

Child Comorbidities - 1 record per participant							Variable Availability						
<p>In this component of the Registry, we are interested in learning about {[Name]}'s current health status, including requesting you record information from their medical records, and their biological family's health history. It may be helpful to have their vaccine records and Cunningham Panel results (if these exist) on hand when responding to these questions. You may pause at any time while taking this survey and return another time to complete it.</p>							Epi Baseline ^{long}		Epi Baseline ^{short}			Epi regular follow up	Recruit. Only
							cases	siblings	cases	siblings	controls	cases	cases
Statistical Name	Question Text	Data Type	Required?	Branching Logic	Value	Literal							
currhealth_general	Would you say your child's health in general is	Drop-down list	Y			1 Excellent 2 Very good 3 Good 4 Average 5 Fair 6 Poor	X	X	X	X	X		
currhealth_weight	Do you consider your child now to be ...	Drop-down list	Y			1 Overweight 2 Underweight 3 About the right weight	X	X	X	X	X		
currhealth_ovrwt	Has a doctor or health professional ever told you that your child is overweight or obese?	List of values	Y			1 Yes 0 No	X	X	X	X	X		
currhealth_oral	Overall, how would you rate the health of your child's teeth and gums? Would you say....	Drop-down list	Y			1 Excellent 2 Very good 3 Good 4 Average 5 Fair 6 Poor	X	X	X	X	X		
currhealth_primeethabn_worn	Did/do any of your child's primary (baby) teeth seem worn down due to grinding or seem to be crumbling?	List of values	Y			1 Yes 0 No			see "currhealth_primeethabn_" below	X	X	X	
currhealth_primeethabn_yellow	Did/do any of your child's primary (baby) teeth seem unusually yellow or brown?	List of values	Y			1 Yes 0 No			see "currhealth_primeethabn_" below	X	X	X	
currhealth_primeethabn_caries	Did/do any of your child's primary (baby) teeth have severe caries?	List of values	Y			1 Yes 0 No			see "currhealth_primeethabn_" below	X	X	X	
	Did/do your child's primary (baby) teeth seem abnormal? Select all that apply.												see "currhealth_primeethabn_" above
currhealth_primeethabn_uincis_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Upper incisors (primary)												
currhealth_primeethabn_uican_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Upper canines (primary)												
currhealth_primeethabn_upre_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Upper premolars (primary)												
currhealth_primeethabn_umol_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Upper molars (primary)												
currhealth_primeethabn_lincis_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Lower incisors (primary)												
currhealth_primeethabn_lican_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Lower canines (primary)												
currhealth_primeethabn_lpre_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Lower premolars (primary)												
currhealth_primeethabn_lmol_1	Yes, they are white or "chalky" in appearance	Boolean				1 selected -1 NOT selected	X	X					
	Lower molars (primary)												
currhealth_primeethabn_uincis_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Upper incisors (primary)												
currhealth_primeethabn_uican_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Upper canines (primary)												
currhealth_primeethabn_upre_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Upper premolars (primary)												
currhealth_primeethabn_umol_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Upper molars (primary)												
currhealth_primeethabn_lincis_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Lower incisors (primary)												
currhealth_primeethabn_lican_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Lower canines (primary)												
currhealth_primeethabn_lpre_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Lower premolars (primary)												
currhealth_primeethabn_lmol_2	Yes, they seem unusually yellow.	Boolean				1 selected -1 NOT selected	X	X					
	Lower molars (primary)												
currhealth_primeethabn_uincis_3	Yes, they are dark yellow or brown.	Boolean				1 selected -1 NOT selected	X	X					
	Upper incisors (primary)												
currhealth_primeethabn_uican_3	Yes, they are dark yellow or brown.	Boolean				1 selected -1 NOT selected	X	X					
	Upper canines (primary)												
currhealth_primeethabn_upre_3	Yes, they are dark yellow or brown.	Boolean				1 selected -1 NOT selected	X	X					
	Upper premolars (primary)												
currhealth_primeethabn_umol_3	Yes, they are dark yellow or brown.	Boolean				1 selected -1 NOT selected	X	X					
	Upper molars (primary)												
currhealth_primeethabn_lincis_3	Yes, they are dark yellow or brown.	Boolean				1 selected	X	X					

currhealth_dietrestrict	Does your child currently have any food allergies that have been diagnosed through testing (e.g., Skin Prick Test, blood tests, etc.?)	List of values	Y		1 Yes	X	X	X	X	X		
					0 No							
	Please indicate your child's allergy diagnoses . Please select all that apply. If not applicable, leave the box blank:				currhealth_dietrestrict]=1							
currhealth_foodrestrict_spec_glut	gluten intolerance/wheat allergy	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_glut	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_glut]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_lact	lactose intolerance/cow's milk allergy	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_lact	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_lact]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_eggs	eggs	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_eggs	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_eggs]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_peanuts	peanuts	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_peanuts	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_peanuts]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_treenuts	tree nuts (including walnuts, almonds, pine nuts, brazil nuts, pecans)	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_treenuts	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_treenuts]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_shellfish	shellfish	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_shellfish	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_shellfish]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_soy	soy	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_soy	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_soy]=1 # (integer)	X	X					
currhealth_foodrestrict_spec_fish	fish	Boolean			1 selected -1 NOT selected	X	X	X	X	X		
currhealth_dietrestrict_age_fish	Age when diagnosed (yrs)	Integer			[currhealth_foodrestrict_spec_fish]=1 # (integer)	X	X					
comor_Aidx	Does your child have an autoimmune or autoinflammatory disease (other than PANS or PANDAS for cases)?	List of values	Y		1 Yes 0 No	X	X					
comor_Aidx_other	What is the other disease/condition?	Text			[comor_Aidx] == 1 text (text)	X	X					
	Has your child ever been diagnosed with any of the following?											
	Neurological and Developmental Conditions											
comor_hithdx_anorex	Anorexia	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_anx	Anxiety	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_ADHD	Attention-deficit/hyperactivity disorder (ADHD) / Attention Deficit Disorder (ADD)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_ASD	Autism Spectrum Disorders (ASDs), including Asperger's syndrome	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_conv	Conversion disorder	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_dyslex	Dyslexia	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_mood	Mood disorder	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_OCD	Obsessive-compulsive disorder (OCD)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_ODD	Oppositional defiant disorder (ODD)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_SPD	Sensory Processing Disorder (SPD)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_PDD	Pervasive developmental disorders (PDD)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_TS	Tourette Syndrome (TS)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_tics	other Tic disorders (not Tourette's)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
	Immune System Disorders and Other Conditions											
comor_hithdx_asth	Asthma	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_celiac	Celiac disease	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_conc	concussion	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_ecz	Eczema	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_eosi	Eosinophilic Esophagitis / Gastritis	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_hashi	Hashimoto's disease	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_hypothy	Hypothyroid	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_MCAS	Mast cell activation syndrome (MCAS)	Boolean	N		1 selected -1 NOT selected			X	X	X		X
comor_hithdx_POTS	Postural orthostatic tachycardia syndrome (POTS)	Boolean	N		1 selected -1 NOT selected			X	X	X		X

medrecs_vaccines_none	none of the above/ Boolean	N		1 selected	X	X					
				-1 NOT selected							
medrecs_vaccines_other	What "other" vaccine?	Text memo	Y	[medrecs_vaccines_oth]=1	text (text)	X	X				
medrecs_vaccines_sched	Was this child vaccinated according to a modified vaccine schedule?	Drop-down list	Y		1 Yes	X	X				
					0 No						
Abnormal Results Sub-Form											
<i>multiple records per individual possible</i>											
comor_hlthdx	<p>Please record here any conditions and/or diagnoses (medical or developmental) your child has.</p> <p>Continue clicking + ABNORMAL RESULTS, CONDITIONS, DIAGNOSES (iPad) or + ADD OCCURRENCE (laptop) button below until you've recorded ALL conditions/diagnoses.</p> <p>On an iPad, you can use the Left/Right arrows to scroll through your entries to make sure they are complete.</p>										
comor_hlthdx_type	Are you reporting a lab result or a condition/diagnosis?	Drop-down list		706	1 abnormal lab result	X	X	see "comor_hlthdx_" above			see "comor_hlthdx_" above
					2 condition						
					3 diagnosis						
comor_hlthdx_name	What is the abnormal result, condition/diagnosis?	Text memo			text (text)	X	X				
comor_hlthdx_date	Please tell us the approximate date of the result, onset/diagnosis (leave blank if you don't remember).	Date			date (mm/dd/yyyy)	X	X				
comor_hlthdx_details	Please tell us details about the result, condition/diagnosis. We care about ANYTHING you can think of that might be related to this condition.	Text memo			text (text)	X	X				