

## Data Dictionary Codebook

**Esophageal Bank (PID: 321)**

2024-11-04 11:34

Instruments	Events
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#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																																										
<b>Instrument: Patient Information (patient_information)  Enabled as survey</b>																																													
1	[id]	Record ID	text																																										
2	[last_name]	Section Header: <i>Patient Demographics</i> Last Name	text, Required, Identifier Custom alignment: LH																																										
3	[first_name]	First Name	text, Required, Identifier Custom alignment: LH																																										
4	[gender]	Sex	radio <table border="1" data-bbox="1041 623 1166 707"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table> Custom alignment: LH	1	Male	2	Female																																						
1	Male																																												
2	Female																																												
5	[gender_identification]	Gender	radio <table border="1" data-bbox="1041 813 1403 1066"> <tr><td>1</td><td>Man (cisgender/transgender)</td></tr> <tr><td>2</td><td>Woman (cisgender/transgender)</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Two spirit</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Man (cisgender/transgender)	2	Woman (cisgender/transgender)	3	Non-binary	4	Two spirit	5	Prefer not to answer	6	Other																														
1	Man (cisgender/transgender)																																												
2	Woman (cisgender/transgender)																																												
3	Non-binary																																												
4	Two spirit																																												
5	Prefer not to answer																																												
6	Other																																												
6	[othergender_specify]	If other, please specify:  Show the field ONLY if: [gender_identification] = '6'	text																																										
7	[race]	Race	checkbox, Identifier <table border="1" data-bbox="1041 1235 1534 1974"> <tr><td>1</td><td>race_1</td><td>Arab</td></tr> <tr><td>2</td><td>race_2</td><td>Black</td></tr> <tr><td>3</td><td>race_3</td><td>Chinese</td></tr> <tr><td>4</td><td>race_4</td><td>Filipino</td></tr> <tr><td>5</td><td>race_5</td><td>Japanese</td></tr> <tr><td>6</td><td>race_6</td><td>Korean</td></tr> <tr><td>7</td><td>race_7</td><td>Latin American</td></tr> <tr><td>8</td><td>race_8</td><td>South Asian (including East Indian, Pakistani, Sri Lankan, etc.)</td></tr> <tr><td>9</td><td>race_9</td><td>Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)</td></tr> <tr><td>10</td><td>race_10</td><td>West Asian (including Iranian, Afghan, etc.)</td></tr> <tr><td>11</td><td>race_11</td><td>White</td></tr> <tr><td>12</td><td>race_12</td><td>Indigenous</td></tr> <tr><td>13</td><td>race_13</td><td>Other</td></tr> <tr><td>14</td><td>race_14</td><td>Prefer not to answer</td></tr> </table>	1	race_1	Arab	2	race_2	Black	3	race_3	Chinese	4	race_4	Filipino	5	race_5	Japanese	6	race_6	Korean	7	race_7	Latin American	8	race_8	South Asian (including East Indian, Pakistani, Sri Lankan, etc.)	9	race_9	Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)	10	race_10	West Asian (including Iranian, Afghan, etc.)	11	race_11	White	12	race_12	Indigenous	13	race_13	Other	14	race_14	Prefer not to answer
1	race_1	Arab																																											
2	race_2	Black																																											
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12	race_12	Indigenous																																											
13	race_13	Other																																											
14	race_14	Prefer not to answer																																											
8	[otherrace_specify]	If other, please specify:	text																																										

	Show the field ONLY if: [race(13)] = '1'														
9	[ <a href="#">indigenous_specify</a> ]  Show the field ONLY if: [race(12)] = '1'	If Indigenous, please specify:	checkbox <table border="1"> <tr><td>1</td><td>indigenous_specify__1</td><td>First Nations</td></tr> <tr><td>2</td><td>indigenous_specify__2</td><td>Inuit/Inuk</td></tr> <tr><td>3</td><td>indigenous_specify__3</td><td>Metis</td></tr> <tr><td>4</td><td>indigenous_specify__4</td><td>Other</td></tr> </table>	1	indigenous_specify__1	First Nations	2	indigenous_specify__2	Inuit/Inuk	3	indigenous_specify__3	Metis	4	indigenous_specify__4	Other
1	indigenous_specify__1	First Nations													
2	indigenous_specify__2	Inuit/Inuk													
3	indigenous_specify__3	Metis													
4	indigenous_specify__4	Other													
10	[ <a href="#">other_indigenous</a> ]  Show the field ONLY if: [indigenous_specify(4)] = '1'	If other, please specify:	text												
11	[ <a href="#">dob</a> ]	Date of Birth	text (date_mdy), Required, Identifier Custom alignment: LH												
12	[ <a href="#">email_address</a> ]	Email address **For e-surveys	text (email), Identifier Custom alignment: LH												
13	[ <a href="#">language</a> ]	Language Preference:	radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>French</td></tr> </table> Custom alignment: LH	1	English	2	French								
1	English														
2	French														
14	[ <a href="#">mrn_mgh</a> ]	MRN_MGH	text, Required, Identifier Custom alignment: LH												
15	[ <a href="#">mrn_rvh</a> ]	MRN_RVH	text Custom alignment: LH												
16	[ <a href="#">rq</a> ]	RAMQ	text, Required, Identifier Custom alignment: LH												
17	[ <a href="#">hull</a> ]	Is this a Gatineau patient?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No								
1	Yes														
0	No														
18	[ <a href="#">patient_information_complete</a> ]	Section Header: <i>Form Status</i> Complete?	dropdown <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						
0	Incomplete														
1	Unverified														
2	Complete														

**Instrument: Research Consent (research\_consent)**

19	[ <a href="#">consent_date</a> ]	Date consented:	text (date_mdy) Custom alignment: LV																
20	[ <a href="#">consent_version</a> ]	Consent version	dropdown (autocomplete) <table border="1"> <tr><td>0</td><td>v0; May 8, 2006</td></tr> <tr><td>1a</td><td>v1; Jan 15, 2008</td></tr> <tr><td>1b</td><td>v1; Dec 9, 2015</td></tr> <tr><td>2</td><td>v2; Jun 13, 2018</td></tr> <tr><td>3</td><td>v3; Jun 22, 2018</td></tr> <tr><td>4</td><td>v4; July 21, 2020</td></tr> <tr><td>5</td><td>v5; July 21, 2022</td></tr> <tr><td>6</td><td>v6; March 1, 2023</td></tr> </table> Custom alignment: LV	0	v0; May 8, 2006	1a	v1; Jan 15, 2008	1b	v1; Dec 9, 2015	2	v2; Jun 13, 2018	3	v3; Jun 22, 2018	4	v4; July 21, 2020	5	v5; July 21, 2022	6	v6; March 1, 2023
0	v0; May 8, 2006																		
1a	v1; Jan 15, 2008																		
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3	v3; Jun 22, 2018																		
4	v4; July 21, 2020																		
5	v5; July 21, 2022																		
6	v6; March 1, 2023																		
21	[ <a href="#">consent_pending</a> ]	Consent pending: <i>If the consent on file is not valid and patient needs to be reconsented.</i>	checkbox																

			1   consent_pending_1   yes
Custom alignment: LV			
22	[research_study]	Research study case?	checkbox cruk   research_study_cruk   CRUK dod   research_study_dod   Dod barretts   research_study_barretts   Barrett's avelumab   research_study_avelumab   Avelumab TREAT   research_study_treat   TREAT Canada NEEDS   research_study_needs   NEEDS
Custom alignment: LV			
23	[consent_genetic]	Section Header: Research components Genetic Research	radio (Matrix) 1   Yes 0   No 2   Not checked
24	[consent_qol]	Questionnaires	radio (Matrix) 1   Yes 0   No 2   Not checked
25	[consent_blood]	Blood	radio (Matrix) 1   Yes 0   No 2   Not checked
26	[consent_stool]	Stool	radio (Matrix) 1   Yes 0   No 2   Not checked
27	[consent_fluid]	Peritoneal/ ascitic fluid sampling	radio (Matrix) 1   Yes 0   No 2   Not checked
28	[consent_tissue]	Tissue sampling	radio (Matrix) 1   Yes 0   No 2   Not checked
29	[consent_charts]	Medical file	radio (Matrix) 1   Yes 0   No 2   Not checked
30	[consent_additional]	Additional research	radio (Matrix) 1   Yes 0   No 2   Not checked
31	[consent_future]	Future research	radio (Matrix)

			<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not checked</td></tr> </table>	1	Yes	0	No	2	Not checked
1	Yes								
0	No								
2	Not checked								
32	[consent_incidental]	Incidental findings	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not checked</td></tr> </table>	1	Yes	0	No	2	Not checked
1	Yes								
0	No								
2	Not checked								
33	[refusal_consent]  Show the field ONLY if: [consent_qol] = '0' and [consent_blood] = '0' and [consent_stool] = '0' and [consent_fluid] = '0' and [consent_tissue] = '0' and [consent_bm] = '0' and [consent_bmbx] = '0' and [consent_charts] = '0' and [consent_additional] = '0' and [consent_future] = '0' and [consent_incidental] = '0'	Reason for refusal: <i>If no reason given, input "None given".</i>	text Custom alignment: LH						
34	[date_approached]	Date approached:	text (date_mdy) Custom alignment: LV						
35	[research_consent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: e-consent (econsent)  Enabled as survey**

36	[genetic_research]	I understand that genetic research using my DNA may be conducted on the samples that I have provided to the biobank ____ (Initials).	text				
37	[cf_link]	Consent Form Link	descriptive (Attachment: ENG EGCDB Bank consent form_Version 4_21 July 2020_REBapproved (2).pdf, Display format: Link)				
38	[questionnaires]	Section Header: <i>I agree to participate in the components indicated below:</i> Questionnaires	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes
0	No						
1	Yes						
39	[blood]	Blood sampling	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes
0	No						
1	Yes						
40	[stool]	Stool sampling	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes
0	No						
1	Yes						
41	[fluid]	Fluid sampling	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes
0	No						
1	Yes						
42	[tissue]	Tissue sampling	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes
0	No						
1	Yes						
43	[bonemarrow]	Bone marrow harvest	radio (Matrix), Required				

			<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes		
0	No								
1	Yes								
44	[bonemarrowbx]	Bone marrow biopsy	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes		
0	No								
1	Yes								
45	[name]	<p>Section Header: <i>Participant's consent: I have read and reviewed all pages of this consent document and I voluntarily agree to participate in the Esophageal, Gastric and Colorectal Data- and Bio-Bank, understanding that I may withdraw my participation at any time. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given sufficient time to consider the above information and to seek advice.</i></p> <p>Participant Name and Family Name:</p>	text, Required						
46	[datesignature]	Date of signature:	text (datetime_mdy), Required						
47	[signature]	Participant signature:	file (signature), Required						
48	[econsent_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: Biobank (biobank)**

49	[collection_date]	Date and time of collection:	text (datetime_mdy) Custom alignment: LV												
50	[collection_type]	Type of collection:	radio <table border="1"> <tr><td>1</td><td>Bloods</td></tr> <tr><td>2</td><td>Tissue</td></tr> <tr><td>3</td><td>Fluid</td></tr> <tr><td>4</td><td>Stool</td></tr> <tr><td>5</td><td>Other</td></tr> </table> Custom alignment: LH	1	Bloods	2	Tissue	3	Fluid	4	Stool	5	Other		
1	Bloods														
2	Tissue														
3	Fluid														
4	Stool														
5	Other														
51	[collection_type_other]	If Other, specify:  Show the field ONLY if: [collection_type] = '5'	text Custom alignment: LV												
52	[path_accession]	Pathology accession number: <i>If no pathology accession number associated to the sample, type "NA" (do not leave blank)</i>	text Custom alignment: LV												
53	[sample_type]	Type of sample:  Show the field ONLY if: [collection_type] = '2'	checkbox <table border="1"> <tr><td>primary</td><td>sample_type__primary</td><td>Primary lesion</td></tr> <tr><td>recur</td><td>sample_type__recur</td><td>Recurrence</td></tr> <tr><td>mets</td><td>sample_type__mets</td><td>Distant lesion / metastatic lesion</td></tr> <tr><td>other</td><td>sample_type__other</td><td>Other</td></tr> </table> Custom alignment: LH	primary	sample_type__primary	Primary lesion	recur	sample_type__recur	Recurrence	mets	sample_type__mets	Distant lesion / metastatic lesion	other	sample_type__other	Other
primary	sample_type__primary	Primary lesion													
recur	sample_type__recur	Recurrence													
mets	sample_type__mets	Distant lesion / metastatic lesion													
other	sample_type__other	Other													
54	[type_other]	If "Distant/ metastatic lesion" or "Other", specify site of collection:  Show the field ONLY if: [sample_type(mets)] = '1' or [sample_type(other)] = '1'	text Custom alignment: LV												

55	[tx]	Section Header: <i>Treatment date: [preoperative_arm_1][neochemo_date] (M-D-Y)</i>  Treatment status: <i>Pretreatment = treatment naive</i>	radio <table border="1"> <tr><td>0</td><td>Treatment-naive</td></tr> <tr><td>mid</td><td>Mid-treatment</td></tr> <tr><td>1</td><td>Post-treatment</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table> Custom alignment: LH	0	Treatment-naive	mid	Mid-treatment	1	Post-treatment	999	Unknown				
0	Treatment-naive														
mid	Mid-treatment														
1	Post-treatment														
999	Unknown														
56	[storage_location]  Show the field ONLY if: [collection_type] = '1' or [collection_type] = '2' or [collection_type] = '3' or [collection_type] = '4' or [collection_type] = '5' or [collection_type] = '6'	Storage location:	checkbox <table border="1"> <tr><td>Borque</td><td>storage_location__borque</td><td>Borque Freezer</td></tr> <tr><td>C9</td><td>storage_location__c9</td><td>C9 Freezer</td></tr> <tr><td>LN</td><td>storage_location__ln</td><td>Liquid Nitrogen</td></tr> <tr><td>Other</td><td>storage_location__other</td><td>Other</td></tr> </table> Custom alignment: LV	Borque	storage_location__borque	Borque Freezer	C9	storage_location__c9	C9 Freezer	LN	storage_location__ln	Liquid Nitrogen	Other	storage_location__other	Other
Borque	storage_location__borque	Borque Freezer													
C9	storage_location__c9	C9 Freezer													
LN	storage_location__ln	Liquid Nitrogen													
Other	storage_location__other	Other													
57	[storage_other]  Show the field ONLY if: [storage_location(Other)] = '1'	If Other, specify:	text Custom alignment: LV												
58	[box_bloods]  Show the field ONLY if: ([collection_type] = '1' and [storage_location(Borque)] = '1') or ([collection_type] = '1' and [storage_location(C9)] = '1')	Box number:	text												
59	[position_serum]  Show the field ONLY if: ([collection_type] = '1' and [storage_location(Borque)] = '1') or ([collection_type] = '1' and [storage_location(C9)] = '1')	Box position (serum): <i>Box position(processing specifics); ex: 153 (OCT) or 153 (FF)</i>	text												
60	[position_plasma]  Show the field ONLY if: ([collection_type] = '1' and [storage_location(Borque)] = '1') or ([collection_type] = '1' and [storage_location(C9)] = '1')	Box position (plasma): <i>Box position(processing specifics); ex: 153 (OCT) or 153 (FF)</i>	text												
61	[position_wbc]  Show the field ONLY if: ([collection_type] = '1' and [storage_location(Borque)] = '1') or ([collection_type] = '1' and [storage_location(C9)] = '1')	Box position (WBC): <i>If not processed, type NA (do not leave blank)</i>	text												
62	[tank_number]  Show the field ONLY if: [storage_location(LN)] = '1'	Tank Number:	text												
63	[rack_location]  Show the field ONLY if: [storage_location(LN)] = '1'	Rack number:	text												

64	[box_tissue_ln]	LN - Box number: Show the field ONLY if: [storage_location(LN)] = '1'	text				
65	[position_normal_ln]	LN - Box position (normal): <i>If none collected, type "NA" (do not leave blank)</i>	text				
66	[position_tumour_ln]	LN - Box position (tumour): <i>If none collected, type "NA" (do not leave blank)</i>	text				
67	[position_other_ln]	LN - Box position (other): <i>If none collected, type "NA" (do not leave blank)</i>	text				
68	[box_tissue]	Freezer - Box number: Show the field ONLY if: [collection_type] = '2' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				
69	[position_normal_freezer]	Freezer - Box position (normal): Show the field ONLY if: [collection_type] = '2' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				
70	[position_tumour_freezer]	Freezer - Box position (tumour): Show the field ONLY if: [collection_type] = '2' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				
71	[position_other_freezer]	Freezer - Box position (other): Show the field ONLY if: [collection_type] = '2' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				
72	[type_fluid]	Type of fluid: Show the field ONLY if: [collection_type] = '3'	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>A</td> <td>Ascites</td> </tr> <tr> <td>G</td> <td>Gastric fluid</td> </tr> </table> <p>Custom alignment: LH</p>	A	Ascites	G	Gastric fluid
A	Ascites						
G	Gastric fluid						
73	[box_fluid]	Box number: Show the field ONLY if: [collection_type] = '3' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				
74	[position_spt]	Box position (supernatant): Show the field ONLY if: [collection_type] = '3' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	text				

75	[position_pellet]  Show the field ONLY if: [collection_type] = '3' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	Box position (pellet):	text						
76	[box_stool]  Show the field ONLY if: [collection_type] = '4' and ([storage_location(Borque)] = '1' or [storage_location(C9)] = '1')	Box number:	text						
77	[storage_time]	Date and time frozen:	text (datetime_mdy) Custom alignment: LV						
78	[comments]	Comments:	notes Custom alignment: LV						
79	[tech_responsible]	Completed by (initials):	text Custom alignment: LV						
80	[biobank_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <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: **Edmonton Symptom Assessment System ESAS** (edmonton\_symptom\_assessment\_system\_esas)  Enabled as survey

81	[esas_date]	Date Completed	text (date_mdy), Required Custom alignment: LH																						
82	[e_pain]	Pain/ Douleur 0 = No pain/ Aucune Douleur 10 = Worst pain possible / Pire douleur possible	radio (Matrix - ranking) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
0	0																								
1	1																								
2	2																								
3	3																								
4	4																								
5	5																								
6	6																								
7	7																								
8	8																								
9	9																								
10	10																								
83	[e_fatigue]	Tired/ Fatigue 0 = Not tired/ Aucune fatigue 10 = Worst possible tiredness / Pire fatigue possible	radio (Matrix - ranking) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8				
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Question number: 2

84	[e_nausea]	Nausea/ Nausée 0 = No nausea / Aucune nausée 10 = Worst possible nausea / La pire nausée possible	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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85	[e_depression]	Depression/ Dépression 0 = No depression/ Aucune dépression 10 = Worst depression possible /La pire dépression possible	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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86	[e_anxiety]	Anxiety / Anxiété 0 = No anxiety/ Aucune anxiété 10 = Worst anxiety possible /La pire anxiété possible	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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87	[e_drowsiness]	Drowsiness/ Somnolence 0 = Not drowsy/ Aucune somnolence 10 = Worst possible drowsiness/ Pire	radio (Matrix - ranking)																						

	somnolence possible	<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	Question number: 6
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88	[e_appetite]	Appetite/ Appétit 0 = No lack of appetite/ Aucun manque d'appétit 10 = Worst possible lack of appetite/ Le pire manque d'appétit possible	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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89	[e_wellbeing]	Well-Being/ Bien-être 0 = Best well-being/ Meilleure sensation de bien-être 10 = Worst possible well-being/ Aucune sensation de bien-être	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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90	[e_sob]	Shortness of breath / Essoufflement 0 = No shortness of breath /Aucune essoufflement10 = Worst possible shortness of breath / Pire essoufflement possible	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	0	0	1	1	2	2	3	3	4	4												
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Question number: 9

91	[other]	Other problem / Autre problème	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH Question number: 10	1	Yes	0	No																		
1	Yes																								
0	No																								
92	[other_specify]  Show the field ONLY if: [other] = '1'	Please specify / SVP précisez	text Custom alignment: LH																						
93	[e_other]  Show the field ONLY if: [other] = '1'	Please circle the number that best describes the problem 0 = Best / Aucun(e) 10 = Worst / Le pire possible SVP encerclez le chiffre qui décrit mieux votre problème:	radio (Matrix - ranking) <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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94	[edmonton_symptom_assessment_system_esas_complete]	Section Header: Form Status Complete?	dropdown <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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**Instrument: Functional Assessment Of Cancer Therapy Fact Esoph (functional\_assessment\_of\_cancer\_therapy\_fact\_esoph)**  
Enabled as survey

95	[qol_date]	Date Completed	text (date_mdy), Required Custom alignment: LH										
96	[gp1]	Section Header: PHYSICAL WELL-BEING BIEN-ETRE PHYSIQUE  I have a lack of energy/Je manque d'énergie	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> Question number: 1	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
97	[gp2]	I have nausea/ J'ai des nausées	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu						
0	Not at all Pas du tout												
1	A little bit Un peu												

2	Somewhat Moyennement
3	Quite a bit Beaucoup
4	Very much

Question number: 2

98	[gp3]	Because of my physical condition, I have trouble meeting the needs of my family/ À cause de mon état physique, j'ai du mal à répondre aux besoins de ma famille	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at allPas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at allPas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
			Question number: 3										
99	[gp4]	I have pain/ J'ai des douleurs	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at allPas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at allPas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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4	Very much												
			Question number: 4										
100	[gp5]	I am bothered by side effects of treatment/ Je suis incommodé(e) par les effets secondaires du traitement	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at allPas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at allPas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
			Question number: 5										
101	[gp6]	I feel ill/ Je me sens malade	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at allPas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at allPas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
			Question number: 6										
102	[gp7]	I am forced to spend time in bed/ Je suis obligé(e) de passer du temps allongé(e)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at allPas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at allPas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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			Question number: 7										
103	[pwb_anwr]	Indicate the number of questions answered: /7	text (number, Max: 7), Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
104	[pwb_score]	Physical Well-Being score:	calc Calculation: (((4-[gp1])+(4-[gp2]))+(4-[gp3]))+(4-[gp4]))										

			[gp4])+(4-[gp5])+(4-[gp6])+(4-[gp7]))*7)/[pwb_answr] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
105	[gs1]	Section Header: SOCIAL/FAMILY WELL-BEING BIEN-ETRE FAMILIAL/SOCIAL I feel close to my friends/ Je me sens proche de mes amis	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 8</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
106	[gs2]	I get emotional support from my family/ Ma famille me soutient moralement	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 9</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
107	[gs3]	I get support from my friends/ Mes amis me soutiennent	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 10</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
108	[gs4]	My family has accepted my illness/ Ma famille a accepté ma maladie	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 11</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
109	[gs5]	I am satisfied with family communication about my illness/ Je suis satisfait(e) de la communication avec ma famille au sujet de ma maladie	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 12</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
110	[gs6]	I feel close to my partner (or the person who is my main support)/ Je me sens proche de mon (ma) partenaire (ou de la personne qui est mon principal soutien)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup		
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												

			<input type="checkbox"/> 4 Very much										
			Question number: 13										
111	[q1]	Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please check this box and go to the next section. Quel que soit votre degré d'activité sexuelle en ce moment, veuillez répondre à la question suivante. Si vous préférez ne pas y répondre, cochez cette case et passez à la section suivante.	<input type="checkbox"/> <table border="1"><tr><td>0</td><td>q1_0</td><td>I do not wish to answer this question/ Je ne sens pas comfortable a repondre a ce question</td></tr></table> Custom alignment: LH	0	q1_0	I do not wish to answer this question/ Je ne sens pas comfortable a repondre a ce question							
0	q1_0	I do not wish to answer this question/ Je ne sens pas comfortable a repondre a ce question											
112	[gs7]	I am satisfied with my sex life/ Je suis satisfait(e) de ma vie sexuelle	<input type="radio"/> (Matrix) <table border="1"><tr><td>0</td></tr><tr><td>1</td></tr><tr><td>2</td></tr><tr><td>3</td></tr><tr><td>4</td></tr></table> Question number: 14	0	1	2	3	4					
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113	[swb_anwr]	Indicate the number of questions answered: /7	text (number, Max: 7), Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
114	[swb_score]	Social Well-Being score:	calc Calculation: ([[gs1]+[gs2]+[gs3]+[gs4]+[gs5]+[gs6]+[gs7])*7]/[swb_anwr] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
115	[ge1]	Section Header: EMOTIONAL WELL-BEING BIEN-ETRE EMOTIONNEL I feel sad je me sens triste	<input type="radio"/> (Matrix) <table border="1"><tr><td>0</td><td>Not at all Pas du tout</td></tr><tr><td>1</td><td>A little bit Un peu</td></tr><tr><td>2</td><td>Somewhat Moyennement</td></tr><tr><td>3</td><td>Quite a bit Beaucoup</td></tr><tr><td>4</td><td>Very much</td></tr></table> Question number: 15	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
116	[ge2]	I am satisfied with how I am coping with my illness je suis satisfait(e) de la face à ma maladie	<input type="radio"/> (Matrix) <table border="1"><tr><td>0</td><td>Not at all Pas du tout</td></tr><tr><td>1</td><td>A little bit Un peu</td></tr><tr><td>2</td><td>Somewhat Moyennement</td></tr><tr><td>3</td><td>Quite a bit Beaucoup</td></tr><tr><td>4</td><td>Very much</td></tr></table> Question number: 16	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
117	[ge3]	I am losing hope in the fight against my illness je perds espoir dans le combat contre ma maladie	<input type="radio"/> (Matrix) <table border="1"><tr><td>0</td><td>Not at all Pas du tout</td></tr><tr><td>1</td><td>A little bit Un peu</td></tr><tr><td>2</td><td>Somewhat Moyennement</td></tr><tr><td>3</td><td>Quite a bit Beaucoup</td></tr><tr><td>4</td><td>Very much</td></tr></table> Question number: 17	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
118	[ge4]	I feel nervous Je me sens nerveux (nervouse)	<input type="radio"/> (Matrix) <table border="1"><tr><td>0</td><td>Not at all Pas du tout</td></tr></table>	0	Not at all Pas du tout								
0	Not at all Pas du tout												

			<table border="1"> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 18</p>	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much		
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
119	[ge5]	I worry about dying Je suis préoccupé(e) par l'idée de mourir	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 19</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
120	[ge6]	I worry that my condition will get worse Je suis préoccupé(e) à l'idée que mon état de santé puisse s'aggraver	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 20</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
121	[ewb_anwr]	Indicate the number of questions answered: /6	text (number, Max: 6), Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
122	[ewb_score]	Emotional Well-Being score:	calc Calculation: (((4-[ge1])+[ge2]+(4-[ge3])+(4-[ge4])+(4-[ge5])+(4-[ge6]))*6)/[ewb_anwr] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
123	[gf1]	Section Header: FUNCTIONAL WELL-BEING / BIEN-ETRE FONCTIONNEL  I am able to work (include work at home)/Je suis capable de travailler (y compris le travail à la maison)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 21</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
124	[gf2]	My work (include work at home) is fulfilling/Mon travail (y compris le travail à la maison) me donne de la satisfaction	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: 22</p>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
125	[gf3]	I am able to enjoy life/Je suis capable de profiter de la vie	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement				
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												

			<table border="1"> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	3	Quite a bit Beaucoup	4	Very much						
3	Quite a bit Beaucoup												
4	Very much												
Question number: 23													
126	[gf4]	I have accepted my illness/J'ai accepté ma maladie	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
Question number: 24													
127	[gf5]	I am sleeping well/Je dors bien	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
Question number: 25													
128	[gf6]	I am enjoying the things I usually do for fun/J'apprécie mes loisirs habituels	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
Question number: 26													
129	[gf7]	I am content with the quality of my life right now/Je suis satisfait(e) de ma qualité de vie actuelle	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
Question number: 27													
130	[fwb_anwr]	Indicate the number of questions answered: /7	text (number, Max: 7), Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
131	[fwb_score]	Functional Well-being score:	calc Calculation: ([[gf1]+[gf2]+[gf3]+[gf4]+[gf5]+[gf6]+[gf7])*7]/[fwb_anwr] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
132	[a_hn1]	Section Header: ADDITIONAL CONCERNS / AUTRES SUJETS D'INQUIÉTÉ I am able to eat the foods that I like Je suis capable de manger ce que j'aime	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												

			Question number: 28										
133	[ a_hn2 ]	My mouth is dry J'ai la bouche sèche	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
134	[ a_hn3 ]	I have trouble breathing J'ai du mal à respirer	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
135	[ a_hn4 ]	My voice has its usual quality and strength Ma voix garde sa qualité et sa force habituelles	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
136	[ a_hn5 ]	I am able to eat as much food as I want Je peux manger autant que je veux	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
137	[ a_hn10 ]	I am able to communicate with others Je suis capable de communiquer avec les autres	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
138	[ a_hn7 ]	I can swallow naturally and easily Je peux avaler naturellement et facilement	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												

			Question number: 34										
139	[ a_e1 ]	I have difficulty swallowing solid foods J'ai du mal à avaler les aliments solides	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
140	[ a_e2 ]	I have difficulty swallowing soft or mashed foods J'ai du mal à avaler les aliments mous ou en purée	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
141	[ a_e3 ]	I have difficulty swallowing liquids J'ai du mal à avaler les liquides	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
142	[ a_e4 ]	I have pain in my chest when I swallow J'ai mal à la poitrine quand j'avale	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
143	[ a_e5 ]	I choke when I swallow Je m'étouffe quand j'avale	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
144	[ a_e6 ]	I am able to enjoy meals with family or friends Je suis à même d'apprécier des repas en famille ou avec des amis	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												

			Question number: 40										
145	[a_c6]	I have a good appetite J'ai bon appétit	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
146	[a_e7]	I wake at night because of coughing Je me réveille la nuit en toussant	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
147	[a_act11]	I have pain in my stomach area J'ai des maux de ventre	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
0	Not at all Pas du tout												
1	A little bit Un peu												
2	Somewhat Moyennement												
3	Quite a bit Beaucoup												
4	Very much												
148	[a_c2]	I am losing weight Je perds du poids	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all Pas du tout</td></tr> <tr><td>1</td><td>A little bit Un peu</td></tr> <tr><td>2</td><td>Somewhat Moyennement</td></tr> <tr><td>3</td><td>Quite a bit Beaucoup</td></tr> <tr><td>4</td><td>Very much</td></tr> </table>	0	Not at all Pas du tout	1	A little bit Un peu	2	Somewhat Moyennement	3	Quite a bit Beaucoup	4	Very much
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3	Quite a bit Beaucoup												
4	Very much												
149	[ecs_anwr]	Indicate the number of questions answered: /17	text (number, Max: 17), Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
150	[ecs_score]	Additional esophagus cancer subscale score:	calc Calculation: ([[a_hn1]+(4-[a_hn2])+(4-[a_hn3])+(a_hn4)+[a_hn5]+[a_hn10]+[a_hn7]+(4-[a_e1])+(4-[a_e2])+(4-[a_e3])+(4-[a_e4])+(4-[a_e5])+[a_e6]+[a_c6]+(4-[a_e7])+(4-[a_act11])+(4-[a_c2]))*17)/[ecs_anwr] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
151	[toi_score]	Fact-E Trial Outcome Index (TOI):	calc Calculation: [pwb_score]+[fwb_score]+[ecs_score] Custom alignment: LV Field Annotation: @HIDDEN-SURVEY										
152	[fact_totalscore]	FACT-E total score:	calc Calculation: [pwb_score]+[swb_score]+[ewb_score]+[fwb_score]+[ecs_score]										

			Custom alignment: LV Field Annotation: @HIDDEN-SURVEY						
153	[functional_assessment_of_cancer_therapy_fact_esoph_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								
<b>Instrument: POP_DASI (pop_dasi)  Enabled as survey</b>									
154	[dasiq_1]	Section Header: DUKE ACTIVITY STATUS INDEX Can You: (please circle yes or no) Remplissez le questionnaire et choisissez pour chaque question une seule r  1. Are you able to take care of yourself, that is, eating, dressing, bathing, or using the toilet? 1. Prendre soins de vous: vous nourrir, vous habiller, vous laver	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
155	[dasiq_2]	2. Are you able to walk indoors, such as around the house? 2. Marcher autour de votre maison	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
156	[dasiq_3]	3. Are you able to walk a block or 2 on level ground? 3. Faire le tour d'un p	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
157	[dasiq_4]	4. Are you able to climb a flight of stairs or walk up a hill without stopping? 4. Monter des escaliers rapidement, monter en haut d'une colline	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
158	[dasiq_5]	5. Are you able to run a short distance? 5. Courir une courte distance	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
159	[dasiq_6]	6. Are you able to do light work around the house like dusting or washing dishes? 6. Faire des travaux l	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
160	[dasiq_7]	7. Are you able to do moderate work around the house like vacuuming, sweeping floors, or carrying in the groceries? 7. Faire des travaux mod	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
161	[dasiq_8]	8. Are you able to do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? 8. Faire des travaux difficiles [lessiver les sols, transporter des cartons]	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
162	[dasiq_9]	9. Are you able to do yard work like raking leaves, weeding, or pushing a power mover? 9. Tailler des haies, passer une tondeuse motoris	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								

			Custom alignment: RH						
163	[dasiq_10]	10. Are you having sexual relations? 10. Avoir des relations sexuelles	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
164	[dasiq_11]	11. Are you able to participate in moderate recreational activities like golf, bowling, dancing, double tennis or throwing a baseball or football? 11. activit	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
165	[dasiq_12]	12. Are you able to participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing? 12. activit	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
166	[dasi_score]	DASI score	calc Calculation: ([dasiq_1]*2.75)+([dasiq_2]*1.75)+ ([dasiq_3]*2.75)+([dasiq_4]*5.50)+ ([dasiq_5]*8.00)+([dasiq_6]*2.70)+ ([dasiq_7]*3.50)+([dasiq_8]*8.00)+ ([dasiq_9]*4.50)+([dasiq_10]*5.25)+ ([dasiq_11]*6.00)+([dasiq_12]*7.50) Custom alignment: RH						
167	[pop_dasi_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <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: **POP\_CHAMPS-S** (pop\_champss)  Enabled as survey

168	[champs_1]	Section Header: <i>During the past week, how many TOTAL hours per week did you..... Pendant la derni</i>  1. Do light work around the house (such as sweeping, vacuuming, work on your car or other machinery) or light gardening (such as watering plants)? 1. Effectué des tâches ménagères dans la maison (passer le balai, l'aspirateur, travaillé sur votre auto) ou jardiné (arroser les plantes)?	text (number) Custom alignment: RH
169	[champs_2]	2. Do heavy work around the house (such as washing windows, cleaning gutters) or garden (such as spading, raking)? 2. Effectué de gros travaux autour de la maison (laver les fenêtres, nettoyer les gouttières) ou de jardinage (bêcher, râtelier )?	text (number) Custom alignment: RH
170	[champs_3]	3. Use computer and/or read (book, newspaper etc...)? 3. Utilisé un ordinateur et/ou lu (livres, journaux etc...) ?	text (number) Custom alignment: RH
171	[champs_4]	4. Jog or run; walk uphill, or hike uphill (count uphill part only)? 4. Couru ;monté des pentes en marchant ou en randonnée (temps de montée)?	text (number) Custom alignment: RH
172	[champs_5]	5. walk fast or briskly forexercise (do not count walk leisurely or uphill)? 5. Marché vite pour faire l'exercice (ne pas compter la marche de loisirs)?	text (number) Custom alignment: RH
173	[champs_6]	6. Walk leisurely or walk to do errands (such as to/from store or take children to school, count walk time only)?	text (number) Custom alignment: RH

		6. Marché lentement ou pour faire vos courses (temps de marche seulement)	
174	[ champs_7 ]	7. Dance (such as square, folk, line, ballroom)? 7. Dansé (set carré, danse folklorique, en ligne, dance sociale)?	text (number) Custom alignment: RH
175	[ champs_8 ]	8. do aerobics or aerobic dancing? 8. Fait de l'aérobic sous forme d' exercice ou dance?	text (number) Custom alignment: RH
176	[ champa_9 ]	9. Ride a bicycle or stationary bike? 9. Roulé à bicyclette ou fait du vélo stationnaire?	text (number)
177	[ champs_10 ]	10. Do other aerobic machine such as rowing or stepping machines (do not count treadmill or stationary cycle) ? 10. Fait de l'aérobic en utilisant un appareil à ramer ou les escaliers d'exercice (ne pas compter le tapis roulant et le vélo stationnaire )?	text (number)
178	[ champs_11 ]	11. Play musical instrument - if Yes what:..... (eg.guitar, piano, drums). 11. Joué d'un instrument de musique - si oui, lequel..... (ex. guitare, piano )	text (number) Custom alignment: RH
179	[ champs_12 ]	12. Moderate to heavy hand-held weights of more than 5 lbs., weight machines, or push-ups? 12. Fait des exercices de force musculaire à intensité modérée (levée de poids de plus de 5 livres, appareil de levée de poids ou des pompes "push-ups")?	text (number) Custom alignment: RH
180	[ champs_13 ]	13. Light strength training (such as hand-held weights of 5 lbs. or less or elastic bands)? 13. Fait des exercices de force musculaire à faible intensité (levée de poids de moins de 5 livres ou bande élastique)?	text (number) Custom alignment: RH
181	[ champs_14 ]	14. Do stretching or flexibility exercises, Yoga or Tai-chi? 14. Fait des exercices d'étirement ou de flexibilité, yoga ou tai-chi?	text (number) Custom alignment: RH
182	[ champs_15 ]	15. Swim moderately or fast? 15. Nagé modérément ou vite ?	text (number) Custom alignment: RH
183	[ champs_16 ]	16. Swim gently? 16. Nagé doucement?	text (number) Custom alignment: RH
184	[ champs_17 ]	17. Do water exercises (do not count other swimming)? 17. Fait des exercices dans la piscine (ne pas compter le temps de natation )?	text (number) Custom alignment: RH
185	[ champs_18 ]	18. Sports (circle the sport you played) Basketball, Single, tennis, Downhill, Ski, Soccer, Double tennis, Hockey, Other(please specify): 18. Sport ( encercler le sport que vous avez pratiqué)	text (number) Custom alignment: RH
186	[ champs_19 ]	19. Other types of physical activity not previously mentioned (please specify)? 19. Autres types d'activités non mentionnées plus haut ( svp précisez)?	text (number) Custom alignment: RH
187	[ camps_score_light ]		calc Calculation: ([champs_1]*6)+([champs_6]*5)
188	[ champs_score_moderate ]		calc Calculation: ([champs_2]*4.5)+([champs_4]*6)+ ([champs_5]*3.5)+([champs_7]*4.5)+ ([champs_8]*5)+([champa_9]*5)+ ([champs_13]*3)+([champs_14]*4)+ ([champs_16]*6)+([champs_17]*4)
189	[ champs_score_vigorous ]		calc Calculation: ([champs_10]*7)+([champs_12]*7)+ ([champs_15]*8)
190	[ pop_champss_complete ]	Section Header: Form Status	dropdown

		Complete?	<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		
0	Incomplete										
1	Unverified										
2	Complete										
<b>Instrument: POP_HADS (pop_hads) </b> <b>Enabled as survey</b>											
191	[had1]	<p>Section Header: HOSPITAL ANXIETY AND DEPRESSION</p> <p>1. I feel tense or wound up 1. Je me sens tendu:</p>	radio <table border="1"> <tr><td>0</td><td>Not at all/ Pas du tout</td></tr> <tr><td>1</td><td>From time to time, occasionally/ De temps en temps, occasionnellement</td></tr> <tr><td>2</td><td>A lot of the time/Souvent</td></tr> <tr><td>3</td><td>Most of the time/ La plupart du temps</td></tr> </table>	0	Not at all/ Pas du tout	1	From time to time, occasionally/ De temps en temps, occasionnellement	2	A lot of the time/Souvent	3	Most of the time/ La plupart du temps
0	Not at all/ Pas du tout										
1	From time to time, occasionally/ De temps en temps, occasionnellement										
2	A lot of the time/Souvent										
3	Most of the time/ La plupart du temps										
192	[had2]	<p>2. I still enjoy the things I used to enjoy 2. J'aime encore faire les choses que j'aimais faire avant:</p>	radio <table border="1"> <tr><td>0</td><td>Definitely as much/ Oui, tout autant</td></tr> <tr><td>1</td><td>Not quite as much/ Pas autant</td></tr> <tr><td>2</td><td>Only a little/ Un peu seulement</td></tr> <tr><td>3</td><td>Not at all/ Presque plus</td></tr> </table>	0	Definitely as much/ Oui, tout autant	1	Not quite as much/ Pas autant	2	Only a little/ Un peu seulement	3	Not at all/ Presque plus
0	Definitely as much/ Oui, tout autant										
1	Not quite as much/ Pas autant										
2	Only a little/ Un peu seulement										
3	Not at all/ Presque plus										
193	[had3]	<p>3. I get a sort of frightened feeling as if something awful is about to happen 3. J'ai un sentiment terrifiant, comme si quelque chose d'horrible allait m'arriver</p>	radio <table border="1"> <tr><td>0</td><td>Not at all/Pas du tout</td></tr> <tr><td>1</td><td>A little, but it doesn't worry me/ Un peu, mais cela ne m'inquiète pas</td></tr> <tr><td>2</td><td>Yes, but not too badly/Oui, mais ce n'est pas grave</td></tr> <tr><td>3</td><td>Very definitely and quite badly/ Oui, très nettement</td></tr> </table>	0	Not at all/Pas du tout	1	A little, but it doesn't worry me/ Un peu, mais cela ne m'inquiète pas	2	Yes, but not too badly/Oui, mais ce n'est pas grave	3	Very definitely and quite badly/ Oui, très nettement
0	Not at all/Pas du tout										
1	A little, but it doesn't worry me/ Un peu, mais cela ne m'inquiète pas										
2	Yes, but not too badly/Oui, mais ce n'est pas grave										
3	Very definitely and quite badly/ Oui, très nettement										
194	[had4]	<p>4. I can laugh and see the funny side of things: 4. Je ris facilement et vois le bon côté des choses</p>	radio <table border="1"> <tr><td>0</td><td>As much as I always could/ Autant que par le passé</td></tr> <tr><td>1</td><td>Not quite so much now/ Plus autant qu'avant</td></tr> <tr><td>2</td><td>Definitely not so much now/ Plus comme avant</td></tr> <tr><td>3</td><td>Not at all/ Pas du tout</td></tr> </table>	0	As much as I always could/ Autant que par le passé	1	Not quite so much now/ Plus autant qu'avant	2	Definitely not so much now/ Plus comme avant	3	Not at all/ Pas du tout
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1	Not quite so much now/ Plus autant qu'avant										
2	Definitely not so much now/ Plus comme avant										
3	Not at all/ Pas du tout										
195	[had5]	<p>5. Worrying thoughts go through my mind 5. Je me fais du souci</p>	radio <table border="1"> <tr><td>0</td><td>Only occasionally/ Très occasionnellement</td></tr> <tr><td>1</td><td>From time to time, but not too often/ Occasionnellement</td></tr> <tr><td>2</td><td>A lot of the time/ Assez souvent</td></tr> <tr><td>3</td><td>A great deal of the time/ Très souvent</td></tr> </table>	0	Only occasionally/ Très occasionnellement	1	From time to time, but not too often/ Occasionnellement	2	A lot of the time/ Assez souvent	3	A great deal of the time/ Très souvent
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2	A lot of the time/ Assez souvent										
3	A great deal of the time/ Très souvent										
196	[had6]	<p>6. I feel cheerful. 6. Je me sens joyeux:</p>	radio <table border="1"> <tr><td>0</td><td>Most of the time/ La plupart du temps</td></tr> <tr><td>1</td><td>Sometimes/ Parfois</td></tr> <tr><td>2</td><td>Not often/ Pas souvent</td></tr> <tr><td>3</td><td>Not at all/ Pas du tout</td></tr> </table>	0	Most of the time/ La plupart du temps	1	Sometimes/ Parfois	2	Not often/ Pas souvent	3	Not at all/ Pas du tout
0	Most of the time/ La plupart du temps										
1	Sometimes/ Parfois										
2	Not often/ Pas souvent										
3	Not at all/ Pas du tout										
197	[had7]	<p>7. I can sit at ease and feel relaxed 7. Je peux rester tranquillement assis à ne rien faire et me sentir décontracté</p>	radio <table border="1"> <tr><td>0</td><td>Definitely/ Oui, quoi qu'il arrive</td></tr> <tr><td>1</td><td>Usually/ Oui, en général</td></tr> <tr><td>2</td><td>Not often/ Rarement</td></tr> <tr><td>3</td><td>Not at all/ Jamais</td></tr> </table>	0	Definitely/ Oui, quoi qu'il arrive	1	Usually/ Oui, en général	2	Not often/ Rarement	3	Not at all/ Jamais
0	Definitely/ Oui, quoi qu'il arrive										
1	Usually/ Oui, en général										
2	Not often/ Rarement										
3	Not at all/ Jamais										

198	[had8]	8. I feel as if I am slowed down 8. J'ai l'impression de fonctionner au ralenti	radio <table border="1"> <tr><td>0</td><td>Not at all/ Pas du tout</td></tr> <tr><td>1</td><td>Sometimes/ Parfois</td></tr> <tr><td>2</td><td>Very often/ Très souvent</td></tr> <tr><td>3</td><td>Nearly all the time/ Presque toujours</td></tr> </table>	0	Not at all/ Pas du tout	1	Sometimes/ Parfois	2	Very often/ Très souvent	3	Nearly all the time/ Presque toujours
0	Not at all/ Pas du tout										
1	Sometimes/ Parfois										
2	Very often/ Très souvent										
3	Nearly all the time/ Presque toujours										
199	[had9]	9. I get a sort of frightened feeling like 'butterflies' in the stomach. 9. J'éprouve des sensations de peur et j'ai l'estomac noué	radio <table border="1"> <tr><td>0</td><td>Not at all/ Pas du tout</td></tr> <tr><td>1</td><td>Occasionally/ Occasionnellement</td></tr> <tr><td>2</td><td>Quite often/ Assez souvent</td></tr> <tr><td>3</td><td>Very often/ Très souvent</td></tr> </table>	0	Not at all/ Pas du tout	1	Occasionally/ Occasionnellement	2	Quite often/ Assez souvent	3	Very often/ Très souvent
0	Not at all/ Pas du tout										
1	Occasionally/ Occasionnellement										
2	Quite often/ Assez souvent										
3	Very often/ Très souvent										
200	[had10]	10. I have lost interest in my appearance 10. Je ne m'intéresse plus à mon apparence	radio <table border="1"> <tr><td>0</td><td>I take just as much care as ever/ J'y prête autant d'attention que par le passé</td></tr> <tr><td>1</td><td>I may not take quite as much care/ Il se peut que je n'y fasse plus autant attention</td></tr> <tr><td>2</td><td>I don't take as much care as I should/ Je n'y accorde pas autant d'attention que je le devrais</td></tr> <tr><td>3</td><td>Definitely/ Plus du tout</td></tr> </table>	0	I take just as much care as ever/ J'y prête autant d'attention que par le passé	1	I may not take quite as much care/ Il se peut que je n'y fasse plus autant attention	2	I don't take as much care as I should/ Je n'y accorde pas autant d'attention que je le devrais	3	Definitely/ Plus du tout
0	I take just as much care as ever/ J'y prête autant d'attention que par le passé										
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2	I don't take as much care as I should/ Je n'y accorde pas autant d'attention que je le devrais										
3	Definitely/ Plus du tout										
201	[had11]	11. I feel restless as I have to be on the move. 11. J'ai la bougeotte et n'arrive pas à tenir en place	radio <table border="1"> <tr><td>0</td><td>Not at all/ Pas du tout</td></tr> <tr><td>1</td><td>Not very much/ Pas tellement</td></tr> <tr><td>2</td><td>Quite a lot/Un peu</td></tr> <tr><td>3</td><td>Very much indeed/ Oui, c'est tout à fait le cas</td></tr> </table>	0	Not at all/ Pas du tout	1	Not very much/ Pas tellement	2	Quite a lot/Un peu	3	Very much indeed/ Oui, c'est tout à fait le cas
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3	Very much indeed/ Oui, c'est tout à fait le cas										
202	[had12]	12. I look forward with enjoyment to things 12. Je me réjouis d'avance à l'idée de faire certaines choses	radio <table border="1"> <tr><td>0</td><td>As much as I ever did/ Autant qu'auparavant</td></tr> <tr><td>1</td><td>Rather less than I used to / Un peu moins qu'avant</td></tr> <tr><td>2</td><td>Definitely less than I used to / Biens moins qu'avant</td></tr> <tr><td>3</td><td>Hardly at all / Presque jamais</td></tr> </table>	0	As much as I ever did/ Autant qu'auparavant	1	Rather less than I used to / Un peu moins qu'avant	2	Definitely less than I used to / Biens moins qu'avant	3	Hardly at all / Presque jamais
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2	Definitely less than I used to / Biens moins qu'avant										
3	Hardly at all / Presque jamais										
203	[had13]	13. I get sudden feelings of panic 13. J'éprouve des sensations soudaines de panique	radio <table border="1"> <tr><td>0</td><td>Not at all/ Jamais</td></tr> <tr><td>1</td><td>Not very often/ Pas très souvent</td></tr> <tr><td>2</td><td>Quite often / Assez souvent</td></tr> <tr><td>3</td><td>Very often indeed / Vraiment très souvent</td></tr> </table>	0	Not at all/ Jamais	1	Not very often/ Pas très souvent	2	Quite often / Assez souvent	3	Very often indeed / Vraiment très souvent
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1	Not very often/ Pas très souvent										
2	Quite often / Assez souvent										
3	Very often indeed / Vraiment très souvent										
204	[had14]	14. I can enjoy a good book or radio or TV program 14. Je peux prendre plaisir à un bon livre ou à une bonne émission radio ou de télévision	radio <table border="1"> <tr><td>0</td><td>Often/ Souvent</td></tr> <tr><td>1</td><td>Sometimes/ Parfois</td></tr> <tr><td>2</td><td>Not often/ Rarement</td></tr> <tr><td>3</td><td>Very seldom/ Très rarement</td></tr> </table>	0	Often/ Souvent	1	Sometimes/ Parfois	2	Not often/ Rarement	3	Very seldom/ Très rarement
0	Often/ Souvent										
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205	[had15]	HAD_Anxiety	calc Calculation: sum([had1], [had3], [had5], [had7], [had9], [had11], [had13])								
206	[had16]	HAD_Depression	calc Calculation: sum([had2], [had4], [had6], [had8], [had10], [had12], [had14])								

207	[had17]	HAD_TotalScore	calc Calculation: sum([had15], [had16])						
208	[pop_hads_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: First Presentation (first\_presentation)**

209	[datepresenting]	Date of First Presentation <i>Date of first presentation at thoracic clinic</i>	text (date_mdy) Custom alignment: LH												
210	[age_firstpresentation]	Age at first presentation:	calc Calculation: datediff([dob],[datepresenting],"y", "mdy") Custom alignment: LV												
211	[esas_baseline_sum]	ESAS Baseline	calc Calculation: [e_pain]+[e_fatigue]+[e_nausea]+[e_depression]+[e_anxiety]+[e_drowsiness]+[e_appetite]+[e_wellbeing]+[e_sob] Custom alignment: LH												
212	[height]	Height (cm) <i>If unknown "9999" Obtained from nutritionist at first clinic visit</i>	text (number) Custom alignment: LH												
213	[current_weight]	Current Weight (kg) <i>If unknown "9999" Obtained from nutritionist at first clinic visit</i>	text Custom alignment: LH												
214	[normal_weight]	Normal Weight (kg) <i>If unknown "9999" Obtained from nutritionist at first clinic visit</i>	text (number) Custom alignment: LH												
215	[bmi]	BMI	calc Calculation: [current_weight]*10000/([height]*[height]) Custom alignment: LH												
216	[perweightloss]	Weight loss (%) %	calc Calculation: (([normal_weight]-[current_weight])/[normal_weight])*100 Custom alignment: LH												
217	[weight_loss_period]	Weight Loss Period	radio <table border="1"><tr><td>0</td><td>No weight loss</td></tr><tr><td>1</td><td>1 week</td></tr><tr><td>2</td><td>1 month</td></tr><tr><td>3</td><td>3 months</td></tr><tr><td>4</td><td>6 months</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Custom alignment: LH	0	No weight loss	1	1 week	2	1 month	3	3 months	4	6 months	5	Unknown
0	No weight loss														
1	1 week														
2	1 month														
3	3 months														
4	6 months														
5	Unknown														
218	[wghtloss_table]	Show the field ONLY if: [weight_loss_period] = '1' or [weight_loss_period] = '2' or [weight_loss_period] = '3' or [weight_loss_period] = '4'	Use the following table to answer the question below:  (Attachment: WEIGHT LOSS_table.PNG, Display format: Inline image/PDF)												
219	[weight_loss_status]	Show the field ONLY if: [weight_loss_period] = '2' or [weight_loss_period] = '1' or [weight_loss_period] = '3' or [weight_loss_period] = '4'	Weight Loss Status  radio <table border="1"><tr><td>1</td><td>Moderate</td></tr><tr><td>2</td><td>Severe</td></tr><tr><td>3</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Moderate	2	Severe	3	Unknown						
1	Moderate														
2	Severe														
3	Unknown														

220	[allergy]	Allergy?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown														
1	Yes																						
0	No																						
2	Unknown																						
221	[allergy_type]	If "Yes", please specify:  Show the field ONLY if: [allergy] = '1'	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Respiratory allergy</td></tr> <tr><td>2</td><td>Drug allergy</td></tr> <tr><td>3</td><td>Metal allergy</td></tr> <tr><td>4</td><td>Gastrointestinal allergy</td></tr> <tr><td>5</td><td>Latex allergy</td></tr> <tr><td>6</td><td>Aspergillosis</td></tr> <tr><td>7</td><td>Allergic contact dermatitis</td></tr> <tr><td>8</td><td>Photoallergic dermatitis</td></tr> <tr><td>9</td><td>Other</td></tr> <tr><td>0</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Respiratory allergy	2	Drug allergy	3	Metal allergy	4	Gastrointestinal allergy	5	Latex allergy	6	Aspergillosis	7	Allergic contact dermatitis	8	Photoallergic dermatitis	9	Other	0	Unknown
1	Respiratory allergy																						
2	Drug allergy																						
3	Metal allergy																						
4	Gastrointestinal allergy																						
5	Latex allergy																						
6	Aspergillosis																						
7	Allergic contact dermatitis																						
8	Photoallergic dermatitis																						
9	Other																						
0	Unknown																						
222	[allergy_other]	If "Other", please specify:  Show the field ONLY if: [allergy_type] = '9'	text Custom alignment: LH																				
223	[allergy_comments]	Allergy Comments <i>Specify the allergy</i>	text Custom alignment: LH																				
224	[ecog_score]	ECOG Score <i>Obtained from physician at first clinic visit; or medical oncology consult</i>	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>Unknown</td></tr> </table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	Unknown						
0	0																						
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5	5																						
6	Unknown																						
225	[dysphagia_score]	Dysphagia score: <i>Obtained from physician at first clinic visit; or nutrition consult</i>	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	Unknown								
0	0																						
1	1																						
2	2																						
3	3																						
4	4																						
5	Unknown																						
226	[presentingsymptoms]	Presenting Symptoms	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	1	Yes	0	No	2	Unknown														
1	Yes																						
0	No																						
2	Unknown																						

			Custom alignment: LH						
227	[first_presentation_complete]	Section Header: Form Status Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: Presenting Symptoms (presenting\_symptoms)**

228	[symptoms]	Symptom	checkbox <table border="1"><tr><td>0</td><td>symptoms__0</td><td>No presenting symptoms</td></tr><tr><td>1</td><td>symptoms__1</td><td>Abdominal Pain</td></tr><tr><td>2</td><td>symptoms__2</td><td>Early Satiety</td></tr><tr><td>3</td><td>symptoms__3</td><td>Weight Loss</td></tr><tr><td>4</td><td>symptoms__4</td><td>Dysphagia</td></tr><tr><td>5</td><td>symptoms__5</td><td>Bleeding</td></tr><tr><td>6</td><td>symptoms__6</td><td>Other</td></tr></table> Custom alignment: LH	0	symptoms__0	No presenting symptoms	1	symptoms__1	Abdominal Pain	2	symptoms__2	Early Satiety	3	symptoms__3	Weight Loss	4	symptoms__4	Dysphagia	5	symptoms__5	Bleeding	6	symptoms__6	Other
0	symptoms__0	No presenting symptoms																						
1	symptoms__1	Abdominal Pain																						
2	symptoms__2	Early Satiety																						
3	symptoms__3	Weight Loss																						
4	symptoms__4	Dysphagia																						
5	symptoms__5	Bleeding																						
6	symptoms__6	Other																						
229	[symp_other]	Other, please specify: Show the field ONLY if: [symptoms(6)] = '1'	text Custom alignment: LH																					
230	[presenting_symptoms_complete]	Section Header: Form Status Complete?	dropdown <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															
0	Incomplete																							
1	Unverified																							
2	Complete																							

**Instrument: Exposure/ Risk (exposure\_risk)**

231	[smoking]	Section Header: Smoking History Smoking status	radio <table border="1"><tr><td>1</td><td>Current smoker</td></tr><tr><td>2</td><td>Occasional smoker</td></tr><tr><td>3</td><td>Past smoker (&gt;1mo)</td></tr><tr><td>0</td><td>Never smoked</td></tr><tr><td>9999</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Current smoker	2	Occasional smoker	3	Past smoker (>1mo)	0	Never smoked	9999	Unknown
1	Current smoker												
2	Occasional smoker												
3	Past smoker (>1mo)												
0	Never smoked												
9999	Unknown												
232	[date_quit]	Date quit Show the field ONLY if: [smoking] = '3'	text (date_mdy) Custom alignment: LH										
233	[smokingcigs]	Number of cigarettes per day Show the field ONLY if: [smoking] = '1' or [smoking] = '2' or [smoking] = '3'	text (number) Custom alignment: LH										
234	[smokingpacks]	Number of packs per day Show the field ONLY if: [smoking] = '1' or [smoking] = '2' or [smoking] = '3'	calc Calculation: [smokingcigs]/20 Custom alignment: LH										
235	[smokingyears]	Number of Years Show the field ONLY if: [smoking] = '1' or [smoking] = '2' or [smoking] = '3'	dropdown (autocomplete) <table border="1"><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr></table>	1	1	2	2	3	3				
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2	2												
3	3												

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46	46
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48	48

49	49
50	50
0	UKN

Custom alignment: LH

236	[ <a href="#">pack_years</a> ]  Show the field ONLY if: [smoking] = '1' or [smoking] = '2' or [smoking] = '3'	Pack years	calc Calculation: [smokingpacks]*[smokingyears] Custom alignment: LH								
237	[ <a href="#">alcohol</a> ]	Section Header: <i>Alcohol History</i>  Alcohol consumption	radio <table border="1"><tr><td>1</td><td>Current drinker</td></tr><tr><td>2</td><td>Past drinker</td></tr><tr><td>0</td><td>Non-drinker</td></tr><tr><td>9999</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Current drinker	2	Past drinker	0	Non-drinker	9999	Unknown
1	Current drinker										
2	Past drinker										
0	Non-drinker										
9999	Unknown										
238	[ <a href="#">alcohol_units</a> ]  Show the field ONLY if: [alcohol] = '1' or [alcohol] = '2'	Alcohol units <i>Units/week Unit=1 beer (284 ml), 1 glass of wine (125 ml), 1 shot spirits (50ml)</i>	text Custom alignment: LH								
239	[ <a href="#">gerd</a> ]	Section Header: <i>GERD History</i>  GERD	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	3	Unknown		
1	Yes										
2	No										
3	Unknown										
240	[ <a href="#">duration_of_gerd</a> ]  Show the field ONLY if: [gerd]='1'	If yes, specify duration (years):	text (number) Custom alignment: LH								
241	[ <a href="#">fam_hist</a> ]	Section Header: <i>Family History</i>  Family History of Cancer?	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	3	Unknown		
1	Yes										
2	No										
3	Unknown										
242	[ <a href="#">fam_hist_other</a> ]  Show the field ONLY if: [fam_hist] = '1'	If yes, please specify	text Custom alignment: LH								
243	[ <a href="#">exposure_risk_complete</a> ]	Section Header: <i>Form Status</i>  Complete?	dropdown <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		
0	Incomplete										
1	Unverified										
2	Complete										

**Instrument: Medical History (medical\_history)**

244	[ <a href="#">pastmed_history</a> ]	Past Medical History?	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Unknown
1	Yes								
0	No								
2	Unknown								
245	[ <a href="#">prior_sx</a> ]	Prior Surgery?	radio						

	Show the field ONLY if: [pastmed_history] = '1'		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> <p>Custom alignment: LH</p>	1	Yes	0	No	2	Unknown																														
1	Yes																																						
0	No																																						
2	Unknown																																						
246	[prior_sx_details]  Show the field ONLY if: [prior_sx] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_sx_details__1</td><td>H&amp;N</td></tr> <tr><td>2</td><td>prior_sx_details__2</td><td>Thoracic (non-cardiac)</td></tr> <tr><td>3</td><td>prior_sx_details__3</td><td>Thoracic (cardiac)</td></tr> <tr><td>4</td><td>prior_sx_details__4</td><td>Abdominal (lower)</td></tr> <tr><td>5</td><td>prior_sx_details__5</td><td>Abdominal (upper)</td></tr> <tr><td>6</td><td>prior_sx_details__6</td><td>Extremity</td></tr> <tr><td>7</td><td>prior_sx_details__7</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	1	prior_sx_details__1	H&N	2	prior_sx_details__2	Thoracic (non-cardiac)	3	prior_sx_details__3	Thoracic (cardiac)	4	prior_sx_details__4	Abdominal (lower)	5	prior_sx_details__5	Abdominal (upper)	6	prior_sx_details__6	Extremity	7	prior_sx_details__7	Other															
1	prior_sx_details__1	H&N																																					
2	prior_sx_details__2	Thoracic (non-cardiac)																																					
3	prior_sx_details__3	Thoracic (cardiac)																																					
4	prior_sx_details__4	Abdominal (lower)																																					
5	prior_sx_details__5	Abdominal (upper)																																					
6	prior_sx_details__6	Extremity																																					
7	prior_sx_details__7	Other																																					
247	[surgery_other]  Show the field ONLY if: [prior_sx_details(1)] = '1' or [prior_sx_details(2)] = '1' or [prior_sx_details(3)] = '1' or [prior_sx_details(4)] = '1' or [prior_sx_details(5)] = '1' or [prior_sx_details(6)] = '1' or [prior_sx_details(7)] = '1'	Please specify:	text Custom alignment: LH																																				
248	[prior_oncology]  Show the field ONLY if: [pastmed_history] = '1'	Past oncology?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> <p>Custom alignment: LH</p>	1	Yes	0	No	2	Unknown																														
1	Yes																																						
0	No																																						
2	Unknown																																						
249	[prior_oncology_details]  Show the field ONLY if: [prior_oncology] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_oncology_details__1</td><td>H&amp;N</td></tr> <tr><td>2</td><td>prior_oncology_details__2</td><td>Lung</td></tr> <tr><td>3</td><td>prior_oncology_details__3</td><td>Colonic</td></tr> <tr><td>4</td><td>prior_oncology_details__4</td><td>Hematologic</td></tr> <tr><td>5</td><td>prior_oncology_details__5</td><td>Gynecologic</td></tr> <tr><td>6</td><td>prior_oncology_details__6</td><td>Skin</td></tr> <tr><td>7</td><td>prior_oncology_details__7</td><td>Thyroid</td></tr> <tr><td>8</td><td>prior_oncology_details__8</td><td>Gastro-esophageal</td></tr> <tr><td>9</td><td>prior_oncology_details__9</td><td>Hepatobiliary</td></tr> <tr><td>10</td><td>prior_oncology_details__10</td><td>Breast</td></tr> <tr><td>11</td><td>prior_oncology_details__11</td><td>Urologic</td></tr> <tr><td>12</td><td>prior_oncology_details__12</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	1	prior_oncology_details__1	H&N	2	prior_oncology_details__2	Lung	3	prior_oncology_details__3	Colonic	4	prior_oncology_details__4	Hematologic	5	prior_oncology_details__5	Gynecologic	6	prior_oncology_details__6	Skin	7	prior_oncology_details__7	Thyroid	8	prior_oncology_details__8	Gastro-esophageal	9	prior_oncology_details__9	Hepatobiliary	10	prior_oncology_details__10	Breast	11	prior_oncology_details__11	Urologic	12	prior_oncology_details__12	Other
1	prior_oncology_details__1	H&N																																					
2	prior_oncology_details__2	Lung																																					
3	prior_oncology_details__3	Colonic																																					
4	prior_oncology_details__4	Hematologic																																					
5	prior_oncology_details__5	Gynecologic																																					
6	prior_oncology_details__6	Skin																																					
7	prior_oncology_details__7	Thyroid																																					
8	prior_oncology_details__8	Gastro-esophageal																																					
9	prior_oncology_details__9	Hepatobiliary																																					
10	prior_oncology_details__10	Breast																																					
11	prior_oncology_details__11	Urologic																																					
12	prior_oncology_details__12	Other																																					
250	[onco_other]  Show the field ONLY if: [prior_oncology_details(12)] = '1' or [prior_oncology_details(1)] = '1' or [prior_oncolo	Please specify:	text Custom alignment: LH																																				

	gy_details(2)] = '1' or [prior_oncology_details(3)] = '1' or [prior_oncology_details(4)] = '1' or [prior_oncology_details(5)] = '1' or [prior_oncology_details(6)] = '1' or [prior_oncology_details(7)] = '1' or [prior_oncology_details(8)] = '1' or [prior_oncology_details(9)] = '1' or [prior_oncology_details(10)] = '1' or [prior_oncology_details(11)] = '1'																				
251	[oncology_type]  Show the field ONLY if: [prior_oncology] = '1'	Prior treatment:	checkbox <table border="1"> <tr><td>1</td><td>oncology_type__1</td><td>Chemotherapy</td></tr> <tr><td>2</td><td>oncology_type__2</td><td>Radiation</td></tr> <tr><td>3</td><td>oncology_type__3</td><td>Chemorads</td></tr> <tr><td>4</td><td>oncology_type__4</td><td>Immunotherapy</td></tr> <tr><td>6</td><td>oncology_type__6</td><td>Surgery</td></tr> <tr><td>5</td><td>oncology_type__5</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	1	oncology_type__1	Chemotherapy	2	oncology_type__2	Radiation	3	oncology_type__3	Chemorads	4	oncology_type__4	Immunotherapy	6	oncology_type__6	Surgery	5	oncology_type__5	Other
1	oncology_type__1	Chemotherapy																			
2	oncology_type__2	Radiation																			
3	oncology_type__3	Chemorads																			
4	oncology_type__4	Immunotherapy																			
6	oncology_type__6	Surgery																			
5	oncology_type__5	Other																			
252	[oncotype_other]  Show the field ONLY if: [oncology_type(5)] = '1'	If "Other", please specify:	text Custom alignment: LH																		
253	[prior_pulmonary]  Show the field ONLY if: [pastmed_history] = '1'	Pulmonary	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> <p>Custom alignment: LH</p>	1	Yes	0	No	2	Unknown												
1	Yes																				
0	No																				
2	Unknown																				
254	[prior_pulm_details]  Show the field ONLY if: [prior_pulmonary] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_pulm_details__1</td><td>COPD</td></tr> <tr><td>2</td><td>prior_pulm_details__2</td><td>Asthma</td></tr> <tr><td>3</td><td>prior_pulm_details__3</td><td>TB</td></tr> <tr><td>4</td><td>prior_pulm_details__4</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	1	prior_pulm_details__1	COPD	2	prior_pulm_details__2	Asthma	3	prior_pulm_details__3	TB	4	prior_pulm_details__4	Other						
1	prior_pulm_details__1	COPD																			
2	prior_pulm_details__2	Asthma																			
3	prior_pulm_details__3	TB																			
4	prior_pulm_details__4	Other																			
255	[pulm_other]  Show the field ONLY if: [prior_pulm_details(4)] = '1'	If "Other", please specify:	text Custom alignment: LH																		
256	[prior_cardiovascular]  Show the field ONLY if: [pastmed_history] = '1'	Cardiovascular	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> <p>Custom alignment: LH</p>	1	Yes	0	No	2	Unknown												
1	Yes																				
0	No																				
2	Unknown																				
257	[prior_cv_details]  Show the field ONLY if: [prior_cardiovascular] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_cv_details__1</td><td>HTN</td></tr> <tr><td>2</td><td>prior_cv_details__2</td><td>CAD</td></tr> <tr><td>3</td><td>prior_cv_details__3</td><td>Arrhythmia</td></tr> <tr><td>4</td><td>prior_cv_details__4</td><td>Valvular HD</td></tr> <tr><td>5</td><td>prior_cv_details__5</td><td>Heart Failure</td></tr> </table>	1	prior_cv_details__1	HTN	2	prior_cv_details__2	CAD	3	prior_cv_details__3	Arrhythmia	4	prior_cv_details__4	Valvular HD	5	prior_cv_details__5	Heart Failure			
1	prior_cv_details__1	HTN																			
2	prior_cv_details__2	CAD																			
3	prior_cv_details__3	Arrhythmia																			
4	prior_cv_details__4	Valvular HD																			
5	prior_cv_details__5	Heart Failure																			

			<table border="1"> <tr><td>6</td><td>prior_cv_details__6</td><td>PVD</td></tr> <tr><td>7</td><td>prior_cv_details__7</td><td>Other</td></tr> </table>	6	prior_cv_details__6	PVD	7	prior_cv_details__7	Other									
6	prior_cv_details__6	PVD																
7	prior_cv_details__7	Other																
Custom alignment: LH																		
258	[cv_other]  Show the field ONLY if: [prior_cv_details(7)] = '1'	If "Other", please specify:	text  Custom alignment: LH															
259	[prior_neurology]  Show the field ONLY if: [pastmed_history] = '1'	Neurological	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown									
1	Yes																	
0	No																	
2	Unknown																	
260	[prior_neuro_details]  Show the field ONLY if: [prior_neurology] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_neuro_details__1</td><td>CVA</td></tr> <tr><td>2</td><td>prior_neuro_details__2</td><td>Dementia</td></tr> <tr><td>3</td><td>prior_neuro_details__3</td><td>Other</td></tr> </table> Custom alignment: LH	1	prior_neuro_details__1	CVA	2	prior_neuro_details__2	Dementia	3	prior_neuro_details__3	Other						
1	prior_neuro_details__1	CVA																
2	prior_neuro_details__2	Dementia																
3	prior_neuro_details__3	Other																
261	[neuro_other]  Show the field ONLY if: [prior_neuro_details(3)] = '1'	If "Other", please specify:	text  Custom alignment: LH															
262	[prior_renal]  Show the field ONLY if: [pastmed_history] = '1'	Renal	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown									
1	Yes																	
0	No																	
2	Unknown																	
263	[prior_renal_details]  Show the field ONLY if: [prior_renal] = '1'	If "Yes", please specify: <i>*please choose one, not both</i>	checkbox <table border="1"> <tr><td>1</td><td>prior_renal_details__1</td><td>CRF (dialysis)*</td></tr> <tr><td>2</td><td>prior_renal_details__2</td><td>CRF (no dialysis)*</td></tr> <tr><td>3</td><td>prior_renal_details__3</td><td>Chronic kidney disease</td></tr> <tr><td>4</td><td>prior_renal_details__4</td><td>Kidney stones</td></tr> <tr><td>5</td><td>prior_renal_details__5</td><td>Other</td></tr> </table> Custom alignment: LH	1	prior_renal_details__1	CRF (dialysis)*	2	prior_renal_details__2	CRF (no dialysis)*	3	prior_renal_details__3	Chronic kidney disease	4	prior_renal_details__4	Kidney stones	5	prior_renal_details__5	Other
1	prior_renal_details__1	CRF (dialysis)*																
2	prior_renal_details__2	CRF (no dialysis)*																
3	prior_renal_details__3	Chronic kidney disease																
4	prior_renal_details__4	Kidney stones																
5	prior_renal_details__5	Other																
264	[renal_other]  Show the field ONLY if: [prior_renal_details(5)] = '1'	If "Other", please specify:	text  Custom alignment: LH															
265	[prior_endocrine]  Show the field ONLY if: [pastmed_history] = '1'	Endocrine	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown									
1	Yes																	
0	No																	
2	Unknown																	
266	[prior_endocrine_details]  Show the field ONLY if: [prior_endocrine] = '1'	If "Yes", please specify: <i>*please choose one, not both</i>	checkbox <table border="1"> <tr><td>1</td><td>prior_endocrine_details__1</td><td>IDDM - DM1*</td></tr> <tr><td>2</td><td>prior_endocrine_details__2</td><td>NIDDM - DM2*</td></tr> </table>	1	prior_endocrine_details__1	IDDM - DM1*	2	prior_endocrine_details__2	NIDDM - DM2*									
1	prior_endocrine_details__1	IDDM - DM1*																
2	prior_endocrine_details__2	NIDDM - DM2*																

			<table border="1"> <tr><td>3</td><td>prior_endocrine_details__3</td><td>Hypothyroid</td></tr> <tr><td>4</td><td>prior_endocrine_details__4</td><td>Other</td></tr> </table>	3	prior_endocrine_details__3	Hypothyroid	4	prior_endocrine_details__4	Other						
3	prior_endocrine_details__3	Hypothyroid													
4	prior_endocrine_details__4	Other													
			Custom alignment: LH												
267	[endo_other]  Show the field ONLY if: [prior_endocrine_details(4)] = '1'	If "Other", please specify:	text Custom alignment: LH												
268	[prior_gi]  Show the field ONLY if: [pastmed_history] = '1'	Gastrointestinal	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	1	Yes	0	No	2	Unknown						
1	Yes														
0	No														
2	Unknown														
			Custom alignment: LH												
269	[prior_gi_details]  Show the field ONLY if: [prior_gi] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_gi_details__1</td><td>Cirrhosis</td></tr> <tr><td>2</td><td>prior_gi_details__2</td><td>Peptic Ulcer</td></tr> <tr><td>3</td><td>prior_gi_details__3</td><td>IBD</td></tr> <tr><td>4</td><td>prior_gi_details__4</td><td>Other</td></tr> </table>	1	prior_gi_details__1	Cirrhosis	2	prior_gi_details__2	Peptic Ulcer	3	prior_gi_details__3	IBD	4	prior_gi_details__4	Other
1	prior_gi_details__1	Cirrhosis													
2	prior_gi_details__2	Peptic Ulcer													
3	prior_gi_details__3	IBD													
4	prior_gi_details__4	Other													
			Custom alignment: LH												
270	[gi_other]  Show the field ONLY if: [prior_gi_details(4)] = '1'	If "Other", please specify:	text Custom alignment: LH												
271	[prior_heamatologic]  Show the field ONLY if: [pastmed_history] = '1'	Heamatologic	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	1	Yes	0	No	2	Unknown						
1	Yes														
0	No														
2	Unknown														
			Custom alignment: LH												
272	[prior_heamatologic_details]  Show the field ONLY if: [prior_heamatologic] = '1'	If "Yes", please specify:	checkbox <table border="1"> <tr><td>1</td><td>prior_heamatologic_details__1</td><td>Anemia</td></tr> <tr><td>2</td><td>prior_heamatologic_details__2</td><td>Other</td></tr> </table>	1	prior_heamatologic_details__1	Anemia	2	prior_heamatologic_details__2	Other						
1	prior_heamatologic_details__1	Anemia													
2	prior_heamatologic_details__2	Other													
			Custom alignment: LH												
273	[heamato_other]  Show the field ONLY if: [prior_heamatologic_details(2)] = '1'	If "Other", please specify:	text Custom alignment: LH												
274	[mh_other]  Show the field ONLY if: [pastmed_history] = '1'	Other (including connective tissue diseases):	text Custom alignment: LV												
275	[medical_history_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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						
0	Incomplete														
1	Unverified														
2	Complete														
<b>Instrument: Charlson Comorbidity Index (charlson_comorbidity_index)</b>															
276	[cci_table]	Comorbidity (Choose all that are present)  Assigned weights for each condition the patient has ()	checkbox <table border="1"> <tr><td>Myocardialinfarct</td><td>cci_table_myocardialinfarct</td></tr> </table>	Myocardialinfarct	cci_table_myocardialinfarct										
Myocardialinfarct	cci_table_myocardialinfarct														

			CHF cci_table_chf										
			PVD cci_table_pvd										
			CVA cci_table_cva										
			Dementia cci_table_dementia										
			COPD cci_table_copd										
			Connectivetissue cci_table_connectivetissue										
			Ulcer cci_table_ulcer										
			Liverdisease_mild cci_table_liverdisease_mild										
			Liverdisease_severe cci_table_liverdisease_severe										
			DMuncomplicated cci_table_dmuncomplicated										
			DMeod cci_table_dmeod										
			Hemiplegia cci_table_hemiplegia										
			CKDsevere cci_table_ckdsevere										
			Leukemia cci_table_leukemia										
			Lymphoma cci_table_lymphoma										
			Solidtumor cci_table_solidtumor										
			Solidtumor_mets cci_table_solidtumor_mets										
			AIDS cci_table_aids										
277	[ cci_age ]	Section Header: Age at diagnosis: [age_diagnosis]  Age:	radio <table border="1"> <tr><td>1</td><td>50 - 59 (+1)</td></tr> <tr><td>2</td><td>60 - 69 (+2)</td></tr> <tr><td>3</td><td>70 - 79 (+3)</td></tr> <tr><td>4</td><td>80 - 89 (+4)</td></tr> <tr><td>5</td><td>90 - 99 (+5)</td></tr> </table>	1	50 - 59 (+1)	2	60 - 69 (+2)	3	70 - 79 (+3)	4	80 - 89 (+4)	5	90 - 99 (+5)
1	50 - 59 (+1)												
2	60 - 69 (+2)												
3	70 - 79 (+3)												
4	80 - 89 (+4)												
5	90 - 99 (+5)												
278	[ cci_comments ]	Comments: <i>List all pertinent medical history here</i>	notes										
279	[ cci_total ]	Total points:	text (integer, Min: 0, Max: 38)										

280	[charlson_comorbidity_ind_ex_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: POP Baseline (pop\_baseline)**

281	[meds]	List of medications	notes												
282	[asa]	ASA classification	radio <table border="1"> <tr><td>1</td><td>I</td></tr> <tr><td>2</td><td>II</td></tr> <tr><td>3</td><td>III</td></tr> <tr><td>4</td><td>IV</td></tr> <tr><td>5</td><td>V</td></tr> <tr><td>6</td><td>VI</td></tr> </table> Custom alignment: RH	1	I	2	II	3	III	4	IV	5	V	6	VI
1	I														
2	II														
3	III														
4	IV														
5	V														
6	VI														
283	[pop_baseline_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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						
0	Incomplete														
1	Unverified														
2	Complete														

**Instrument: POP Evaluation (pop\_evaluation)**

284	[date]	Section Header: <i>Initial Assessment</i> Date	text (date_mdy) Custom alignment: LH
285	[cr]	Section Header: <i>Lab Values</i> Creatinine <i>micromol/L</i>	text Custom alignment: LV
286	[hb]	Hemoglobin <i>mg/L</i>	text Custom alignment: LV
287	[crp]	CRP <i>mg/L</i>	text Custom alignment: LV
288	[albumin]	Albumin <i>g/L</i>	text Custom alignment: LV
289	[a1c]	HbA1c% <i>%</i>	text Custom alignment: LV
290	[prealbumin]	Prealbumin <i>g/L</i>	text Custom alignment: LV
291	[bnp]	BNP <i>pg/ml</i>	text Custom alignment: LV
292	[resting_hr]	Resting HR (bpm)	text Custom alignment: LH
293	[o2_initial]	Oxygen Saturation (SaO2)	text Custom alignment: LH
294	[bp]	Resting Blood Pressure (mmHG)	text Custom alignment: LH
295	[heightpop]	Height (cm)	text (number) Custom alignment: LH
296	[weightpop]	Weight (kg)	text (number) Custom alignment: LH
297	[bmipop]	BMI ( $\text{kg}/\text{m}^2$ )	text Custom alignment: LH

298	[body_fat]	% Body Fat	text Custom alignment: LH				
299	[ffm]	FFM (kg)	text Custom alignment: LH				
300	[waist_circum]	Waist Circumference (cm)	text Custom alignment: LH				
301	[hip_circum]	Hip Circumference (cm)	text Custom alignment: LH				
302	[conducted_2min]	Section Header: 2 Minute Walk Test Practice  Was the test conducted?	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	0	No
1	Yes						
0	No						
303	[resting_hr2min]	Resting Heart Rate (bpm)	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
304	[borg_prior]	BORG Scale prior to walk	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
305	[practice_2mwd]	Practice 2MWD	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
306	[maxhr_2min]	Max Heart Rate (bpm)	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
307	[o2_2min]	Oxygen Saturation (SaO2)	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
308	[borg_post]	BORG Scale post walk	text Custom alignment: LH				
	Show the field ONLY if: [conducted_2min] = '1'						
309	[conducted_fitness]	Section Header: Fitness Tests  Was the test conducted?	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LH	1	Yes	0	No
1	Yes						
0	No						
310	[dominant_hand]	Dominant hand	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Right</td> </tr> <tr> <td>2</td> <td>Left</td> </tr> </table> Custom alignment: RH	1	Right	2	Left
1	Right						
2	Left						
311	[grip_dominant]	Grip Strength (dominant hand kg) R or L	text (number) Custom alignment: LH				
	Show the field ONLY if: [conducted_fitness] = '1'						
312	[grip_other]	Grip Strength Other Hand R or L	text (number) Custom alignment: LH				
	Show the field ONLY if: [conducted_fitness] = '1'						
313	[curl_test]	One Arm Curl Test (R/L)	text Custom alignment: LH				
	Show the field ONLY if: [conducted_fitness] = '1'						

314	[ <b>sitstand</b> ]  Show the field ONLY if: [conducted_fitness] = '1'	Sit to stand (# in 30 sec)	text  Custom alignment: LH						
315	[ <b>upngo</b> ]  Show the field ONLY if: [conducted_fitness] = '1'	Timed Up and Go (sec)	text  Custom alignment: LH						
316	[ <b>conducted_6min</b> ]	Section Header: <i>6 Minute Walking Test</i>  Was the test conducted?	yesno  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
317	[ <b>restinghr_6min</b> ]  Show the field ONLY if: [conducted_6min] = '1'	Resting Heart Rate (bpm)	text  Custom alignment: LH						
318	[ <b>mwalked_2min</b> ]  Show the field ONLY if: [conducted_6min] = '1'	Meters walked at 2 minutes	text  Custom alignment: LH						
319	[ <b>mwalked_6mwt</b> ]  Show the field ONLY if: [conducted_6min] = '1'	Meters walked during 6MWT (m)	text  Custom alignment: LH						
320	[ <b>maxhr_6min</b> ]  Show the field ONLY if: [conducted_6min] = '1'	Max Heart Rate (bpm)	text  Custom alignment: LH						
321	[ <b>o2_6min</b> ]  Show the field ONLY if: [conducted_6min] = '1'	Oxygen Saturation (SaO2)	text  Custom alignment: LH						
322	[ <b>borg_6min</b> ]  Show the field ONLY if: [conducted_6min] = '1'	BORG scale post walk	text  Custom alignment: LH						
323	[ <b>conducted_cpet</b> ]	Section Header: <i>Cardiopulmonary Exercise Test (CPET)</i>  Was the test conducted?	yesno  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No		
1	Yes								
0	No								
324	[ <b>ecg</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	Exercise ECG	radio  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Normal</td></tr> <tr> <td>2</td><td>Abnormal</td></tr> <tr> <td>0</td><td>Not Done</td></tr> </table> Custom alignment: LH	1	Normal	2	Abnormal	0	Not Done
1	Normal								
2	Abnormal								
0	Not Done								
325	[ <b>hr_at</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	HR at AT (bpm)	text  Custom alignment: LH						
326	[ <b>watts_at</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	Watts at AT	text  Custom alignment: LH						
327	[ <b>vo2_at</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	VO2 at AT (mL/kg/min)	text  Custom alignment: LH						

328	[ <b>hr_peak</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	HR at Peak (mL/kg/min)	text  Custom alignment: LH												
329	[ <b>watts_peak</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	Watts at Peak	text  Custom alignment: LH												
330	[ <b>vo2_peak</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	VO2 at Peak (mL/kg/min)	text  Custom alignment: LH												
331	[ <b>rqmax</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	RQ max	text  Custom alignment: LH												
332	[ <b>ve_vco2</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	Ve/VCO2	text  Custom alignment: LH												
333	[ <b>hr_60sec</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	HR after 60 sec of recovery	text  Custom alignment: LH												
334	[ <b>hr_3mins</b> ]  Show the field ONLY if: [conducted_cpet] = '1'	HR after 3 minutes of recovery	text  Custom alignment: LH												
335	[ <b>dysphagia_scorepop</b> ]	Section Header: <i>Nutritional Information</i>  Dysphagia score:	radio, Required  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	Unknown
0	0														
1	1														
2	2														
3	3														
4	4														
5	Unknown														
336	[ <b>protein_req</b> ]	Protein Requirement (g/day)	text  Custom alignment: LH												
337	[ <b>energyintake</b> ]	Average Energy Intake (kcal/day)	text  Custom alignment: LH												
338	[ <b>proteinintake</b> ]	Average protein intake (g/day)	text  Custom alignment: LH												
339	[ <b>perweightlosspop</b> ]	Weight loss (%)  %	calc  Calculation: ([[normal_weight]-[current_weight]]/[normal_weight])*100  Custom alignment: LH												
340	[ <b>weight_loss_periodpop</b> ]	Weight Loss Period	radio, Required  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>No weight loss</td></tr> <tr><td>1</td><td>1 week</td></tr> <tr><td>2</td><td>1 month</td></tr> <tr><td>3</td><td>3 months</td></tr> <tr><td>4</td><td>6 months</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Custom alignment: LH	0	No weight loss	1	1 week	2	1 month	3	3 months	4	6 months	5	Unknown
0	No weight loss														
1	1 week														
2	1 month														
3	3 months														
4	6 months														
5	Unknown														
341	[ <b>wghtloss_tablepop</b> ]	Use the following table to answer the question below:	descriptive												

	Show the field ONLY if: [weight_loss_period] = '1' or [weight_loss_period] = '2' or [weight_loss_period] = '3' or [weight_loss_period] = '4'																						
342	[weight_loss_statuspop]  Show the field ONLY if: [weight_loss_period] = '2' or [weight_loss_period] = '1' or [weight_loss_period] = '3' or [weight_loss_period] = '4'	Weight Loss Status	radio, Required <table border="1"><tr><td>1</td><td>Moderate</td></tr><tr><td>2</td><td>Severe</td></tr><tr><td>3</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Moderate	2	Severe	3	Unknown														
1	Moderate																						
2	Severe																						
3	Unknown																						
343	[ecog_scorepop]	ECOG Score <i>obtained from physician</i>	radio <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>Unknown</td></tr></table> Custom alignment: LH	0	0	1	1	2	2	3	3	4	4	5	5	6	Unknown						
0	0																						
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	Unknown																						
344	[allergypop]	Allergy?	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	2	Unknown														
1	Yes																						
0	No																						
2	Unknown																						
345	[allergy_typepop]  Show the field ONLY if: [allergy] = '1'	If "Yes", please specify:	dropdown (autocomplete), Required <table border="1"><tr><td>1</td><td>Respiratory allergy</td></tr><tr><td>2</td><td>Drug allergy</td></tr><tr><td>3</td><td>Metal allergy</td></tr><tr><td>4</td><td>Gastrointestinal allergy</td></tr><tr><td>5</td><td>Latex allergy</td></tr><tr><td>6</td><td>Aspergillosis</td></tr><tr><td>7</td><td>Allergic contact dermatitis</td></tr><tr><td>8</td><td>Photoallergic dermatitis</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>0</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Respiratory allergy	2	Drug allergy	3	Metal allergy	4	Gastrointestinal allergy	5	Latex allergy	6	Aspergillosis	7	Allergic contact dermatitis	8	Photoallergic dermatitis	9	Other	0	Unknown
1	Respiratory allergy																						
2	Drug allergy																						
3	Metal allergy																						
4	Gastrointestinal allergy																						
5	Latex allergy																						
6	Aspergillosis																						
7	Allergic contact dermatitis																						
8	Photoallergic dermatitis																						
9	Other																						
0	Unknown																						
346	[allergy_otherpop]  Show the field ONLY if: [allergy_type] = '9'	If "Other", please specify:	text Custom alignment: LH																				
347	[allergy_commentspop]  Show the field ONLY if: [allergy] = '1'	Allergy Comments <i>Specify the allergy</i>	text Custom alignment: LH																				
348	[pop_evaluation_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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														
0	Incomplete																						
1	Unverified																						
2	Complete																						

Instrument: Pre-op Training (preop_training)			
349	[exercise_program]	Type of exercise program	dropdown 1 Supervised exercise program 2 Home based exercise program
350	[aerobic_exercise_type]  Show the field ONLY if: [exercise_program] = '2'	Section Header: Home based exercise  Choose type of home base aerobic exercise	dropdown 1 walking/running 2 bike 3 swimming
351	[prescription1]  Show the field ONLY if: [exercise_program] = '2'	Week 1 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text
352	[aerobic_week1]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercise Week 1 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text
353	[aerobic_exercise_type_2]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown 1 walking/running 2 bike 3 swimming
354	[prescription2]  Show the field ONLY if: [exercise_program] = '2'	Week 2 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text
355	[aerobic_week2]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 2 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text
356	[aerobic_exercise_type_3]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown 1 walking/running 2 bike 3 swimming
357	[prescription3]  Show the field ONLY if: [exercise_program] = '2'	Week 3 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text
358	[aerobic_week3]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 3 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text
359	[aerobic_exercise_type_4]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown 1 walking/running 2 bike 3 swimming
360	[prescription4]  Show the field ONLY if: [exercise_program] = '2'	Week 4 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text
361	[aerobic_week4]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 4 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text
362	[aerobic_exercise_type_5]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown 1 walking/running 2 bike

			<table border="1"><tr><td>3</td><td>swimming</td></tr></table>	3	swimming				
3	swimming								
363	[prescription5]  Show the field ONLY if: [exercise_program] = '2'	Week 5 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
364	[aerobic_week5]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 5 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
365	[aerobic_execise_type_6]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"><tr><td>1</td><td>walking/running</td></tr><tr><td>2</td><td>bike</td></tr><tr><td>3</td><td>swimming</td></tr></table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
366	[prescription6]  Show the field ONLY if: [exercise_program] = '2'	Week 6 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
367	[aerobic_week6]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 6 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
368	[aerobic_execise_type_7]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"><tr><td>1</td><td>walking/running</td></tr><tr><td>2</td><td>bike</td></tr><tr><td>3</td><td>swimming</td></tr></table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
369	[prescription7]  Show the field ONLY if: [exercise_program] = '2'	Week 7 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
370	[aerobic_week7]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 7 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
371	[aerobic_execise_type_8]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"><tr><td>1</td><td>walking/running</td></tr><tr><td>2</td><td>bike</td></tr><tr><td>3</td><td>swimming</td></tr></table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
372	[prescription8]  Show the field ONLY if: [exercise_program] = '2'	Week 8 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
373	[aerobic_week8]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 8 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
374	[aerobic_execise_type_9]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"><tr><td>1</td><td>walking/running</td></tr><tr><td>2</td><td>bike</td></tr><tr><td>3</td><td>swimming</td></tr></table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
375	[prescription9]  Show the field ONLY if: [exercise_program] = '2'	Week 9 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
376	[aerobic_week9]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 9 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
377	[aerobic_execise_type_10]	Choose type of home base aerobic exercise	dropdown						

	Show the field ONLY if: [exercise_program] = '2'		<table border="1"> <tr><td>1</td><td>walking/running</td></tr> <tr><td>2</td><td>bike</td></tr> <tr><td>3</td><td>swimming</td></tr> </table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
378	[prescription10]  Show the field ONLY if: [exercise_program] = '2'	Week 10 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
379	[aerobic_week10]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 10 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
380	[aerobic_execise_type_11]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"> <tr><td>1</td><td>walking/running</td></tr> <tr><td>2</td><td>bike</td></tr> <tr><td>3</td><td>swimming</td></tr> </table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
381	[prescription11]  Show the field ONLY if: [exercise_program] = '2'	Week 11 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
382	[aerobic_week11]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 11 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
383	[aerobic_execise_type_12]  Show the field ONLY if: [exercise_program] = '2'	Choose type of home base aerobic exercise	dropdown <table border="1"> <tr><td>1</td><td>walking/running</td></tr> <tr><td>2</td><td>bike</td></tr> <tr><td>3</td><td>swimming</td></tr> </table>	1	walking/running	2	bike	3	swimming
1	walking/running								
2	bike								
3	swimming								
384	[prescription12]  Show the field ONLY if: [exercise_program] = '2'	Week 12 aerobic exercise prescription <i>Please specify: Duration(minutes) &amp; number of times/week</i>	text						
385	[aerobic_week12]  Show the field ONLY if: [exercise_program] = '2'	Aerobic exercises Week 12 <i>Please specify: Duration(minutes), number of times/week, Average RPE</i>	text						
386	[rt_prescription1]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription1 <i>Please specify: Sets, Reps and effort</i>	text						
387	[rt_week1]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week1	text						
388	[rt_prescription2]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription2 <i>Please specify: Sets, Reps and effort</i>	text						
389	[rt_week2]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week2	text						
390	[rt_prescription3]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription3 <i>Please specify: Sets, Reps and effort</i>	text						
391	[rt_week3]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week3	text						
392	[rt_prescription4]	Resistance training prescription4 <i>Please specify: Sets, Reps and effort</i>	text						

	Show the field ONLY if: [exercise_program] = '2'		
393	[rt_week4]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week4	text
394	[rt_prescription5]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription5 <i>Please specify: Sets, Reps and effort</i>	text
395	[rt_week5]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week5	text
396	[rt_prescription6]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription6 <i>Please specify: Sets, Reps and effort</i>	text
397	[rt_week6]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week6	text
398	[rt_prescription7]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription7 <i>Please specify: Sets, Reps and effort</i>	text
399	[rt_week7]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week7	text
400	[rt_prescription8]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription8 <i>Please specify: Sets, Reps and effort</i>	text
401	[rt_week8]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week8	text
402	[rt_prescription9]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription9 <i>Please specify: Sets, Reps and effort</i>	text
403	[rt_week9]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week9	text
404	[rt_prescription10]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription10 <i>Please specify: Sets, Reps and effort</i>	text
405	[rt_week10]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week10	text
406	[rt_prescription11]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription11 <i>Please specify: Sets, Reps and effort</i>	text
407	[rt_week11]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week11	text
408	[rt_prescription12]  Show the field ONLY if: [exercise_program] = '2'	Resistance training prescription12 <i>Please specify: Sets, Reps and effort</i>	text

409	[ <b>rt_week12</b> ]  Show the field ONLY if: [exercise_program] = '2'	Resistance training week12  Section Header: <i>Hospital based aerobic training</i>  Hospital based aerobic training week1 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
410	[ <b>hbat1</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week2 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
411	[ <b>hbat2</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week3 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
412	[ <b>hbat3</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week4 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
413	[ <b>hbat4</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week5 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
414	[ <b>hbat5</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week6 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
415	[ <b>hbat6</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week7 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
416	[ <b>hbat7</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week8 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
417	[ <b>hbat8</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week9 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
418	[ <b>hbat9</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week10 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
419	[ <b>hbat10</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week11 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
420	[ <b>hbat11</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based aerobic training week12 <i>Please specify: Max Watts, HR, RPE &amp; duration</i>	text
421	[ <b>hbat12</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week1 <i>Please specify: Sets &amp; Reps</i>	text
422	[ <b>hbrt1</b> ]  Show the field ONLY if: [exercise_program] = '1'	Section Header: <i>Hospital based resistance training</i>  Hospital based resistance training week2 <i>Please specify: Sets &amp; Reps</i>	text
423	[ <b>hbrt2</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week3 <i>Please specify: Sets &amp; Reps</i>	text
424	[ <b>hbrt3</b> ]  Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week4 <i>Please specify: Sets &amp; Reps</i>	text
425	[ <b>hbrt4</b> ]  Show the field ONLY if:	Hospital based resistance training week5 <i>Please specify: Sets &amp; Reps</i>	text

	[exercise_program] = '1'								
426	[hbrt5] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week5 <i>Please specify: Sets &amp; Reps</i>	text						
427	[hbrt6] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week6 <i>Please specify: Sets &amp; Reps</i>	text						
428	[hbrt7] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week7 <i>Please specify: Sets &amp; Reps</i>	text						
429	[hbrt8] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week8 <i>Please specify: Sets &amp; Reps</i>	text						
430	[hbrt9] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week9 <i>Please specify: Sets &amp; Reps</i>	text						
431	[hbrt10] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week10 <i>Please specify: Sets &amp; Reps</i>	text						
432	[hbrt11] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week11 <i>Please specify: Sets &amp; Reps</i>	text						
433	[hbrt12] Show the field ONLY if: [exercise_program] = '1'	Hospital based resistance training week12 <i>Please specify: Sets &amp; Reps</i>	text						
434	[supervised_exercise_compliance_1] Show the field ONLY if: [exercise_program] = '1'	Section Header: <i>Compliance (Baseline to Preop)</i> Supervised exercise compliance week1	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr><tr><td>1</td><td>1 session/week</td></tr><tr><td>2</td><td>2 session/week</td></tr></table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
435	[supervised_exercise_compliance_2] Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week2	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr><tr><td>1</td><td>1 session/week</td></tr><tr><td>2</td><td>2 session/week</td></tr></table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
436	[supervised_exercise_compliance_3] Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week3	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr><tr><td>1</td><td>1 session/week</td></tr><tr><td>2</td><td>2 session/week</td></tr></table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
437	[supervised_exercise_compliance_4] Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week4	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr><tr><td>1</td><td>1 session/week</td></tr><tr><td>2</td><td>2 session/week</td></tr></table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
438	[supervised_exercise_compliance_5] Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week5	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr><tr><td>1</td><td>1 session/week</td></tr><tr><td>2</td><td>2 session/week</td></tr></table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
439	[supervised_exercise_compliance_6] Show the field ONLY if:	Supervised exercise compliance week6	dropdown <table border="1"><tr><td>0</td><td>0 session/week</td></tr></table>	0	0 session/week				
0	0 session/week								

	[exercise_program] = '1'		<table border="1"> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	1	1 session/week	2	2 session/week		
1	1 session/week								
2	2 session/week								
440	[supervised_exercise_compliance_7]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week7	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
441	[supervised_exercise_compliance_8]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week8	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
442	[supervised_exercise_compliance_9]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week9	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
443	[supervised_exercise_compliance_10]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week10	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
444	[supervised_exercise_compliance_11]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week11	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
445	[supervised_exercise_compliance_12]  Show the field ONLY if: [exercise_program] = '1'	Supervised exercise compliance week12	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
446	[tsec]  Show the field ONLY if: [exercise_program] = '1'	Total supervised exercise compliance	calc Calculation: $(([\text{supervised_exercise_compliance\_1}]+[\text{supervised_exercise_compliance\_2}]+[\text{supervised_exercise_compliance\_3}]+[\text{supervised_exercise_compliance\_4}]+[\text{supervised_exercise_compliance\_5}]+[\text{supervised_exercise_compliance\_6}]+[\text{supervised_exercise_compliance\_7}]+[\text{supervised_exercise_compliance\_8}]+[\text{supervised_exercise_compliance\_9}]+[\text{supervised_exercise_compliance\_10}]+[\text{supervised_exercise_compliance\_11}]+[\text{supervised_exercise_compliance\_12}])/24)*100$						
447	[tsec_1]  Show the field ONLY if: [exercise_program] = '1'	Total supervised exercise compliance_Manual	text (number, Min: 0, Max: 100)						
448	[home_bases_exercise_compliance_1]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week1	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
449	[home_bases_exercise_compliance_2]  Show the field ONLY if:	Home based exercise compliance week2	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> </table>	0	0 session/week				
0	0 session/week								

	[exercise_program] = '2'		<table border="1"> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	1	1 session/week	2	2 session/week		
1	1 session/week								
2	2 session/week								
450	[home_bases_exercise_compli_3]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week3	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
451	[home_bases_exercise_compli_4]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week4	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
452	[home_bases_exercise_compli_5]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week5	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
453	[home_bases_exercise_compli_6]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week6	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
454	[home_bases_exercise_compli_7]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week7	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
455	[home_bases_exercise_compli_8]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week8	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
456	[home_bases_exercise_compli_9]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week9	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
457	[home_bases_exercise_compli_10]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week10	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
458	[home_bases_exercise_compli_11]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week11	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
459	[home_bases_exercise_compli_12]  Show the field ONLY if: [exercise_program] = '2'	Home based exercise compliance week12	dropdown <table border="1"> <tr><td>0</td><td>0 session/week</td></tr> <tr><td>1</td><td>1 session/week</td></tr> <tr><td>2</td><td>2 session/week</td></tr> </table>	0	0 session/week	1	1 session/week	2	2 session/week
0	0 session/week								
1	1 session/week								
2	2 session/week								
460	[thbec]  Show the field ONLY if: [exercise_program] = '2'	Total home based exercise compliance	calc Calculation: ([[home_bases_exercise_compli_1]+ [home_bases_exercise_compli_2]+ [home_bases_exercise_compli_3]+						

			[home_bases_exercise_compli_4]+ [home_bases_exercise_compli_5]+ [home_bases_exercise_compli_6]+ [home_bases_exercise_compli_7]+ [home_bases_exercise_compli_8]+ [home_bases_exercise_compli_9]+ [home_bases_exercise_compli_10]+ [home_bases_exercise_compli_11]+ [home_bases_exercise_compli_12])/24)*100										
461	[thbec_1]  Show the field ONLY if: [exercise_program] = '2'	Total home based exercise compliance_Manual	text (number, Min: 0, Max: 100)										
462	[number_of_steps_per_week]	Average number of steps per week 1 <i>Average number of steps per week</i>	text										
463	[number_of_steps_per_week_2]	Average number of steps per week 2 <i>Average number of steps per week</i>	text										
464	[number_of_steps_per_week_3]	Average number of steps per week 3 <i>Average number of steps per week</i>	text										
465	[number_of_steps_per_week_4]	Average number of steps per week 4 <i>Average number of steps per week</i>	text										
466	[number_of_steps_per_week_5]	Average number of steps per week 5 <i>Average number of steps per week</i>	text										
467	[number_of_steps_per_week_6]	Average number of steps per week 6 <i>Average number of steps per week</i>	text										
468	[number_of_steps_per_week_7]	Average number of steps per week 7 <i>Average number of steps per week</i>	text										
469	[number_of_steps_per_week_8]	Average number of steps per week 8 <i>Average number of steps per week</i>	text										
470	[number_of_steps_per_week_9]	Average number of steps per week 9 <i>Average number of steps per week</i>	text										
471	[number_of_steps_per_week_10]	Average number of steps per week 10 <i>Average number of steps per week</i>	text										
472	[number_of_steps_per_week_11]	Average number of steps per week 11 <i>Average number of steps per week</i>	text										
473	[number_of_steps_per_week_12]	Average number of steps per week 12 <i>Average number of steps per week</i>	text										
474	[tsc]	Total steps compliance	calc Calculation: ([[number_of_steps_per_week]+ [number_of_steps_per_week_2]+ [number_of_steps_per_week_3]+ [number_of_steps_per_week_4]+ [number_of_steps_per_week_5]+ [number_of_steps_per_week_6]+ [number_of_steps_per_week_7]+ [number_of_steps_per_week_8]+ [number_of_steps_per_week_9]+ [number_of_steps_per_week_10]+ [number_of_steps_per_week_11]+ [number_of_steps_per_week_12])/120000)*100										
475	[tsc_1]	Total steps compliance_Manual	text (number, Min: 0, Max: 100)										
476	[nutrition_compliance]	Nutrition compliance week1	dropdown <table border="1"> <tr> <td>0</td> <td>0day/week</td> </tr> <tr> <td>1</td> <td>1day/week</td> </tr> <tr> <td>2</td> <td>2day/week</td> </tr> <tr> <td>3</td> <td>3day/week</td> </tr> <tr> <td>4</td> <td>4day/week</td> </tr> </table>	0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week
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5	5day/week																
477	[nutrition_compliance_2]	Nutrition compliance week2	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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478	[nutrition_compliance_3]	Nutrition compliance week3	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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479	[nutrition_compliance_4]	Nutrition compliance week4	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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480	[nutrition_compliance_5]	Nutrition compliance week5	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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481	[nutrition_compliance_6]	Nutrition compliance week6	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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482	[nutrition_compliance_7]	Nutrition compliance week7	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr><tr><td>1</td><td>1day/week</td></tr><tr><td>2</td><td>2day/week</td></tr><tr><td>3</td><td>3day/week</td></tr><tr><td>4</td><td>4day/week</td></tr><tr><td>5</td><td>5day/week</td></tr></table>	dropdown		0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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483	[nutrition_compliance_8]	Nutrition compliance week8	<table border="1"><tr><td>dropdown</td><td></td></tr><tr><td>0</td><td>0day/week</td></tr></table>	dropdown		0	0day/week										
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			<table border="1"> <tr><td>1</td><td>1day/week</td></tr> <tr><td>2</td><td>2day/week</td></tr> <tr><td>3</td><td>3day/week</td></tr> <tr><td>4</td><td>4day/week</td></tr> <tr><td>5</td><td>5day/week</td></tr> </table>	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week		
1	1day/week														
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3	3day/week														
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484	[nutrition_compliance_9]	Nutrition compliance week9	dropdown <table border="1"> <tr><td>0</td><td>0day/week</td></tr> <tr><td>1</td><td>1day/week</td></tr> <tr><td>2</td><td>2day/week</td></tr> <tr><td>3</td><td>3day/week</td></tr> <tr><td>4</td><td>4day/week</td></tr> <tr><td>5</td><td>5day/week</td></tr> </table>	0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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3	3day/week														
4	4day/week														
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485	[nutrition_compliance_10]	Nutrition compliance week10	dropdown <table border="1"> <tr><td>0</td><td>0day/week</td></tr> <tr><td>1</td><td>1day/week</td></tr> <tr><td>2</td><td>2day/week</td></tr> <tr><td>3</td><td>3day/week</td></tr> <tr><td>4</td><td>4day/week</td></tr> <tr><td>5</td><td>5day/week</td></tr> </table>	0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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2	2day/week														
3	3day/week														
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486	[nutrition_compliance_11]	Nutrition compliance week11	dropdown <table border="1"> <tr><td>0</td><td>0day/week</td></tr> <tr><td>1</td><td>1day/week</td></tr> <tr><td>2</td><td>2day/week</td></tr> <tr><td>3</td><td>3day/week</td></tr> <tr><td>4</td><td>4day/week</td></tr> <tr><td>5</td><td>5day/week</td></tr> </table>	0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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1	1day/week														
2	2day/week														
3	3day/week														
4	4day/week														
5	5day/week														
487	[nutrition_compliance_12]	Nutrition compliance week12	dropdown <table border="1"> <tr><td>0</td><td>0day/week</td></tr> <tr><td>1</td><td>1day/week</td></tr> <tr><td>2</td><td>2day/week</td></tr> <tr><td>3</td><td>3day/week</td></tr> <tr><td>4</td><td>4day/week</td></tr> <tr><td>5</td><td>5day/week</td></tr> </table>	0	0day/week	1	1day/week	2	2day/week	3	3day/week	4	4day/week	5	5day/week
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1	1day/week														
2	2day/week														
3	3day/week														
4	4day/week														
5	5day/week														
488	[tnc]	Total nutrition compliance	calc Calculation: ([nutrition_compliance]+[nutrition_compliance_2]+[nutrition_compliance_3]+[nutrition_compliance_4]+[nutrition_compliance_5]+[nutrition_compliance_6]+[nutrition_compliance_7]+[nutrition_compliance_8]+[nutrition_compliance_9]+[nutrition_compliance_10]+[nutrition_compliance_11]+[nutrition_compliance_12])/60)*100												
489	[tnc_1]	Total nutrition compliance_Manual	text (number, Min: 0, Max: 100)												
490	[total_hospitalbased_prog ram_compli]	Section Header: Total compliance	calc Calculation: ([tsec]+[tnc]+[tsc])/3												

	Show the field ONLY if: [exercise_program] = '1'	Total compliance to hospital based prehabilitation program							
491	[total_hospitalbased_prog ram_compli_1]  Show the field ONLY if: [exercise_program] = '1'	Total compliance to hospital based prehabilitation program_Manual	calc Calculation: ([[tsec_1]+[tnc_1]+[tsc_1])/3)*100						
492	[tchbpp]  Show the field ONLY if: [exercise_program] = '2'	Total compliance to home based prehabilitation program	calc Calculation: ([thbec]+[tsc]+[tnc])/3						
493	[tchbpp_1]  Show the field ONLY if: [exercise_program] = '2'	Total compliance to home based prehabilitation program_Manual	calc Calculation: ([[thbec_1]+[tnc_1]+[tsc_1])/3)*100						
494	[preop_training_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: Investigations (investigations)**

495	[ct]	Section Header: <i>Imaging Investigations</i> Was a CT SCAN conducted?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown
1	Yes								
0	No								
2	Unknown								
496	[ct_date]  Show the field ONLY if: [ct] = '1'	Date of CT SCAN	text (date_mdy) Custom alignment: LH						
497	[ct_size]  Show the field ONLY if: [ct] = '1'	Impression <i>Maximum diameter (cm) If not indicated, type "999"</i>	text Custom alignment: LH						
498	[pet]	Was a PET SCAN conducted?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown
1	Yes								
0	No								
2	Unknown								
499	[pet_date]  Show the field ONLY if: [pet] = '1'	Date of PET SCAN	text (date_mdy) Custom alignment: LH						
500	[suv_primary]  Show the field ONLY if: [pet] = '1'	SUV of Primary Lesion <i>If not indicated, type "999"</i>	text Custom alignment: LH						
501	[eus]	Section Header: <i>Diagnostic Investigations</i> Was an EUS conducted?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown
1	Yes								
0	No								
2	Unknown								
502	[eus_date]  Show the field ONLY if: [eus] = '1'	Date of EUS	text (date_mdy) Custom alignment: LH						

503	[eus_comments]	EUS Report - Impression <i>Please indicate stage as reported in the "Impression" section of the report</i>	text Custom alignment: LH															
504	[eusfna]	Was an EUS-FNA conducted?  Show the field ONLY if: [eus] = '1'	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown									
1	Yes																	
0	No																	
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505	[endoscopy]	Was an endoscopy conducted?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Unknown</td> </tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown									
1	Yes																	
0	No																	
2	Unknown																	
506	[endoscopy_date]	Date of endoscopy <i>This date corresponds to Date of Diagnosis</i>	text (date_mdy) Custom alignment: LH															
507	[eus_comments_2]	Endoscopy Report - Impression <i>Please indicate stage as reported in the "Impression" section of the report if Unknown, type "Unknown" and location in brackets, eg: Unknown (Gatineau)</i>	text Custom alignment: LH															
508	[path_bx_accession]	Section Header: Pathology Findings  Biopsy Accession Number <i>If external report, indicate site in brackets following the accession number ; example: (JGH)</i>	text Custom alignment: LH															
509	[date_disease_confirmed]	Date of Confirmed Pathology Report <i>This is the date that the pathology report was signed out by the pathologist.</i>	text (date_mdy) Custom alignment: LH															
510	[initial_bx_dx]	Diagnosis	checkbox <table border="1"> <tr> <td>0</td> <td>initial_bx_dx__0</td> <td>Benign</td> </tr> <tr> <td>1</td> <td>initial_bx_dx__1</td> <td>ADC</td> </tr> <tr> <td>2</td> <td>initial_bx_dx__2</td> <td>SSC</td> </tr> <tr> <td>3</td> <td>initial_bx_dx__3</td> <td>NEC</td> </tr> <tr> <td>4</td> <td>initial_bx_dx__4</td> <td>Other</td> </tr> </table> Custom alignment: LH	0	initial_bx_dx__0	Benign	1	initial_bx_dx__1	ADC	2	initial_bx_dx__2	SSC	3	initial_bx_dx__3	NEC	4	initial_bx_dx__4	Other
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1	initial_bx_dx__1	ADC																
2	initial_bx_dx__2	SSC																
3	initial_bx_dx__3	NEC																
4	initial_bx_dx__4	Other																
511	[bx_other]	If Other, specify:  Show the field ONLY if: [initial_bx_dx(4)] = '1'	text Custom alignment: LH															
512	[path_differentiation_2]	Differentiation / Histologic Grade	radio <table border="1"> <tr> <td>1</td> <td>Well differentiated</td> </tr> <tr> <td>2</td> <td>Moderately differentiated</td> </tr> <tr> <td>3</td> <td>Poorly differentiated</td> </tr> <tr> <td>4</td> <td>Unknown</td> </tr> <tr> <td>5</td> <td>Other</td> </tr> <tr> <td>6</td> <td>NA</td> </tr> </table> Custom alignment: LH	1	Well differentiated	2	Moderately differentiated	3	Poorly differentiated	4	Unknown	5	Other	6	NA			
1	Well differentiated																	
2	Moderately differentiated																	
3	Poorly differentiated																	
4	Unknown																	
5	Other																	
6	NA																	
513	[barrets]	Barrett's*? <i>This may be stated in the surgical pathology report; check all relevant pathology reports Intestinal metaplasia* in the esophagus = Barrett's</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
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			Custom alignment: LH								
514	[ <a href="#">signet_cells</a> ]  Show the field ONLY if: [initial_bx_dx(1)]=1'	Signet ring cell:	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table>	1	Yes	0	No	999	Unknown		
1	Yes										
0	No										
999	Unknown										
515	[ <a href="#">h_pylori</a> ]	H. Pylori status: <i>This may be stated in the surgical pathology; check all relevant pathology reports</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table>	1	Positive	0	Negative	2	Not evaluated		
1	Positive										
0	Negative										
2	Not evaluated										
516	[ <a href="#">her2_stat2</a> ]	HER2 status: <i>Usually presented in an "addendum" and may be in the surgical pathology. Check all addendums in pathology.</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>3</td><td>Equivocal</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table>	1	Positive	3	Equivocal	0	Negative	2	Not evaluated
1	Positive										
3	Equivocal										
0	Negative										
2	Not evaluated										
517	[ <a href="#">msi_stat</a> ]	MSI high <i>Usually presented in an "addendum" and may be in the surgical pathology. Check all addendums in pathology. This includes tests of mismatch repair proteins such as MLH1 and PMS2</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table>	1	Positive	0	Negative	2	Not evaluated		
1	Positive										
0	Negative										
2	Not evaluated										
518	[ <a href="#">cps</a> ]	PD-L1 IHC Combined Positive Score (CPS): <i>This may be stated in the surgical pathology; check all relevant pathology reports</i>	text (number)								
519	[ <a href="#">investigations_complete</a> ]	Section Header: <i>Form Status</i> Complete?	dropdown <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		
0	Incomplete										
1	Unverified										
2	Complete										

**Instrument: cStaging and Diagnosis (cstaging\_and\_diagnosis)**

520	[ <a href="#">age_diagnosis</a> ]	Age at diagnosis:	calc Calculation: datediff([dob], [endoscopy_date],"y","mdy") Custom alignment: LH																				
521	[ <a href="#">overall_primary_tumour</a> ]	Primary Tumour (T)	radio <table border="1"> <tr><td>99</td><td>X</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>00</td><td>is</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>1a</td><td>1a</td></tr> <tr><td>1b</td><td>1b</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>4a</td><td>4a</td></tr> </table>	99	X	0	0	00	is	1	1	1a	1a	1b	1b	2	2	3	3	4	4	4a	4a
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00	is																						
1	1																						
1a	1a																						
1b	1b																						
2	2																						
3	3																						
4	4																						
4a	4a																						

			<table border="1"> <tr><td>4b</td><td>4b</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table>	4b	4b	5	Unknown																	
4b	4b																							
5	Unknown																							
Custom alignment: LH																								
522	[overallRegionalLn]	Regional LN (N)	radio <table border="1"> <tr><td>99</td><td>X</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>pos</td><td>+</td></tr> </table>	99	X	0	0	1	1	2	2	3	3	pos	+									
99	X																							
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1	1																							
2	2																							
3	3																							
pos	+																							
Custom alignment: LH																								
523	[overallDistantMetastasisIs]	Distant Metastasis (M)	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	0	1	1	2	Unknown															
0	0																							
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2	Unknown																							
Custom alignment: LH																								
524	[m1Specify]  Show the field ONLY if: [overallDistantMetastasis] = '1'	If M1, specify:	checkbox, Required <table border="1"> <tr><td>1</td><td>m1Specify__1</td><td>Liver</td></tr> <tr><td>2</td><td>m1Specify__2</td><td>Lung</td></tr> <tr><td>3</td><td>m1Specify__3</td><td>Bone</td></tr> <tr><td>4</td><td>m1Specify__4</td><td>Brain</td></tr> <tr><td>5</td><td>m1Specify__5</td><td>Other</td></tr> </table>	1	m1Specify__1	Liver	2	m1Specify__2	Lung	3	m1Specify__3	Bone	4	m1Specify__4	Brain	5	m1Specify__5	Other						
1	m1Specify__1	Liver																						
2	m1Specify__2	Lung																						
3	m1Specify__3	Bone																						
4	m1Specify__4	Brain																						
5	m1Specify__5	Other																						
Custom alignment: LH																								
525	[m1Other]  Show the field ONLY if: [m1Specify(5)] = '1'	If Other, specify:	text Custom alignment: LH																					
526	[bxPathology]	Diagnosis:	checkbox <table border="1"> <tr><td>1</td><td>bxPathology__1</td><td>Adenocarcinoma</td></tr> <tr><td>2</td><td>bxPathology__2</td><td>Squamous Cell Carcinoma</td></tr> <tr><td>3</td><td>bxPathology__3</td><td>Neuroendocrine Carcinoma</td></tr> <tr><td>4</td><td>bxPathology__4</td><td>Neuroendocrine Tumour</td></tr> <tr><td>5</td><td>bxPathology__5</td><td>HGD</td></tr> <tr><td>6</td><td>bxPathology__6</td><td>Benign</td></tr> <tr><td>7</td><td>bxPathology__7</td><td>Other</td></tr> </table>	1	bxPathology__1	Adenocarcinoma	2	bxPathology__2	Squamous Cell Carcinoma	3	bxPathology__3	Neuroendocrine Carcinoma	4	bxPathology__4	Neuroendocrine Tumour	5	bxPathology__5	HGD	6	bxPathology__6	Benign	7	bxPathology__7	Other
1	bxPathology__1	Adenocarcinoma																						
2	bxPathology__2	Squamous Cell Carcinoma																						
3	bxPathology__3	Neuroendocrine Carcinoma																						
4	bxPathology__4	Neuroendocrine Tumour																						
5	bxPathology__5	HGD																						
6	bxPathology__6	Benign																						
7	bxPathology__7	Other																						
527	[bxPathOther]  Show the field ONLY if: [bxPathology(7)] = '1'	If Other, specify:	text Custom alignment: LV																					
528	[adenoCStage]  Show the field ONLY if: [bxPathology(1)] = '1'	Adenocarcinoma - cStage	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>I</td></tr> <tr><td>2a</td><td>IIA</td></tr> <tr><td>2b</td><td>IIB</td></tr> <tr><td>3</td><td>III</td></tr> </table>	0	0	1	I	2a	IIA	2b	IIB	3	III											
0	0																							
1	I																							
2a	IIA																							
2b	IIB																							
3	III																							

			<table border="1"> <tr><td>4a</td><td>IVA</td></tr> <tr><td>4b</td><td>IVB</td></tr> </table> Custom alignment: LH	4a	IVA	4b	IVB												
4a	IVA																		
4b	IVB																		
529	[ <b>scc_cstage</b> ]  Show the field ONLY if: [bx_pathology(2)] = '1'	Squamous Cell Carcinoma- cStage	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>I</td></tr> <tr><td>2</td><td>II</td></tr> <tr><td>3</td><td>III</td></tr> <tr><td>4a</td><td>IVA</td></tr> <tr><td>4b</td><td>IVB</td></tr> </table> Custom alignment: LH	0	0	1	I	2	II	3	III	4a	IVA	4b	IVB				
0	0																		
1	I																		
2	II																		
3	III																		
4a	IVA																		
4b	IVB																		
530	[ <b>staging_image</b> ]  Show the field ONLY if: [bx_pathology(1)] = '1' or [bx_pathology(2)] = '1'	Staging	descriptive (Attachment: Capture-cstage.PNG, Display format: Inline image/PDF)																
531	[ <b>cstage</b> ]  Show the field ONLY if: [bx_pathology(3)] = '1'	cStage	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>I</td></tr> <tr><td>2</td><td>II</td></tr> <tr><td>2a</td><td>IIA</td></tr> <tr><td>2b</td><td>IIB</td></tr> <tr><td>3</td><td>III</td></tr> <tr><td>4a</td><td>IVA</td></tr> <tr><td>4b</td><td>IVB</td></tr> </table> Custom alignment: LH	0	0	1	I	2	II	2a	IIA	2b	IIB	3	III	4a	IVA	4b	IVB
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1	I																		
2	II																		
2a	IIA																		
2b	IIB																		
3	III																		
4a	IVA																		
4b	IVB																		
532	[ <b>level_tumor</b> ]	Level of Tumor	radio <table border="1"> <tr><td>1</td><td>Cervical</td></tr> <tr><td>2</td><td>Thoracic Upper 1/3</td></tr> <tr><td>3</td><td>Thoracic Middle 1/3</td></tr> <tr><td>4</td><td>Thoracic Lower 1/3</td></tr> <tr><td>5</td><td>GEJ Siewert 1</td></tr> <tr><td>6</td><td>GEJ Siewert 2</td></tr> <tr><td>7</td><td>GEJ Siewert 3</td></tr> </table> Custom alignment: LV	1	Cervical	2	Thoracic Upper 1/3	3	Thoracic Middle 1/3	4	Thoracic Lower 1/3	5	GEJ Siewert 1	6	GEJ Siewert 2	7	GEJ Siewert 3		
1	Cervical																		
2	Thoracic Upper 1/3																		
3	Thoracic Middle 1/3																		
4	Thoracic Lower 1/3																		
5	GEJ Siewert 1																		
6	GEJ Siewert 2																		
7	GEJ Siewert 3																		
533	[ <b>treatment_expectation</b> ]	Treatment expectation <i>If pt undergoes neoadjuvant tx prior to Sx, this is considered "Curative Sx"</i>	radio, Required <table border="1"> <tr><td>1</td><td>Curative Sx</td></tr> <tr><td>2</td><td>Palliative Sx</td></tr> <tr><td>3</td><td>Curative nonSx</td></tr> <tr><td>4</td><td>Palliative nonSx</td></tr> </table> Custom alignment: LH	1	Curative Sx	2	Palliative Sx	3	Curative nonSx	4	Palliative nonSx								
1	Curative Sx																		
2	Palliative Sx																		
3	Curative nonSx																		
4	Palliative nonSx																		
534	[ <b>cstaging_and_diagnosis_complete</b> ]	Section Header: <i>Form Status</i> Complete?	dropdown <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										
0	Incomplete																		
1	Unverified																		
2	Complete																		

Instrument: Neoadjuvant Treatment (neoadjuvant_treatment)																																																			
535	[neotx]	<p>Neo-adjuvant Treatment Type  <i>If alternating chemotherapy and radiation therapy, then select "chemoradiotherapy". If chemotherapy has been completed and is followed by radiotherapy, select both "chemotherapy" and "radiotherapy"</i></p>	checkbox <table border="1"> <tr><td>notx</td><td>neotx_notx</td><td>None</td></tr> <tr><td>chemo</td><td>neotx_chemo</td><td>Chemotherapy</td></tr> <tr><td>rads</td><td>neotx_rads</td><td>Radiotherapy</td></tr> <tr><td>chemorads</td><td>neotx_chemorads</td><td>Chemoradiotherapy</td></tr> <tr><td>immuno</td><td>neotx_immuno</td><td>Immunotherapy</td></tr> <tr><td>esd</td><td>neotx_esd</td><td>ESD</td></tr> <tr><td>emr</td><td>neotx_emr</td><td>EMR</td></tr> <tr><td>other</td><td>neotx_other</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p>	notx	neotx_notx	None	chemo	neotx_chemo	Chemotherapy	rads	neotx_rads	Radiotherapy	chemorads	neotx_chemorads	Chemoradiotherapy	immuno	neotx_immuno	Immunotherapy	esd	neotx_esd	ESD	emr	neotx_emr	EMR	other	neotx_other	Other																								
notx	neotx_notx	None																																																	
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esd	neotx_esd	ESD																																																	
emr	neotx_emr	EMR																																																	
other	neotx_other	Other																																																	
536	[neoimmuno]	<p>If Immunotherapy, indicate name of clinical trial (if applicable):  <i>If immunotherapy, but not a clinical trial, indicate "NA"</i></p>	text Custom alignment: LH																																																
537	[neotx_other]	If Other, specify:	text Custom alignment: LH																																																
538	[esd_date]	<p>ESD Date Conducted  <i>If unknown, enter "01-01-1900"</i></p>	text (date_mdy) Custom alignment: LH																																																
539	[emr_date]	<p>EMR Date Conducted  <i>If unknown, enter "01-01-1900"</i></p>	text (date_mdy) Custom alignment: LH																																																
540	[neochemo_date]	Section Header: <i>Chemotherapy</i> Start Date of Chemotherapy	text (date_mdy) Custom alignment: LH																																																
541	[neochemo_enddate]	End Date of Chemotherapy:	text (date_mdy) Custom alignment: LH																																																
542	[neochemo_cycles]	Cycles Completed <i>If completed at external institution, indicate name of external institution in brackets; ex: 4 (JGH)</i>	text Custom alignment: LH																																																
543	[neochemo_agent]	Type of Agent <i>If "Docetaxel", "Cisplatin" and "5FU", then select "DCF" If "5FU", "Leucovorin", "Oxaloplatin" and "Docetaxel", then select "FLOT" DO NOT SELECT INDIVIDUAL DRUGS, SELECT THE COMBINATION NAME</i>	checkbox <table border="1"> <tr><td>1</td><td>neochemo_agent__1</td><td>Cisplatin</td></tr> <tr><td>2</td><td>neochemo_agent__2</td><td>Carboplatin</td></tr> <tr><td>3</td><td>neochemo_agent__3</td><td>5FU / Fluorouracil</td></tr> <tr><td>4</td><td>neochemo_agent__4</td><td>Carbotaxel</td></tr> <tr><td>5</td><td>neochemo_agent__5</td><td>Oxaliplatin</td></tr> <tr><td>6</td><td>neochemo_agent__6</td><td>Epirubicin</td></tr> <tr><td>7</td><td>neochemo_agent__7</td><td>Docetaxel/ Taxotere</td></tr> <tr><td>8</td><td>neochemo_agent__8</td><td>Pacitaxel/ Taxol</td></tr> <tr><td>9</td><td>neochemo_agent__9</td><td>Xeloda/ Capecitabine</td></tr> <tr><td>10</td><td>neochemo_agent__10</td><td>Leucovorin</td></tr> <tr><td>11</td><td>neochemo_agent__11</td><td>Etoposide</td></tr> <tr><td>13</td><td>neochemo_agent__13</td><td>Trastuzumab/Herceptin</td></tr> <tr><td>14</td><td>neochemo_agent__14</td><td>Pertuzamab</td></tr> <tr><td>15</td><td>neochemo_agent__15</td><td>Irinotecan</td></tr> <tr><td>16</td><td>neochemo_agent__16</td><td>Epirubicin</td></tr> <tr><td>17</td><td>neochemo_agent__17</td><td>DCF</td></tr> </table>	1	neochemo_agent__1	Cisplatin	2	neochemo_agent__2	Carboplatin	3	neochemo_agent__3	5FU / Fluorouracil	4	neochemo_agent__4	Carbotaxel	5	neochemo_agent__5	Oxaliplatin	6	neochemo_agent__6	Epirubicin	7	neochemo_agent__7	Docetaxel/ Taxotere	8	neochemo_agent__8	Pacitaxel/ Taxol	9	neochemo_agent__9	Xeloda/ Capecitabine	10	neochemo_agent__10	Leucovorin	11	neochemo_agent__11	Etoposide	13	neochemo_agent__13	Trastuzumab/Herceptin	14	neochemo_agent__14	Pertuzamab	15	neochemo_agent__15	Irinotecan	16	neochemo_agent__16	Epirubicin	17	neochemo_agent__17	DCF
1	neochemo_agent__1	Cisplatin																																																	
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17	neochemo_agent__17	DCF																																																	

18	neochemo_agent_18	ECF
19	neochemo_agent_19	FLOT
20	neochemo_agent_20	FOLFIRI
21	neochemo_agent_21	FOLFOX
22	neochemo_agent_22	Other

Custom alignment: LV

544	[neochemo_agent_other]	If Other, specify:  Show the field ONLY if: [neochemo_agent(22)] = '1'	text Custom alignment: LH												
545	[neoradio_date]	Section Header: <i>Radiotherapy</i> Start Date of Radiotherapy	text (date_mdy) Custom alignment: LH												
546	[neoradio_dose]	Dose Completed	text Custom alignment: LH												
547	[neoradio_route]	Route	radio <table border="1"> <tr><td>1</td><td>Brachytherapy</td></tr> <tr><td>2</td><td>External Beam</td></tr> <tr><td>3</td><td>SBRT</td></tr> <tr><td>4</td><td>Other</td></tr> </table> Custom alignment: LH	1	Brachytherapy	2	External Beam	3	SBRT	4	Other				
1	Brachytherapy														
2	External Beam														
3	SBRT														
4	Other														
548	[neoradio_route_other]	If Other, specify:  Show the field ONLY if: [neoradio_route] = '4'	text Custom alignment: LH												
549	[clinical_response_to_neo_adjuvant_treatment]	Section Header: <i>Treatment Outcome</i> Endoscopic response to neoadjuvant treatment	radio <table border="1"> <tr><td>1</td><td>Complete response</td></tr> <tr><td>2</td><td>Near complete response</td></tr> <tr><td>3</td><td>Partial response</td></tr> <tr><td>4</td><td>Stable disease ( no response )</td></tr> <tr><td>5</td><td>Disease progression</td></tr> <tr><td>6</td><td>Not stated</td></tr> </table>	1	Complete response	2	Near complete response	3	Partial response	4	Stable disease ( no response )	5	Disease progression	6	Not stated
1	Complete response														
2	Near complete response														
3	Partial response														
4	Stable disease ( no response )														
5	Disease progression														
6	Not stated														
550	[mets]	Did the patient progress/ develop metastases while on treatment?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not applicable</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Not applicable	999	Unknown				
1	Yes														
0	No														
2	Not applicable														
999	Unknown														
551	[mets_site]	If yes, specify site of metastases:  Show the field ONLY if: [mets] = '1'	text Custom alignment: LH												
552	[neoadjuvant_treatment_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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						
0	Incomplete														
1	Unverified														
2	Complete														

**Instrument: Mid/post treatment Investigations (midpost\_treatment\_investigations)**

553	[mid_ct]	Section Header: <i>Mid/post-treatment imaging investigations</i> Was a mid/post-treatment CT SCAN conducted?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes
1	Yes				

			<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table>	0	No	2	Unknown				
0	No										
2	Unknown										
			Custom alignment: LH								
554	[mid_ct_date]  Show the field ONLY if: [mid_ct] = '1'	Date of mid/post-treatment CT SCAN	text (date_mdy) Custom alignment: LH								
555	[mid_ct_size]  Show the field ONLY if: [mid_ct] = '1'	Impression <i>Maximum diameter (cm) If not indicated, type "999"</i>	text Custom alignment: LH								
556	[recist_score]  Show the field ONLY if: [mid_ct] = '1'	RECIST 1.1	radio <table border="1"> <tr><td>0</td><td>Complete Response (CR)</td></tr> <tr><td>1</td><td>Partial Response (PR)</td></tr> <tr><td>2</td><td>Progressive Disease (PD)</td></tr> <tr><td>3</td><td>Stable Disease (SD)</td></tr> </table>	0	Complete Response (CR)	1	Partial Response (PR)	2	Progressive Disease (PD)	3	Stable Disease (SD)
0	Complete Response (CR)										
1	Partial Response (PR)										
2	Progressive Disease (PD)										
3	Stable Disease (SD)										
557	[post_pet]	Was a mid/post treatment PET conducted?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown		
1	Yes										
0	No										
2	Unknown										
558	[post_pet_date]  Show the field ONLY if: [post_pet] = '1'	Date of mid/post-treatment PET:	text (date_mdy)								
559	[post_suvmax]  Show the field ONLY if: [post_pet] = '1'	SUVmax - primary tumor mid/post-treatment:	text (number)								
560	[mid_endoscopy]	Was a mid-treatment endoscopy conducted?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown		
1	Yes										
0	No										
2	Unknown										
561	[mid_endoscopy_date]  Show the field ONLY if: [mid_endoscopy] = '1'	Date of mid-treatment endoscopy <i>This date corresponds to Date of Diagnosis</i>	text (date_mdy) Custom alignment: LH								
562	[cm_from_incisor_mid]  Show the field ONLY if: [mid_endoscopy] = '1'	Location (cm from the incisor teeth):	text								
563	[position_o_clock_mid]  Show the field ONLY if: [mid_endoscopy] = '1'	Position (.. : .. o'clock):	text Custom alignment: LH								
564	[mid_eus_comments]  Show the field ONLY if: [mid_endoscopy] = '1'	Mid-treatment endoscopy report - Impression <i>Please indicate stage as reported in the "Impression" section of the report. If Unknown, type "Unknown" and location in brackets, eg: Unknown (Gatineau)</i>	text Custom alignment: LH								
565	[mid_biopsy]	Section Header: Mid-treatment pathology findings  Was mid-treatment biopsy conducted?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>unknown</td></tr> </table>	1	Yes	0	No	2	unknown		
1	Yes										
0	No										
2	unknown										

			Custom alignment: LH												
566	[mid_path_bx_accession]  Show the field ONLY if: [mid_biopsy]='1'	Biopsy accession number <i>In conducted externally, indicate the center name in brackets; e.g. (JGH)</i>	text Custom alignment: LH												
567	[date_disease_confirmed_m_id]  Show the field ONLY if: [mid_biopsy]='1'	Date of Confirmed Pathology Report (mid-treatment) <i>This is the date that the pathology report was signed out by the pathologist.</i>	text (date_mdy) Custom alignment: LH												
568	[mid_bx_dx]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment diagnosis	radio <table border="1"> <tr><td>1</td><td>Adenocarcinoma (ADC)</td></tr> <tr><td>2</td><td>Adenosquamous carcinoma</td></tr> <tr><td>3</td><td>ADC with neuroendocrine features</td></tr> <tr><td>4</td><td>Other</td></tr> </table> Custom alignment: LH	1	Adenocarcinoma (ADC)	2	Adenosquamous carcinoma	3	ADC with neuroendocrine features	4	Other				
1	Adenocarcinoma (ADC)														
2	Adenosquamous carcinoma														
3	ADC with neuroendocrine features														
4	Other														
569	[mid_bx_other]	If Other, specify:  Show the field ONLY if: [mid_bx_dx] = '4'	text Custom alignment: LH												
570	[mid_path_differentiation]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment differentiation / histologic grade	radio <table border="1"> <tr><td>1</td><td>Well differentiated</td></tr> <tr><td>2</td><td>Moderately differentiated</td></tr> <tr><td>3</td><td>Poorly differentiated</td></tr> <tr><td>4</td><td>Unknown</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>6</td><td>NA</td></tr> </table> Custom alignment: LH	1	Well differentiated	2	Moderately differentiated	3	Poorly differentiated	4	Unknown	5	Other	6	NA
1	Well differentiated														
2	Moderately differentiated														
3	Poorly differentiated														
4	Unknown														
5	Other														
6	NA														
571	[mid_barrets]  Show the field ONLY if: [mid_biopsy]='1'	Barrett's*?  <i>This may be stated in the surgical pathology report; check all relevant pathology reports Intestinal metaplasia* in the esophagus = Barrett's</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No								
1	Yes														
0	No														
572	[h_pylori_mid]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment H. Pylori status:  <i>This may be stated in the surgical pathology; check all relevant pathology reports</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table> Custom alignment: LH	1	Positive	0	Negative	2	Not evaluated						
1	Positive														
0	Negative														
2	Not evaluated														
573	[mid_her2_stat]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment HER2 status:  <i>Usually presented in an "addendum" and may be in the surgical pathology. Check all addendums in pathology.</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>3</td><td>Equivocal</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table> Custom alignment: LH	1	Positive	3	Equivocal	0	Negative	2	Not evaluated				
1	Positive														
3	Equivocal														
0	Negative														
2	Not evaluated														
574	[mid_msi_stat]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment MSI high?  <i>Usually presented in an "addendum" and may be in the surgical pathology. Check all addendums in pathology. This includes tests of mismatch repair proteins such as MLH1 and PMS2</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> <tr><td>2</td><td>Not evaluated</td></tr> </table>	1	Positive	0	Negative	2	Not evaluated						
1	Positive														
0	Negative														
2	Not evaluated														

			Custom alignment: LH						
575	[mid_cps]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment PDL-1 Score (CPS):	text Custom alignment: LH						
576	[mid_signet_cells]  Show the field ONLY if: [mid_biopsy]='1'	Mid-treatment signet ring cell	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown
1	Yes								
0	No								
2	Unknown								
577	[midpost_treatment_investigations_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: Surgery / ESD, EMR (surgery\_esd\_emr)**

578	[sx]	Section Header: [baseline_arm_1][last_name], [baseline_arm_1][first_name] ([baseline_arm_1][mrn_mgh])  Did the patient have surgery? <i>If patient did not have surgery, select "no" but do not save the form as "complete" - the patient may have surgery later on</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No										
1	Yes																
0	No																
579	[sx_reason]  Show the field ONLY if: [sx] = '0'	If no, please indicate reason:	text Custom alignment: LH														
580	[research]	Study:	checkbox <table border="1"> <tr><td>TIGER</td><td>research__tiger</td><td>TIGER</td></tr> <tr><td>PREFER</td><td>research__prefer</td><td>PREFER</td></tr> </table> Custom alignment: LV	TIGER	research__tiger	TIGER	PREFER	research__prefer	PREFER								
TIGER	research__tiger	TIGER															
PREFER	research__prefer	PREFER															
581	[sx_date]	Date of surgery:	text (date_mdy) Custom alignment: LH														
582	[expectation_treatment]	Surgery expectation:	radio <table border="1"> <tr><td>1</td><td>Curative</td></tr> <tr><td>2</td><td>Palliative</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Curative	2	Palliative	3	Unknown								
1	Curative																
2	Palliative																
3	Unknown																
583	[asa_score]	ASA Score:	radio <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>9999</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	1	2	2	3	3	4	4	5	5	6	6	9999	Unknown
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
9999	Unknown																
584	[sx_timing]	Timing of surgery: <i>This can be extracted from OPERA</i>	radio <table border="1"> <tr><td>1</td><td>Elective</td></tr> </table>	1	Elective												
1	Elective																

2	Emerg cat. 1
3	Emerg cat. 2
4	Emerg cat. 3

Custom alignment: LH

585	[procedure_start_time]	Procedure Start Time <i>This can be extracted from OPERA</i>	text (datetime_mdy) Custom alignment: LH																		
586	[procedure_end_time]	Procedure End Time <i>This can be extracted from OPERA</i>	text (datetime_mdy) Custom alignment: LH																		
587	[procedure123456]	Procedure	radio <table border="1"> <tr><td>1</td><td>Ivor Lewis</td></tr> <tr><td>2</td><td>3 Hole</td></tr> <tr><td>3</td><td>Transabdominal</td></tr> <tr><td>4</td><td>Left-Thoracoabdominal esophagogastrectomy</td></tr> <tr><td>5</td><td>Left-Thoracoabdominal extended-total</td></tr> <tr><td>6</td><td>Pharyngo laryng</td></tr> <tr><td>7</td><td>EMR</td></tr> <tr><td>9</td><td>ESD</td></tr> <tr><td>8</td><td>Other</td></tr> </table>	1	Ivor Lewis	2	3 Hole	3	Transabdominal	4	Left-Thoracoabdominal esophagogastrectomy	5	Left-Thoracoabdominal extended-total	6	Pharyngo laryng	7	EMR	9	ESD	8	Other
1	Ivor Lewis																				
2	3 Hole																				
3	Transabdominal																				
4	Left-Thoracoabdominal esophagogastrectomy																				
5	Left-Thoracoabdominal extended-total																				
6	Pharyngo laryng																				
7	EMR																				
9	ESD																				
8	Other																				
588	[procedure_other]	If Other, specify:  Show the field ONLY if: [procedure123456] = '8'	text Custom alignment: LH																		
589	[abdomen_approach]	Abdomen Approach	radio <table border="1"> <tr><td>1</td><td>Open</td></tr> <tr><td>2</td><td>LAP</td></tr> <tr><td>3</td><td>LAP to Open</td></tr> <tr><td>4</td><td>NA</td></tr> </table> Custom alignment: LH	1	Open	2	LAP	3	LAP to Open	4	NA										
1	Open																				
2	LAP																				
3	LAP to Open																				
4	NA																				
590	[chest_approach]	Chest Approach	radio <table border="1"> <tr><td>1</td><td>Open</td></tr> <tr><td>2</td><td>VATS</td></tr> <tr><td>3</td><td>VATS to Open</td></tr> <tr><td>4</td><td>Prone</td></tr> <tr><td>5</td><td>NA</td></tr> </table> Custom alignment: LH	1	Open	2	VATS	3	VATS to Open	4	Prone	5	NA								
1	Open																				
2	VATS																				
3	VATS to Open																				
4	Prone																				
5	NA																				
591	[reason_conversion]	Reason for conversion: <i>Please classify reason as either due to: tumor extent, visibility, complication, or other. If "other", specify.</i>	text Custom alignment: LH																		
592	[analgesia]	Analgesia	radio <table border="1"> <tr><td>1</td><td>Epidural</td></tr> <tr><td>2</td><td>PCA</td></tr> <tr><td>3</td><td>Extrapleural</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Epidural	2	PCA	3	Extrapleural	4	Other										
1	Epidural																				
2	PCA																				
3	Extrapleural																				
4	Other																				

			Custom alignment: LH												
593	[ <a href="#">analgesia_other</a> ]  Show the field ONLY if: [analgesia] = '4'	If Other, specify:	text Custom alignment: LH												
594	[ <a href="#">conduit</a> ]	Conduit	radio <table border="1"> <tr><td>1</td><td>Stomach</td></tr> <tr><td>2</td><td>Jejunum</td></tr> <tr><td>3</td><td>Colon</td></tr> <tr><td>0</td><td>None</td></tr> <tr><td>4</td><td>NA</td></tr> <tr><td>5</td><td>Other</td></tr> </table> Custom alignment: LH	1	Stomach	2	Jejunum	3	Colon	0	None	4	NA	5	Other
1	Stomach														
2	Jejunum														
3	Colon														
0	None														
4	NA														
5	Other														
595	[ <a href="#">conduit_other</a> ]  Show the field ONLY if: [conduit] = '5'	If Other, specify:	text Custom alignment: LH												
596	[ <a href="#">conduit_position</a> ]  Show the field ONLY if: [conduit] = '1' or [conduit] = '2' or [conduit] = '3' or [conduit] = '5'	Conduit position:	radio <table border="1"> <tr><td>1</td><td>Prevertebral</td></tr> <tr><td>2</td><td>Retrosternal</td></tr> <tr><td>3</td><td>Subcutaneous</td></tr> </table> Custom alignment: LH	1	Prevertebral	2	Retrosternal	3	Subcutaneous						
1	Prevertebral														
2	Retrosternal														
3	Subcutaneous														
597	[ <a href="#">width</a> ]  Show the field ONLY if: [conduit] = '1' or [conduit] = '2' or [conduit] = '3' or [conduit] = '5'	Width of conduit (cm)	radio <table border="1"> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>NA</td></tr> </table> Custom alignment: LH	3	3	4	4	5	5	6	6	7	NA		
3	3														
4	4														
5	5														
6	6														
7	NA														
598	[ <a href="#">quality_feed</a> ]	Quality Feeding	radio <table border="1"> <tr><td>1</td><td>Good</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>3</td><td>Poor</td></tr> <tr><td>4</td><td>NA</td></tr> </table> Custom alignment: LH	1	Good	2	Fair	3	Poor	4	NA				
1	Good														
2	Fair														
3	Poor														
4	NA														
599	[ <a href="#">feed_jejunostomy</a> ]	Feeding Jejunostomy	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>NA</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	NA						
1	Yes														
0	No														
2	NA														
600	[ <a href="#">pyloric_drainage</a> ]	Pyloric Drainage	radio <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Plasty</td></tr> <tr><td>2</td><td>Myotomy</td></tr> <tr><td>3</td><td>Endoscopic Myotomy</td></tr> </table>	0	None	1	Plasty	2	Myotomy	3	Endoscopic Myotomy				
0	None														
1	Plasty														
2	Myotomy														
3	Endoscopic Myotomy														

			<table border="1"> <tr><td>4</td><td>Endoscopic Pyloromyotomy</td></tr> </table> <p>Custom alignment: LV</p>	4	Endoscopic Pyloromyotomy										
4	Endoscopic Pyloromyotomy														
601	[anastomotic_location]	Anastomotic Location	radio <table border="1"> <tr><td>1</td><td>Neck</td></tr> <tr><td>2</td><td>High Chest</td></tr> <tr><td>3</td><td>Low Chest</td></tr> <tr><td>4</td><td>Abdomen</td></tr> <tr><td>5</td><td>NA</td></tr> </table> <p>Custom alignment: LV</p>	1	Neck	2	High Chest	3	Low Chest	4	Abdomen	5	NA		
1	Neck														
2	High Chest														
3	Low Chest														
4	Abdomen														
5	NA														
602	[anastomotic_technique]	Anastomotic Technique	radio <table border="1"> <tr><td>1</td><td>Stapled Linear/ GIA</td></tr> <tr><td>2</td><td>Stapled Circular/ EEA</td></tr> <tr><td>3</td><td>Hand sewn 1</td></tr> <tr><td>4</td><td>Hand sewn 2</td></tr> <tr><td>5</td><td>NA</td></tr> </table> <p>Custom alignment: LV</p>	1	Stapled Linear/ GIA	2	Stapled Circular/ EEA	3	Hand sewn 1	4	Hand sewn 2	5	NA		
1	Stapled Linear/ GIA														
2	Stapled Circular/ EEA														
3	Hand sewn 1														
4	Hand sewn 2														
5	NA														
603	[surgical_connection]	Surgical Connection	radio <table border="1"> <tr><td>1</td><td>End to End</td></tr> <tr><td>2</td><td>End to Side</td></tr> <tr><td>3</td><td>Side to Side</td></tr> <tr><td>4</td><td>NA</td></tr> </table> <p>Custom alignment: LV</p>	1	End to End	2	End to Side	3	Side to Side	4	NA				
1	End to End														
2	End to Side														
3	Side to Side														
4	NA														
604	[butress]	Surgical Buttress	radio <table border="1"> <tr><td>1</td><td>Pleural</td></tr> <tr><td>2</td><td>Omental</td></tr> <tr><td>3</td><td>Both</td></tr> <tr><td>0</td><td>None</td></tr> <tr><td>4</td><td>NA</td></tr> <tr><td>5</td><td>Other</td></tr> </table> <p>Custom alignment: LV</p>	1	Pleural	2	Omental	3	Both	0	None	4	NA	5	Other
1	Pleural														
2	Omental														
3	Both														
0	None														
4	NA														
5	Other														
605	[butress_other]	If Other, specify: Show the field ONLY if: [butress] = '5'	text Custom alignment: LH												
606	[intraop_complications]	Section Header: <i>Intraoperative Complications</i> Intraoperative Complications	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: LH</p>	1	Yes	0	No								
1	Yes														
0	No														
607	[transfusions]	Transfusions (cc)	text Custom alignment: LH												
608	[blood_loss]	Blood Loss	text Custom alignment: LH												
609	[complic_abdomen]	Abdomen Complications	radio <table border="1"> <tr><td>1</td><td>Splenic injury</td></tr> <tr><td>2</td><td>Liver injury</td></tr> </table>	1	Splenic injury	2	Liver injury								
1	Splenic injury														
2	Liver injury														

3	Bowel injury
4	Bleeding
5	Other

Custom alignment: LV

610	[abdomen_complic_other]  Show the field ONLY if: [complic_abdomen] = '5'	If Other, specify:	text  Custom alignment: LH												
611	[complic_thorax]	Thorax Complications	checkbox  <table border="1"> <tr><td>1</td><td>complic_thorax__1</td><td>Tracheal injury</td></tr> <tr><td>2</td><td>complic_thorax__2</td><td>Bleeding</td></tr> <tr><td>3</td><td>complic_thorax__3</td><td>Other</td></tr> </table> Custom alignment: LH	1	complic_thorax__1	Tracheal injury	2	complic_thorax__2	Bleeding	3	complic_thorax__3	Other			
1	complic_thorax__1	Tracheal injury													
2	complic_thorax__2	Bleeding													
3	complic_thorax__3	Other													
612	[thorax_complic_other]  Show the field ONLY if: [complic_thorax(3)] = '1'	If Other, specify:	text  Custom alignment: LH												
613	[vasopressor]	Section Header: <i>Vasopressor</i>  Vasopressor	radio  <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>NA</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	NA						
1	Yes														
0	No														
2	NA														
614	[lymphadenectomy_celiac]	Section Header: <i>Extent of Lymphadenectomy</i>  Extent of Lymphadenectomy (Celiac)	radio  <table border="1"> <tr><td>1</td><td>Standard</td></tr> <tr><td>2</td><td>D1</td></tr> <tr><td>3</td><td>D2</td></tr> <tr><td>4</td><td>D3</td></tr> <tr><td>5</td><td>NA</td></tr> <tr><td>6</td><td>Other</td></tr> </table> Custom alignment: LV	1	Standard	2	D1	3	D2	4	D3	5	NA	6	Other
1	Standard														
2	D1														
3	D2														
4	D3														
5	NA														
6	Other														
615	[celiac_lymphaden_other]  Show the field ONLY if: [lymphadenectomy_celiac] = '6'	If Other, specify	text  Custom alignment: LH												
616	[lymphadenectomy_thoracic]	Extent of Lymphadenectomy (Thoracic)	radio  <table border="1"> <tr><td>1</td><td>Standard</td></tr> <tr><td>2</td><td>Infracarinal</td></tr> <tr><td>3</td><td>Infrasupracarinal</td></tr> <tr><td>4</td><td>NA</td></tr> <tr><td>5</td><td>Other</td></tr> </table> Custom alignment: LV	1	Standard	2	Infracarinal	3	Infrasupracarinal	4	NA	5	Other		
1	Standard														
2	Infracarinal														
3	Infrasupracarinal														
4	NA														
5	Other														
617	[thoracic_lymph_other]  Show the field ONLY if: [lymphadenectomy_thoracic] = '5'	If Other, specify:	text  Custom alignment: LH												
618	[lymphadenectomy_cervical]	Extent of Lymphadenectomy (Cervical)	radio  <table border="1"> <tr><td>1</td><td>Standard</td></tr> </table>	1	Standard										
1	Standard														

2	Modified Radical
3	NA
4	Other

Custom alignment: LV

619	[lymph_cervical_other]	If Other, specify:	text Custom alignment: LH																																	
620	[extent_resection]	Section Header: <i>Extent of Resection</i> Extent of Resection	radio <table border="1"><tr><td>1</td><td>Standard</td></tr><tr><td>2</td><td>En Block</td></tr><tr><td>3</td><td>NA</td></tr></table> Custom alignment: LH	1	Standard	2	En Block	3	NA																											
1	Standard																																			
2	En Block																																			
3	NA																																			
621	[additional_organ_resected]	Additional Organs Resected	checkbox <table border="1"><tr><td>1</td><td>additional_organ_resected__1</td><td>None</td></tr><tr><td>2</td><td>additional_organ_resected__2</td><td>Pericardium</td></tr><tr><td>3</td><td>additional_organ_resected__3</td><td>Thoracic Duct</td></tr><tr><td>4</td><td>additional_organ_resected__4</td><td>Azygous</td></tr><tr><td>5</td><td>additional_organ_resected__5</td><td>Lung</td></tr><tr><td>6</td><td>additional_organ_resected__6</td><td>Trachea</td></tr><tr><td>7</td><td>additional_organ_resected__7</td><td>Spleen</td></tr><tr><td>8</td><td>additional_organ_resected__8</td><td>Pancreas</td></tr><tr><td>9</td><td>additional_organ_resected__9</td><td>Liver</td></tr><tr><td>10</td><td>additional_organ_resected__10</td><td>Colon</td></tr><tr><td>11</td><td>additional_organ_resected__11</td><td>Other</td></tr></table> Custom alignment: LV	1	additional_organ_resected__1	None	2	additional_organ_resected__2	Pericardium	3	additional_organ_resected__3	Thoracic Duct	4	additional_organ_resected__4	Azygous	5	additional_organ_resected__5	Lung	6	additional_organ_resected__6	Trachea	7	additional_organ_resected__7	Spleen	8	additional_organ_resected__8	Pancreas	9	additional_organ_resected__9	Liver	10	additional_organ_resected__10	Colon	11	additional_organ_resected__11	Other
1	additional_organ_resected__1	None																																		
2	additional_organ_resected__2	Pericardium																																		
3	additional_organ_resected__3	Thoracic Duct																																		
4	additional_organ_resected__4	Azygous																																		
5	additional_organ_resected__5	Lung																																		
6	additional_organ_resected__6	Trachea																																		
7	additional_organ_resected__7	Spleen																																		
8	additional_organ_resected__8	Pancreas																																		
9	additional_organ_resected__9	Liver																																		
10	additional_organ_resected__10	Colon																																		
11	additional_organ_resected__11	Other																																		
622	[organ_resect_other]	If Other, specify Show the field ONLY if: [additional_organ_resected(11)] = '1'	text Custom alignment: LH																																	
623	[surgery_esd_emr_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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																											
0	Incomplete																																			
1	Unverified																																			
2	Complete																																			

**Instrument: Surgical Pathology (surgical\_pathology)**

624	[pathology_case_number]	Pathology Case Number	text Custom alignment: LH																
625	[tumour_site]	Section Header: <i>Primary Tumour</i> Tumour Site	radio <table border="1"><tr><td>0</td><td>No tumour</td></tr><tr><td>1</td><td>Cervical</td></tr><tr><td>2</td><td>Proximal third</td></tr><tr><td>3</td><td>Mid-third</td></tr><tr><td>4</td><td>Distal third</td></tr><tr><td>5</td><td>EGJ</td></tr><tr><td>6</td><td>Anastomosis (recurrence)</td></tr><tr><td>7</td><td>Gastric</td></tr></table>	0	No tumour	1	Cervical	2	Proximal third	3	Mid-third	4	Distal third	5	EGJ	6	Anastomosis (recurrence)	7	Gastric
0	No tumour																		
1	Cervical																		
2	Proximal third																		
3	Mid-third																		
4	Distal third																		
5	EGJ																		
6	Anastomosis (recurrence)																		
7	Gastric																		

			Custom alignment: LV																					
626	[egj_type]  Show the field ONLY if: [tumour_site] = '5'	If EGJ, specify type: <i>If 2cm or less into the proximal stomach, this is considered Siewert II.</i>	radio <table border="1"> <tr><td>1</td><td>Siewert I</td></tr> <tr><td>2</td><td>Siewert II</td></tr> <tr><td>3</td><td>Siewert III</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Siewert I	2	Siewert II	3	Siewert III	4	Unknown													
1	Siewert I																							
2	Siewert II																							
3	Siewert III																							
4	Unknown																							
627	[gascancer_subtype]  Show the field ONLY if: [egi_type] = '2' or [egi_type] = '3'	Gastric Cancer Subtype <i>Only for Siewert II and III</i>	checkbox <table border="1"> <tr><td>Diffuse</td><td>gascancer_subtype__diffuse</td><td>Diffuse</td></tr> <tr><td>Intestinal</td><td>gascancer_subtype__intestinal</td><td>Intestin</td></tr> <tr><td>None</td><td>gascancer_subtype__none</td><td>None</td></tr> <tr><td>Unknown</td><td>gascancer_subtype__unknown</td><td>Unkn</td></tr> </table>	Diffuse	gascancer_subtype__diffuse	Diffuse	Intestinal	gascancer_subtype__intestinal	Intestin	None	gascancer_subtype__none	None	Unknown	gascancer_subtype__unknown	Unkn									
Diffuse	gascancer_subtype__diffuse	Diffuse																						
Intestinal	gascancer_subtype__intestinal	Intestin																						
None	gascancer_subtype__none	None																						
Unknown	gascancer_subtype__unknown	Unkn																						
628	[path_t_maxdimension]	Greatest Dimension (cm) <i>Indicate "999" if unknown</i>	text Custom alignment: LH																					
629	[path_histology]	Histology <i>If BENIGN, select "OTHER" and specify histology. "NO TUMOUR" refers to no residual tumour following neoadjuvant tx If there is a synchronous lesion, select "Other" and indicate "Synchronous ____"</i>	checkbox <table border="1"> <tr><td>NoCa</td><td>path_histology__noca</td><td>No Tumour</td></tr> <tr><td>HGD</td><td>path_histology__hgd</td><td>HGD; High Grade Dysplasia</td></tr> <tr><td>CIS</td><td>path_histology__cis</td><td>CIS; Carcinoma in situ</td></tr> <tr><td>Adeno</td><td>path_histology__adeno</td><td>ADC; Adenocarcinoma</td></tr> <tr><td>SCC</td><td>path_histology__scc</td><td>SCC; Squamous Cell Carcinoma</td></tr> <tr><td>NEC</td><td>path_histology__nec</td><td>NEC; Neuroendocrine Carcinoma</td></tr> <tr><td>Other</td><td>path_histology__other</td><td>Other</td></tr> </table>	NoCa	path_histology__noca	No Tumour	HGD	path_histology__hgd	HGD; High Grade Dysplasia	CIS	path_histology__cis	CIS; Carcinoma in situ	Adeno	path_histology__adeno	ADC; Adenocarcinoma	SCC	path_histology__scc	SCC; Squamous Cell Carcinoma	NEC	path_histology__nec	NEC; Neuroendocrine Carcinoma	Other	path_histology__other	Other
NoCa	path_histology__noca	No Tumour																						
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CIS	path_histology__cis	CIS; Carcinoma in situ																						
Adeno	path_histology__adeno	ADC; Adenocarcinoma																						
SCC	path_histology__scc	SCC; Squamous Cell Carcinoma																						
NEC	path_histology__nec	NEC; Neuroendocrine Carcinoma																						
Other	path_histology__other	Other																						
630	[adc_features]  Show the field ONLY if: [path_histology(Adeno)] = '1'	Adenocarcinoma features:	checkbox <table border="1"> <tr><td>Barretts</td><td>adc_features__barretts</td><td>Barrett's</td></tr> <tr><td>Signet</td><td>adc_features__signet</td><td>Signet Ring Cell</td></tr> </table>	Barretts	adc_features__barretts	Barrett's	Signet	adc_features__signet	Signet Ring Cell															
Barretts	adc_features__barretts	Barrett's																						
Signet	adc_features__signet	Signet Ring Cell																						
631	[histo_other]  Show the field ONLY if: [path_histology(Other)] = '1'	If Other, specify:	text Custom alignment: LH																					
632	[path_differentiation]	Differentiation / Histologic Grade	radio <table border="1"> <tr><td>1</td><td>Well differentiated</td></tr> <tr><td>2</td><td>Moderately differentiated</td></tr> <tr><td>3</td><td>Poorly differentiated</td></tr> <tr><td>4</td><td>Unknown</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>6</td><td>NA</td></tr> </table>	1	Well differentiated	2	Moderately differentiated	3	Poorly differentiated	4	Unknown	5	Other	6	NA									
1	Well differentiated																							
2	Moderately differentiated																							
3	Poorly differentiated																							
4	Unknown																							
5	Other																							
6	NA																							
			Custom alignment: LH																					

633	[path_differen_other]	If Other, specify:  Show the field ONLY if: [path_differentiation] = '5'	text  Custom alignment: LH												
634	[path_proximalmargin]	Section Header: Margin Status R0 = no cancer cells seen microscopically; negative margins R1 = cancer cells present microscopically R2 = Macroscopic residual tumour  Proximal Margin Refer to field header for definitions	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>R0</td></tr> <tr><td>2</td><td>R1</td></tr> <tr><td>3</td><td>R2</td></tr> </table> Custom alignment: LH	1	R0	2	R1	3	R2						
1	R0														
2	R1														
3	R2														
635	[proxmargin_cm]	Proximal Margin (cm) <i>If not indicated, type "9999"</i>	text  Custom alignment: LH												
636	[path_distalmargin]	Distal Margin Refer to field header for definitions	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>R0</td></tr> <tr><td>2</td><td>R1</td></tr> <tr><td>3</td><td>R2</td></tr> </table> Custom alignment: LH	1	R0	2	R1	3	R2						
1	R0														
2	R1														
3	R2														
637	[distmargin_cm]	Distal Margin (cm) <i>If not indicated, type "9999"</i>	text  Custom alignment: LH												
638	[path_circummargin]	Circumferential/ Radial Margin Refer to field header for definitions	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>R0</td></tr> <tr><td>2</td><td>R1</td></tr> <tr><td>3</td><td>R2</td></tr> <tr><td>4</td><td>NA</td></tr> </table> Custom alignment: LH	1	R0	2	R1	3	R2	4	NA				
1	R0														
2	R1														
3	R2														
4	NA														
639	[circummargin_cm]	Circumferential/ Radial Margin (cm) <i>If not indicated, type "9999"</i>	text  Custom alignment: LH												
640	[treatment_response]	Section Header: Accessory Findings  Treatment Response / Tumour regression grade:	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>IA</td><td>Grade IA - complete pathological response</td></tr> <tr><td>IB</td><td>Grade IB - microscopic residual disease</td></tr> <tr><td>II</td><td>Grade II - moderate response</td></tr> <tr><td>III</td><td>Grade III - no response</td></tr> <tr><td>NA</td><td>Not applicable (no neoadjuvant tx)</td></tr> <tr><td>9999</td><td>Not stated</td></tr> </table> Custom alignment: LV	IA	Grade IA - complete pathological response	IB	Grade IB - microscopic residual disease	II	Grade II - moderate response	III	Grade III - no response	NA	Not applicable (no neoadjuvant tx)	9999	Not stated
IA	Grade IA - complete pathological response														
IB	Grade IB - microscopic residual disease														
II	Grade II - moderate response														
III	Grade III - no response														
NA	Not applicable (no neoadjuvant tx)														
9999	Not stated														
641	[path_lymphinvvasion]	Lymphovascular Invasion	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown						
1	Yes														
0	No														
2	Unknown														
642	[path_neurinvas]	Perineural Invasion	radio  <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	Unknown						
1	Yes														
0	No														
2	Unknown														

643	[path_lymph_positive]	Section Header: <i>Lymph Nodes</i> Number of Positive LNs	text (number) Custom alignment: LH																				
644	[path_lymph_total]	Total number of lymph nodes examined:	text (number) Custom alignment: LH																				
645	[path_lymph_neg]	Number of Negative LNs	calc Calculation: [path_lymph_total] - [path_lymph_positive] Custom alignment: LH																				
646	[ajcc_edition2]	Section Header: <i>Final Pathologic Stage: Esophagus</i> AJCC Edition	radio, Required <table border="1"> <tr><td>1</td><td>7th edition</td></tr> <tr><td>2</td><td>8th edition</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	7th edition	2	8th edition	3	Unknown														
1	7th edition																						
2	8th edition																						
3	Unknown																						
647	[path_esoph_primtumour]	Primary Tumour <i>NA = no tumour</i>	radio <table border="1"> <tr><td>5</td><td>TX</td></tr> <tr><td>6</td><td>Tis</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1a</td><td>1a</td></tr> <tr><td>1b</td><td>1b</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4a</td><td>4a</td></tr> <tr><td>4b</td><td>4b</td></tr> <tr><td>7</td><td>NA</td></tr> </table> Custom alignment: LH	5	TX	6	Tis	0	0	1a	1a	1b	1b	2	2	3	3	4a	4a	4b	4b	7	NA
5	TX																						
6	Tis																						
0	0																						
1a	1a																						
1b	1b																						
2	2																						
3	3																						
4a	4a																						
4b	4b																						
7	NA																						
648	[path_esoph_regionalln]	Regional LN (N) <i>NA = no tumour</i>	radio <table border="1"> <tr><td>4</td><td>NX</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>3a</td><td>3a</td></tr> <tr><td>3b</td><td>3b</td></tr> <tr><td>5</td><td>NA</td></tr> </table> Custom alignment: LH	4	NX	0	0	1	1	2	2	3	3	3a	3a	3b	3b	5	NA				
4	NX																						
0	0																						
1	1																						
2	2																						
3	3																						
3a	3a																						
3b	3b																						
5	NA																						
649	[path_esoph_distantmetast]	Distant Metastasis <i>NA = not applicable (this is usually the case with surgical pathology reports, as pathologists cannot tell if another organ is involved)</i>	radio <table border="1"> <tr><td>4</td><td>MX</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1a</td></tr> <tr><td>2</td><td>1b</td></tr> <tr><td>3</td><td>NA</td></tr> </table> Custom alignment: LH	4	MX	0	0	1	1a	2	1b	3	NA										
4	MX																						
0	0																						
1	1a																						
2	1b																						
3	NA																						
650	[path_esoph_ifm1a]	If M1a, specify:  Show the field ONLY if: [path_esoph_distantmetast] = '1' or [path_esoph_dista	checkbox <table border="1"> <tr><td>Celiac</td><td>path_esoph_ifm1a__celiac</td><td>Cel</td></tr> <tr><td>Splenic</td><td>path_esoph_ifm1a__splenic</td><td>Spl</td></tr> </table>	Celiac	path_esoph_ifm1a__celiac	Cel	Splenic	path_esoph_ifm1a__splenic	Spl														
Celiac	path_esoph_ifm1a__celiac	Cel																					
Splenic	path_esoph_ifm1a__splenic	Spl																					

	ntmetast] = '2'		<table border="1"> <tr><td>Hepatic</td><td>path_esoph_ifm1a_hepatic</td><td>He</td></tr> <tr><td>Cervical</td><td>path_esoph_ifm1a_cervical</td><td>Cer</td></tr> <tr><td>Peritoneum</td><td>path_esoph_ifm1a_peritoneum</td><td>Per</td></tr> <tr><td>Other</td><td>path_esoph_ifm1a_other</td><td>Oth</td></tr> </table>	Hepatic	path_esoph_ifm1a_hepatic	He	Cervical	path_esoph_ifm1a_cervical	Cer	Peritoneum	path_esoph_ifm1a_peritoneum	Per	Other	path_esoph_ifm1a_other	Oth										
Hepatic	path_esoph_ifm1a_hepatic	He																							
Cervical	path_esoph_ifm1a_cervical	Cer																							
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Other	path_esoph_ifm1a_other	Oth																							
			Custom alignment: LH																						
651	[ <b>m1a_esoph_other</b> ]  Show the field ONLY if: [path_esoph_ifm1a(Other)] = '1'	If Other, specify:	text Custom alignment: LH																						
652	[ <b>path_esoph_stage</b> ]	Stage <i>NA = no tumour; complete at FU visits</i>	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1a</td><td>Ia</td></tr> <tr><td>1b</td><td>Ib</td></tr> <tr><td>1c</td><td>Ic</td></tr> <tr><td>2a</td><td>IIa</td></tr> <tr><td>2b</td><td>IIb</td></tr> <tr><td>3a</td><td>IIIa</td></tr> <tr><td>3b</td><td>IIIb</td></tr> <tr><td>4a</td><td>IVa</td></tr> <tr><td>4b</td><td>IVb</td></tr> <tr><td>5</td><td>NA</td></tr> </table>	0	0	1a	Ia	1b	Ib	1c	Ic	2a	IIa	2b	IIb	3a	IIIa	3b	IIIb	4a	IVa	4b	IVb	5	NA
0	0																								
1a	Ia																								
1b	Ib																								
1c	Ic																								
2a	IIa																								
2b	IIb																								
3a	IIIa																								
3b	IIIb																								
4a	IVa																								
4b	IVb																								
5	NA																								
			Custom alignment: LH																						
653	[ <b>path_esoph_ifivb</b> ]  Show the field ONLY if: [path_esoph_stage] = '4b'	If IVb, specify:	checkbox <table border="1"> <tr><td>Liver</td><td>path_esoph_ifivb_liver</td><td>Liver</td></tr> <tr><td>Lung</td><td>path_esoph_ifivb_lung</td><td>Lung</td></tr> <tr><td>Bone</td><td>path_esoph_ifivb_bone</td><td>Bone</td></tr> <tr><td>Brain</td><td>path_esoph_ifivb_brain</td><td>Brain</td></tr> <tr><td>Peritoneum</td><td>path_esoph_ifivb_peritoneum</td><td>Peritoneum</td></tr> <tr><td>Other</td><td>path_esoph_ifivb_other</td><td>Other</td></tr> </table>	Liver	path_esoph_ifivb_liver	Liver	Lung	path_esoph_ifivb_lung	Lung	Bone	path_esoph_ifivb_bone	Bone	Brain	path_esoph_ifivb_brain	Brain	Peritoneum	path_esoph_ifivb_peritoneum	Peritoneum	Other	path_esoph_ifivb_other	Other				
Liver	path_esoph_ifivb_liver	Liver																							
Lung	path_esoph_ifivb_lung	Lung																							
Bone	path_esoph_ifivb_bone	Bone																							
Brain	path_esoph_ifivb_brain	Brain																							
Peritoneum	path_esoph_ifivb_peritoneum	Peritoneum																							
Other	path_esoph_ifivb_other	Other																							
			Custom alignment: LH																						
654	[ <b>ivb_other</b> ]  Show the field ONLY if: [path_esoph_ifivb(Other)] = '1'	If Other, specify:	text Custom alignment: LH																						
655	[ <b>surgical_pathology_complete</b> ]	Section Header: <i>Form Status</i> Complete?	dropdown <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																
0	Incomplete																								
1	Unverified																								
2	Complete																								
<b>Instrument: Post-Operative Course (postoperative_course)</b>																									
656	[ <b>admission_date</b> ]	Date of Admission	text (date_mdy) Custom alignment: LH																						
657	[ <b>discharge_date</b> ]	Date of Discharge	text (date_mdy) Custom alignment: LH																						

658	[ <code>los</code> ]	Post-Operative Length of Stay (Days) <i>Days</i>	calc Calculation: datediff ([admission_date], [discharge_date], "d", "mdy", true) Custom alignment: LH									
659	[ <code>icu_duration</code> ]	ICU Duration (Days)	text Custom alignment: LH									
660	[ <code>ngt_duration</code> ]	NGT Duration (Days)	text Custom alignment: LH									
661	[ <code>drain</code> ]	Drain?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>NA</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	NA			
1	Yes											
0	No											
2	NA											
662	[ <code>drain_specify</code> ]  Show the field ONLY if: [drain] = '1'	If Yes, specify:	checkbox <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>drain_specify__1</td><td>Chest Tube</td></tr> <tr><td>2</td><td>drain_specify__2</td><td>JP Drain</td></tr> <tr><td>3</td><td>drain_specify__3</td><td>PEG</td></tr> </table> Custom alignment: LH	1	drain_specify__1	Chest Tube	2	drain_specify__2	JP Drain	3	drain_specify__3	PEG
1	drain_specify__1	Chest Tube										
2	drain_specify__2	JP Drain										
3	drain_specify__3	PEG										
663	[ <code>tube_duration</code> ]	Tube Duration (Days)	text Custom alignment: LH									
664	[ <code>h2o_po_started</code> ]	H2O PO Started (POD)	text Custom alignment: LH									
665	[ <code>clear_liquid_started</code> ]	Clear Liquid Started (POD)	text Custom alignment: LH									
666	[ <code>readmission_30d</code> ]	Readmission within 30 days	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>NA</td></tr> </table> Custom alignment: LH	1	Yes	0	No	2	NA			
1	Yes											
0	No											
2	NA											
667	[ <code>readmission_date</code> ]  Show the field ONLY if: [readmission_30d] = '1'	Date of readmission	text (date_mdy) Custom alignment: LH									
668	[ <code>reason_readmission</code> ]  Show the field ONLY if: [readmission_30d] = '1'	Reason for readmission	text Custom alignment: LH									
669	[ <code>postop_comp</code> ]	Section Header: <i>Post-Operative Complications</i>  Did the patient experience any post-operative complications? <i>If "YES", please complete the next form</i>	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	0	No					
1	Yes											
0	No											
670	[ <code>postoperative_course_complete</code> ]	Section Header: <i>Form Status</i>  Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <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: Post-Operative Complications (postoperative\_complications)**

671	[ <code>complication_date</code> ]	Section Header: <i>Complication</i> Date of Complication	text (date_mdy) Custom alignment: LH
672	[ <code>system</code> ]	System	radio

1	Anast
2	Cardiovascular
3	Gastrointestinal
4	Neuro
5	Pleural
6	Pulmonary
7	Renal
8	Wound
9	Other

Custom alignment: LH

673	[ <b>system_other</b> ]  Show the field ONLY if: [system] = '9'	If Other, specify system:	text  Custom alignment: LH														
674	[ <b>comp_other</b> ]  Show the field ONLY if: [system] = '9'	Specify complication:	text  Custom alignment: LH														
675	[ <b>grade_other</b> ]  Show the field ONLY if: [system] = '9'	Grade	radio  <table border="1"> <tr><td>1</td><td>I No Treatment</td></tr> <tr><td>2</td><td>II New Medication</td></tr> <tr><td>3</td><td>IIIa Intervention</td></tr> <tr><td>4</td><td>IIIb General Anesthesia</td></tr> <tr><td>5</td><td>IVa Single Organ</td></tr> <tr><td>6</td><td>IVb Multi Organ</td></tr> <tr><td>7</td><td>V Death</td></tr> </table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death
1	I No Treatment																
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4	IIIb General Anesthesia																
5	IVa Single Organ																
6	IVb Multi Organ																
7	V Death																
676	[ <b>comp_anast</b> ]  Show the field ONLY if: [system] = '1'	Type of complication	radio  <table border="1"> <tr><td>1</td><td>Leak</td></tr> <tr><td>2</td><td>Dehiscence</td></tr> <tr><td>3</td><td>Other</td></tr> </table> Custom alignment: LH	1	Leak	2	Dehiscence	3	Other								
1	Leak																
2	Dehiscence																
3	Other																
677	[ <b>other_anast</b> ]  Show the field ONLY if: [comp_anast] = '3'	If Other, specify system:	text  Custom alignment: LH														
678	[ <b>grade_anast</b> ]  Show the field ONLY if: [comp_anast] = '1' or [comp_anast] = '2' or [comp_anast] = '3'	Grade	radio  <table border="1"> <tr><td>1</td><td>I No Treatment</td></tr> <tr><td>2</td><td>II New Medication</td></tr> <tr><td>3</td><td>IIIa Intervention</td></tr> <tr><td>4</td><td>IIIb General Anesthesia</td></tr> <tr><td>5</td><td>IVa Single Organ</td></tr> <tr><td>6</td><td>IVb Multi Organ</td></tr> <tr><td>7</td><td>V Death</td></tr> </table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death
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6	IVb Multi Organ																
7	V Death																

679	<p>[comp_cardio]</p> <p>Show the field ONLY if: [system] = '2'</p>	<p>Type of complication</p>	<table border="1"> <tr><td>radio</td></tr> <tr><td>1 Atrial arrhythmia</td></tr> <tr><td>2 Heart Block</td></tr> <tr><td>3 Ischemia</td></tr> <tr><td>4 Hypertension</td></tr> <tr><td>5 CHF</td></tr> <tr><td>6 Cardiac Effusion</td></tr> <tr><td>7 Other</td></tr> </table> <p>Custom alignment: LH</p>	radio	1 Atrial arrhythmia	2 Heart Block	3 Ischemia	4 Hypertension	5 CHF	6 Cardiac Effusion	7 Other
radio											
1 Atrial arrhythmia											
2 Heart Block											
3 Ischemia											
4 Hypertension											
5 CHF											
6 Cardiac Effusion											
7 Other											
680	<p>[other_cardio]</p> <p>Show the field ONLY if: [comp_cardio] = '7'</p>	<p>If Other, specify system:</p>	<p>text</p> <p>Custom alignment: LH</p>								
681	<p>[grade_cardio]</p> <p>Show the field ONLY if: [comp_cardio] = '1' or [comp_cardio] = '2' or [comp_cardio] = '3' or [comp_cardio] = '4' or [comp_cardio] = '5' or [comp_cardio] = '7' or [comp_cardio] = '6' or [comp_cardio] = '8'</p>	<p>Grade</p>	<table border="1"> <tr><td>radio</td></tr> <tr><td>1 I No Treatment</td></tr> <tr><td>2 II New Medication</td></tr> <tr><td>3 IIIa Intervention</td></tr> <tr><td>4 IIIb General Anesthesia</td></tr> <tr><td>5 IVa Single Organ</td></tr> <tr><td>6 IVb Multi Organ</td></tr> <tr><td>7 V Death</td></tr> </table> <p>Custom alignment: LV</p>	radio	1 I No Treatment	2 II New Medication	3 IIIa Intervention	4 IIIb General Anesthesia	5 IVa Single Organ	6 IVb Multi Organ	7 V Death
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5 IVa Single Organ											
6 IVb Multi Organ											
7 V Death											
682	<p>[comp_gastro]</p> <p>Show the field ONLY if: [system] = '3'</p>	<p>Type of complication</p>	<table border="1"> <tr><td>radio</td></tr> <tr><td>1 C-Diff</td></tr> <tr><td>2 None infectious diarrhea</td></tr> <tr><td>3 Constipation</td></tr> <tr><td>4 Vomiting</td></tr> <tr><td>5 Ileus</td></tr> <tr><td>6 Gastric distention</td></tr> <tr><td>7 Other</td></tr> </table> <p>Custom alignment: LH</p>	radio	1 C-Diff	2 None infectious diarrhea	3 Constipation	4 Vomiting	5 Ileus	6 Gastric distention	7 Other
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7 Other											
683	<p>[other_gastro]</p> <p>Show the field ONLY if: [comp_gastro] = '7'</p>	<p>If Other, specify:</p>	<p>text</p> <p>Custom alignment: LH</p>								
684	<p>[grade_gastro]</p> <p>Show the field ONLY if: [comp_gastro] = '1' or [comp_gastro] = '2' or [comp_gastro] = '3' or [comp_gastro] = '4' or [comp_gastro] = '5' or [comp_gastro] = '6' or [comp_gastro] = '7'</p>	<p>Grade</p>	<table border="1"> <tr><td>radio</td></tr> <tr><td>1 I No Treatment</td></tr> <tr><td>2 II New Medication</td></tr> <tr><td>3 IIIa Intervention</td></tr> <tr><td>4 IIIb General Anesthesia</td></tr> <tr><td>5 IVa Single Organ</td></tr> <tr><td>6 IVb Multi Organ</td></tr> <tr><td>7 V Death</td></tr> </table> <p>Custom alignment: LV</p>	radio	1 I No Treatment	2 II New Medication	3 IIIa Intervention	4 IIIb General Anesthesia	5 IVa Single Organ	6 IVb Multi Organ	7 V Death
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4 IIIb General Anesthesia											
5 IVa Single Organ											
6 IVb Multi Organ											
7 V Death											

685	[comp_neuro]  Show the field ONLY if: [system] = '4'	Type of complication	radio <table border="1"> <tr><td>1</td><td>Confusion</td></tr> <tr><td>2</td><td>Mood alteration</td></tr> <tr><td>3</td><td>Seizure</td></tr> <tr><td>4</td><td>Cerebral-Vascular</td></tr> <tr><td>5</td><td>Other</td></tr> </table> Custom alignment: LH	1	Confusion	2	Mood alteration	3	Seizure	4	Cerebral-Vascular	5	Other						
1	Confusion																		
2	Mood alteration																		
3	Seizure																		
4	Cerebral-Vascular																		
5	Other																		
686	[other_neuro]  Show the field ONLY if: [comp_neuro] = '5'	If Other, specify:	text Custom alignment: LV																
687	[grade_neuro]  Show the field ONLY if: [comp_neuro] = '1' or [comp_neuro] = '2' or [comp_neuro] = '3' or [comp_neuro] = '4' or [comp_neuro] = '5'	Grade	radio <table border="1"> <tr><td>1</td><td>I No Treatment</td></tr> <tr><td>2</td><td>II New Medication</td></tr> <tr><td>3</td><td>IIIa Intervention</td></tr> <tr><td>4</td><td>IIIb General Anesthesia</td></tr> <tr><td>5</td><td>IVa Single Organ</td></tr> <tr><td>6</td><td>IVb Multi Organ</td></tr> <tr><td>7</td><td>V Death</td></tr> </table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death		
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6	IVb Multi Organ																		
7	V Death																		
688	[comp_pleural]  Show the field ONLY if: [system] = '5'	Type of complication	radio <table border="1"> <tr><td>1</td><td>Empyema</td></tr> <tr><td>2</td><td>Effusion</td></tr> <tr><td>3</td><td>Chylothorax</td></tr> <tr><td>4</td><td>Hemothorax</td></tr> <tr><td>5</td><td>Prolonged Air Leak</td></tr> <tr><td>6</td><td>BP Fistula</td></tr> <tr><td>7</td><td>SubQ Emphysema</td></tr> <tr><td>8</td><td>Other</td></tr> </table> Custom alignment: LH	1	Empyema	2	Effusion	3	Chylothorax	4	Hemothorax	5	Prolonged Air Leak	6	BP Fistula	7	SubQ Emphysema	8	Other
1	Empyema																		
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7	SubQ Emphysema																		
8	Other																		
689	[other_pleural]  Show the field ONLY if: [comp_pleural] = '8'	If Other, specify:	text Custom alignment: LH																
690	[grade_pleural]  Show the field ONLY if: [comp_pleural] = '1' or [comp_pleural] = '2' or [comp_pleural] = '3' or [comp_pleural] = '3' or [comp_pleural] = '4' or [comp_pleural] = '4' or [comp_pleural] = '5' or [comp_pleural] = '6' or [comp_pleural] = '7' or [comp_pleural] = '8'	Grade	radio <table border="1"> <tr><td>1</td><td>I No Treatment</td></tr> <tr><td>2</td><td>II New Medication</td></tr> <tr><td>3</td><td>IIIa Intervention</td></tr> <tr><td>4</td><td>IIIb General Anesthesia</td></tr> <tr><td>5</td><td>IVa Single Organ</td></tr> <tr><td>6</td><td>IVb Multi Organ</td></tr> <tr><td>7</td><td>V Death</td></tr> </table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death		
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5	IVa Single Organ																		
6	IVb Multi Organ																		
7	V Death																		
691	[comp_pulm]  Show the field ONLY if: [system] = '6'	Type of complication	radio <table border="1"> <tr><td>1</td><td>Atelactasis</td></tr> <tr><td>2</td><td>Pneumonia</td></tr> </table>	1	Atelactasis	2	Pneumonia												
1	Atelactasis																		
2	Pneumonia																		

3	Cardiogenic Edema
4	ARDS
5	Other

Custom alignment: LH

692	[other_pulm]  Show the field ONLY if: [comp_pulm] = '5'	If Other, specify:	text  Custom alignment: LV														
693	[grade_pulm]  Show the field ONLY if: [comp_pulm] = '1' or [comp_pulm] = '2' or [comp_pulm] = '4' or [comp_pulm] = '5' or [comp_pulm] = '3'	Grade	radio <table border="1"><tr><td>1</td><td>I No Treatment</td></tr><tr><td>2</td><td>II New Medication</td></tr><tr><td>3</td><td>IIIa Intervention</td></tr><tr><td>4</td><td>IIIb General Anesthesia</td></tr><tr><td>5</td><td>IVa Single Organ</td></tr><tr><td>6</td><td>IVb Multi Organ</td></tr><tr><td>7</td><td>V Death</td></tr></table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death
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6	IVb Multi Organ																
7	V Death																
694	[comp_renal]  Show the field ONLY if: [system] = '7'	Type of complication	radio <table border="1"><tr><td>1</td><td>UTI</td></tr><tr><td>2</td><td>Renal Insufficiency</td></tr><tr><td>3</td><td>Retention</td></tr><tr><td>4</td><td>Other</td></tr></table> Custom alignment: LH	1	UTI	2	Renal Insufficiency	3	Retention	4	Other						
1	UTI																
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695	[other_renal]  Show the field ONLY if: [comp_renal] = '4'	If Other, specify:	text  Custom alignment: LV														
696	[grade_renal]  Show the field ONLY if: [comp_renal] = '1' or [comp_renal] = '2' or [comp_renal] = '3' or [comp_renal] = '4'	Grade	radio <table border="1"><tr><td>1</td><td>I No Treatment</td></tr><tr><td>2</td><td>II New Medication</td></tr><tr><td>3</td><td>IIIa Intervention</td></tr><tr><td>4</td><td>IIIb General Anesthesia</td></tr><tr><td>5</td><td>IVa Single Organ</td></tr><tr><td>6</td><td>IVb Multi Organ</td></tr><tr><td>7</td><td>V Death</td></tr></table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death
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6	IVb Multi Organ																
7	V Death																
697	[comp_wound]  Show the field ONLY if: [system] = '8'	Type of complication	radio <table border="1"><tr><td>1</td><td>Infection</td></tr><tr><td>2</td><td>Hematoma</td></tr><tr><td>3</td><td>Seroma</td></tr><tr><td>4</td><td>Dehiscence</td></tr><tr><td>5</td><td>Other</td></tr></table> Custom alignment: LH	1	Infection	2	Hematoma	3	Seroma	4	Dehiscence	5	Other				
1	Infection																
2	Hematoma																
3	Seroma																
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698	[other_wound]  Show the field ONLY if: [comp_wound] = '5'	If Other, specify:	text  Custom alignment: LH														

699	[grade_wound]	Grade Show the field ONLY if: [comp_wound] = '1' or [comp_wound] = '2' or [comp_wound] = '3' or [comp_wound] = '4' or [comp_wound] = '5'	radio <table border="1"><tr><td>1</td><td>I No Treatment</td></tr><tr><td>2</td><td>II New Medication</td></tr><tr><td>3</td><td>IIIa Intervention</td></tr><tr><td>4</td><td>IIIb General Anesthesia</td></tr><tr><td>5</td><td>IVa Single Organ</td></tr><tr><td>6</td><td>IVb Multi Organ</td></tr><tr><td>7</td><td>V Death</td></tr></table> Custom alignment: LV	1	I No Treatment	2	II New Medication	3	IIIa Intervention	4	IIIb General Anesthesia	5	IVa Single Organ	6	IVb Multi Organ	7	V Death																						
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7	V Death																																						
700	[postoperative_complications_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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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<b>Instrument: Adjuvant Treatment (adjvant_treatment)</b>																																							
701	[adjtx_type]	Type of Adjuvant Treatment	checkbox <table border="1"><tr><td>0</td><td>adjtx_type__0</td><td>None</td></tr><tr><td>1</td><td>adjtx_type__1</td><td>Chemotherapy</td></tr><tr><td>2</td><td>adjtx_type__2</td><td>Radiotherapy</td></tr><tr><td>3</td><td>adjtx_type__3</td><td>Chemoradiotherapy</td></tr><tr><td>4</td><td>adjtx_type__4</td><td>Immunotherapy</td></tr><tr><td>5</td><td>adjtx_type__5</td><td>Other</td></tr></table> Custom alignment: LH	0	adjtx_type__0	None	1	adjtx_type__1	Chemotherapy	2	adjtx_type__2	Radiotherapy	3	adjtx_type__3	Chemoradiotherapy	4	adjtx_type__4	Immunotherapy	5	adjtx_type__5	Other																		
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4	adjtx_type__4	Immunotherapy																																					
5	adjtx_type__5	Other																																					
702	[adjimmuno]	If Immunotherapy, specify: Show the field ONLY if: [adjtx_type(4)] = '1'	text Custom alignment: LH																																				
703	[adjtx_other]	If Other, specify: Show the field ONLY if: [adjtx_type(5)] = '1'	text Custom alignment: LH																																				
704	[adjchemo_date]	Section Header: <i>Chemotherapy</i> Start Date of Chemotherapy	text (date_mdy) Custom alignment: LH																																				
705	[adjchemo_cycles]	Cycles Completed	text Custom alignment: LH																																				
706	[adjchemo_agent]	Type of Agent	checkbox <table border="1"><tr><td>1</td><td>adjchemo_agent__1</td><td>Cisplatin</td></tr><tr><td>2</td><td>adjchemo_agent__2</td><td>Carboplatin</td></tr><tr><td>3</td><td>adjchemo_agent__3</td><td>5FU</td></tr><tr><td>4</td><td>adjchemo_agent__4</td><td>Taxotere</td></tr><tr><td>7</td><td>adjchemo_agent__7</td><td>Carbotaxel</td></tr><tr><td>6</td><td>adjchemo_agent__6</td><td>Oxaliplatin</td></tr><tr><td>8</td><td>adjchemo_agent__8</td><td>Epirubicin</td></tr><tr><td>9</td><td>adjchemo_agent__9</td><td>Docetaxel</td></tr><tr><td>10</td><td>adjchemo_agent__10</td><td>Pacitaxel</td></tr><tr><td>11</td><td>adjchemo_agent__11</td><td>Taxol</td></tr><tr><td>12</td><td>adjchemo_agent__12</td><td>Xeloda</td></tr><tr><td>13</td><td>adjchemo_agent__13</td><td>Leucovorin</td></tr></table>	1	adjchemo_agent__1	Cisplatin	2	adjchemo_agent__2	Carboplatin	3	adjchemo_agent__3	5FU	4	adjchemo_agent__4	Taxotere	7	adjchemo_agent__7	Carbotaxel	6	adjchemo_agent__6	Oxaliplatin	8	adjchemo_agent__8	Epirubicin	9	adjchemo_agent__9	Docetaxel	10	adjchemo_agent__10	Pacitaxel	11	adjchemo_agent__11	Taxol	12	adjchemo_agent__12	Xeloda	13	adjchemo_agent__13	Leucovorin
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			<table border="1"> <tr><td>14</td><td>adjchemo_agent__14</td><td>Etoposide</td></tr> <tr><td>15</td><td>adjchemo_agent__15</td><td>Capecitabine</td></tr> <tr><td>16</td><td>adjchemo_agent__16</td><td>Trastuzumab/Herceptin</td></tr> <tr><td>17</td><td>adjchemo_agent__17</td><td>Pertuzumab</td></tr> <tr><td>18</td><td>adjchemo_agent__18</td><td>Other</td></tr> </table>	14	adjchemo_agent__14	Etoposide	15	adjchemo_agent__15	Capecitabine	16	adjchemo_agent__16	Trastuzumab/Herceptin	17	adjchemo_agent__17	Pertuzumab	18	adjchemo_agent__18	Other
14	adjchemo_agent__14	Etoposide																
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17	adjchemo_agent__17	Pertuzumab																
18	adjchemo_agent__18	Other																
			Custom alignment: LV															
707	[adjchemo_agent_other]	If Other, specify:  Show the field ONLY if: [adjchemo_agent(18)] = '1'	text Custom alignment: LH															
708	[adjradio_date]	Section Header: <i>Radiotherapy</i> Start Date of Radiotherapy	text (date_mdy) Custom alignment: LH															
709	[adjradio_dose]	Dose Completed	text Custom alignment: LH															
710	[adjradio_route]	Route	radio <table border="1"> <tr><td>1</td><td>Brachytherapy</td></tr> <tr><td>2</td><td>External Beam</td></tr> <tr><td>3</td><td>SBRT</td></tr> <tr><td>4</td><td>Other</td></tr> </table> Custom alignment: LH	1	Brachytherapy	2	External Beam	3	SBRT	4	Other							
1	Brachytherapy																	
2	External Beam																	
3	SBRT																	
4	Other																	
711	[adjradio_route_other]	If Other, specify:  Show the field ONLY if: [adjradio_route] = '4'	text Custom alignment: LH															
712	[adjuvant_treatment_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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									
0	Incomplete																	
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<b>Instrument: Survival Data (survival_data)</b>																		
713	[recurrence]	Section Header: <i>Recurrence Note: this includes patients that relapsed after surgery</i>  Has the patient recurred?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>999</td><td>Unknown</td></tr> <tr><td>NA</td><td>NA</td></tr> </table> Custom alignment: LH	1	Yes	0	No	999	Unknown	NA	NA							
1	Yes																	
0	No																	
999	Unknown																	
NA	NA																	
714	[recurrence_date]	Date of Recurrence  Show the field ONLY if: [recurrence] = '1'	text (date_mdy), Required Custom alignment: LH															
715	[recurrence_location]	Location of Recurrence Local - site of anastomosis Regional - regional lymph nodes Locoregional - both local and regional sites  Show the field ONLY if: [recurrence] = '1'	checkbox <table border="1"> <tr><td>Local</td><td>recurrence_location__local</td><td>Local</td></tr> <tr><td>Regional</td><td>recurrence_location__regional</td><td>Regional</td></tr> <tr><td>Distant</td><td>recurrence_location__distant</td><td>Distant</td></tr> <tr><td>Ukn</td><td>recurrence_location__ukn</td><td>Unknown</td></tr> </table> Custom alignment: LH	Local	recurrence_location__local	Local	Regional	recurrence_location__regional	Regional	Distant	recurrence_location__distant	Distant	Ukn	recurrence_location__ukn	Unknown			
Local	recurrence_location__local	Local																
Regional	recurrence_location__regional	Regional																
Distant	recurrence_location__distant	Distant																
Ukn	recurrence_location__ukn	Unknown																
716	[recurrence_regional]	Specify regional site:  Show the field ONLY if:	text Custom alignment: LH															

	[recurrence_location(Regional)] = '1'																				
717	[distant_recurrence]  Show the field ONLY if: [recurrence_location(Distant)] = '1'	Site of Distant Recurrence	checkbox, Required <table border="1"> <tr><td>Liver</td><td>distant_recurrence__liver</td><td>Liv</td></tr> <tr><td>Lung</td><td>distant_recurrence__lung</td><td>Lu</td></tr> <tr><td>Bone</td><td>distant_recurrence__bone</td><td>Bo</td></tr> <tr><td>Brain</td><td>distant_recurrence__brain</td><td>Br</td></tr> <tr><td>Peritoneum</td><td>distant_recurrence__peritoneum</td><td>Pe</td></tr> <tr><td>Other</td><td>distant_recurrence__other</td><td>Ot</td></tr> </table> Custom alignment: LH	Liver	distant_recurrence__liver	Liv	Lung	distant_recurrence__lung	Lu	Bone	distant_recurrence__bone	Bo	Brain	distant_recurrence__brain	Br	Peritoneum	distant_recurrence__peritoneum	Pe	Other	distant_recurrence__other	Ot
Liver	distant_recurrence__liver	Liv																			
Lung	distant_recurrence__lung	Lu																			
Bone	distant_recurrence__bone	Bo																			
Brain	distant_recurrence__brain	Br																			
Peritoneum	distant_recurrence__peritoneum	Pe																			
Other	distant_recurrence__other	Ot																			
718	[other_distant_recurrence]  Show the field ONLY if: [distant_recurrence(Other)] = '1'	If "Other", please specify site of distant recurrence:	text Custom alignment: LH																		
719	[dfs_2]  Show the field ONLY if: [recurrence] = '1'	Disease Free Survival, after recurrence <i>days</i>	calc Calculation: datediff ([recurrence_date], [surgery_arm_1][sx_date][1], "d", "mdy", false) Custom alignment: LH																		
720	[current_status]	Section Header: <i>Survival Data</i>  Current Status	radio <table border="1"> <tr><td>1</td><td>Alive with disease</td></tr> <tr><td>2</td><td>Alive without disease</td></tr> <tr><td>3</td><td>Died with disease</td></tr> <tr><td>4</td><td>Died without disease</td></tr> <tr><td>999</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Alive with disease	2	Alive without disease	3	Died with disease	4	Died without disease	999	Unknown								
1	Alive with disease																				
2	Alive without disease																				
3	Died with disease																				
4	Died without disease																				
999	Unknown																				
721	[cause_death]  Show the field ONLY if: [current_status] = '3' or [current_status] = '4'	Specify cause of death:	text Custom alignment: LH																		
722	[last_fu_date]	Last Follow Up Date	text (date_mdy) Custom alignment: LH																		
723	[overall_survival]	Overall Survival <i>days</i>	calc Calculation: datediff([baseline_arm_1][endoscopy_date], [last_fu_date],"d", "mdy", false) Custom alignment: LH																		
724	[dfs]	Disease Free Survival <i>days</i>	calc Calculation: datediff ([last_fu_date], [surgery_arm_1][sx_date][1], "d", "mdy", false) Custom alignment: LH																		
725	[dod]	Section Header: <i>Death</i> Date of Death	text (date_mdy) Custom alignment: LH																		
726	[overall_survival_2]	Overall Survival, deceased <i>days</i>	calc Calculation: datediff ([dod], [baseline_arm_1][endoscopy_date], "d", "mdy", false) Custom alignment: LH																		
727	[survival_data_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <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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