

VIEW MODE

BRICS NINR Diagnosis

*BRICS NINR Diagnosis***Main**

*Global Unique Identifier	<input type="text"/>
Participant or subject identification number	<input type="text"/>
Age in years	<input type="text"/>
Vital status on discharge	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Unknown
Visit Date	<input type="text"/> Format: YYYY-MM-DD HH:MM
Site Name	<input type="text"/>
Days since baseline	<input type="text"/>
Case control indicator	<input type="radio"/> Case <input type="radio"/> Control <input type="radio"/> Unknown
General Notes: Use this field to capture additional information	<input type="text"/>

VIEW MODE
Form Administration

Context to which the questions were answered

- Baseline
- Follow-up 1
- Follow-up 2
- Follow-up 3
- Follow-up 4
- Follow-up 5
- Other, specify

Specify the other context to which the questions were answered.

Indicate how the medical/family history information was obtained

- Brother
- Chart/Medical record
- Daughter
- Family, specify relation
- Father
- Friend
- Mother
- Participant/subject
- Physician
- Sister
- Son
- Unknown
- Other, specify

Other, specify

What is the ISO 639 code for the language the form/instrument has been administrated?

- Hungarian
- Russian
- Hindi
- Iranian languages
- Other specify
- English
- French
- Dutch
- Italian
- Japanese
- Vietnamese
- Greek
- Portuguese
- Chinese
- Finnish
- German
- Hebrew
- Danish
- Spanish
- Czech

V I E W M O D E

- Norwegian
- Sign language

Other, specify

VIEW MODE

NINR Diagnosis

Please specify Chronic condition(s) under investigation (i.e. inclusion criteria).

- Alcohol use disorder
- Anosmia
- Arthritis
- Asthma
- Cancer
- Cardiovascular disease
- Chronic fatigue syndrome
- Chronic fatigue, unspecified
- Chronic Obstructive Lung Disease and associated conditions
- Dementia
- Depression
- Diabetes
- Drug Abuse
- Dysgusea
- Fibromyalgia
- Graft Versus Host Disease (GVHD)
- Healthy
- Heart disease
- Hypertension
- Infectious Diseases
- Kennedy's disease
- Lung Disease
- Major Depressive Disorders
- Mast cell activation syndrome and related disorders
- Obesity
- Oral Disease
- Osteoporosis
- Other,specify
- Parkinson's disease
- Post-traumatic stress disorder
- Sjogren's syndrome
- Stroke
- Systemic Lupus erythematosus
- Traumatic brain injury

If "Other, specify" selected, please specify.

Please select any other Chronic condition(s).

- Alcohol use disorder
- Anosmia
- Arthritis
- Asthma
- Cancer

V I E W M O D E

- Cardiovascular disease
- Chronic fatigue syndrome
- Chronic fatigue, unspecified
- Chronic Obstructive Lung Disease and associated conditions
- Dementia
- Depression
- Diabetes
- Drug Abuse
- Dysgusea
- Fibromyalgia
- Graft Versus Host Disease (GVHD)
- Healthy
- Heart disease
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- Infectious Diseases
- Kennedy's disease
- Lung Disease
- Major Depressive Disorders
- Mast cell activation syndrome and related disorders
- Obesity
- Oral Disease
- Osteoporosis
- Other,specify
- Parkinson's disease
- Post-traumatic stress disorder
- Sjogren's syndrome
- Stroke
- Systemic Lupus erythematosus
- Traumatic brain injury

If "Other, specify" selected, please specify.

Please select all the symptom(s) under investigation.

- Anxiety (affect/mood)
- Changes in Tastes
- Cognition
- Constipation
- Depression (affect/mood)
- Diarrhea
- Dizziness
- Dry Mouth
- Dysphagia
- Fatigue
- Hearing loss
- Heartburn

V I E W M O D E

- Impaired taste
- Loss of smell
- Loss of taste
- Nausea
- Neuropathy
- Numbness
- Other, specify
- Pain
- Palpitations
- Paresthesia
- Shortness of breath
- Sleep Disturbance
- Syncope
- Tinnitus
- Vertigo
- Vision Changes
- Vomiting

If "Other, specify" selected, please specify.

Please select any other symptom(s).

- Anxiety (affect/mood)
- Changes in Tastes
- Cognition
- Constipation
- Depression (affect/mood)
- Diarrhea
- Dizziness
- Dry Mouth
- Dysphagia
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- Syncope

V I E W M O D E

- Tinnitus
- Vertigo
- Vision Changes
- Vomiting

If "Other, specify" selected, please specify.

Please select the Body System(s) under investigation.

- Cardiovascular/Circulatory system
- Digestive system/Excretory system
- Endocrine system
- Integumentary system/ Exocrine system
- Lymphatic system/Immune system
- Muscular system/Skeletal system
- Nervous system
- None
- Other,specify
- Renal system/Urinary system
- Reproductive system
- Respiratory system

If "Other, specify" selected, please specify.