

TRACE Study

Codebook ▾

Data Dictionary Codebook

21/07/2020 12:14am

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)										
Instrument: Participant ID (participant_id) <div>^ Collapse</div>													
1	record_id	Record ID	text										
2	participant_id_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><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: Demographics (demographics) <div>^ Collapse</div>													
3	demo_date	1. Date	text (date_dmy), Required										
4	demo_name	2. First Name	text (alpha_only), Required										
5	demo_midname	3. Middle Name	text										
6	demo_surname	4. Last Name	text, Required										
7	demo_dob	5. Date of Birth	text (date_dmy), Required										
8	demo_age	6. Age	text (integer), Required										
9	demo_sex	7. Sex	radio, Required <table><tr><td>0</td><td>Male</td></tr><tr><td>1</td><td>Female</td></tr></table>	0	Male	1	Female						
0	Male												
1	Female												
10	demo_ethnicity	8. Ethnicity- how would you describe your ethnicity?	radio, Required <table><tr><td>1</td><td>Black</td></tr><tr><td>2</td><td>Coloured</td></tr><tr><td>3</td><td>White</td></tr><tr><td>4</td><td>Indian</td></tr><tr><td>5</td><td>Other</td></tr></table>	1	Black	2	Coloured	3	White	4	Indian	5	Other
1	Black												
2	Coloured												
3	White												
4	Indian												
5	Other												
11	demo_ethnicityother Show the field ONLY if: [demo_ethnicity]=5	8.1. Ethnicity other	text										
12	demo_address	9. Home address	text, Required										
13	demo_school	10. What is the highest level of education you have attended?	radio <table><tr><td>1</td><td>Never went to school</td></tr><tr><td>2</td><td>Grade 1-7(Primary school)</td></tr><tr><td>3</td><td>Grade 8-12 (Secondary school)</td></tr><tr><td>4</td><td>Tertiary or diploma</td></tr></table>	1	Never went to school	2	Grade 1-7(Primary school)	3	Grade 8-12 (Secondary school)	4	Tertiary or diploma		
1	Never went to school												
2	Grade 1-7(Primary school)												
3	Grade 8-12 (Secondary school)												
4	Tertiary or diploma												
14	demo_recno	11. Record number	text										
15	demo_clinic	12. Clinic you attend	text										
16	demo_wchealthno	13. Western Cape Health Number (should be on clinic record ? unique identifier assigned to all people attending WC facilities, so that we can retrieve their info from PHDC database).	text										
17	demo_employment	14. Which of the following best describes your employment status?	radio <table><tr><td>1</td><td>Employed</td></tr><tr><td>2</td><td>Self-employed</td></tr><tr><td>3</td><td>Student or learner</td></tr><tr><td>4</td><td>Unemployed and looking for work</td></tr><tr><td>5</td><td>Unemployed and not looking for work</td></tr></table>	1	Employed	2	Self-employed	3	Student or learner	4	Unemployed and looking for work	5	Unemployed and not looking for work
1	Employed												
2	Self-employed												
3	Student or learner												
4	Unemployed and looking for work												
5	Unemployed and not looking for work												

18	demo_socialgrant	15. Do you receive any social grants?	yesno 1 Yes 0 No
19	demo_granttype	16. Do you receive any social grants? If yes choose all that apply	radio 1 Older person's grant/ pension (if over 60 years) 2 Disability grant 3 Child support grant 4 Foster care grant 5 COVID-19 grant
20	demo_initials	17. Researcher initials	text
21	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **SARS CoV2 PCR** (sars_cov2_pcr)[^ Collapse](#)

22	cov_date	1. Date	text (date_dmy), Required
23	cov_time	2. Time	text (time), Required
24	cov_recno	3. Record number	text, Required
25	cov_sawb	4. SARS-CoV-2 PCR swab dispatched	yesno, Required 1 Yes 0 No
26	cov_resultdate	5. SARS-CoV-2 PCR result date	text (date_dmy), Required
27	cov_result	6. SARS-CoV-2 PCR result date	radio, Required 1 Positive 0 Negative 2 Indeterminate
28	cov_driedspot	7. Dried blood spot venipuncture draw	text
29	cov_comment	8. Comments	text
30	cov_initials	9. Researcher initials	text, Required
31	sars_cov2_pcr_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Symptom Screening Questionnaire** (symptom_screening_questionnaire)[^ Collapse](#)

32	symptom_date	Date	text (date_dmy), Required
33	symptom_rn	Record Number	text, Required
34	symptom_weight	Weight <i>kilograms</i>	text, Required
35	symptom_height	Height <i>cm</i>	text
36	sym_heartdis	Section Header: <i>Please specify your preexisting conditions (check all that apply)</i> Heart disease	yesno 1 Yes 0 No
37	sym_heartdistreat Show the field ONLY if: [sym_heartdis]=1	If yes on treatment for heart disease?	yesno 1 Yes 0 No
38	sym_lungdis	Chronic lung disease (e.g. asthma, emphysema, chronic bronchitis)	yesno 1 Yes 0 No
39	sym_lungdistreat Show the field ONLY if: [sym_lungdis]=1	If yes on treatment for chronic lung disease?	yesno 1 Yes 0 No

	40	sym_highblood	High blood pressure	yesno 1 Yes 0 No
	41	sym_highbloodtreat Show the field ONLY if: [sym_highblood]=1	If yes on treatment for High blood pressure?	yesno 1 Yes 0 No
	42	sym_diabetes	Diabetes	yesno 1 Yes 0 No
	43	sym_diabetestreat Show the field ONLY if: [sym_diabetes]=1	If yes on treatment for Diabetes?	yesno 1 Yes 0 No
	44	sym_cancer	Cancer	yesno 1 Yes 0 No
	45	sym_cancertreat Show the field ONLY if: [sym_cancer]=1	If yes on treatment for Cancer?	yesno 1 Yes 0 No
	46	sym_hiv	HIV	yesno 1 Yes 0 No
	47	sym_hivtreat Show the field ONLY if: [sym_hiv]=1	If yes on treatment for HIV?	yesno 1 Yes 0 No
	48	sym_tb	TB	yesno 1 Yes 0 No
	49	sym_tbtreat Show the field ONLY if: [sym_tb]=1	If yes on treatment for TB?	yesno 1 Yes 0 No
	50	sym_prevtb	Previous TB treatment	yesno 1 Yes 0 No
	51	sym_otherprevcond	Other	text
	52	sym_severe	Do you have any of these severe symptoms?	radio 1 Difficulty breathing 2 Persistent pain or pressure in the chest 3 Very sleepy 4 Confused 5 Lips and/or face turning blue 6 None of these symptoms

53	sym_onset	Have you had a recent onset of any of these symptoms (1-3 days)?	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>sym_onset__1</td><td>A persistent cough</td></tr> <tr><td>2</td><td>sym_onset__2</td><td>A fever, or high temperature</td></tr> <tr><td>3</td><td>sym_onset__3</td><td>A sore throat</td></tr> <tr><td>4</td><td>sym_onset__4</td><td>Shortness of breath or difficulty breathing</td></tr> <tr><td>5</td><td>sym_onset__5</td><td>Recent onset muscle aches & pains</td></tr> <tr><td>6</td><td>sym_onset__6</td><td>Recent onset back pain</td></tr> <tr><td>7</td><td>sym_onset__7</td><td>Loss of sense of smell or taste</td></tr> <tr><td>8</td><td>sym_onset__8</td><td>Unusual fatigue or tiredness</td></tr> <tr><td>9</td><td>sym_onset__9</td><td>Diarrhoea</td></tr> <tr><td>10</td><td>sym_onset__10</td><td>Nausea</td></tr> <tr><td>11</td><td>sym_onset__11</td><td>Vomiting</td></tr> <tr><td>12</td><td>sym_onset__12</td><td>Runny nose</td></tr> <tr><td>13</td><td>sym_onset__13</td><td>Blocked nose</td></tr> <tr><td>14</td><td>sym_onset__14</td><td>Sneezing</td></tr> <tr><td>15</td><td>sym_onset__15</td><td>None of these symptoms</td></tr> </table>	1	sym_onset__1	A persistent cough	2	sym_onset__2	A fever, or high temperature	3	sym_onset__3	A sore throat	4	sym_onset__4	Shortness of breath or difficulty breathing	5	sym_onset__5	Recent onset muscle aches & pains	6	sym_onset__6	Recent onset back pain	7	sym_onset__7	Loss of sense of smell or taste	8	sym_onset__8	Unusual fatigue or tiredness	9	sym_onset__9	Diarrhoea	10	sym_onset__10	Nausea	11	sym_onset__11	Vomiting	12	sym_onset__12	Runny nose	13	sym_onset__13	Blocked nose	14	sym_onset__14	Sneezing	15	sym_onset__15	None of these symptoms
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14	sym_onset__14	Sneezing																																														
15	sym_onset__15	None of these symptoms																																														
54	sym_changes	How are your symptoms changing over time?	<div>radio</div> <table border="1"> <tr><td>1</td><td>They're getting worse</td></tr> <tr><td>2</td><td>They are about the same</td></tr> <tr><td>3</td><td>They are not as bad as they were</td></tr> <tr><td>4</td><td>Not applicable to me</td></tr> </table>	1	They're getting worse	2	They are about the same	3	They are not as bad as they were	4	Not applicable to me																																					
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3	They are not as bad as they were																																															
4	Not applicable to me																																															
55	sym_testedcovid	Have you had a test for COVID-19? (not for index, only HHC)	<div>radio</div> <table border="1"> <tr><td>1</td><td>No, I haven't had a test</td></tr> <tr><td>2</td><td>Yes, and I'm waiting for the results</td></tr> <tr><td>3</td><td>Yes, and my test was positive</td></tr> <tr><td>4</td><td>Yes, and my test was negative</td></tr> </table>	1	No, I haven't had a test	2	Yes, and I'm waiting for the results	3	Yes, and my test was positive	4	Yes, and my test was negative																																					
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3	Yes, and my test was positive																																															
4	Yes, and my test was negative																																															
56	sym_location	Where are you at the moment?	<div>radio</div> <table border="1"> <tr><td>1</td><td>I am at home practising isolation and good hygiene</td></tr> <tr><td>2</td><td>I am trying to stay at home, but it has been difficult for me to avoid other people.</td></tr> <tr><td>3</td><td>I am continuing with my life as normal, COVID-19 does not affect me</td></tr> <tr><td>4</td><td>I am at the hospital/clinic for COVID-19 testing or treatment</td></tr> <tr><td>5</td><td>I have been to the hospital/clinic but have returned</td></tr> </table>	1	I am at home practising isolation and good hygiene	2	I am trying to stay at home, but it has been difficult for me to avoid other people.	3	I am continuing with my life as normal, COVID-19 does not affect me	4	I am at the hospital/clinic for COVID-19 testing or treatment	5	I have been to the hospital/clinic but have returned																																			
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5	I have been to the hospital/clinic but have returned																																															
57	sym_homeleave	Reasons for leaving home	<div>radio</div> <table border="1"> <tr><td>1</td><td>Clinic visit</td></tr> <tr><td>2</td><td>Seek alternative accommodation</td></tr> <tr><td>3</td><td>Clothes shopping</td></tr> <tr><td>4</td><td>Food shopping</td></tr> <tr><td>5</td><td>Funeral</td></tr> <tr><td>6</td><td>Friends</td></tr> </table>	1	Clinic visit	2	Seek alternative accommodation	3	Clothes shopping	4	Food shopping	5	Funeral	6	Friends																																	
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58	sym_initials	Researcher initials	text																																													
59	symptom_screening_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <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																																							
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1	Unverified																																															
2	Complete																																															
Instrument: Survey (survey) ^ Collapse																																																
60	svy_date	Date	text (date_dmy)																																													
61	svy_time	Time	text (time)																																													

	62	svy_recno	Record number	text
	63	svy_stigma1	Section Header: <i>The COVID19 adapted Internalized AIDS-Related Stigma Scale</i> It is difficult to tell people about my COVID19 infection	radio (Matrix) 0 Disagree 1 Agree
	64	svy_stigma2	Being COVID19 positive makes me feel dirty	radio (Matrix) 0 Disagree 1 Agree
	65	svy_stigma3	I feel guilty that I am COVID19 positive	radio (Matrix) 0 Disagree 1 Agree
	66	svy_stigma4	I am ashamed that I am COVID19 positive	radio (Matrix) 0 Disagree 1 Agree
	67	svy_stigma5	I sometimes feel worthless because I am COVID19 positive	radio (Matrix) 0 Disagree 1 Agree
	68	svy_stigma6	I hide my COVID19 status from others	radio (Matrix) 0 Disagree 1 Agree
	69	lonelyscale_q1	Section Header: <i>UCLA loneliness scale Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by clicking one of the responses below. Here is an example: How often do you feel happy? If you never felt happy, you would respond "never"; if you always feel happy, you would respond "always."</i> How often do you feel that you are "in tune" with the people around you?	radio 1 Never 2 Rarely 3 Sometimes 4 Always
	70	lonelyscale_q2	How often do you feel that you lack companionship?	radio 1 Never 2 Rarely 3 Sometimes 4 Always
	71	lonelyscale_q3	How often do you feel that there is no one you can turn to?	radio 1 Never 2 Rarely 3 Sometimes 4 Always
	72	lonelyscale_q4	How often do you feel alone?	radio 1 Never 2 Rarely 3 Sometimes 4 Always
	73	lonelyscale_q5	How often do you feel part of a group of friends?	radio 1 Never 2 Rarely 3 Sometimes 4 Always
	74	lonelyscale_q6	How often do you feel that you have a lot in common with the people around you?	radio 1 Never 2 Rarely 3 Sometimes 4 Always

	75	lonelyscale_q7	How often do you feel that you are no longer close to anyone?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	76	lonelyscale_q8	How often do you feel that your interests and ideas are not shared by those around you?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	77	lonelyscale_q9	How often do you feel outgoing and friendly?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	78	lonelyscale_q10	How often do you feel close to people?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	79	lonelyscale_q11	How often do you feel left out?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	80	lonelyscale_q12	12. How often do you feel that your relationships with others are not meaningful?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	81	lonelyscale_q13	How often do you feel that no one really knows you well?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	82	lonelyscale_q14	How often do you feel isolated from others?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	83	lonelyscale_q15	How often do you feel that you can find companionship when you want it?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											
	84	lonelyscale_q16	How often do you feel that there are people who really understand you?	radio <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Always</td></tr></table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never											
2	Rarely											
3	Sometimes											
4	Always											

85	lonelyscale_q17	How often do you feel shy?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never										
2	Rarely										
3	Sometimes										
4	Always										
86	lonelyscale_q18	How often do you feel that people are around you but not with you?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never										
2	Rarely										
3	Sometimes										
4	Always										
87	lonelyscale_q19	How often do you feel that there are people you can talk to?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never										
2	Rarely										
3	Sometimes										
4	Always										
88	lonelyscale_q20	How often do you feel that there are people you can turn to?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Always
1	Never										
2	Rarely										
3	Sometimes										
4	Always										
89	ghq1	<p>Section Header: General Health Questionnaire (GHQ-12) Please read the following statements click one option: 0 always, 1, 2, 3 never Have you recently:</p> <p>1. been able to concentrate on whatever you're doing?</p>	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always										
1	1										
2	2										
3	3. Never										
90	ghq2	2. lost much sleep over worry?	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always										
1	1										
2	2										
3	3. Never										
91	ghq3	3. felt that you were playing a useful part in things?	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always										
1	1										
2	2										
3	3. Never										
92	ghq4	4. felt capable of making decisions about things?	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always										
1	1										
2	2										
3	3. Never										
93	ghq5	5. felt constantly under strain?	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always										
1	1										
2	2										
3	3. Never										
94	ghq6	6. felt you couldn't overcome your difficulties?	radio <table border="1"> <tr><td>0</td><td>0. Always</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3. Never</td></tr> </table>	0	0. Always	1	1	2	2	3	3. Never
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2	2										
3	3. Never										

	95	ghq7	7. been able to enjoy your normal day-to-day activities?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	96	ghq8	8. been able to face up to problems?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	97	ghq9	9. been feeling unhappy or depressed?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	98	ghq10	10. been losing confidence in yourself?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	99	ghq11	11. been thinking of yourself as a worthless person?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	100	ghq12	12. been feeling reasonably happy, all things considered?	<div>radio</div> <table><tr><td>0</td><td>0. Always</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3. Never</td></tr></table>	0	0. Always	1	1	2	2	3	3. Never
0	0. Always											
1	1											
2	2											
3	3. Never											
	101	svy_comments	Comment	text								
	102	svy_initials	Researcher initials	text								
	103	survey_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><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											