Child Characteristics

- 1 record per participant

In this section, we're interested in learning about some general characteristics of {[CHILD]}.

Statistical Name	Question Text	Data Type	Required?	Branching Logic	Value	Literal	Variable Availability: Epi Baseline[long] cases	Epi Baseline[long] siblings	Epi Baseline[short] cases	Epi Baseline[short] siblings	Epi Baseline[short] controls	Epi regular follow up cases	Recruit. Only cases
demog_c_skin	**How would you describe your child's skin tone?**	Drop-down list	Y		0	Light	X	X	X	X	X		X
					1	Medium							
					2	Dark							
demog_c_hair	**How would you describe your child's hair color?**	Drop-down list	Y		0	Black	X	X	X	X	X		X
					1	Brown							
					2	Red							
					3	Blonde							
demog_c_hairsilverwhite	**Does your child have any white or silver hair? (not including platinum blonde)**	Drop-down list			1	Yes	X	X	X	X	X		X
					0	No							
demog_c_hairtexture	**Please describe your child's hair texture (thickness of individual strands of hair):**	Drop-down list	Y		0	Fine	X	X					
					1	Medium							
					2	Course/Thick							
demog_c_hairthick	**Please describe your child's hair thickness (density of the hair follicles across the scalp):**	Drop-down list	Y		0	Thick	X	X					
					1	Medium							
					2	Thin							
	How would you describe your child's eye color? Select all that apply.												
demog_c_eye_brown	Brown	Boolean	N		1	selected	X	X	X	X	X		X
					-1	NOT selected							
demog_c_eye_hazel	Hazel	Boolean	N		1	selected	X	X	X	X	X		X
					-1	NOT selected							
demog_c_eye_green	Green	Boolean	N		1	selected	X	X	X	X	X		X
					-1	NOT selected							
demog_c_eye_blue	Blue	Boolean	N		1	selected	X	X	X	X	X		X
					-1	NOT selected							
othchars_IQtest	**Has your child taken an IQ test (e.g., Cognitive Abilities Test (CogAT), Wechsler Intelligence Scale for Children (WISC))?**	List of values	Y		1	Yes	X	X	X	X	X		
					0	No							
othchars_IQtest_name	What was the name of the test?	Text memo	Y	[othchars_IQtest]==1	*text*	*(text)*	X	X	X	X	X		
othchars_IQtest_results	What was your child's IQ score? If you do not remember, enter "9999".	Integer	Y	[othchars_IQtest]==1	*#*	*(integer)*	X	X	X	X	X		
othchars_IQtest_age	How old was your child (in years) when this test was administered?	Integer	Y	[othchars_IQtest]==1	*#*	*(integer)*	X	X	X	X	X		
othchars_IQtest_when	When did your child take this IQ test in relation to his or her initial onset of PANS onset? (Please select "NA" below if you are reporting on a control)	List of values	Y	[othchars_IQtest]==1	1	Prior to PANS onset	X	X					
					2	After PANS onset							
					0	NA - I am reporting on a control							
othchars_chars_gifted	**Do you consider your child to be exceptionally gifted? For PANS cases, please answer this question for your child *prior* to the onset of PANS symptoms.**	Drop-down list	Y		1	Yes	X	X	X	X	X		
					0	No							
					-1								
	In what way do you consider your child to be particularly gifted? Please select all that apply.			[othchars_chars_gifted] == 1									
othechars_chars_gifted_hypercalc	Hypercalculia (the ability to perform mathematical calculations is significantly superior to general learning ability)	Boolean	N		1	selected	X	X					
					-1	NOT selected							
othechars_chars_gifted_hyperlex	Hyperlexia (precocious reading ability in very young children, far above what would be expected for the age)	Boolean	N		1	selected	X	X					
					-1	NOT selected							
othechars_chars_gifted_hyperthy	Hyperthymesia (possesses a superior autobiographical memory, meaning he or she can recall the vast majority of personal experiences and events in his or her life)	Boolean	N		1	selected	X	X					
					-1	NOT selected							
othechars_chars_gifted_photog	Photographic memory	Boolean	N		1	selected	X	X					
					-1	NOT selected							
othechars_chars_gifted_oth	Other	Boolean	N		1	selected	X	X					
					-1	NOT selected							
othchars_chars_gifted_other	In what "other" way do you consider your child to be particularly gifted?	Text memo	Y	[othechars_chars_gifted_oth]==1	*text*	*(text)*	X	X					
othchars_hand	**Which is your child's dominant hand?**	Drop-down list	Y		1	Left	X	X	X	X	X		
					2	Right							
					3	Ambidextrous							
	How is your child affected by insect stings/bites? Please select all that apply.												
othchars_bugbites_no	never experienced an adverse reaction (has been stung or bit)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_bugbites_unk	unknown because they have not been stung or bit	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							

othchars_bugbites_gen	Generalized systemic reaction (hives and/or wheezing, or exaggerated swelling, to anaphylaxis)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_bugbites_loc	Localized reaction (erythema, plaques, papule, crusting, bullae)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_bugbites_behav	Behavioral change	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_flexible_athletic	**Is your child (or has your child been) a competitive gymnast, figure skater or dancer?**	Drop-down list	Y		1	Yes	X	X					
					0	No							
	Does your child have any skin abnormalities? Please select all that apply.												
othchars_skinabn_no	No	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_skinabn_rash	Yes, rashes	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_skinabn_striae	Yes, stretch marks (striae)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_skinabn_kpil	Yes, K pilaris ("chicken skin", small bumps on upper arms)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
othchars_skinabn_eczema	Yes, Eczema	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_psoriasis	Yes, Psoriasis	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_craddlecap	Yes, Cradle Cap past the age of 3	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_cafeaulait	Yes, Cafe Au Lait Spots	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_hypopigmented	Yes, Hypopigmented spots (white spots on the skin)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_hyperpigmented	Yes, Hyperpigmented spots (darkening of the skin)	Boolean	N		1	selected	X	X	X	X	X		
					-1	NOT selected							
otherchars_skinabn_cafeaulait_count	How many café au lait spots?	Integer	Y	[otherchars_skinabn_cafeaulait]==1	#	*(integer)*			X	X	X		
	Has your child ever had or experienced the following? Check all that apply. If a condition does not apply, leave the box blank.												
	Skin/Tissue/Muscle Characteristics												
othchar_pallor	Does your child ever have or experience **pallor (pale skin)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_pallor_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_pallor]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_dand	Does your child ever have or experience **dandruff**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_dand_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_dand]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_acne	Does your child ever have or experience **facial acne**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_acne_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_acne]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_abncyst	Does your child ever have or experience **abnormal cysts on skin**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_abncyst_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_abncyst]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_hypermob	Does your child ever have or experience **hypermobile, more flexible than normal (in the elbows, knees, fingers, etc.)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_hypermob_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_hypermob]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_hyperref	Does your child ever have or experience **hyperreflexia (overactive or over-responsive reflexes)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_hyperref_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_hyperref]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_orodyskinesia	Does your child ever have or experience **orofacial or tardive dyskinesias (involuntary repetitive movements of the mouth and face)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_orodyskenesia_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_orodyskinesia]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_dystonia	Does your child ever have or experience **dystonia (a movement disorder in which a person's muscles contract uncontrollably)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_dystonia_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_dystonia]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchars_jtcrack	Does your child ever have or experience **joint cracking**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchars_jtcrack_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchars_jtcrack]==1	0	Less intense	X	X					
					1	Same							

					2	More intense							
					3	NA - I am reporting on a control							
othchar_sublux	Does your child ever have or experience **subluxation, incomplete or partial dislocation of a joint**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_sublux_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_sublux]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_warts	Does your child ever have or experience **non-genital warts**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_warts_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_warts]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_feetflat	Does your child ever have or experience **flat feet**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_feetflat_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_feetflat==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_itchy	Does your child ever have or experience **itchy or crawling skin**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_itchy_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_itchy]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_hairloss	Does your child ever have or experience **thinning hair/hair loss**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_hairloss_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_hairloss]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_eyelashes	Does your child ever have or experience **excessively long eyelashes**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_eyelashes_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_eyelashes]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_eyecrcls	Does your child ever have or experience **dark circles under the eyes**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_eyecrcls_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_eyecrcls]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
	Pain-Related Characteristics												
othchar_muscpain	Does your child ever have or experience **muscle pain**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_muscpain_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_muscpain]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_jtpain	Does your child ever have or experience **joint pain**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_jtpain_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_jtpain]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_canker	Does your child ever have or experience **canker sores (inside the mouth)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_canker_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_canker]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_coldsore	Does your child ever have or experience **cold sores (outside the mouth, on the lips)**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_coldsore_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_coldsore]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_reflux	Does your child ever have or experience **reflux/heartburn**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_reflux_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_reflux]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_hdache	Does your child ever have or experience **headache**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_hdache_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_hdache==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_GIdist	Does your child ever have or experience **gastrointestinal (GI) disturbances**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_GIdist_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_Gidist]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_food	Does your child ever have or experience **feeling of food getting caught in the throat**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_food_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_food]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							

othchar_motion	Does your child ever have or experience **motion sickness**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_motion_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_motion]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
	Autonomic Nervous System Characteristics												
othchar_nofever	Does your child ever have or experience **doesn't get fevers when sick**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_nofever_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_nofever]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_fatigue	Does your child ever have or experience **fatigue**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_fatigue_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_fatigue]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_dizzy	Does your child ever have or experience **dizziness or vertigo**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_dizzy_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_dizzy]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_heat	Does your child ever have or experience **heat intolerance**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_heat_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_heat]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_cold	Does your child ever have or experience **cold intolerance**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_cold_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_cold]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_pupils	Does your child ever have or experience **pupils dilate**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_pupils_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_pupils]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_sweat	Does your child ever have or experience **excessive sweating**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_sweat_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_sweat]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
	Miscellaneous Characteristics												
othchar_earcrust	Does your child ever have or experience **crust behind the ears**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_earcrust_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_earcrust]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_earhot	Does your child ever have or experience **redness/hotness of ears**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_earhot_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_earhot]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_earwax	Does your child ever have or experience **excessive ear wax**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_earwax_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_earwax]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_swelling	Does your child ever have or experience **swelling/puffy face**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_swelling_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_swelling]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_nosebleed	Does your child ever have or experience **frequent nose bleeds**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_nosebleed_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_nosebleed]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_headstd	Does your child ever have or experience **needs to stand on head**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_headstd_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_headstd]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_seizure	Does your child ever have or experience **any seizures**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_seizure_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_seizure]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							
					3	NA - I am reporting on a control							
othchar_sinus	Does your child ever have or experience **sinus issues**?	Boolean			1	selected	X	X					
					-1	NOT selected							
othchar_sinus_flare	How would you typically describe this characteristic when your child is experiencing a flare in PANS symptoms? For controls, please select "NA".	Drop-down list		[othchar_sinus]==1	0	Less intense	X	X					
					1	Same							
					2	More intense							

					3	NA - I am reporting on a control							