PANS symptoms
- 1 record per individual

In this set of questions we ask you to tell us about 's PANS symptoms in detail.

As a reminder, for the purposes of this Registry, PANS is an umbrella term that encompasses several subgroups, including PANDAS. Survey questions that use the term "PANS" are also asking about "PANDAS".

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
	Please select all neuropsychiatric symptoms that your child has experienced:												
sympts_overall_obsess	Obsessions (unwanted thoughts, fears, and recurring worries)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_compul	Compulsions (repetitive behaviors and rituals)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_foodrestr	Severe restriction of food intake	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_foodincr	Unexpected increase in food intake	Boolean	N		1	selected	X						
					-1	NOT selected							
sympts_overall_bfrb	Body-Focused Repetitive Behaviors (BFRB) (e.g., hair pulling, skin picking, nail biting)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_anx	Anxiety (e.g., separation anxiety, irrational fears)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_emolab	Emotional lability (e.g., mood changes, depression)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_selmut	Selective Mutism	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_irrit	Irritability, aggression, severe oppositional behaviors	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_behavregr	Behavioral (developmental) regression (e.g., "baby talk", temper tantrums and "clingyness")	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_schperf	Deterioration in school performance (e.g., deficit of certain skills, shortened attention span)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_sensabn	Sensory abnormalities (e.g., unusual sensitivity of the senses)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_mtrabn	Motor abnormalities (e.g., tics, clumsiness, motoric hyperactivity, speech disorders)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_somatic	Somatic signs and symptoms (e.g., sleep disturbance and urinary symptoms)	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
sympts_overall_oth	Other	Boolean	N		1	selected	X		X				X
					-1	NOT selected							
Sympts_otherdisorder	**Can these symptoms be explained by a known neurologic or medical disorder, such as Sydenham chorea, systemic lupus erythematosus, Tourette disorder, or others?**	List of values	Y		1	Yes	X		X				
					0	No							
Sympts_prepuberty	**Did any of these symptoms affect your child before puberty?**	List of values	Y		1	Yes	X		X				
					0	No							
Sympts_strep	**Did any of these symptoms begin following a known streptococcal infection?**	List of values	Y		0	Yes	X		X			X	X
					1	No							
					2	I am not sure							
	What obsession symptoms has your child experienced? Please select all that apply.			[sympts_overall_obsess]==1									
Sympts_obsess_aggress	aggressive harm to oneself or others	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_contam	contamination	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_sex	sexual	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_hoard	hoarding/saving	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_moral	moral or religious (scrupulously)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_exact	need for symmetry or exactness (perfectionism)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_perfperfect	perfectionism in performance (including need for straight As in school, inability to lose)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_somatic	somatic obsessions (swallowing, breathing, blinking, etc.)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_obsess_onset	Did the initial onset of obsessive symptoms feel abrupt and dramatic?	List of values	Y	[sympts_overall_obsess]==1	1	Yes	X		X				
					0	No							
	What compulsion symptoms has your child experienced? Please select all that apply.			[sympts_overall_compul]==1									
Sympts_compul_clean	cleaning/washing	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_chck	checking	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_repeat	repeating rituals	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_order	ordering / arranging (perfectionism)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_count	counting	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_hoard	hoarding	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_mental	mental	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_compul_oth	other	Boolean	N		1	selected	X		X				

					-1	NOT selected							
Sympts_compul_onset	Did the initial onset of compulsion symptoms feel abrupt and dramatic?	List of values	Y	[sympts_overall_compul]==1	1	Yes	X		X				
					0	No							
	What severe restriction of food intake symptoms has your child experienced? Please select all that apply.			[sympts_overall_foodrestr]==1									
Sympts_restrictfood_contam	contamination fears	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_harm	fear of harm	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_sens	sensory issues (can't stand the way food smells, feels, tastes, etc.)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_image	obsession with body image or weight	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_spec	restricted intake of specific foods	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_allfood	restricted intake of all food groups	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_wtloss	observable weight loss	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_fluids	restricted fluid intake and/or dehydration	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_restrictfood_onset	Did the initial onset of severely restricted food intake feel abrupt and dramatic?	List of values	Y	[sympts_overall_foodrestr]==1	1	Yes	X		X				
					0	No							
Sympts_increasefood_onset	Did the initial onset of unexpected increase in food intake feel abrupt and dramatic?	List of values	Y	[sympts_overall_foodincr]==1	1	Yes	X		X				
					0	No							
	What body-focused repetitive behaviors (BFRB) symptoms has your child experienced? Please select all that apply.			[sympts_overall_bfrb]==1									
Sympts_BRFB_trich	hair pulling disorder (trichotillomania)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_excor	skin picking disorder (excoriation)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_onych	nail biting disorder (onychophagia)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_cheeks	frequently chewing on the inside of the cheeks	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_lips	biting the lips until they bleed	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_BRFB_onset	Did the initial onset of Body-Focused Repetitive Behaviors (BFRB) feel abrupt and dramatic?	List of values	Y	[sympts_overall_bfrb]==1	1	Yes	X		X				
					0	No							
	What anxiety symptoms has your child experienced? Please select all that apply.			[sympts_overall_anx]==1)									
Symps_anx_gen	generalized anxiety (worrying)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_sep	separation anxiety	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_phob	phobias or irrational fears	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_panic	panic attacks (with feelings of terror or dread, and physical symptoms, such as dilated pupils, racing heart, and dry mouth)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_cont	a "terror-stricken look" as part of his or her regular countenance	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Symps_anx_onset	Did the initial onset of anxiety feel abrupt and dramatic?	List of values	Y	[sympts_overall_anx]==1)	1	Yes	X		X				
					0	No							
	What emotional lability symptoms has your child experienced? Please select all that apply.			[sympts_overall_emolab]==1									
Sympts_emotion_gen	generally emotionally labile	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_rages	rages when upset	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_suddenchg	sudden and unexpected changes in mood	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_inner	inner sense of restlessness and agitation	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_clindepr	clinical depression	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_dissoc	dissociation (disconnecting from one's thoughts, feelings, memories or sense of identity)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_suicid	suicidal ideation	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_selfinj	self-injurious behaviors	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_emotion_onset	Did the initial onset of emotional lability feel abrupt and dramatic?	List of values	Y	[sympts_overall_emolab]==1	1	Yes	X		X				
					0	No							
	What "irritability, aggression, severe oppositional behaviors" symptoms has your child experienced that are NOT in response to interruption of an OCD-related thought/ritual? Please select all that apply.			[sympts_overall_irrit]==1									
Sympts_irrit_irrit	irritability	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_irrit_aggres	aggression (without provocation or precipitant)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_irrit_oppo	severely oppositional behaviors	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_irrit_yell	yelling	Boolean	N		1	selected	X		X				
					-1	NOT selected							

Sympts_irrit_growl	growling	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_irrit_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_irrit_onset	Did the initial onset "of Irritability, aggression, severe oppositional behaviors" feel abrupt and dramatic?	List of values	Y	[sympts_overall_irrit]==1	1	Yes	X		X				
					0	No							
Sympts_irrit_remorse	Does your child demonstrate remorse after an "irritable, aggressive, or severe oppositional behavior" outburst?	Drop-down list	Y	[sympts_overall_irrit]==1	3	Always	X		X				
					2	Occasionally							
					1	Usually							
					0	Never							
	What "behavioral (developmental) regression" symptoms has your child experienced? Please select all that apply.			[sympts_overall_behavregr]==1									
Sympts_behav_ageapp	loss of age-appropriate language (including talking "baby talk")	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_behav_tantrum	throwing temper tantrums	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_behav_squeal	high-pitch squealing/screeching	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_behav_sepanx	separation anxiety ("clingy" to a parent)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_behav_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_behav_onset	Did the initial onset of "Behavioral (developmental) regression " feel abrupt and dramatic?	List of values	Y	[sympts_overall_behavregr]==1	1	Yes	X		X				
					0	No							
	What "deterioration in school performance" symptoms has your child experienced? Please select all that apply.			[sympts_overall_schperf]==1									
Sympts_school_conc	concentration difficulties (impulsivity, inattention, and motoric hyperactivity)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_mem	memorization difficulties	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_attnspan	shortened attention span	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_math	deficit of math skill	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_visiospat	deficit of visuospatial skills	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_oth	other disturbances of cognition and executive functioning	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_school_onset	Did the initial onset of "deterioration in school performance" feel abrupt and dramatic?	List of values	Y	[sympts_overall_schperf]==1	1	Yes	X		X				
					0	No							
	What "sensory abnormality" symptoms has your child experienced? Please select all that apply.			[sympts_overall_sensabn]==1									
Sympts_sensory_visual	distortions of visual perceptions	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_halluc	visual or auditory hallucinations (including frightening images and altered perceptions)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_sensseek	sensory seeking behaviors (needing to touch or feel particular objects or textures)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_senstemp	sensitivity to temperature (heat or cold)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_senslght	sensitivity to light	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_sensnoise	sensitivity to noises/sounds	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_senssmell	sensitivity to smells	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_senstaste	sensitivity to tastes	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_senstext	sensitivity to textures	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_sensory_onset	Did the initial onset of "sensory abnormalities" feel abrupt and dramatic?	List of values	Y	[sympts_overall_sensabn]==1	1	Yes	X		X				
					0	No							
	What "motor abnormality" symptoms has your child experienced? Please select all that apply.			[sympts_overall_mtrabn]==1									
Sympts_motor_tics	tics	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_pali	palilalia (a speech disorder characterized by involuntary repetition of words, phrases, or sentences)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_stutt	stuttering	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_clums	clumsiness	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_dysg	handwriting deterioration (dysgraphia)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_mtrhyper	motoric hyperactivity	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_chorei	choreiform movements ("fine, piano-playing movements of the fingers" that present only when the child maintains stressed postures such as arms stretched straight out, hands extended)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_akath	akathisia (restlessness)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_motor_onset	Did the initial onset of "motor abnormalities" feel abrupt and dramatic?	List of values	Y	[sympts_overall_mtrabn]==1	1	Yes	X		X				
					0	No							

	What "somatic signs and symptoms" has your child experienced? Please select all that apply.			[sympts_overall_somatic]==1									
Sympts_somatic_insomini	sleep disturbance: difficulty falling asleep (initial insomnia)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_insommid	sleep disturbance: difficulty staying asleep (middle insomnia)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_insomterm	sleep disturbance: waking up too early (terminal insomnia)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_terror	sleep disturbance: night terror	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_secenur	urinary symptoms: new onset of nighttime bedwetting (secondary enuresis)	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_dayurin	urinary symptoms: daytime urinary frequency increase/urgency to void, without evidence of a urinary tract infection	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_oth	other	Boolean	N		1	selected	X		X				
					-1	NOT selected							
Sympts_somatic_onset	Did the initial onset of "somatic signs and symptoms" feel abrupt and dramatic?	List of values	Y	[sympts_overall_somatic]==1	1	Yes	X		X				
					0	No							
Sympts_other	What other signs and symptoms has your child experienced? Please select all that apply.	Text memo	Y	[sympts_overall_oth]==1	*text*	*(text)*	X		X				
Sympts_other_onset	Did the initial onset of these other symptoms feel abrupt and dramatic?	List of values	Y	[sympts_overall_oth]==1	1	Yes	X		X				
					0	No							