy?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Seldom</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Very often</td></tr> </table> Custom alignment: LV	0	Never	1	Seldom	2	Sometimes	3	Often	4	Very often
0	Never												
1	Seldom												
2	Sometimes												
3	Often												
4	Very often												
252	[asrs_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **Contact Details** (contact_details) Enabled as survey

[collapsed]

Active languages - Data Entry: None | Survey: None

Instrument: **Feedback** (feedback) Enabled as survey

[collapsed]