Variable / F Form Name Section Heavield Type	Field Label Choices, Ca Field Note Text Valida Text Valida
record_id survey_1 text	Record ID
survey_dat survey_1 text	Date survey completed date_mdy
age survey_1 text	My current age is
anxiety survey_1 text	I have been diagnosed with Anxiety
aortic_diss:survey_1 text	I have been diagnosed with Aortic Dissection
aortic_enla survey_1 text	I have been diagnosed with Aortic enlargement
arthritis survey_1 text	I have been diagnosed with Arthritis
asian survey_1 text	I am Asian
attention_csurvey_1 text	I have been diagnosed with Attention Deficit Disorder (wi
autism_spesurvey_1 text	I have been diagnosed with Autism Spectrum Disorder
bisexual survey_1 text	My sexual orientation is bisexual
black survey_1 text	I am Black or African American
bondy_regisurvey_1 text	I have previously participated in the bondy research regis
cheek_swa survey_1 text	In addition to blood testing, I have had a cheek swab
chromosonsurvey_1 text	My genetic/chromosomal makeup is
chronic_ea survey_1 text	I have been diagnosed with Chronic ear infections
chronic_kic survey_1 text	I have been diagnosed with Chronic kidney disease
coronary_a survey_1 text	I have been diagnosed with Coronary artery disease
craniofacia survey_1 text curvature_survey_1 text	I have been diagnosed with Craniofacial or dental abnorm I have been diagnosed with Curvature of the spine (Scolio
depression survey_1 text	I have been diagnosed with Depression
developme survey_1 text	I have been diagnosed with Developmental Coordination
diabetes survey_1 text	I have been diagnosed with Diabetes
diagnosis_&survey_1 text	I was years old when I was diagnosed with Turner sy
ear_abnorr survey_1 text	I have been diagnosed with Ear abnormality
estrogen_asurvey_1 text	I was years old when I started estrogen replacemen
estrogen_c survey_1 text	I am currently receiving estrogen replacement therapy
estrogen_t survey_1 text	I have been treated with estrogen replacement therapy (
gastrointes survey_1 text	I have been diagnosed with Gastrointestinal (stomach) iss
gay survey_1 text	My sexual orientation is gay or lesbian
gender survey_1 text	My self-identified gender is
gentac_reg survey_1 text	I have previously participated in the GenTAC research reg
gh_treat survey_1 text	I have been treated with growth hormone therapy
give_samplsurvey_1 text	I am interested in giving a blood sample that would be us
glucose_intsurvey_1 text	I have been diagnosed with Glucose intolerance
hearing_imsurvey_1 text	I have been diagnosed with Hearing impairment
heart_abnc survey_1 text	I have been diagnosed with Heart abnormality
height survey_1 text	My current height is approximately
high_blood survey_1 text	I have been diagnosed with High blood pressure
high_chole survey_1 text	I have been diagnosed with High cholesterol
indian survey_1 text	I am Native American or an Alaskan Native
informed_csurvey_1 text	My doctor that oversees my general TS care is knowledge
informed_r survey_1 text	I feel informed about managing Turner syndrome.
informed_rsurvey_1 text	As a parent, I feel informed about managing my daughter
intellectual survey_1 text	I have been diagnosed with Intellectual Disability (Mental
interested_survey_1 text	I am interested in taking part in research in general

text	karyotype survey_1	text	According to my karyotype, I am
latino survey_1 text			
learning_disurvey_1 liver_disea:survey_1 text	·-		
liver_disea:survey_1 low_bone_survey_1 text	<b>'-</b>		•
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completer survey_2 cardiovasct survey_2 checkbox   have beer 1, Bicuspid aortic valve   2, Coarctation or nar skeletal survey_2 checkbox   have beer 1, Low bone mineral density or osteoporosis c digestive survey_2 checkbox   have beer 1, Gluten sensitivity or Celiac disease   2, Infla skin survey_2 checkbox   have beer 1, Swelling of my hands or feet or lymphedem endocrine survey_2 checkbox   have beer 1, Thyroid disease or thyroiditis or hypothyroi growth_ho survey_2 radio   have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen survey_2 radio   have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio   have beer 1, Yes, spontaneously (without medical assista physical_he survey_2 radio   have beer 1, Kidney condition: horseshoe shape or dupli ear_health survey_2 radio   have beer 1, Anxiety disorder   2, Depressive disorder   mental_he survey_2 radio   I have beer 1, Intellectual disability   2, Autism spectrum or learning_cc survey_2 radio   I have beer 1, Difficulties with understanding numbers and	weight survey_1	text	My current weight is approximately
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checkbox   have beer 1, Low bone mineral density or osteoporosis c digestive survey_2   checkbox   have beer 1, Gluten sensitivity or Celiac disease   2, Infla skin   survey_2   checkbox   have beer 1, Swelling of my hands or feet or lymphedem endocrine survey_2   checkbox   I have beer 1, Thyroid disease or thyroiditis or hypothyroi growth_ho survey_2   radio   I have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen   survey_2   radio   I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant   survey_2   radio   I have beer 1, Yes, spontaneously (without medical assistate physical_hesurvey_2   radio   I have beer 1, Kidney condition: horseshoe shape or dupli ear_health survey_2   radio   I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2   radio   I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2   radio   I have beer 1, Intellectual disability   2, Autism spectrum or learning_ccsurvey_2   radio   I have beer 1, Difficulties with understanding numbers and	completer survey_2	radio	Please sele 1, I am an adult with Turner syndrome   2, I aı
digestive survey_2 checkbox I have beer 1, Gluten sensitivity or Celiac disease   2, Infla skin survey_2 checkbox I have beer 1, Swelling of my hands or feet or lymphedem endocrine survey_2 checkbox I have beer 1, Thyroid disease or thyroiditis or hypothyroi growth_ho survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio I have beer 1, Yes, spontaneously (without medical assistate) physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or dupli ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum or learning_ccsurvey_2 radio I have beer 1, Difficulties with understanding numbers and	cardiovascı survey_2		I have beer 1, Bicuspid aortic valve   2, Coarctation or nar
checkbox I have beer 1, Swelling of my hands or feet or lymphedem endocrine survey_2 checkbox I have beer 1, Thyroid disease or thyroiditis or hypothyroi growth_ho survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio I have beer 1, Yes, spontaneously (without medical assistate physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or dupli ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum or learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers and	<i>'-</i>	checkbox	•
endocrine survey_2 checkbox I have beer 1, Thyroid disease or thyroiditis or hypothyroi growth_ho survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio I have beer 1, Yes, spontaneously (without medical assistate physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or duplical_hesurvey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum or learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers and	digestive survey_2		•
growth_ho survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more estrogen survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio I have beer 1, Yes, spontaneously (without medical assistate physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or duplical ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum of learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers and	<i>'-</i>		
estrogen survey_2 radio I have beer 1, Yes, for less than 10 years   2, Yes, for more pregnant survey_2 radio I have beer 1, Yes, spontaneously (without medical assistate physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or duplical ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum of learning_ccsurvey_2 radio I have beer 1, Difficulties with understanding numbers and	· <del>-</del>		
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physical_hesurvey_2 radio I have beer 1, Kidney condition: horseshoe shape or dupli ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hesurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_desurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum I learning_ccsurvey_2 radio I have beer 1, Difficulties with understanding numbers and	· <del>-</del>		• • • • •
ear_health survey_2 radio I have beer 1, Hearing loss   2, Frequent ear infections or mental_hersurvey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_dersurvey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum radio I have beer 1, Difficulties with understanding numbers and	· ·		
mental_he:survey_2 radio I have beer 1, Anxiety disorder   2, Depressive disorder   mental_de:survey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum of learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers and			
mental_de survey_2 radio I have beer 1, Intellectual disability   2, Autism spectrum or learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers and	<del>-</del>		
learning_cc survey_2 radio I have beer 1, Difficulties with understanding numbers an			
diagnosis_asurvey_2 radio I was diagn 1, Before birth   2, Less than 1 year   3, 1-5			
	diagnosis_asurvey_2	radio	i was diagn 1, Before birth   2, Less than 1 year   3, 1-5

karyotype2survey_2	radio	According t 1, Mosaic, or more than one type of cell   2, N
physical_fusurvey_2	radio	I am able tc1, Without any difficulty   2, With a little diffic
fatigue survey_2	radio	I feel fatigu 1, Not at all   2, A little bit   3, Somewhat   4,
race2 survey_2	checkbox	My race or 1, American Indian or Alaskan Native   2, Asia
asian2 survey_2	checkbox	More speci 1, Asian Indian   2, Chinese   3, Filipino   4, Ja
hispanic survey_2	checkbox	More speci 1, Mexican   2, Puerto Rican   3, Cuban   4, Co
pacific2 survey_2	checkbox	More speci 1, Native Hawaiian   2, Guamanian   3, Chamo
other_backsurvey_2	text	More specifically, my "Other" background is:
height2 survey_2	text	My current height is:
height_me:survey_2	radio	Height mea 1, Feet and inches   2, Meters and centimeter
weight2 survey_2	text	My current weight is: integer 1
weight_me survey_2	radio	Weight me 1, Pounds   2, Kilograms
heardfrom survey_2	text	I heard about the Turner Syndrome Research Registry fro
ts_clinic survey_2	yesno	In the last two years, have you received medical care at a
which_clinisurvey_2	notes	Where was the clinic and/or which doctor did you see?
email global_unique_identif	i text	Email email
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or osteopenia or fragile bones | 2, (y
ımmatory bowel disease or Chrohr y
ıa | 2, Dry skin or flaky skin or scalyy
dism or hyperthyroidism | 2, Diabey
e than 10 years | 3, No | 4, Not sur y
e than 10 years | 3, No | 4, Not sur y
ance) | 2, Yes, with assisted reprody
cated kidney or absent kidney or mulitcystic kidney or ectopic kidney | 2, Lung condition: asthma or chr
otitis media | 3, Deafness | 4, Coley
3, Personality disorder | 4, Sleep/vy
disorder | 3, Global developmenta y
d learning math facts | 2, Difficulticy
4, 6-10 | 5, 11-15 | 6, 16 or older | y
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Ion-mosaic | 3, Not sure/Don't kncy
culty | 3, With some difficulty | 4, \y
Quite a bit | 5, Very much
n | 3, Black or African American | 4y
panese | 5, Korean | 6, [race2(2)] = y
entral American | 5, So [race2(4)] = y
orro | 4, Samoan | 5, Fi [race2(5)] = y
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