



FCS: Understanding the effects of stroke using functional connectivity MRI

Codebook ▾

Data Dictionary Codebook

09/29/2016 12:55pm

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Basic Study Information			
1	study_id	Study ID	text
2	subj_type	Subject type	dropdown <div> <div>0</div>Stroke </div> <div> <div>1</div>Healthy age-matched control </div> <div> <div>2</div>(double data entry) </div>
3	inclusion	Study Inclusion Status <i>Should subject be included in the main study analyses? Determined after PI reviews research MRI.</i>	dropdown <div> <div>0</div>Exclude </div> <div> <div>1</div>Include </div> <div> <div>2</div>Pending PI Review </div>
4	inclusion_notes Show the field ONLY if: [inclusion] = '0'	Additional study status information <i>Some subjects not used in the main analyses may nevertheless be useful in sub-analyses</i>	dropdown <div> <div>0</div>Include for behavioral analyses only (no scan performed) </div> <div> <div>1</div>Include for behavioral and anatomical analyses only (no fMRI performed) </div> <div> <div>2</div>Exclude from all analyses due to bilateral lesion </div> <div> <div>3</div>Exclude from all analyses due to tiny or questionable stroke lesion </div> <div> <div>4</div>Exclude from all analyses for no data or very little data collected for subject </div> <div> <div>5</div>Exclude from all analyses for other reason </div>
5	inclusion_notes2	Notes about study status <i>any additional information regarding why subject was excluded or included; information about enrollment in other relevant protocols such as Case Studies</i>	notes
6	lesion_side Show the field ONLY if: [subj_type] = '0'	Lesion side <i>CEREBELLAR LESIONS SHOULD BE CODED FOR THE OPPOSITE SIDE</i>	dropdown <div> <div>0</div>Left </div> <div> <div>1</div>Right </div>
7	lesion_note Show the field ONLY if: [subj_type] = '0'	Lesion side notes <i>Any additional information needed to clarify lesion side labeling, such as "left cerebellar infarct coded as right" or "bilateral lesion but mostly left-sided, coded as left"</i>	notes
8	basic_study_information_complete	Section Header: <i>Form Status</i> Complete?	dropdown <div> <div>0</div>Incomplete </div> <div> <div>1</div>Unverified </div> <div> <div>2</div>Complete </div>
Instrument: Testing dates and details			
9	acute_beh Show the field ONLY if: [subj_type] = '0'	Section Header: <i>Acute session</i> Date of acute behavioral battery	text (date_mdy)
10	acute_scan Show the field ONLY if: [subj_type] = '0'	Date of acute scan	text (date_mdy)

11	missed_visit_a Show the field ONLY if: [subj_type] = '0'	Reason for missing acute visit	dropdown <table><tr><td>7</td><td>Unable to tolerate scan</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>n/a</td></tr></table>	7	Unable to tolerate scan	9	Other	10	n/a																
7	Unable to tolerate scan																								
9	Other																								
10	n/a																								
12	visit_note_a Show the field ONLY if: [subj_type] = '0'	Notes about acute visit <i>more detailed explanation of reason for missing visit; explanation for late or early date for visit</i>	notes																						
13	three_m_beh Show the field ONLY if: [subj_type] = '0'	Section Header: 3-Month Session Date of 3-month behavioral battery	text (date_mdy)																						
14	three_m_scan Show the field ONLY if: [subj_type] = '0'	Date of 3-month scan	text (date_mdy)																						
15	missed_visit_3m Show the field ONLY if: [subj_type] = '0'	Reason for missing 3-month visit	dropdown <table><tr><td>0</td><td>Recurrent stroke or other neurological problem, no longer eligible</td></tr><tr><td>1</td><td>New medical history, now contraindicated for scanner</td></tr><tr><td>2</td><td>New medical history, not well enough to participate</td></tr><tr><td>3</td><td>Refused</td></tr><tr><td>4</td><td>Moved away from St. Louis</td></tr><tr><td>5</td><td>Did not respond to multiple attempts to contact</td></tr><tr><td>6</td><td>Unable to contact</td></tr><tr><td>7</td><td>Unable to tolerate scan</td></tr><tr><td>8</td><td>Already lost at previous visit</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>n/a</td></tr></table>	0	Recurrent stroke or other neurological problem, no longer eligible	1	New medical history, now contraindicated for scanner	2	New medical history, not well enough to participate	3	Refused	4	Moved away from St. Louis	5	Did not respond to multiple attempts to contact	6	Unable to contact	7	Unable to tolerate scan	8	Already lost at previous visit	9	Other	10	n/a
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16	visit_note_3m Show the field ONLY if: [subj_type] = '0'	Notes about 3-month visit <i>more detailed explanation of reason for missing visit; explanation for late or early date for visit</i>	notes																						
17	one_y_beh Show the field ONLY if: [subj_type] = '0'	Section Header: 1-Year session Date of 1-year behavioral battery	text (date_mdy)																						
18	one_y_scan Show the field ONLY if: [subj_type] = '0'	Date of 1-year scan	text (date_mdy)																						
19	missed_visit_1y Show the field ONLY if: [subj_type] = '0'	Reason for missing 1-year visit	dropdown <table><tr><td>0</td><td>Recurrent stroke or other neurological problem, no longer eligible</td></tr><tr><td>1</td><td>New medical history, now contraindicated for scanner</td></tr><tr><td>2</td><td>New medical history, not well enough to participate</td></tr><tr><td>3</td><td>Refused</td></tr><tr><td>4</td><td>Moved away from St. Louis</td></tr><tr><td>5</td><td>Did not respond to multiple attempts to contact</td></tr><tr><td>6</td><td>Unable to contact</td></tr><tr><td>7</td><td>Unable to tolerate scan</td></tr><tr><td>8</td><td>Already lost at previous visit</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>n/a</td></tr></table>	0	Recurrent stroke or other neurological problem, no longer eligible	1	New medical history, now contraindicated for scanner	2	New medical history, not well enough to participate	3	Refused	4	Moved away from St. Louis	5	Did not respond to multiple attempts to contact	6	Unable to contact	7	Unable to tolerate scan	8	Already lost at previous visit	9	Other	10	n/a
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20	visit_note_1y Show the field ONLY if: [subj_type] = '0'	Notes about 1-year visit <i>more detailed explanation of reason for missing visit; explanation for late or early date for visit</i>	notes																						
21	v1_beh Show the field ONLY if: [subj_type] = '1'	Section Header: Control Visit 1 Date of Visit 1 behavioral battery	text (date_mdy)																						

22	v1_scan Show the field ONLY if: [subj_type] = '1'	Date of Visit 1 scan	text (date_mdy)								
23	missed_visit_1 Show the field ONLY if: [subj_type] = '1'	Reason for missing Visit 1	dropdown <table border="1"> <tr> <td>7</td> <td>Unable to tolerate scan</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> <tr> <td>10</td> <td>n/a</td> </tr> </table>	7	Unable to tolerate scan	9	Other	10	n/a		
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9	Other										
10	n/a										
24	visit_note_1 Show the field ONLY if: [subj_type] = '1'	Notes about Visit 1 <i>more detailed explanation of reason for missing visit; explanation for late or early date for visit</i>	notes								
25	v2_beh Show the field ONLY if: [subj_type] = '1'	Section Header: <i>Control Visit 2</i> Date of Visit 2 behavioral battery	text (date_mdy)								
26	v2_scan Show the field ONLY if: [subj_type] = '1'	Date of Visit 2 scan	text (date_mdy)								
27	missed_visit_2 Show the field ONLY if: [subj_type] = '1'	Reason for missing Visit 2	dropdown <table border="1"> <tr> <td>7</td> <td>Unable to tolerate scan</td> </tr> <tr> <td>8</td> <td>Already lost at previous visit</td> </tr> <tr> <td>9</td> <td>Other</td> </tr> <tr> <td>10</td> <td>n/a</td> </tr> </table>	7	Unable to tolerate scan	8	Already lost at previous visit	9	Other	10	n/a
7	Unable to tolerate scan										
8	Already lost at previous visit										
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10	n/a										
28	visit_note_2 Show the field ONLY if: [subj_type] = '1'	Notes about Visit 2 <i>more detailed explanation of reason for missing visit; explanation for late or early date for visit</i>	notes								
29	testing_dates_and_details_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: **Contact Information**

30	fname	Section Header: <i>Subject Contact Information</i> First Name	text, Identifier
31	lname	Last Name	text, Identifier
32	email	email address	text, Identifier
33	cphone	Phone number: cell phone	text, Identifier
34	hphone	Phone number: home phone	text, Identifier
35	wphone	Phone number: work phone	text, Identifier
36	address	Address Line 1	text, Identifier
37	address2	Address Line 2 - optional (Apt. or Box number, etc.)	text, Identifier
38	city	City	text, Identifier
39	state	State	text, Identifier
40	zip	Zip code	text, Identifier
41	relat	Section Header: <i>Alternate Contact Information</i> relationship: Alternate contact 1 <i>e.g. daughter, brother, spouse, friend</i>	text
42	alt_fname	Alternate contact: First name	text, Identifier
43	alt_lname	Alternate contact: Last name	text, Identifier
44	alt_cphone	Alternate contact: Phone number: cell phone	text, Identifier
45	alt_hphone	Alternate contact: Phone number: home phone	text, Identifier
46	relat2	relationship: Alternate contact 2 <i>e.g. daughter, brother, spouse, friend</i>	text
47	alt2_fname	Alternate contact2: First name	text, Identifier
48	alt2_lname	Alternate contact 2: Last name	text, Identifier
49	alt2_phone	Alternate contact 2: Phone number	text, Identifier
50	contact_note	Notes about contact information <i>Note any restrictions ("subject does not want voicemails left at home") or other information ("subject's daughter Mary helps with scheduling, so verify all appointments with Mary as well as with subject"; "cell phone number IS valid but is sometimes turned off if she is out of minutes")</i>	notes

51	share_contact	Permission to share contact information with other researchers <i>Subject has given written permission for investigator to share contact information with other researchers seeking subjects for trials</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																	
0	No																	
52	contact_information_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: Demographic Information																		
53	dob	Date of birth	text (date_mdy), Identifier															
54	age	Age at stroke (or Age at enrollment, for controls) <i>age at the time of stroke onset (or at study enrollment, for healthy control participants)</i>	text (integer, Min: 18, Max: 120)															
55	ethnicity	Ethnicity	dropdown <table border="1"> <tr><td>0</td><td>Hispanic or Latino</td></tr> <tr><td>1</td><td>Not Hispanic or Latino</td></tr> </table>	0	Hispanic or Latino	1	Not Hispanic or Latino											
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56	race	Race	dropdown <table border="1"> <tr><td>0</td><td>American Indian / Alaska Native</td></tr> <tr><td>1</td><td>Asian</td></tr> <tr><td>2</td><td>Native Hawaiian or other Pacific Islander</td></tr> <tr><td>3</td><td>Black or African American</td></tr> <tr><td>4</td><td>White</td></tr> </table>	0	American Indian / Alaska Native	1	Asian	2	Native Hawaiian or other Pacific Islander	3	Black or African American	4	White					
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57	gender	Gender	dropdown <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> </table>	0	Male	1	Female											
0	Male																	
1	Female																	
58	education	Education level <i>years of education; 12=high school, 14= Associate's degree; 16=college</i>	text (integer, Min: 0, Max: 30)															
59	handed	Handedness	dropdown <table border="1"> <tr><td>0</td><td>Left</td></tr> <tr><td>1</td><td>Right</td></tr> <tr><td>2</td><td>Other</td></tr> </table>	0	Left	1	Right	2	Other									
0	Left																	
1	Right																	
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60	demographic_note	Notes <i>any additional information relevant to section</i>	notes															
61	demographic_information_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: Medical History																		
62	smoke	Smoker within past year	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																	
63	neuro_pmh	Neurological history	checkbox <table border="1"> <tr><td>0</td><td>neuro_pmh__0</td><td>TIA</td></tr> <tr><td>1</td><td>neuro_pmh__1</td><td>Migraine</td></tr> <tr><td>2</td><td>neuro_pmh__2</td><td>Diabetic neuropathy</td></tr> <tr><td>3</td><td>neuro_pmh__3</td><td>Other neurological history</td></tr> </table>	0	neuro_pmh__0	TIA	1	neuro_pmh__1	Migraine	2	neuro_pmh__2	Diabetic neuropathy	3	neuro_pmh__3	Other neurological history			
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3	neuro_pmh__3	Other neurological history																
64	psy_pmh	Psychological history	checkbox <table border="1"> <tr><td>0</td><td>psy_pmh__0</td><td>Depression</td></tr> <tr><td>1</td><td>psy_pmh__1</td><td>Anxiety</td></tr> <tr><td>2</td><td>psy_pmh__2</td><td>ETOH abuse</td></tr> <tr><td>3</td><td>psy_pmh__3</td><td>Other substance abuse</td></tr> <tr><td>4</td><td>psy_pmh__4</td><td>Other psychological history</td></tr> </table>	0	psy_pmh__0	Depression	1	psy_pmh__1	Anxiety	2	psy_pmh__2	ETOH abuse	3	psy_pmh__3	Other substance abuse	4	psy_pmh__4	Other psychological history
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3	psy_pmh__3	Other substance abuse																
4	psy_pmh__4	Other psychological history																

65	cardio_pmh	Cardiac history	checkbox <table border="1"> <tr><td>0</td><td>cardio_pmh__0</td><td>High blood pressure (HTN)</td></tr> <tr><td>1</td><td>cardio_pmh__1</td><td>Coronary artery disease (CAD)</td></tr> <tr><td>2</td><td>cardio_pmh__2</td><td>Congestive heart failure (CHF)</td></tr> <tr><td>3</td><td>cardio_pmh__3</td><td>Heart attack (MI)</td></tr> <tr><td>4</td><td>cardio_pmh__4</td><td>atrial fibrillation (a. fib)</td></tr> <tr><td>5</td><td>cardio_pmh__5</td><td>Other cardiac history</td></tr> </table>	0	cardio_pmh__0	High blood pressure (HTN)	1	cardio_pmh__1	Coronary artery disease (CAD)	2	cardio_pmh__2	Congestive heart failure (CHF)	3	cardio_pmh__3	Heart attack (MI)	4	cardio_pmh__4	atrial fibrillation (a. fib)	5	cardio_pmh__5	Other cardiac history
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4	cardio_pmh__4	atrial fibrillation (a. fib)																			
5	cardio_pmh__5	Other cardiac history																			
66	dm	Diabetes Mellitus	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																				
67	vision_pmh	Vision history	checkbox <table border="1"> <tr><td>0</td><td>vision_pmh__0</td><td>cataracts, surgically corrected</td></tr> <tr><td>1</td><td>vision_pmh__1</td><td>cataracts, uncorrected</td></tr> <tr><td>2</td><td>vision_pmh__2</td><td>glaucoma</td></tr> <tr><td>3</td><td>vision_pmh__3</td><td>Other vision history</td></tr> </table>	0	vision_pmh__0	cataracts, surgically corrected	1	vision_pmh__1	cataracts, uncorrected	2	vision_pmh__2	glaucoma	3	vision_pmh__3	Other vision history						
0	vision_pmh__0	cataracts, surgically corrected																			
1	vision_pmh__1	cataracts, uncorrected																			
2	vision_pmh__2	glaucoma																			
3	vision_pmh__3	Other vision history																			
68	other_pmh	Other Medical History <i>any medical history not included in checkboxes above</i>	notes																		
69	date_stroke Show the field ONLY if: [subj_type] = '0'	Date of stroke	text (date_mdy)																		
70	tpa Show the field ONLY if: [subj_type] = '0'	tPA? <i>did patient receive TPA in the hospital?</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																				
0	No																				
71	ica Show the field ONLY if: [subj_type] = '0'	Carotid doppler results	radio <table border="1"> <tr><td>0</td><td>No carotid dopplers performed or no report available</td></tr> <tr><td>1</td><td>Less than 50% occlusion of bilateral internal carotid arteries</td></tr> <tr><td>2</td><td>51-79% occlusion of affected ICA</td></tr> <tr><td>3</td><td>total or near-total occlusion of affected ICA</td></tr> <tr><td>4</td><td>This patient has undergone a carotid endarterectomy for affected ICA</td></tr> <tr><td>5</td><td>Other (carotid dissection, thrombus, irregularity, or other problem)</td></tr> </table>	0	No carotid dopplers performed or no report available	1	Less than 50% occlusion of bilateral internal carotid arteries	2	51-79% occlusion of affected ICA	3	total or near-total occlusion of affected ICA	4	This patient has undergone a carotid endarterectomy for affected ICA	5	Other (carotid dissection, thrombus, irregularity, or other problem)						
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72	smart Show the field ONLY if: [subj_type] = '0'	SMART Number <i>ID number assigned by the clinical SMART team at BJH; can be used to look up additional information in the CRRG database</i>	text (number)																		
73	nihss_hospital Show the field ONLY if: [subj_type] = '0'	NIHSS at acute hospital <i>as rated by the clinical SMART team at BJH, usually with 24 hours of admission</i>	text (integer, Min: 0, Max: 40)																		
74	new_mh1 Show the field ONLY if: [subj_type] = '0'	New health history between acute and 3-month visit <i>Please note any change in medical history between visits</i>	notes																		
75	new_mh2 Show the field ONLY if: [subj_type] = '0'	New health history between 3-month and 1-year visit <i>Please note any change in medical history between visits</i>	notes																		
76	new_mh3 Show the field ONLY if: [subj_type] = '1'	New health history between first and second control visit <i>Please note any change in medical history between visits</i>	notes																		
77	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												
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1	Unverified																				
2	Complete																				
Instrument: Clinical Symptoms																					
78	er_note	Section Header: <i>Emergency Room notes</i> ER: is a note describing symptoms available?	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																				

79	cognition_er Show the field ONLY if: [er_note]=1	Cognition and Consciousness <i>keywords in chart triggering checkbox: 1, unconsciousness (syncope, unarousable, does not open eyes, found down) 2, lethargy (drowsy, lethargic, somnolent, not alert, altered consciousness) 3, confusion (confused, disoriented / not oriented / oriented only to name, altered mental status) 4, executive function impairment (cognitive impairment, poor/impaired memory, poor/impaired insight, judgement, planning, thinking; deficits in months backwards / counting backwards / calculations)</i>	checkbox <table border="1"> <tr><td>1</td><td>cognition_er__1</td><td>unconsciousness</td></tr> <tr><td>2</td><td>cognition_er__2</td><td>lethargy</td></tr> <tr><td>3</td><td>cognition_er__3</td><td>confusion</td></tr> <tr><td>4</td><td>cognition_er__4</td><td>executive function impairment</td></tr> </table>	1	cognition_er__1	unconsciousness	2	cognition_er__2	lethargy	3	cognition_er__3	confusion	4	cognition_er__4	executive function impairment																					
1	cognition_er__1	unconsciousness																																		
2	cognition_er__2	lethargy																																		
3	cognition_er__3	confusion																																		
4	cognition_er__4	executive function impairment																																		
80	attention_er Show the field ONLY if: [er_note]=1	Attention <i>keywords in chart triggering checkbox: 1, neglect (extinction, inattention to hemifield, difficulty/unable to cross midline, gaze preference)</i>	checkbox <table border="1"> <tr><td>1</td><td>attention_er__1</td><td>neglect</td></tr> </table>	1	attention_er__1	neglect																														
1	attention_er__1	neglect																																		
81	language_er Show the field ONLY if: [er_note]=1	Language <i>keywords in chart triggering checkbox: 1, expressive aphasia (garbled speech, decreased word-finding, decreased fluency, non-fluent, unable to speak, repetition poor, naming impaired / not intact, inappropriate speech / does not answer questions appropriately) 2, receptive aphasia (does not follow commands, difficulty understanding)</i>	checkbox <table border="1"> <tr><td>1</td><td>language_er__1</td><td>expressive aphasia</td></tr> <tr><td>2</td><td>language_er__2</td><td>receptive aphasia</td></tr> </table>	1	language_er__1	expressive aphasia	2	language_er__2	receptive aphasia																											
1	language_er__1	expressive aphasia																																		
2	language_er__2	receptive aphasia																																		
82	motor_er Show the field ONLY if: [er_note]=1	Motor <i>keywords in chart triggering checkbox: 1, facial weakness (face assymetric, decreased nasolabial fold) 2, flaccid hemiparesis of arm (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 3, non-flaccid arm weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 4, flaccid hemiparesis of leg (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 5, non-flaccid leg weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 6, incoordination (ataxia, dysmetria, dyskinesia, unsteady gait, impaired/slowed/dysmetric finger-to-nose or heel-knee-shin or toe tapping or fine finger movements, clumsy) 7, loss of balance (gait instability) 8, dysarthria (slurred speech) 9, spasticity (hypertonicity) 10, apraxia (unable to immitate gestures, poor praxis) 11, involuntary movement (choreoathetoid, chorea, athetosis, ballismus)</i>	checkbox <table border="1"> <tr><td>1</td><td>motor_er__1</td><td>facial weakness</td></tr> <tr><td>2</td><td>motor_er__2</td><td>flaccid hemiparesis of arm</td></tr> <tr><td>3</td><td>motor_er__3</td><td>non-flaccid arm weakness</td></tr> <tr><td>4</td><td>motor_er__4</td><td>flaccid hemiparesis of leg</td></tr> <tr><td>5</td><td>motor_er__5</td><td>non-flaccid leg weakness</td></tr> <tr><td>6</td><td>motor_er__6</td><td>incoordination</td></tr> <tr><td>7</td><td>motor_er__7</td><td>loss of balance</td></tr> <tr><td>8</td><td>motor_er__8</td><td>dysarthria</td></tr> <tr><td>9</td><td>motor_er__9</td><td>spasticity</td></tr> <tr><td>10</td><td>motor_er__10</td><td>apraxia</td></tr> <tr><td>11</td><td>motor_er__11</td><td>involuntary movement</td></tr> </table>	1	motor_er__1	facial weakness	2	motor_er__2	flaccid hemiparesis of arm	3	motor_er__3	non-flaccid arm weakness	4	motor_er__4	flaccid hemiparesis of leg	5	motor_er__5	non-flaccid leg weakness	6	motor_er__6	incoordination	7	motor_er__7	loss of balance	8	motor_er__8	dysarthria	9	motor_er__9	spasticity	10	motor_er__10	apraxia	11	motor_er__11	involuntary movement
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11	motor_er__11	involuntary movement																																		
83	visual_er Show the field ONLY if: [er_note]=1	Visual <i>keywords in chart triggering checkbox: 1, field cut (quadrantanopsia, hemianopsia, scotoma) 2, diplopia (double vision) 3, other visual problem (blurred vision, nystagmus, doll's eyes, disconjugate gaze, limited vertical gaze, limited horizontal gaze, pupillary defect, doll's eyes, exotropic, strabismus, assymetric light reflex, photophobia)</i>	checkbox <table border="1"> <tr><td>1</td><td>visual_er__1</td><td>field cut</td></tr> <tr><td>2</td><td>visual_er__2</td><td>diplopia</td></tr> <tr><td>3</td><td>visual_er__3</td><td>other visual problem</td></tr> </table>	1	visual_er__1	field cut	2	visual_er__2	diplopia	3	visual_er__3	other visual problem																								
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84	sensory_er Show the field ONLY if: [er_note]=1	Sensory <i>keywords in chart triggering checkbox: 1, loss of tactile sensation (numb, decreased or reduced or absent light touch / sensation / pinprick / temperature / vibration) 2, loss of proprioception 3, pain 4, photophobia (oversensitivity to light), 5, paraesthesia (burning, tingling, pins and needles)</i>	checkbox <table border="1"> <tr><td>1</td><td>sensory_er__1</td><td>loss of tactile sensation</td></tr> <tr><td>2</td><td>sensory_er__2</td><td>loss of proprioception</td></tr> <tr><td>3</td><td>sensory_er__3</td><td>pain (other than headache)</td></tr> <tr><td>4</td><td>sensory_er__4</td><td>photophobia</td></tr> <tr><td>5</td><td>sensory_er__5</td><td>paraesthesia</td></tr> </table>	1	sensory_er__1	loss of tactile sensation	2	sensory_er__2	loss of proprioception	3	sensory_er__3	pain (other than headache)	4	sensory_er__4	photophobia	5	sensory_er__5	paraesthesia																		
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85	misc_er Show the field ONLY if: [er_note]=1	Miscellaneous <i>keywords in chart triggering checkbox: 1, headache 2, vertigo or dizziness 3, nausea 4, respiratory problem (shortness of breath, labored breathing, respiratory distress) 5, emotional problem (flat affect, lability, depression) 6, fatigue (exhaustion, tired) 7, seizure (convulsing)</i>	checkbox <table border="1"> <tr><td>1</td><td>misc_er__1</td><td>headache</td></tr> <tr><td>2</td><td>misc_er__2</td><td>vertigo or dizziness</td></tr> <tr><td>3</td><td>misc_er__3</td><td>nausea</td></tr> <tr><td>4</td><td>misc_er__4</td><td>respiratory problem</td></tr> <tr><td>5</td><td>misc_er__5</td><td>emotional problem</td></tr> <tr><td>6</td><td>misc_er__6</td><td>fatigue</td></tr> <tr><td>7</td><td>misc_er__7</td><td>seizure</td></tr> </table>	1	misc_er__1	headache	2	misc_er__2	vertigo or dizziness	3	misc_er__3	nausea	4	misc_er__4	respiratory problem	5	misc_er__5	emotional problem	6	misc_er__6	fatigue	7	misc_er__7	seizure												
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5	misc_er__5	emotional problem																																		
6	misc_er__6	fatigue																																		
7	misc_er__7	seizure																																		
86	acutead_note	Section Header: <i>Barnes-Jewish Hospital acute inpatient hospital admission notes</i> BJH Admission: is a note describing symptoms available?	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																																			
87	acutead_resolved Show the field ONLY if: [acutead_note] = '1'	Are all symptoms resolved?	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																													
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88	cognition_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acutead_resolved] = '0'	Cognition and Consciousness <i>keywords in chart triggering checkbox: 1, unconsciousness (syncope, unarousable, does not open eyes, found down) 2, lethargy (drowsy, lethargic, somnolent, not alert, altered consciousness) 3, confusion (confused, disoriented / not oriented / oriented only to name, altered mental status) 4, executive function impairment (cognitive impairment, poor/impaired memory, poor/impaired insight, judgement, planning, thinking; deficits in months backwards / counting backwards / calculations)</i>	checkbox <table border="1"> <tr><td>1</td><td>cognition_acute_ad__1</td><td>unconsciousness</td></tr> <tr><td>2</td><td>cognition_acute_ad__2</td><td>lethargy</td></tr> <tr><td>3</td><td>cognition_acute_ad__3</td><td>confusion</td></tr> <tr><td>4</td><td>cognition_acute_ad__4</td><td>executive function impairment</td></tr> </table>	1	cognition_acute_ad__1	unconsciousness	2	cognition_acute_ad__2	lethargy	3	cognition_acute_ad__3	confusion	4	cognition_acute_ad__4	executive function impairment																					
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89	attention_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Attention <i>keywords in chart triggering checkbox: 1, neglect (extinction, inattention to hemifield, difficulty/unable to cross midline, gaze preference)</i>	checkbox 1 attention_acute_ad__1 neglect
90	language_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Language <i>keywords in chart triggering checkbox: 1, expressive aphasia (garbled speech, decreased word-finding, decreased fluency, non-fluent, unable to speak, repetition poor, naming impaired / not intact, inappropriate speech / does not answer questions appropriately) 2, receptive aphasia (does not follow commands, difficulty understanding)</i>	checkbox 1 language_acute_ad__1 expressive aphasia 2 language_acute_ad__2 receptive aphasia
91	motor_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Motor <i>keywords in chart triggering checkbox: 1, facial weakness (face asymmetric, decreased nasolabial fold) 2, flaccid hemiparesis of arm (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 3, non-flaccid arm weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 4, flaccid hemiparesis of leg (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 5, non-flaccid leg weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 6, incoordination (ataxia, dysmetria, dyskinesia, unsteady gait, impaired/slowed/dysmetric finger-to-nose or heel-knee-shin or toe tapping or fine finger movements, clumsy) 7, loss of balance (gait instability) 8, dysarthria (slurred speech) 9, spasticity (hypertonicity) 10, apraxia (unable to immitate gestures, poor praxis) 11, involuntary movement (choreoathetoid, chorea, athetosis, ballismus)</i>	checkbox 1 motor_acute_ad__1 facial weakness 2 motor_acute_ad__2 flaccid hemiparesis of arm 3 motor_acute_ad__3 non-flaccid arm weakness 4 motor_acute_ad__4 flaccid hemiparesis of leg 5 motor_acute_ad__5 non-flaccid leg weakness 6 motor_acute_ad__6 incoordination 7 motor_acute_ad__7 loss of balance 8 motor_acute_ad__8 dysarthria 9 motor_acute_ad__9 spasticity 10 motor_acute_ad__10 apraxia 11 motor_acute_ad__11 involuntary movement
92	visual_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Visual <i>keywords in chart triggering checkbox: 1, field cut (quadrantanopsia, hemianopsia, scotoma) 2, diplopia (double vision) 3, other visual problem (blurred vision, nystagmus, doll's eyes, disconjugate gaze, limited vertical gaze, limited horizontal gaze, pupillary defect, doll's eyes, exotropic, strabismus, assymetric light reflex, photophobia)</i>	checkbox 1 visual_acute_ad__1 field cut 2 visual_acute_ad__2 diplopia 3 visual_acute_ad__3 other visual problem
93	sensory_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Sensory <i>keywords in chart triggering checkbox: 1, loss of tactile sensation (numb, decreased or reduced or absent light touch / sensation / pinprick / temperature / vibration) 2, loss of proprioception 3, pain 4, photophobia (oversensitivity to light), 5, paraesthesia (burning, tingling, pins and needles)</i>	checkbox 1 sensory_acute_ad__1 loss of tactile sensation 2 sensory_acute_ad__2 loss of proprioception 3 sensory_acute_ad__3 pain (other than headache) 4 sensory_acute_ad__4 photophobia, 5 sensory_acute_ad__5 paraesthesia
94	misc_acute_ad Show the field ONLY if: [acutead_note] = '1' and [acute_ad_resolved] = '0'	Miscellaneous <i>keywords in chart triggering checkbox: 1, headache 2, vertigo or dizziness 3, nausea 4, respiratory problem (shortness of breath, labored breathing, respiratory distress) 5, emotional problem (flat affect, lability, depression) 6, fatigue (exhaustion, tired) 7, seizure (convulsing)</i>	checkbox 1 misc_acute_ad__1 headache 2 misc_acute_ad__2 vertigo or dizziness 3 misc_acute_ad__3 nausea 4 misc_acute_ad__4 respiratory problem 5 misc_acute_ad__5 emotional problem 6 misc_acute_ad__6 fatigue 7 misc_acute_ad__7 seizure
95	acutedc_note	Section Header: Barnes-Jewish Hospital acute inpatient hospital discharge notes BJH Discharge: is a note describing symptoms available?	yesno 1 Yes 0 No
96	acutedc_resolved Show the field ONLY if: [acutedc_note] = '1'	Are all symptoms resolved?	yesno 1 Yes 0 No
97	cognition_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Cognition and Consciousness <i>keywords in chart triggering checkbox: 1, unconsciousness (syncope, unarousable, does not open eyes, found down) 2, lethargy (drowsy, lethargic, somnolent, not alert, altered consciousness) 3, confusion (confused, disoriented / not oriented / oriented only to name, altered mental status) 4, executive function impairment (cognitive impairment, poor/impaired memory, poor/impaired insight, judgement, planning, thinking; deficits in months backwards / counting backwards / calculations)</i>	checkbox 1 cognition_acute_dis__1 unconsciousness 2 cognition_acute_dis__2 lethargy 3 cognition_acute_dis__3 confusion 4 cognition_acute_dis__4 executive function impairment
98	attention_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Attention <i>keywords in chart triggering checkbox: 1, neglect (extinction, inattention to hemifield, difficulty/unable to cross midline, gaze preference)</i>	checkbox 1 attention_acute_dis__1 neglect

99	language_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Language <i>keywords in chart triggering checkbox: 1, expressive aphasia (garbled speech, decreased word-finding, decreased fluency, non-fluent, unable to speak, repetition poor, naming impaired / not intact, inappropriate speech / does not answer questions appropriately) 2, receptive aphasia (does not follow commands, difficulty understanding)</i>	checkbox <table><tr><td>1</td><td>language_acute_dis__1</td><td>expressive aphasia</td></tr><tr><td>2</td><td>language_acute_dis__2</td><td>receptive aphasia</td></tr></table>	1	language_acute_dis__1	expressive aphasia	2	language_acute_dis__2	receptive aphasia																											
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100	motor_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Motor <i>keywords in chart triggering checkbox: 1, facial weakness (face assymetric, decreased nasolabial fold) 2, flaccid hemiparesis of arm (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 3, non-flaccid arm weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 4, flaccid hemiparesis of leg (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli), 5, non-flaccid leg weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 6, incoordination (ataxia, dysmetria, dyskinesia, unsteady gait, impaired/slowed/dysmetric finger-to-nose or heel-knee-shin or toe tapping or fine finger movements, clumsy) 7, loss of balance (gait instability) 8, dysarthria (slurred speech) 9, spasticity (hypertonicity) 10, apraxia (unable to immitate gestures, poor praxis) 11, involuntary movement (choreoathetoid, chorea, athetosis, ballismus)</i>	checkbox <table><tr><td>1</td><td>motor_acute_dis__1</td><td>facial weakness</td></tr><tr><td>2</td><td>motor_acute_dis__2</td><td>flaccid hemiparesis of arm</td></tr><tr><td>3</td><td>motor_acute_dis__3</td><td>non-flaccid arm weakness</td></tr><tr><td>4</td><td>motor_acute_dis__4</td><td>flaccid hemiparesis of leg</td></tr><tr><td>5</td><td>motor_acute_dis__5</td><td>non-flaccid leg weakness</td></tr><tr><td>6</td><td>motor_acute_dis__6</td><td>incoordination</td></tr><tr><td>7</td><td>motor_acute_dis__7</td><td>loss of balance</td></tr><tr><td>8</td><td>motor_acute_dis__8</td><td>dysarthria</td></tr><tr><td>9</td><td>motor_acute_dis__9</td><td>spasticity</td></tr><tr><td>10</td><td>motor_acute_dis__10</td><td>apraxia</td></tr><tr><td>11</td><td>motor_acute_dis__11</td><td>involuntary movement</td></tr></table>	1	motor_acute_dis__1	facial weakness	2	motor_acute_dis__2	flaccid hemiparesis of arm	3	motor_acute_dis__3	non-flaccid arm weakness	4	motor_acute_dis__4	flaccid hemiparesis of leg	5	motor_acute_dis__5	non-flaccid leg weakness	6	motor_acute_dis__6	incoordination	7	motor_acute_dis__7	loss of balance	8	motor_acute_dis__8	dysarthria	9	motor_acute_dis__9	spasticity	10	motor_acute_dis__10	apraxia	11	motor_acute_dis__11	involuntary movement
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101	visual_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Visual <i>keywords in chart triggering checkbox: 1, field cut (quadrantanopsia, hemianopsia, scotoma) 2, diplopia (double vision) 3, other visual problem (blurred vision, nystagmus, doll's eyes, disconjugate gaze, limited vertical gaze, limited horizontal gaze, pupillary defect, doll's eyes, exotropic, strabismus, assymetric light reflex, photophobia)</i>	checkbox <table><tr><td>1</td><td>visual_acute_dis__1</td><td>field cut</td></tr><tr><td>2</td><td>visual_acute_dis__2</td><td>diplopia</td></tr><tr><td>3</td><td>visual_acute_dis__3</td><td>other visual problem</td></tr></table>	1	visual_acute_dis__1	field cut	2	visual_acute_dis__2	diplopia	3	visual_acute_dis__3	other visual problem																								
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102	sensory_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Sensory <i>keywords in chart triggering checkbox: 1, loss of tactile sensation (numb, decreased or reduced or absent light touch / sensation / pinprick / temperature / vibration) 2, loss of proprioception 3, pain 4, photophobia (oversensitivity to light), 5, paraesthesia (burning, tingling, pins and needles)</i>	checkbox <table><tr><td>1</td><td>sensory_acute_dis__1</td><td>loss of tactile sensation</td></tr><tr><td>2</td><td>sensory_acute_dis__2</td><td>loss of proprioception</td></tr><tr><td>3</td><td>sensory_acute_dis__3</td><td>pain (other than headache)</td></tr><tr><td>4</td><td>sensory_acute_dis__4</td><td>photophobia,</td></tr><tr><td>5</td><td>sensory_acute_dis__5</td><td>paraesthesia</td></tr></table>	1	sensory_acute_dis__1	loss of tactile sensation	2	sensory_acute_dis__2	loss of proprioception	3	sensory_acute_dis__3	pain (other than headache)	4	sensory_acute_dis__4	photophobia,	5	sensory_acute_dis__5	paraesthesia																		
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103	misc_acute_dis Show the field ONLY if: [acutedc_note]=1 and [acutedc_resolved] = '0'	Miscellaneous <i>keywords in chart triggering checkbox: 1, headache 2, vertigo or dizziness 3, nausea 4, respiratory problem (shortness of breath, labored breathing, respiratory distress) 5, emotional problem (flat affect, lability, depression) 6, fatigu (exhaustion, tired) 7, seizure (convulsing)</i>	checkbox <table><tr><td>1</td><td>misc_acute_dis__1</td><td>headache</td></tr><tr><td>2</td><td>misc_acute_dis__2</td><td>vertigo or dizziness</td></tr><tr><td>3</td><td>misc_acute_dis__3</td><td>nausea</td></tr><tr><td>4</td><td>misc_acute_dis__4</td><td>respiratory problem</td></tr><tr><td>5</td><td>misc_acute_dis__5</td><td>emotional problem</td></tr><tr><td>6</td><td>misc_acute_dis__6</td><td>fatigue</td></tr><tr><td>7</td><td>misc_acute_dis__7</td><td>seizure</td></tr></table>	1	misc_acute_dis__1	headache	2	misc_acute_dis__2	vertigo or dizziness	3	misc_acute_dis__3	nausea	4	misc_acute_dis__4	respiratory problem	5	misc_acute_dis__5	emotional problem	6	misc_acute_dis__6	fatigue	7	misc_acute_dis__7	seizure												
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7	misc_acute_dis__7	seizure																																		
104	rehab_note	Section Header: <i>The Rehabilitation Institute of St. Louis inpatient rehab hospital notes</i> Inpatient Rehabilitation: is a note describing symptoms available?	yesno <table><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																																			
105	rehab_resolved Show the field ONLY if: [rehab_note] = '1'	Are all symptoms resolved?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																													
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0	No																																			
106	cognition_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Cognition and Consciousness <i>keywords in chart triggering checkbox: 1, unconsciousness (syncope, unarousable, does not open eyes, found down) 2, lethargy (drowsy, lethargic, somnolent, not alert, altered consciousness) 3, confusion (confused, disoriented / not oriented / oriented only to name, altered mental status) 4, executive function impairment (cognitive impairment, poor/impaired memory, poor/impaired insight, judgement, planning, thinking; deficits in months backwards / counting backwards / calculations)</i>	checkbox <table><tr><td>1</td><td>cognition_rehab__1</td><td>unconsciousness</td></tr><tr><td>2</td><td>cognition_rehab__2</td><td>lethargy</td></tr><tr><td>3</td><td>cognition_rehab__3</td><td>confusion</td></tr><tr><td>4</td><td>cognition_rehab__4</td><td>executive function impairment</td></tr></table>	1	cognition_rehab__1	unconsciousness	2	cognition_rehab__2	lethargy	3	cognition_rehab__3	confusion	4	cognition_rehab__4	executive function impairment																					
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107	attention_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Attention <i>keywords in chart triggering checkbox: 1, neglect (extinction, inattention to hemifield, difficulty/unable to cross midline, gaze preference)</i>	checkbox <table><tr><td>1</td><td>attention_rehab__1</td><td>neglect</td></tr></table>	1	attention_rehab__1	neglect																														
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108	language_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Language <i>keywords in chart triggering checkbox: 1, expressive aphasia (garbled speech, decreased word-finding, decreased fluency, non-fluent, unable to speak, repetition poor, naming impaired / not intact, inappropriate speech / does not answer questions appropriately) 2, receptive aphasia (does not follow commands, difficulty understanding)</i>	checkbox <table><tr><td>1</td><td>language_rehab__1</td><td>expressive aphasia</td></tr><tr><td>2</td><td>language_rehab__2</td><td>receptive aphasia</td></tr></table>	1	language_rehab__1	expressive aphasia	2	language_rehab__2	receptive aphasia																											
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2	language_rehab__2	receptive aphasia																																		

109	motor_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Motor <i>keywords in chart triggering checkbox: 1, facial weakness (face asymmetric, decreased nasolabial fold) 2, flaccid hemiparesis of arm (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 3, non-flaccid arm weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 4, flaccid hemiparesis of leg (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 5, non-flaccid leg weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 6, incoordination (ataxia, dysmetria, dyskinesia, unsteady gait, impaired/slowed/dysmetric finger-to-nose or heel-knee-shin or toe tapping or fine finger movements, clumsy) 7, loss of balance (gait instability) 8, dysarthria (slurred speech) 9, spasticity (hypertonicity) 10, apraxia (unable to immitate gestures, poor praxis) 11, involuntary movement (choreoathetoid, chorea, athetosis, ballismus)</i>	checkbox <table border="1"> <tr><td>1</td><td>motor_rehab__1</td><td>facial weakness</td></tr> <tr><td>2</td><td>motor_rehab__2</td><td>flaccid hemiparesis of arm</td></tr> <tr><td>3</td><td>motor_rehab__3</td><td>non-flaccid arm weakness</td></tr> <tr><td>4</td><td>motor_rehab__4</td><td>flaccid hemiparesis of leg</td></tr> <tr><td>5</td><td>motor_rehab__5</td><td>non-flaccid leg weakness</td></tr> <tr><td>6</td><td>motor_rehab__6</td><td>incoordination</td></tr> <tr><td>7</td><td>motor_rehab__7</td><td>loss of balance</td></tr> <tr><td>8</td><td>motor_rehab__8</td><td>dysarthria</td></tr> <tr><td>9</td><td>motor_rehab__9</td><td>spasticity</td></tr> <tr><td>10</td><td>motor_rehab__10</td><td>apraxia</td></tr> <tr><td>11</td><td>motor_rehab__11</td><td>involuntary movement</td></tr> </table>	1	motor_rehab__1	facial weakness	2	motor_rehab__2	flaccid hemiparesis of arm	3	motor_rehab__3	non-flaccid arm weakness	4	motor_rehab__4	flaccid hemiparesis of leg	5	motor_rehab__5	non-flaccid leg weakness	6	motor_rehab__6	incoordination	7	motor_rehab__7	loss of balance	8	motor_rehab__8	dysarthria	9	motor_rehab__9	spasticity	10	motor_rehab__10	apraxia	11	motor_rehab__11	involuntary movement
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110	visual_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Visual <i>keywords in chart triggering checkbox: 1, field cut (quadrantanopsia, hemianopsia, scotoma) 2, diplopia (double vision) 3, other visual problem (blurred vision, nystagmus, doll's eyes, disconjugate gaze, limited vertical gaze, limited horizontal gaze, pupillary defect, doll's eyes, exotropic, strabismus, assymetric light reflex, photophobia)</i>	checkbox <table border="1"> <tr><td>1</td><td>visual_rehab__1</td><td>field cut</td></tr> <tr><td>2</td><td>visual_rehab__2</td><td>diplopia</td></tr> <tr><td>3</td><td>visual_rehab__3</td><td>other visual problem</td></tr> </table>	1	visual_rehab__1	field cut	2	visual_rehab__2	diplopia	3	visual_rehab__3	other visual problem																								
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111	sensory_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Sensory <i>keywords in chart triggering checkbox: 1, loss of tactile sensation (numb, decreased or reduced or absent light touch / sensation / pinprick / temperature / vibration) 2, loss of proprioception 3, pain 4, photophobia (oversensitivity to light), 5, paraesthesia (burning, tingling, pins and needles)</i>	checkbox <table border="1"> <tr><td>1</td><td>sensory_rehab__1</td><td>loss of tactile sensation</td></tr> <tr><td>2</td><td>sensory_rehab__2</td><td>loss of proprioception</td></tr> <tr><td>3</td><td>sensory_rehab__3</td><td>pain (other than headache)</td></tr> <tr><td>4</td><td>sensory_rehab__4</td><td>photophobia,</td></tr> <tr><td>5</td><td>sensory_rehab__5</td><td>paraesthesia</td></tr> </table>	1	sensory_rehab__1	loss of tactile sensation	2	sensory_rehab__2	loss of proprioception	3	sensory_rehab__3	pain (other than headache)	4	sensory_rehab__4	photophobia,	5	sensory_rehab__5	paraesthesia																		
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112	misc_rehab Show the field ONLY if: [rehab_note]=1 and [rehab_resolved] = '0'	Miscellaneous <i>keywords in chart triggering checkbox: 1, headache 2, vertigo or dizziness 3, nausea 4, respiratory problem (shortness of breath, labored breathing, respiratory distress) 5, emotional problem (flat affect, lability, depression) 6, fatigu (exhaustion, tired) 7, seizure (convulsing)</i>	checkbox <table border="1"> <tr><td>1</td><td>misc_rehab__1</td><td>headache</td></tr> <tr><td>2</td><td>misc_rehab__2</td><td>vertigo or dizziness</td></tr> <tr><td>3</td><td>misc_rehab__3</td><td>nausea</td></tr> <tr><td>4</td><td>misc_rehab__4</td><td>respiratory problem</td></tr> <tr><td>5</td><td>misc_rehab__5</td><td>emotional problem</td></tr> <tr><td>6</td><td>misc_rehab__6</td><td>fatigue</td></tr> <tr><td>7</td><td>misc_rehab__7</td><td>seizure</td></tr> </table>	1	misc_rehab__1	headache	2	misc_rehab__2	vertigo or dizziness	3	misc_rehab__3	nausea	4	misc_rehab__4	respiratory problem	5	misc_rehab__5	emotional problem	6	misc_rehab__6	fatigue	7	misc_rehab__7	seizure												
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5	misc_rehab__5	emotional problem																																		
6	misc_rehab__6	fatigue																																		
7	misc_rehab__7	seizure																																		
113	outpt_note	Section Header: <i>Outpatient notes</i> Outpatient Rehabilitation: is a note describing symptoms available?	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																																			
114	outpt_resolved Show the field ONLY if: [outpt_note] = '1'	Are all symptoms resolved?	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																																			
115	cognition_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Cognition and Consciousness <i>keywords in chart triggering checkbox: 1, unconsciousness (syncope, unarousable, does not open eyes, found down) 2, lethargy (drowsy, lethargic, somnolent, not alert, altered consciousness) 3, confusion (confused, disoriented / not oriented / oriented only to name, altered mental status) 4, executive function impairment (cognitive impairment, poor/impaired memory, poor/impaired insight, judgement, planning, thinking; deficits in months backwards / counting backwards / calculations)</i>	checkbox <table border="1"> <tr><td>1</td><td>cognition_out__1</td><td>unconsciousness</td></tr> <tr><td>2</td><td>cognition_out__2</td><td>lethargy</td></tr> <tr><td>3</td><td>cognition_out__3</td><td>confusion</td></tr> <tr><td>4</td><td>cognition_out__4</td><td>executive function impairment</td></tr> </table>	1	cognition_out__1	unconsciousness	2	cognition_out__2	lethargy	3	cognition_out__3	confusion	4	cognition_out__4	executive function impairment																					
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116	attention_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Attention <i>keywords in chart triggering checkbox: 1, neglect (extinction, inattention to hemifield, difficulty/unable to cross midline, gaze preference)</i>	checkbox <table border="1"> <tr><td>1</td><td>attention_out__1</td><td>neglect</td></tr> </table>	1	attention_out__1	neglect																														
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117	language_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Language <i>keywords in chart triggering checkbox: 1, expressive aphasia (garbled speech, decreased word-finding, decreased fluency, non-fluent, unable to speak, repetition poor, naming impaired / not intact, inappropriate speech / does not answer questions appropriately) 2, receptive aphasia (does not follow commands, difficulty understanding)</i>	checkbox <table border="1"> <tr><td>1</td><td>language_out__1</td><td>expressive aphasia</td></tr> <tr><td>2</td><td>language_out__2</td><td>receptive aphasia</td></tr> </table>	1	language_out__1	expressive aphasia	2	language_out__2	receptive aphasia																											
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118	motor_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Motor <i>keywords in chart triggering checkbox: 1, facial weakness (face assymetric, decreased nasolabial fold) 2, flaccid hemiparesis of arm (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 3, non-flaccid arm weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 4, flaccid hemiparesis of leg (flaccid, no movement, 0/5 strength, 1/5, dense hemiparesis, does not withdraw to painful stimuli) 5, non-flaccid leg weakness (weakness, drift, 2/5 strength, 3/5 strength, 4/5 strength, droop, decreased finger tapping, tone decreased, unable to lift/fully extend) 6, incoordination (ataxia, dysmetria, dyskinesia, unsteady gait, impaired/slowed/dysmetric finger-to-nose or heel-knee-shin or toe tapping or fine finger movements, clumsy) 7, loss of balance (gait instability) 8, dysarthria (slurred speech) 9, spasticity (hypertonicity) 10, apraxia (unable to immitate gestures, poor praxis) 11, involuntary movement (choreoathetoid, chorea, athetosis, ballismus)</i>	checkbox <table border="1"> <tr><td>1</td><td>motor_out__1</td><td>facial weakness</td></tr> <tr><td>2</td><td>motor_out__2</td><td>flaccid hemiparesis of arm</td></tr> <tr><td>3</td><td>motor_out__3</td><td>non-flaccid arm weakness</td></tr> <tr><td>4</td><td>motor_out__4</td><td>flaccid hemiparesis of leg</td></tr> <tr><td>5</td><td>motor_out__5</td><td>non-flaccid leg weakness</td></tr> <tr><td>6</td><td>motor_out__6</td><td>incoordination</td></tr> <tr><td>7</td><td>motor_out__7</td><td>loss of balance</td></tr> <tr><td>8</td><td>motor_out__8</td><td>dysarthria</td></tr> <tr><td>9</td><td>motor_out__9</td><td>spasticity</td></tr> <tr><td>10</td><td>motor_out__10</td><td>apraxia</td></tr> <tr><td>11</td><td>motor_out__11</td><td>involuntary movement</td></tr> </table>	1	motor_out__1	facial weakness	2	motor_out__2	flaccid hemiparesis of arm	3	motor_out__3	non-flaccid arm weakness	4	motor_out__4	flaccid hemiparesis of leg	5	motor_out__5	non-flaccid leg weakness	6	motor_out__6	incoordination	7	motor_out__7	loss of balance	8	motor_out__8	dysarthria	9	motor_out__9	spasticity	10	motor_out__10	apraxia	11	motor_out__11	involuntary movement
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119	visual_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Visual <i>keywords in chart triggering checkbox: 1, field cut (quadrantanopsia, hemianopsia, scotoma) 2, diplopia (double vision) 3, other visual problem (blurred vision, nystagmus, doll's eyes, disconjugate gaze, limited vertical gaze, limited horizontal gaze, pupillary defect, doll's eyes, exotropic, strabismus, assymetric light reflex, photophobia)</i>	checkbox <table border="1"> <tr><td>1</td><td>visual_out__1</td><td>field cut</td></tr> <tr><td>2</td><td>visual_out__2</td><td>diplopia</td></tr> <tr><td>3</td><td>visual_out__3</td><td>other visual problem</td></tr> </table>	1	visual_out__1	field cut	2	visual_out__2	diplopia	3	visual_out__3	other visual problem																								
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120	sensory_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Sensory <i>keywords in chart triggering checkbox: 1, loss of tactile sensation (numb, decreased or reduced or absent light touch / sensation / pinprick / temperature / vibration) 2, loss of proprioception 3, pain 4, photophobia (oversensitivity to light), 5, paraesthesia (burning, tingling, pins and needles)</i>	checkbox <table border="1"> <tr><td>1</td><td>sensory_out__1</td><td>loss of tactile sensation</td></tr> <tr><td>2</td><td>sensory_out__2</td><td>loss of proprioception</td></tr> <tr><td>3</td><td>sensory_out__3</td><td>pain (other than headache)</td></tr> <tr><td>4</td><td>sensory_out__4</td><td>photophobia,</td></tr> <tr><td>5</td><td>sensory_out__5</td><td>paraesthesia</td></tr> </table>	1	sensory_out__1	loss of tactile sensation	2	sensory_out__2	loss of proprioception	3	sensory_out__3	pain (other than headache)	4	sensory_out__4	photophobia,	5	sensory_out__5	paraesthesia																		
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121	misc_out Show the field ONLY if: [outpt_note]=1 and [outpt_resolved] = '0'	Miscellaneous <i>keywords in chart triggering checkbox: 1, headache 2, vertigo or dizziness 3, nausea 4, respiratory problem (shortness of breath, labored breathing, respiratory distress) 5, emotional problem (flat affect, lability, depression) 6, fatigue (exhaustion, tired) 7, seizure (convulsing)</i>	checkbox <table border="1"> <tr><td>1</td><td>misc_out__1</td><td>headache</td></tr> <tr><td>2</td><td>misc_out__2</td><td>vertigo or dizziness</td></tr> <tr><td>3</td><td>misc_out__3</td><td>nausea</td></tr> <tr><td>4</td><td>misc_out__4</td><td>respiratory problem</td></tr> <tr><td>5</td><td>misc_out__5</td><td>emotional problem</td></tr> <tr><td>6</td><td>misc_out__6</td><td>fatigue</td></tr> <tr><td>7</td><td>misc_out__7</td><td>seizure</td></tr> </table>	1	misc_out__1	headache	2	misc_out__2	vertigo or dizziness	3	misc_out__3	nausea	4	misc_out__4	respiratory problem	5	misc_out__5	emotional problem	6	misc_out__6	fatigue	7	misc_out__7	seizure												
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7	misc_out__7	seizure																																		
122	clinical_symptoms_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: Rehabilitation History																																				
123	snf_yn	Section Header: <i>SKILLED NURSING FACILITY</i> Skilled Nursing Facility (SNF)	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																																			
124	snf_weeks Show the field ONLY if: [snf_yn]=1	Weeks of SNF rehabilitation	text (integer)																																	
125	snf_ot Show the field ONLY if: [snf_yn]=1	Total hours of SNF Occupational Therapy	calc Calculation: [snf_weeks]*(5)																																	
126	snf_pt Show the field ONLY if: [snf_yn]=1	Total hours of SNF Physical Therapy	calc Calculation: [snf_weeks]*(5)																																	
127	hh_ot_yn	Section Header: <i>HOME HEALTH THERAPY</i> Home Health: Occupational Therapy (OT)	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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128	hh_ot_weeks Show the field ONLY if: [hh_ot_yn]=1	Weeks of Home Health OT	text (integer)																																	

129	hh_ot_hours Show the field ONLY if: [hh_ot_yn]=1	Total hours of Home Health OT	calc Calculation: [hh_ot_weeks]*(2)				
130	hh_pt_yn	Home Health: Physical Therapy (PT)	yesno <table><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						
131	hh_pt_weeks Show the field ONLY if: [hh_pt_yn]=1	Weeks of Home Health PT	text (integer)				
132	hh_pt_hours Show the field ONLY if: [hh_pt_yn]=1	Total hours of Home Health PT	calc Calculation: [hh_pt_weeks]*(2)				
133	hh_slp_yn	Home Health: Speech Therapy (SLP)	yesno <table><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						
134	hh_slp_weeks Show the field ONLY if: [hh_slp_yn]=1	Weeks of Home Health SLP	text (integer)				
135	hh_slp_hours Show the field ONLY if: [hh_slp_yn]=1	Total hours of Home Health SLP	calc Calculation: [hh_slp_weeks]*(2)				
136	inpatient_yn	Section Header: <i>INPATIENT REHABILITATION</i> Inpatient Rehabilitation	yesno <table><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						
137	inpatient_weeks Show the field ONLY if: [inpatient_yn]=1	Weeks of inpatient rehabilitation	text (integer)				
138	inpatient_ot Show the field ONLY if: [inpatient_yn]=1	Total hours of inpatient Occupational Therapy	calc Calculation: ([inpatient_weeks])*(9)				
139	inpatient_pt Show the field ONLY if: [inpatient_yn]=1	Total hours of inpatient Physical Therapy	calc Calculation: ([inpatient_weeks])*(9)				
140	inpatient_slp Show the field ONLY if: [inpatient_yn]=1	Total hours of inpatient Speech Therapy	calc Calculation: ([inpatient_weeks])*(2.5)				
141	dayt_yn	Section Header: <i>DAY TREATMENT</i> Day treatment	yesno <table><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						
142	dayt_weeks Show the field ONLY if: [dayt_yn]=1	Weeks of day treatment	text (integer)				
143	dayt_ot_hours Show the field ONLY if: [dayt_yn]=1	Total hours of day treatment OT	calc Calculation: [dayt_weeks]*(10)				
144	dayt_pt_hours Show the field ONLY if: [dayt_yn]=1	Total hours of day treatment PT	calc Calculation: [dayt_weeks]*(10)				
145	dayt_slp_hours Show the field ONLY if: [dayt_yn]=1	Total hours of day treatment SLP	calc Calculation: [dayt_weeks]*(1)				
146	outpatient_ot_yn	Section Header: <i>OUTPATIENT THERAPY</i> Outpatient Rehabilitation: Occupational Therapy (OT)	yesno <table><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						
147	outpatient_ot_weeks Show the field ONLY if: [outpatient_ot_yn]=1	Weeks of outpatient OT	text (integer)				

148	outpatient_ot_hours Show the field ONLY if: [outpatient_ot_yn]=1	Total hours of outpatient OT	calc Calculation: [outpatient_ot_weeks]*(2)
149	outpatient_pt_yn	Outpatient Rehabilitation: Physical Therapy (PT)	yesno 1 Yes 0 No
150	outpatient_pt_weeks Show the field ONLY if: [outpatient_pt_yn]=1	Weeks of outpatient PT	text (integer)
151	outpatient_pt_hours Show the field ONLY if: [outpatient_pt_yn]=1	Total hours of outpatient PT	calc Calculation: [outpatient_pt_weeks]*(2)
152	outpatient_slp_yn	Outpatient Rehabilitation: Speech Therapy (SLP)	yesno 1 Yes 0 No
153	outpatient_slp_weeks Show the field ONLY if: [outpatient_slp_yn]=1	Weeks of outpatient SLP	text (integer)
154	outpatient_slp_hours Show the field ONLY if: [outpatient_slp_yn]=1	Total hours of outpatient SLP	calc Calculation: [outpatient_slp_weeks]*(2)
155	other_treatment	Other therapies	notes
156	rehabilitation_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Lesion And Scan Preprocessing Information			
157	scandoneyn	Scan acquired?	dropdown 1 yes 2 no
158	lesion_reviewed Show the field ONLY if: [scandoneyn] = '1' and [subj_type] = '0'	LESION FILE FINAL REVIEW COMPLETE? <i>Segmentation file is saved, Dr. Corbetta has reviewed and agrees with segmentation</i>	yesno 1 Yes 0 No
159	lesion_file Show the field ONLY if: [scandoneyn] = '1' and [subj_type] = '0' and [lesion_reviewed] = '1'	Lesion segmentation picture	file
160	last_seg Show the field ONLY if: [subj_type] = '0' and [scandoneyn] = '1' and [lesion_reviewed] = '1'	Last segmentation by <i>name of person who performed currently saved version of segmentation</i>	text
161	wmd Show the field ONLY if: [scandoneyn] = '1'	White matter disease <i>Per Longstreth et al., Stroke. 1996;27:1274-1282</i>	text (integer, Min: 0, Max: 9)
162	lacunae Show the field ONLY if: [scandoneyn] = '1'	Lacunar infarcts	text (integer, Min: 0, Max: 100)
163	seg_time Show the field ONLY if: [subj_type] = '0' and [scandoneyn] = '1'	Segmentation Timepoint	dropdown 0 Acute 1 3-Month 3 1-Year
164	seg_note Show the field ONLY if: [scandoneyn] = '1' and [subj_type] = '0'	segmentation notes <i>any additional information needed to clarify how lesion was segmented, such as "abnormality on slice 35 is an artifact and therefore not included in the lesion," "includes edema," "damage on slice 45 is chronic and not included in the lesion"</i>	notes

165	<p>lesion_size</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Lesion size</p> <p><i>size of segmented lesion in voxels, in 2-2-2 space</i></p>	text (integer)
166	<p>les_vol_person</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Lesion volume operator</p> <p><i>person who ran the script to calculate lesion size</i></p>	text
167	<p>cgm</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>cortical gray matter mask overlap</p> <p><i>voxels overlapping the cortical grey matter mask; in 2-2-2 space</i></p>	text (integer)
168	<p>sgm</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Subcortical gray matter mask overlap</p> <p><i>voxels overlapping the subcortical grey matter mask; this mask does not include the brainstem completely; voxels in 2-2-2 space</i></p>	text (integer)
169	<p>wmgm</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>White matter mask overlap</p> <p><i>voxels overlapping the white matter mask; voxels in 2-2-2 space</i></p>	text (integer)
170	<p>outsidem</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Voxels outside masks</p> <p><i>voxels in lesion that fall outside the 3 masks; voxels in 2-2-2 space</i></p>	text (integer)
171	<p>cgm_perc</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>cGM, % of mask lesioned</p> <p><i>percent of the cortical grey matter mask that is lesioned</i></p>	text
172	<p>sgm_perc</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>sGM, % of mask lesioned</p> <p><i>percent of the subcortical grey matter mask that is lesioned</i></p>	text
173	<p>wm_perc</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>WM, % of mask lesioned</p> <p><i>percent of the white matter mask that is lesioned</i></p>	text
174	<p>c_perc_ov</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>C, % lesion overlapping mask</p> <p><i>percent of lesioned voxels that fall within the cortical grey matter mask (lesioned voxels in Cmask/all lesioned voxels)</i></p>	text
175	<p>s_perc_ov</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>S, % lesion overlapping mask</p> <p><i>percent of lesioned voxels that fall within the subcortical grey matter mask (lesioned voxels in Smask/all lesioned voxels)</i></p>	text
176	<p>wm_perc_ov</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>WM, % lesion overlapping mask</p> <p><i>percent of lesioned voxels that fall within the white matter mask (lesioned voxels in WMask/all lesioned voxels)</i></p>	text
177	<p>lcst</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Left CST overlap</p> <p><i>voxels overlapping the left cerebrospinal tract mask; in 2-2-2 space</i></p>	text (integer)
178	<p>rcst</p> <p>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</p>	<p>Right CST overlap</p> <p><i>voxels overlapping the right cerebrospinal tract mask; in 2-2-2 space</i></p>	text (integer)

179	<div>lesion_site</div> <div>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</div>	<div>Manually determined lesion site</div> <div>lesion site as determined independently by MC and AC, and then resolved for cases in which there was not initial agreement</div>	<div>dropdown</div> <table><tr><td>0</td><td>subcortical</td></tr><tr><td>1</td><td>cortical</td></tr><tr><td>2</td><td>cortico-subcortical</td></tr><tr><td>3</td><td>white matter only</td></tr><tr><td>4</td><td>brainstem</td></tr><tr><td>5</td><td>cerebellar</td></tr><tr><td>6</td><td>other</td></tr></table>	0	subcortical	1	cortical	2	cortico-subcortical	3	white matter only	4	brainstem	5	cerebellar	6	other
0	subcortical																
1	cortical																
2	cortico-subcortical																
3	white matter only																
4	brainstem																
5	cerebellar																
6	other																
180	<div>lesion_site_note</div> <div>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1' and [lesion_reviewed] = '1'</div>	<div>Notes regarding manually determined lesion site</div> <div>Notes about lesion site, especially to clarify "other" category</div>	<div>notes</div>														
181	<div>lesion_type</div> <div>Show the field ONLY if: [subj_type] = '0'</div>	<div>Lesion type</div>	<div>dropdown</div> <table><tr><td>0</td><td>Ischemic</td></tr><tr><td>1</td><td>Hemorrhagic</td></tr><tr><td>2</td><td>Other</td></tr></table>	0	Ischemic	1	Hemorrhagic	2	Other								
0	Ischemic																
1	Hemorrhagic																
2	Other																
182	<div>lesion_type2</div> <div>Show the field ONLY if: [subj_type] = '0'</div>	<div>Lesion type notes</div> <div>any additional information needed to clarify lesion type, such as "ischemic with hemorrhagic conversion", "embolic," "dissection"</div>	<div>notes</div>														
183	<div>new_les1</div> <div>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1'</div>	<div>new infarct(s) between Acute and 3M scans</div>	<div>dropdown</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Unknown (no followup scan or not segmented)</td></tr></table>	0	No	1	Yes	2	Unknown (no followup scan or not segmented)								
0	No																
1	Yes																
2	Unknown (no followup scan or not segmented)																
184	<div>new_les2</div> <div>Show the field ONLY if: [subj_type] = '0' and [scandone yn] = '1'</div>	<div>new infarct(s) between 3M and 1Y scans</div>	<div>dropdown</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Unknown (no followup scan or not segmented)</td></tr></table>	0	No	1	Yes	2	Unknown (no followup scan or not segmented)								
0	No																
1	Yes																
2	Unknown (no followup scan or not segmented)																
185	<div>new_les3</div> <div>Show the field ONLY if: [subj_type] = '1' and [scandone yn] = '1'</div>	<div>new infarct(s) between session 1 and session 2 scans</div>	<div>dropdown</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Unknown (no followup scan or not reviewed)</td></tr></table>	0	No	1	Yes	2	Unknown (no followup scan or not reviewed)								
0	No																
1	Yes																
2	Unknown (no followup scan or not reviewed)																
186	<div>atlas_transform</div> <div>Show the field ONLY if: [scandoneyn] = '1'</div>	<div>Atlas Transformation Timepoint</div>	<div>dropdown</div> <table><tr><td>0</td><td>Acute</td></tr><tr><td>1</td><td>3-Month</td></tr><tr><td>2</td><td>1-Year</td></tr><tr><td>3</td><td>Healthy Visit 1</td></tr><tr><td>4</td><td>Healthy Visit 2</td></tr><tr><td>5</td><td>n/a, not processed due to exclusion</td></tr></table>	0	Acute	1	3-Month	2	1-Year	3	Healthy Visit 1	4	Healthy Visit 2	5	n/a, not processed due to exclusion		
0	Acute																
1	3-Month																
2	1-Year																
3	Healthy Visit 1																
4	Healthy Visit 2																
5	n/a, not processed due to exclusion																
187	<div>qc_note</div> <div>Show the field ONLY if: [scandoneyn] = '1'</div>	<div>P2 Quality Control notes</div> <div>Note why timepoint was chosen for atlas transformation</div>	<div>notes</div>														
188	<div>lesion_and_scan_preprocessing_information_complete</div>	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Scans Acquired																	
189	<div>understand_task</div>	<div>did the subject demo ability to understand and use task?</div>	<div>dropdown (autocomplete)</div> <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no										
1	yes																
2	no																
190	<div>scanyin</div>	<div>scan acquired?</div>	<div>yesno</div> <table><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																

191	gre_field_mapping	GRE Field Mapping	yesno 1 Yes 0 No
192	t1 Show the field ONLY if: [scanyn] = '1'	T1	yesno 1 Yes 0 No
193	t2 Show the field ONLY if: [scanyn] = '1'	T2	yesno 1 Yes 0 No
194	bold_scout	Bold Scout	yesno 1 Yes 0 No
195	flair Show the field ONLY if: [scanyn] = '1'	FLAIR	yesno 1 Yes 0 No
196	bold1 Show the field ONLY if: [scanyn] = '1'	BOLD-1	yesno 1 Yes 0 No
197	bold2 Show the field ONLY if: [scanyn] = '1'	BOLD-2	yesno 1 Yes 0 No
198	bold3 Show the field ONLY if: [scanyn] = '1'	BOLD-3	yesno 1 Yes 0 No
199	bold4 Show the field ONLY if: [scanyn] = '1'	BOLD-4	yesno 1 Yes 0 No
200	bold5 Show the field ONLY if: [scanyn] = '1'	BOLD-5	yesno 1 Yes 0 No
201	bold6 Show the field ONLY if: [scanyn] = '1'	BOLD-6	yesno 1 Yes 0 No
202	bold7 Show the field ONLY if: [scanyn] = '1'	BOLD-7	yesno 1 Yes 0 No
203	asl1 Show the field ONLY if: [scanyn] = '1'	ASL-1 <i>first of two ASL runs</i>	yesno 1 Yes 0 No
204	asl2 Show the field ONLY if: [scanyn] = '1'	ASL-2 <i>second of two ASL runs</i>	yesno 1 Yes 0 No
205	b2000	B2000	yesno 1 Yes 0 No
206	b1000	B1000	yesno 1 Yes 0 No
207	b300_ap	B300 AP	yesno 1 Yes 0 No

208	bb_pa	B300 PA	yesno 1 Yes 0 No
209	dti1 Show the field ONLY if: [scanyn] = '1'	DTI-1 <i>first of two DTI runs</i>	yesno 1 Yes 0 No
210	dti2 Show the field ONLY if: [scanyn] = '1'	DTI-2 <i>second of two DTI runs</i>	yesno 1 Yes 0 No
211	otherscan Show the field ONLY if: [scanyn] = '1'	Extra scans acquired <i>any additional scans (for example, extra T1, extra BOLD, DBSI)</i>	notes
212	scan_note Show the field ONLY if: [scanyn] = '1'	Notes about scans acquired <i>explanation for missing or additional scans (for example, "subject was moving throughout first T1, so this scan was run again; use second T1; or "subject became claustrophobic and asked to stop scan after T1, so the protocol was not completed")</i>	notes
213	stabilizer Show the field ONLY if: [scanyn] = '1'	Head stabilizer used?	yesno 1 Yes 0 No
214	scanner Show the field ONLY if: [scanyn] = '1'	Scanner used	dropdown 1 Prisma 2 CCIR
215	approval_name	lesion segmentation approval	dropdown (autocomplete) 0 No 1 Yes 2 Unknown (no followup scan or not reviewed)
216	scans_acquired_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Factor Scores**

217	factor_tables	Tables, figures, and explanations of the factor scores.	descriptive
218	missing_factors	Factor scores calculated?	dropdown 0 Yes 1 No; subject excluded
219	factor_notes	Factor score notes <i>information such as reason a particular factor could not be calculated</i>	notes
220	language_f Show the field ONLY if: [missing_factors] = '0'	Section Header: <i>Left vs. Right Within Domain Factors. Calculated within each domain. Data is coded as left vs. right, so that the results can be applied to an across-domain analysis.</i> Language factor	text (number)
221	motorl_f Show the field ONLY if: [missing_factors] = '0'	Motor Left factor	text (number)
222	motorr_f Show the field ONLY if: [missing_factors] = '0'	Motor Right factor	text (number)
223	attention1vf_f Show the field ONLY if: [missing_factors] = '0'	Attention "Visual Fields" factor	text (number)
224	attention2avg_f Show the field ONLY if: [missing_factors] = '0'	Attention "Average Performance" factor	text (number)
225	attention3val_f Show the field ONLY if: [missing_factors] = '0'	Attention "Validity / Disengagement" factor	text (number)

226	memorys_fic Show the field ONLY if: [missing_factors] = '0'	Section Header: <i>Ipsi vs. Contra Within Domain Factors. Calculated within each domain. Data is coded as ipsilesional vs. contralesional.</i> Memory "Spatial" factor	text (number)						
227	memoryv_fic Show the field ONLY if: [missing_factors] = '0'	Memory "Verbal" factor	text (number)						
228	motoric_within Show the field ONLY if: [missing_factors] = '0'	Motor "Ipsi / contra" factor	text (number)						
229	languagee_fic Show the field ONLY if: [missing_factors] = '0'	Language "Expression" factor	text (number)						
230	languagec_fic Show the field ONLY if: [missing_factors] = '0'	Language "Comprehension" factor	text (number)						
231	attention1vf_fic Show the field ONLY if: [missing_factors] = '0'	Attention "Visual Fields" factor	text (number)						
232	attention2_fic Show the field ONLY if: [missing_factors] = '0'	Attention factor 2	text (number)						
233	attention3_fic Show the field ONLY if: [missing_factors] = '0'	Attention factor 3	text (number)						
234	bigfactor1 Show the field ONLY if: [missing_factors] = '0'	Section Header: <i>"Big Factors." Factor scores from Left/Right coded within-domain factors were used as inputs for a Principal Component Analysis to generate across-domain "meta factors."</i> Factor 1: Language, Verbal Memory, Spatial Memory	text (number)						
235	bigfactor2 Show the field ONLY if: [missing_factors] = '0'	Factor 2: Motor Left body, Attention Visual Field Bias, Attention Average Performance, Spatial Memory	text (number)						
236	bigfactor3 Show the field ONLY if: [missing_factors] = '0'	Factor 3: Motor Right body, Attention Attention Shifting, Attention Visual Field Bias	text (number)						
237	factor_scores_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **NIH Stroke Scale**

238	nihssyn	Scale acquired?	<table><tr><td colspan="2">dropdown</td></tr><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no; no visit</td></tr><tr><td>3</td><td>no; see Notes</td></tr></table>	dropdown		1	yes	2	no; no visit	3	no; see Notes
dropdown											
1	yes										
2	no; no visit										
3	no; see Notes										
239	nih_note	NIHSS notes <i>Any additional information needed to clarify score, such as "could not test motor leg right due to amputation," "visual fields scored using right eye only due to blindness in left eye from trauma"</i>	notes								
240	nih1a Show the field ONLY if: [nihssyn] = '1'	NIHSS: 1a.: Level of consciousness	text (integer, Min: 0, Max: 3)								
241	nih1b Show the field ONLY if: [nihssyn] = '1'	NIHSS: 1b.: Level of consciousness questions	text (integer, Min: 0, Max: 2)								
242	nih1c Show the field ONLY if: [nihssyn] = '1'	NIHSS: 1c.: Level of consciousness commands	text (integer, Min: 0, Max: 2)								
243	nih2 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 2: Best Gaze	text (integer, Min: 0, Max: 2)								

244	nih3 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 3: Visual fields	text (integer, Min: 0, Max: 3)						
245	nih4 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 4: Facial Palsy	text (integer, Min: 0, Max: 3)						
246	nih5a Show the field ONLY if: [nihssyn] = '1'	NIHSS: 5a: Motor Arm Left	text (integer, Min: 0, Max: 4)						
247	nih5b Show the field ONLY if: [nihssyn] = '1'	NIHSS: 5b: Motor Arm Right	text (integer, Min: 0, Max: 4)						
248	nih6a Show the field ONLY if: [nihssyn] = '1'	NIHSS: 6a: Motor Leg Left	text (integer, Min: 0, Max: 4)						
249	nih6b Show the field ONLY if: [nihssyn] = '1'	NIHSS: 6b: Motor Leg Right	text (integer, Min: 0, Max: 4)						
250	nih7 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 7: Limb Ataxia	text (integer, Min: 0, Max: 2)						
251	nih8 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 8: Sensory	text (integer, Min: 0, Max: 2)						
252	nih9 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 9: Best Language	text (integer, Min: 0, Max: 3)						
253	nih10 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 10: Dysarthria	text (integer, Min: 0, Max: 2)						
254	nih11 Show the field ONLY if: [nihssyn] = '1'	NIHSS: 11: Extinction and Inattention (formerly Neglect)	text (integer, Min: 0, Max: 2)						
255	nih_total Show the field ONLY if: [nihssyn] = '1'	NIHSS: Total score	calc Calculation: [nih1a]+[nih1b]+[nih1c]+[nih2]+[nih3]+[nih4]+ [nih5a]+[nih5b]+[nih6a]+[nih6b]+[nih7]+[nih8]+[nih9]+ [nih10]+[nih11]						
256	nih_stroke_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Executive Function**

257	flanker_rawscore	NIH Toolbox: flanker raw score	text						
258	flanker_computed_score	NIH Toolbox: computed score	text						
259	flanker_age_corrected	NIH Toolbox: flanker Age corrected score	text						
260	cardsort_rawscore	NIH Toolbox: Cardsort Raw Score	text						
261	cardsort_computed_score	NIH Toolbox: Card Sort Computed	text						
262	cardsort_age_corrected	NIH Toolbox: Cardsort Age Corrected	text						
263	executive_function_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Visual Attention Battery**

264	vayn	Battery acquired?	<div>dropdown</div> <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no; no visit</td></tr><tr><td>3</td><td>no; see Notes</td></tr></table>	1	yes	2	no; no visit	3	no; see Notes
1	yes								
2	no; no visit								
3	no; see Notes								

265	posyn	Posner test acquired?	dropdown <div> <div>1</div>yes </div> <div> <div>2</div>no; no visit </div> <div> <div>3</div>no; see Notes </div>
266	attention_note	Visual Attention Battery notes <i>Any noteworthy details about battery, such as "Posner not testable due to field cut"</i>	notes
267	hand_att Show the field ONLY if: [vayn] = '1'	Hand used for test: BIT and Mesulam cancellation <i>can use preferred hand at acute visit, regardless of lesion side; should use same hand at subsequent visits</i>	dropdown <div> <div>0</div>Left hand </div> <div> <div>1</div>Right hand </div>
268	hand2_att Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Hand used for test: Posner <i>should use ipsilesional hand</i>	dropdown <div> <div>0</div>Left hand </div> <div> <div>1</div>Right hand </div>
269	pos_params Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner program parameters	dropdown <div> <div>0</div>Psych2 </div> <div> <div>1</div>TRISL </div>
270	pos_acc_li Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Left Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 0, Max: 1)
271	pos_acc_lv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Left Valid <i>please enter to 2 decimal places</i>	text (number, Min: 0, Max: 1)
272	pos_acc_ri Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Right Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 0, Max: 1)
273	pos_acc_rv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Right Valid <i>please enter to 2 decimal places</i>	text (number, Min: 0, Max: 1)
274	pos_acc_avg Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: AVERAGE	calc Calculation: mean([pos_acc_li],[pos_acc_lv],[pos_acc_ri],[pos_acc_rv])
275	pos_acc_vf Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Visual Field effect	calc Calculation: (([pos_acc_ri]+[pos_acc_rv])-([pos_acc_li]+[pos_acc_lv]))/2
276	pos_acc_validity Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Validity effect	calc Calculation: (([pos_acc_li]+[pos_acc_ri])-([pos_acc_lv]+[pos_acc_rv]))/2
277	pos_acc_disengage Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner accuracy: Disengagement effect	calc Calculation: (([pos_acc_lv]-[pos_acc_li])-([pos_acc_rv]-[pos_acc_ri]))/2
278	pos_rt_li Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Left Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
279	pos_rt_lv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Left Valid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
280	pos_rt_ri Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Right Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
281	pos_rt_rv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Right Valid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
282	pos_rt_avg Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: AVERAGE	calc Calculation: mean([pos_rt_li],[pos_rt_lv],[pos_rt_ri],[pos_rt_rv])
283	pos_rt_vf Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Visual Field effect	calc Calculation: (([pos_rt_li]+[pos_rt_lv])-([pos_rt_ri]+[pos_rt_rv]))/2

284	pos_rt_validity Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Validity effect	calc Calculation: $(([\text{pos_rt_li}] + [\text{pos_rt_ri}] - ([\text{pos_rt_lv}] + [\text{pos_rt_rv}]))/2$
285	pos_rt_disengage Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT: Disengagement effect	calc Calculation: $(([\text{pos_rt_li}] - [\text{pos_rt_lv}] - ([\text{pos_rt_ri}] - [\text{pos_rt_rv}]))/2$
286	pos_sub_li Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Left Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
287	pos_sub_lv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Left Valid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
288	pos_sub_ri Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Right Invalid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
289	pos_sub_rv Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Right Valid <i>please enter to 2 decimal places</i>	text (number, Min: 150, Max: 2000)
290	pos_sub_avg Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: AVERAGE	calc Calculation: $\text{mean}([\text{pos_sub_li}], [\text{pos_sub_lv}], [\text{pos_sub_ri}], [\text{pos_sub_rv}])$
291	pos_sub_vf Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Visual Field effect	calc Calculation: $(([\text{pos_sub_li}] + [\text{pos_sub_lv}] - ([\text{pos_sub_ri}] + [\text{pos_sub_rv}]))/2$
292	pos_sub_validity Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Validity effect	calc Calculation: $(([\text{pos_sub_li}] + [\text{pos_sub_ri}] - ([\text{pos_sub_lv}] + [\text{pos_sub_rv}]))/2$
293	pos_sub_disengage Show the field ONLY if: [vayn] = '1' and [posyn] = '1'	Posner RT SUBBING 2S FOR MISSES: Disengagement effect	calc Calculation: $(([\text{pos_sub_li}] - [\text{pos_sub_lv}] - ([\text{pos_sub_ri}] - [\text{pos_sub_rv}]))/2$
294	mes_l_miss Show the field ONLY if: [vayn] = '1'	Mesulam: Left Misses	text (integer, Min: 0, Max: 30)
295	mes_r_miss Show the field ONLY if: [vayn] = '1'	Mesulam: Right Misses	text (integer, Min: 0, Max: 30)
296	mes_tot_miss Show the field ONLY if: [vayn] = '1'	Mesulam: Total Misses	calc Calculation: $[\text{mes_l_miss}] + [\text{mes_r_miss}]$
297	mes_coc Show the field ONLY if: [vayn] = '1'	Mesulam: CoC (Center of Cancellation) <i>please enter to 3 decimal places</i>	text (number)
298	bit_l1_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Left Column 1 Misses	text (integer, Min: 0, Max: 8)
299	bit_l2_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Left Column 2 Misses	text (integer, Min: 0, Max: 8)
300	bit_l3_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Left Column 3 Misses	text (integer, Min: 0, Max: 11)
301	bit_r1_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Right Column 1 Misses	text (integer, Min: 0, Max: 11)
302	bit_r2_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Right Column 2 Misses	text (integer, Min: 0, Max: 8)
303	bit_r3_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Right Column 3 Misses	text (integer, Min: 0, Max: 8)

304	bit_tot_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Total Left Misses	calc Calculation: [bit_l1_miss]+[bit_l2_miss]+[bit_l3_miss]						
305	bit_rot_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Total Right Misses	calc Calculation: [bit_r1_miss]+[bit_r2_miss]+[bit_r3_miss]						
306	bit_tot_miss Show the field ONLY if: [vayn] = '1'	BIT Stars: Total Misses	calc Calculation: [bit_l1_miss]+[bit_l2_miss]+[bit_l3_miss]+ [bit_r1_miss]+[bit_r2_miss]+[bit_r3_miss]						
307	bit_coc Show the field ONLY if: [vayn] = '1'	BIT Stars: CoC (Center of Cancellation) <i>please enter to 3 decimal places</i>	text (number, Min: -1, Max: 1)						
308	clock Show the field ONLY if: [vayn] = '1'	Clock Drawing	text (integer, Min: 0, Max: 15)						
309	clock_file Show the field ONLY if: [vayn] = '1'	Clock Drawing picture <i>Scanned image of clock drawn</i>	file						
310	mes_file Show the field ONLY if: [vayn] = '1'	Mesulam picture <i>Scanned image of Mesulam</i>	file						
311	bit_file Show the field ONLY if: [vayn] = '1'	BIT Stars picture <i>Scanned image of BIT Stars</i>	file						
312	hearts_rot_miss	Broken Hearts: right side open cross out	text						
313	hearts_left_misses	Broken hearts: left side open cross out	text						
314	hearts_coc	Broken Hearts whole heart misses	text						
315	hearts_picture	Broken Hearts picture	file						
316	fluff_ipsi	fluff test % targets detached from ipsi side	text						
317	fluff_contra	fluff test % targets detached from contra side	text						
318	test_factorscore	Test Factor Score	calc Calculation: [pos_rt_vf]*0.671+[pos_acc_vf]*0.828						
319	revised_attvf_factor	Revised AttentionVF Factor Scores	calc Calculation: 3*((0.671*([pos_rt_vf]+0.117862)/129.8928 + 0.828*([pos_acc_vf]-0.019227)/0.1968877 + 0.361* ([pos_acc_disengage]-0.006286)/0.0756869 + -0.408* ([pos_acc_avg]-0.913547)/0.153751 + 0.749* ([mes_coc]-0.0448)/0.1670185)/(0.671+0.828+0.361+0.408+C						
320	revised_attave_factor	Revised AttentionAve Factor Scores	calc Calculation: 3*((0.539*([pos_rt_validity]-36.490)/84.7277 + -0.419*([pos_acc_disengage]-0.0062)/0.07568 + 0.779* ([pos_rt_avg]-605.56)/210.1609 + -0.605* ([pos_acc_avg]-0.9135)/0.15375)/(0.539+0.419+0.779+0.605)+C						
321	revised_attvaldis_factor	Revised AttentionValdis Factor Score	calc Calculation: ((0.499*([pos_rt_vf]+0.117862)/129.892 + 0.779*([pos_acc_validity]+0.009080)/0.068508 + 0.584* ([pos_rt_disengage]+8.789007)/62.13955 + 0.484* ([pos_acc_avg]-0.913547)/0.15375)/(0.499+0.779+0.584+0.484)+C						
322	visual_attention_battery_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Language Battery									
323	lanyn	Scale acquired?	dropdown <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no; no visit</td></tr><tr><td>3</td><td>no; see Notes</td></tr></table>	1	yes	2	no; no visit	3	no; see Notes
1	yes								
2	no; no visit								
3	no; see Notes								
324	language_note	Language Battery notes <i>Any additional information needed to clarify language battery scores, such as "Reading tests performed but not scored because deficit more likely attributable to pre-morbid low level of literacy than stroke," "unable to test word comprehension due to blindness"</i>	notes						

325	word_raw Show the field ONLY if: [lanyn] = '1'	Word Comprehension (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; examiner names an item and subject points to item</i>	text (integer, Min: 0, Max: 37)
326	commands_raw Show the field ONLY if: [lanyn] = '1'	Commands (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; examiner gives one- to five-step command</i>	text (integer, Min: 0, Max: 15)
327	complex_raw Show the field ONLY if: [lanyn] = '1'	Complex Ideational Material (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; examiner asks yes/no questions about general knowledge and short paragraphs read aloud to subject</i>	text (integer, Min: 0, Max: 12)
328	boston_raw Show the field ONLY if: [lanyn] = '1'	Boston Naming Test (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; subject names item in drawing</i>	text (integer, Min: 0, Max: 15)
329	reading_raw Show the field ONLY if: [lanyn] = '1'	Oral Reading of Sentences (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; subject reads sentences out loud</i>	text (integer, Min: 0, Max: 10)
330	reading_comp_raw Show the field ONLY if: [lanyn] = '1'	Comprehension of Oral Reading of Sentences (raw score) <i>subtest of Boston Diagnostic Aphasia Exam; subject answers multiple choice questions about sentences they just read in previous item</i>	text (integer, Min: 0, Max: 5)
331	nonword Show the field ONLY if: [lanyn] = '1'	Nonword Reading <i>experimental measure; subject pronounces nonsense syllables</i>	text (integer, Min: 0, Max: 20)
332	stem Show the field ONLY if: [lanyn] = '1'	Stem completion <i>experimental measure; subject generates a word beginning with the 3-letter stem given; see Neuropsychologia; Connor et al. 2006</i>	text (integer, Min: 0, Max: 20)
333	animal_raw Show the field ONLY if: [lanyn] = '1'	Animal Naming (raw score) <i>standard verbal fluency test; subject names as many animals as possible in 1 minute</i>	text (integer, Min: 0, Max: 100)
334	word_scaled Show the field ONLY if: [lanyn] = '1'	Word Comprehension (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 0, Max: 100)
335	commands_scaled Show the field ONLY if: [lanyn] = '1'	Commands (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 0, Max: 100)
336	complex_scaled Show the field ONLY if: [lanyn] = '1'	Complex Ideational Material (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 0, Max: 100)
337	boston_scaled Show the field ONLY if: [lanyn] = '1'	Boston Naming Test (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 0, Max: 100)
338	reading_scaled Show the field ONLY if: [lanyn] = '1'	Oral Reading of Sentences (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 10, Max: 100)
339	reading_comp_scaled Show the field ONLY if: [lanyn] = '1'	Comprehension of Oral Reading of Sentences (percentile score) <i>normed according to tables published with the BDAE booklet</i>	text (integer, Min: 0, Max: 100)
340	animal_scaled Show the field ONLY if: [lanyn] = '1'	Animal Naming (percentile score) <i>normed according to Tombaugh et al. 1999</i>	text (integer, Min: 0, Max: 100)
341	lang_factor_calc	Lang Calculated Factor	calc Calculation: $1.3 * (.858 * ([word_raw] - 34.1) / 5.84 + .885 * ([commands_raw] - 13.4) / 3.37 + .855 * ([complex_raw] - 9) / 3.42 + .925 * ([boston_raw] - 11.83) / 4.027 + .910 * ([reading_raw] - 7.87) / 3.30 + .890 * ([reading_comp_raw] - 3.83) / 1.70 + .825 * ([nonword] - 14.38) / 6.435 + .914 * ([stem] - 14.83) / 5.934 + .804 * ([animal_raw] - 14.43) / 7.792) / (.858 + .885 + .855 + .925 + .910 + .890 + .825 + .804 + .804)$
342	revised_lang_factor_calc	revised lang calculated factor	calc Calculation: $1.3 * (.925 * ([boston_raw] - 11.83) / 4.027 + .910 * ([reading_raw] - 7.87) / 3.30 + .890 * ([reading_comp_raw] - 3.83) / 1.70 + .825 * ([nonword] - 14.38) / 6.435 + .804 * ([animal_raw] - 14.43) / 7.792) / (.925 + .910 + .890 + .825 + .804) - .457$

343	language_battery_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Memory Battery									
344	memyn	Scale acquired?	<div>dropdown</div> <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no; no visit</td></tr><tr><td>3</td><td>no; see Notes</td></tr></table>	1	yes	2	no; no visit	3	no; see Notes
1	yes								
2	no; no visit								
3	no; see Notes								
345	memory_note	Memory Battery notes <i>Any noteworthy details about battery, such as "verbal memory administered but not scored due to aphasia"</i>	notes						
346	hand_mem Show the field ONLY if: [memyn] = '1'	Hand used for test <i>can use preferred hand at acute visit, regardless of lesion side; should use same hand at subsequent visits</i>	<div>dropdown</div> <table><tr><td>0</td><td>Left hand</td></tr><tr><td>1</td><td>Right hand</td></tr></table>	0	Left hand	1	Right hand		
0	Left hand								
1	Right hand								
347	bvmt_im Show the field ONLY if: [memyn] = '1'	BVMT Total Immediate Recall (raw) <i>total immediate free recall (trial1 + trial2+ trial3)</i>	text (integer, Min: 0, Max: 36)						
348	bvmt_learn Show the field ONLY if: [memyn] = '1'	BVMT Learning	text (integer)						
349	bvmt_delay Show the field ONLY if: [memyn] = '1'	BVMT Delayed Recall (raw)	text (integer)						
350	bvmt_perc Show the field ONLY if: [memyn] = '1'	BVMT Percent Retained	text						
351	bvmt_hit Show the field ONLY if: [memyn] = '1'	BVMT Recognition Hits	text (integer)						
352	bvmt_fa Show the field ONLY if: [memyn] = '1'	BVMT Recognition False Alarms	text (integer)						
353	bvmt_discrim Show the field ONLY if: [memyn] = '1'	BVMT Recognition Discrimination Index	text						
354	bvmt_bias Show the field ONLY if: [memyn] = '1'	BVMT Recognition Response Bias	text						
355	bvmt_imt Show the field ONLY if: [memyn] = '1'	BVMT Total Immediate Recall (T-score)	text (integer)						
356	bvmt_delayt Show the field ONLY if: [memyn] = '1'	BVMT Delayed Recall (T-Score)	text (integer)						
357	bvmt_index_ile	BVMT discrimination index %ile	text						
358	hvl_t_im Show the field ONLY if: [memyn] = '1'	HVLT Total Immediate Recall (raw)	text (integer, Min: 0, Max: 36)						
359	hvl_t_learn Show the field ONLY if: [memyn] = '1'	HVLT Learning	text (integer)						
360	hvl_t_delay Show the field ONLY if: [memyn] = '1'	HVLT Delayed Recall (raw)	text (integer)						
361	hvl_t_perc Show the field ONLY if: [memyn] = '1'	HVLT Percent Retained	text						

362	hvl_t_hit Show the field ONLY if: [memyn] = '1'	HVLT Hits	text (integer)						
363	hvl_t_fa1 Show the field ONLY if: [memyn] = '1'	HVLT False Alarms (Related)	text (integer)						
364	hvl_t_fa2 Show the field ONLY if: [memyn] = '1'	HVLT False Alarms (Unrelated)	text (integer)						
365	hvl_t_fa3 Show the field ONLY if: [memyn] = '1'	HVLT Total False Positives	text (integer)						
366	hvl_t_discrim Show the field ONLY if: [memyn] = '1'	HVLT Recognition Discrimination Index	text (integer)						
367	hvl_t_int Show the field ONLY if: [memyn] = '1'	HVLT Total Immediate Recall (T-score)	text (integer)						
368	hvl_t_delayt Show the field ONLY if: [memyn] = '1'	HVLT Delayed Recall (T-Score)	text (integer)						
369	hvl_t_discrim_t Show the field ONLY if: [memyn] = '1'	HVLT Discrimination Index (T- Score)	text (integer)						
370	ss_for Show the field ONLY if: [memyn] = '1'	Spatial Span Forward (raw)	text (integer)						
371	ss_back Show the field ONLY if: [memyn] = '1'	Spatial Span Backward (raw)	text (integer)						
372	ss_total Show the field ONLY if: [memyn] = '1'	Spatial Span Total (raw)	calc Calculation: [ss_for]+[ss_back]						
373	ss_for_sc Show the field ONLY if: [memyn] = '1'	Spatial Span Forward (Scaled Score)	text (integer)						
374	ss_back_sc Show the field ONLY if: [memyn] = '1'	Spatial Span Backward (Scaled Score)	text (integer)						
375	ss_total_sc Show the field ONLY if: [memyn] = '1'	Spatial Span Total (Scaled Score)	text (integer)						
376	bvmt_file Show the field ONLY if: [memyn] = '1'	BVMT picture <i>Scanned image of BVMT</i>	file						
377	revised_memv_factor	Revised MemoryV Factor scores	calc Calculation: ((0.733*([hvl_t_int]-29.42857)/17.44542511 + 0.929*([hvl_t_delayt]-22.30158)/20.53651181 + 0.897*([hvl_t_perc]-59.23809)/33.27688172 + 0.710*([hvl_t_discrim]-8.32539)/2.830771951)/(0.733 + 0.929 + 0.897 + 0.71)-.8766)/.6873						
378	revised_mems_factor	Revised MemoryS Factor Score	calc Calculation: ((0.687*([bvmt_int]-25.4142)/22.41466 + 0.805*([bvmt_delayt]-26.0928)/21.80881 + 0.766*([bvmt_perc]-80.1000)/33.82121 + 0.699*([bvmt_discrim]-4.57142)/1.614426 + 0.689*([ss_for]-5.39416)/2.187389 + 0.808*([ss_back]-4.08823)/2.568961)/(0.687+0.805+0.766+0.699+0.808)						
379	memory_battery_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Motor Battery									

380	motoryn	Scale acquired?	dropdown <div> <div>1</div> <div>yes</div> </div> <div> <div>2</div> <div>no; no visit</div> </div> <div> <div>3</div> <div>no; see Notes</div> </div>
381	motor_note	Motor Battery notes <i>Any noteworthy details about battery, such as "left leg untestable due to amputation" or "ARA administered but not scored as test was invalidated by near blindness"</i>	notes
382	lshflex Show the field ONLY if: [motoryn] = '1'	Section Header: <i>Active Range of Motion (AROM) -- Upper Body</i> Left Shoulder Flexion AROM	text (integer, Min: 0, Max: 180)
383	rshflex Show the field ONLY if: [motoryn] = '1'	Right Shoulder Flexion AROM	text (integer, Min: 0, Max: 180)
384	lwext Show the field ONLY if: [motoryn] = '1'	Left Wrist Extension AROM	text (integer, Min: 0, Max: 120)
385	rwext Show the field ONLY if: [motoryn] = '1'	Right Wrist Extension AROM	text (integer, Min: 0, Max: 120)
386	lgrip Show the field ONLY if: [motoryn] = '1'	Section Header: <i>Strength and Dexterity - Upper Body</i> Left Grip Strength (Dynamometer) <i>average of 3 trials using Jamar handheld dynamometer, in kg</i>	text (integer, Min: 0, Max: 200)
387	rgrip Show the field ONLY if: [motoryn] = '1'	Right Grip Strength (Dynamometer) <i>average of 3 trials using Jamar handheld dynamometer, in kg</i>	text (integer, Min: 0, Max: 200)
388	lpegs Show the field ONLY if: [motoryn] = '1'	Left Hand 9-Hole Peg Test (pegs/second) <i>number of pegs placed/removed per second; please enter to 2 decimal places</i>	text (number, Min: 0, Max: 3)
389	rpegs Show the field ONLY if: [motoryn] = '1'	Right Hand 9-Hole Peg Test (pegs/second) <i>number of pegs placed/removed per second; please enter to 2 decimal places</i>	text (number, Min: 0, Max: 3)
390	laragrasp Show the field ONLY if: [motoryn] = '1'	Section Header: <i>Action Research Arm Test (ARA)</i> Left ARA Grasp	text (integer, Min: 0, Max: 18)
391	laragrip Show the field ONLY if: [motoryn] = '1'	Left ARA Grip	text (integer, Min: 0, Max: 12)
392	larapinch Show the field ONLY if: [motoryn] = '1'	Left ARA Pinch	text (integer, Min: 0, Max: 18)
393	laragross Show the field ONLY if: [motoryn] = '1'	Left ARA Gross	text (integer, Min: 0, Max: 9)
394	raragrasp Show the field ONLY if: [motoryn] = '1'	Right ARA Grasp	text (integer, Min: 0, Max: 18)
395	raragrip Show the field ONLY if: [motoryn] = '1'	Right ARA Grip	text (integer, Min: 0, Max: 12)
396	rarapinch Show the field ONLY if: [motoryn] = '1'	Right ARA Pinch	text (integer, Min: 0, Max: 18)
397	raragross Show the field ONLY if: [motoryn] = '1'	Right ARA Gross	text (integer, Min: 0, Max: 9)
398	laratotal Show the field ONLY if: [motoryn] = '1'	Left ARA TOTAL	calc Calculation: [laragrasp]+[laragrip]+[larapinch]+[laragross]
399	raratotal Show the field ONLY if: [motoryn] = '1'	Right ARA TOTAL	calc Calculation: [raragrasp]+[raragrip]+[rarapinch]+[raragross]

400	twalk Show the field ONLY if: [motoryn] = '1'	Section Header: <i>Walking tests</i> Timed Walk (10 meters); m/sec <i>Patients unable to perform timed walk unassisted with no medical equipment are scored as 0 m/sec</i>	text (number_2dp, Min: 0, Max: 3)														
401	fimwalk Show the field ONLY if: [motoryn] = '1'	FIM Walk Item <i>Functional Independence Measure, walk item; 1 is totally dependent and 7 is totally independent</i>	dropdown <table><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></table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
7	7																
402	walk_total Show the field ONLY if: [motoryn] = '1'	Combined Walking Index (Timed Walk / FIM Walk Item) <i>score is FIM Walk score if FIM Walk item is 0-6; score is 7 if FIM Walk item is 7 and walking speed is less than 0.4m/sec; score is 8 if FIM Walk item is 7 and walking speed is between 0.4 and .08m/sec; score is 9 if FIM Walk item is 7 and walking speed is at least 0.8m/sec</i>	calc Calculation: if([fimwalk] < 7, [fimwalk], if([twalk] < 0.40, 7, if([twalk] < 0.80, 8, 9)))														
403	lank_mot Show the field ONLY if: [motoryn] = '1'	Section Header: <i>Motricity Index - Lower Body</i> Left Ankle Motricity Index <i>0 is flaccid, 33 is normal strength</i>	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33		
0	0																
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25	25																
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404	lknee_mot Show the field ONLY if: [motoryn] = '1'	Left Knee Motricity Index <i>0 is flaccid, 33 is normal strength</i>	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33		
0	0																
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19	19																
25	25																
33	33																
405	lhip_mot Show the field ONLY if: [motoryn] = '1'	Left Hip Motricity Index <i>0 is flaccid, 33 is normal strength</i>	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33		
0	0																
9	9																
14	14																
19	19																
25	25																
33	33																
406	rank_mot Show the field ONLY if: [motoryn] = '1'	Right Ankle Motricity Index <i>0 is flaccid, 33 is normal strength</i>	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33		
0	0																
9	9																
14	14																
19	19																
25	25																
33	33																
407	rknee_mot Show the field ONLY if: [motoryn] = '1'	Right Knee Motricity Index <i>0 is flaccid, 33 is normal strength</i>	dropdown <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33		
0	0																
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25	25																
33	33																

408	<div>rhip_mot</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Hip Motricity Index</div> <div>0 is flaccid, 33 is normal strength</div>	<div>dropdown</div> <table><tr><td>0</td><td>0</td></tr><tr><td>9</td><td>9</td></tr><tr><td>14</td><td>14</td></tr><tr><td>19</td><td>19</td></tr><tr><td>25</td><td>25</td></tr><tr><td>33</td><td>33</td></tr></table>	0	0	9	9	14	14	19	19	25	25	33	33
0	0														
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19	19														
25	25														
33	33														
409	<div>ltot_mot</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Left Lower Extremity TOTAL Motricity Index</div>	<div>calc</div> <div>Calculation: [lank_mot]+[lknee_mot]+[lhip_mot]+1</div>												
410	<div>rtot_mot</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Lower Extremity TOTAL Motricity Index</div>	<div>calc</div> <div>Calculation: [rank_mot]+[rknee_mot]+[rhip_mot]+1</div>												
411	<div>lankflex</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Section Header: Active Range of Motion (AROM) - Lower Body</div> <div>Left Ankle Dorsiflexion AROM</div> <div>values of 5-20 are typical in a healthy person</div>	<div>text (integer, Min: 0, Max: 50)</div>												
412	<div>lkneeext</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Left Knee Extension AROM</div> <div>value of 0 (leg extended completely) is typical in a healthy person</div>	<div>text (integer, Min: -90, Max: 20)</div>												
413	<div>lhipflex</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Left Hip Flexion AROM</div> <div>values of 100-150 are typical in a healthy person</div>	<div>text (integer, Min: 0, Max: 180)</div>												
414	<div>rankflex</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Ankle Dorsiflexion AROM</div> <div>values of 5-20 are typical in a healthy person</div>	<div>text (integer, Min: 0, Max: 50)</div>												
415	<div>rkneeext</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Knee Extension AROM</div> <div>value of 0 (leg extended completely) is typical in a healthy person</div>	<div>text (integer, Min: -90, Max: 20)</div>												
416	<div>rhipflex</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Hip Flexion AROM</div> <div>values of 100-150 are typical in a healthy person</div>	<div>text (integer, Min: 0, Max: 180)</div>												
417	<div>lankstr</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Section Header: Strength: Lower Body</div> <div>Left Ankle Dorsiflexion strength (dynamometer)</div> <div>average of 3 trials using a special mounted Jamar dynamometer, in kg</div>	<div>text (integer, Min: 0, Max: 200)</div>												
418	<div>rankstr</div> <div>Show the field ONLY if: [motoryn] = '1'</div>	<div>Right Ankle Dorsiflexion strength (dynamometer)</div> <div>average of 3 trials using a special mounted Jamar dynamometer, in kg</div>	<div>text (integer, Min: 0, Max: 200)</div>												
419	<div>lmot_factor_calc</div>	<div>LMotor Calculated Factor</div>	<div>calc</div> <div>Calculation: (0.947*([lshflex]-140.2303)/62.34274 + 0.874*([lwrext]-50.60843)/25.13376 + 0.782*([lgrip]-20.46385)/14.58751 + 0.85*([lpegs]-0.246545)/0.150096 + 0.952*([laratotal]-45.39634)/20.93302 + 0.917*([ltot_mot]-85.81699)/28.70687 + 0.921*([lhip_mot]-28.34640)/10.02911) / (0.947+0.874+0.782+0.85+0.952+0.917+0.921)</div>												
420	<div>rmot_factor_calc</div>	<div>RMotor Calculated Factor</div>	<div>calc</div> <div>Calculation: (0.893*([rshflex]-150.2650)/54.9232 + 0.837*([rwrext]-52.92168)/22.8552+0.742*([rgrip]-22.61818)/15.2545+0.825*([rpegs]-0.269939)/0.15932 + 0.913*([raratotal]-47.54268)/18.7215 + 0.896*([rtot_mot]-87.74834)/24.8880 + 0.845*([rank_mot]-28.61589)/9.5218)/(0.893+0.837+0.742+0.825+0.913+0.845+0.896+0.845)</div>												
421	<div>revised_lmotor_factor</div>	<div>revised LMotor calculated factor</div>	<div>calc</div> <div>Calculation: ((0.952*([laratotal]-45.39634)/20.93302 + 0.921*([lank_mot]-28.34640)/10.02911) / (0.952+0.921)-.6819)/.2107</div>												
422	<div>revised_rmotor_factor</div>	<div>revised Rmotor calculated factor</div>	<div>calc</div> <div>Calculation: ((0.913*([raratotal]-47.54268)/18.7215 + 0.845*([rank_mot]-28.61589)/9.5218)/(0.913+0.845)-.6563)/.2261</div>												
423	<div>motor_battery_complete</div>	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

Instrument: Emotion							
424	afraid_t_score	Visual analog Mood scale (VAMS_PAR): Afraid T score	text				
425	afraid_raw_score	Visual analog Mood scale (VAMS_PAR): Afraid Raw Score	text				
426	confused_t_score	Visual analog Mood scale (VAMS_PAR): Confused T score	text				
427	confused_raw_score	Visual analog Mood scale (VAMS_PAR): Confused Raw Score	text				
428	sad_t_score	Visual Analog mood scales (VAMS_PAR): sad T score	text				
429	sad_raw_score	Visual analog Mood scale (VAMS_PAR): Sad Raw Score	text				
430	angry_t_score	Visual analog Mood scale (VAMS_PAR): Angry T score	text				
431	angry_raw_score	Visual analog Mood scale (VAMS_PAR): Angry Raw Score	text				
432	energetic_t_score	Visual analog Mood scale (VAMS_PAR): Energetic T score	text				
433	energetic_raw_score	Visual analog Mood scale (VAMS_PAR): energetic raw score	text				
434	tired_t_score	Visual analog Mood scale (VAMS_PAR): Tired T score	text				
435	tired_raw_score	Visual analog Mood scale (VAMS_PAR): Tired Raw Score	text				
436	happy_t_score	Visual analog Mood scale (VAMS_PAR): Happy T Score	text				
437	happy_raw_score	Visual analog Mood scale (VAMS_PAR): Happy Raw Score	text				
438	tense_t_score	Visual analog Mood scale (VAMS_PAR): Tense T score	text				
439	tense_raw_score	Visual analog Mood scale (VAMS_PAR): Tense Raw Score	text				
440	question_7	Affect Naming Social Raw Score	text				
441	question_8	Affect Naming Social T score	text				
442	gds_1	GDS 1: are you basically satisfied with your life?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
443	gds_2	GDS: 2 Have you dropped many of your activities?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
444	gds_3	GDS 3: Do you feel that your life is empty?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
445	gds_4	GDS 4: Do you often get bored?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
446	gds_5	GDS 5: Are you in good spirits most of the time?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
447	gds_6	GDS 6: Are you afraid that something bad is going to happen to you?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
448	gds_7	GDS 7: Do you feel happy most of the time?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
449	gds_8	GDS 8: do you often feel helpless?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
450	gds_9	GDS 9: Do you prefer to stay at home, rather than going out and doing new things?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
451	gds_10	GDS 10: Do you feel you have more problems with memory than most?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
452	gds_11	GDS 11: Do you think it is wonderful to be alive now?	radio <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						

453	gds_12	GDS 12: Do you feel pretty worthless the way you are now?	radio 1 yes 2 no
454	gds_13	GDS 13: Do you feel full of energy?	radio 1 yes 2 no
455	gds_14	GDS 14: Do you feel that your situation is hopeless?	radio 1 yes 2 no
456	gds_15	GDS 15: Do you think that most people are better off than you are?	radio 1 yes 2 no
457	emotion_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Wrist Position Sense Test**

458	wristyn	Scale acquired?	dropdown 1 yes 2 no; no visit 3 no; see Notes
459	wristposition_note	Wrist Position Sense notes <i>Any additional information needed to clarify score, such as "could not test due to spastic limb"</i>	notes
460	wrist_sense_l Show the field ONLY if: [wristyn] = '1'	Wrist Position Sense: Left	text (integer)
461	wrist_sense_r Show the field ONLY if: [wristyn] = '1'	Wrist Position Sense: Right	text (integer)
462	wrist_position_sense_test_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Visual Perimetry**

463	periyn	Scale acquired?	dropdown 1 yes 2 no; no visit 3 no; see Notes 4 yes but no usable data
464	perimetry_note	Visual Perimetry notes <i>Any noteworthy details about battery, such as "not administered due to unable to follow directions" or "administered but not scored as data are invalidated by premorbid eye problem"</i>	notes
465	leyeyn Show the field ONLY if: [periyn] = '1' or [periyn] = '4'	Left eye acquired?	yesno 1 Yes 0 No
466	reyeyn Show the field ONLY if: [periyn] = '1' or [periyn] = '4'	Right eye acquired?	yesno 1 Yes 0 No

467	visual_fields_description	Subjective description of deficit	<div>dropdown</div> <table><tr><td>0</td><td>No deficit attributable to stroke</td></tr><tr><td>1</td><td>Right upper quadrantanopsia</td></tr><tr><td>2</td><td>Right lower quadrantanopsia</td></tr><tr><td>3</td><td>Right hemianopsia</td></tr><tr><td>4</td><td>Left upper quadrantanopsia</td></tr><tr><td>5</td><td>Left lower quadrantanopsia</td></tr><tr><td>6</td><td>Left hemianopsia</td></tr><tr><td>7</td><td>Scotoma</td></tr><tr><td>8</td><td>N/A, healthy control</td></tr><tr><td>9</td><td>unknown (unable to test with perimetry or confrontation, or, no visit)</td></tr></table>	0	No deficit attributable to stroke	1	Right upper quadrantanopsia	2	Right lower quadrantanopsia	3	Right hemianopsia	4	Left upper quadrantanopsia	5	Left lower quadrantanopsia	6	Left hemianopsia	7	Scotoma	8	N/A, healthy control	9	unknown (unable to test with perimetry or confrontation, or, no visit)
0	No deficit attributable to stroke																						
1	Right upper quadrantanopsia																						
2	Right lower quadrantanopsia																						
3	Right hemianopsia																						
4	Left upper quadrantanopsia																						
5	Left lower quadrantanopsia																						
6	Left hemianopsia																						
7	Scotoma																						
8	N/A, healthy control																						
9	unknown (unable to test with perimetry or confrontation, or, no visit)																						
468	perimetry_lqc Show the field ONLY if: [leyeyn] = '1'	Does left eye data meet QC standards?	<div>yesno</div> <table><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																						
469	perimetry_rqc Show the field ONLY if: [reyeyn] = '1'	Does right eye data meet QC standards?	<div>yesno</div> <table><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																						
470	eye_tif Show the field ONLY if: [periyn] = '1' or [periyn] = '4'	Visual Field picture <i>tif file exported from perimetry machine</i>	file																				
471	le_fn Show the field ONLY if: [leyeyn] = '1'	LeftEye_False_Neg	text																				
472	le_fp Show the field ONLY if: [leyeyn] = '1'	LeftEye_False_Pos	text																				
473	le_trials Show the field ONLY if: [leyeyn] = '1'	LeftEye_Trials	text																				
474	le_errors Show the field ONLY if: [leyeyn] = '1'	LeftEye_Errors	text																				
475	le_md Show the field ONLY if: [leyeyn] = '1'	LeftEye_MD	text																				
476	le_md_prob Show the field ONLY if: [leyeyn] = '1'	LeftEye_MD_Prob	text																				
477	le_psd Show the field ONLY if: [leyeyn] = '1'	LeftEye_PSD	text																				
478	le_psd_prob Show the field ONLY if: [leyeyn] = '1'	LeftEye_PSD_Prob	text																				
479	le_td_q1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Q1	text																				
480	le_td_q2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Q2	text																				
481	le_td_q3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Q3	text																				
482	le_td_q4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Q4	text																				

483	le_td_ring1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring1	text
484	le_td_ring2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring2	text
485	le_td_ring3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring3	text
486	le_td_ring1quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring1Quad1	text
487	le_td_ring1quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring1Quad2	text
488	le_td_ring1quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring1Quad3	text
489	le_td_ring1quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring1Quad4	text
490	le_td_ring2quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring2Quad1	text
491	le_td_ring2quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring2Quad2	text
492	le_td_ring2quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring2Quad3	text
493	le_td_ring2quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring2Quad4	text
494	le_td_ring3quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring3Quad1	text
495	le_td_ring3quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring3Quad2	text
496	le_td_ring3quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring3Quad3	text
497	le_td_ring3quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Total_Dev_Ring3Quad4	text
498	le_pd_q1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Q1	text
499	le_pd_q2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Q2	text
500	le_pd_q3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Q3	text
501	le_pd_q4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Q4	text
502	le_pd_ring1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring1	text

503	le_pd_ring2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring2	text
504	le_pd_ring3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring3	text
505	le_pd_ring1quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring1Quad1	text
506	le_pd_ring1quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring1Quad2	text
507	le_pd_ring1quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring1Quad3	text
508	le_pd_ring1quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring1Quad4	text
509	le_pd_ring2quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring2Quad1	text
510	le_pd_ring2quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring2Quad2	text
511	le_pd_ring2quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring2Quad3	text
512	le_pd_ring2quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring2Quad4	text
513	le_pd_ring3quad1 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring3Quad1	text
514	le_pd_ring3quad2 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring3Quad2	text
515	le_pd_ring3quad3 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring3Quad3	text
516	le_pd_ring3quad4 Show the field ONLY if: [leyeyn] = '1'	LeftEye_Pattern_Dev_Ring3Quad4	text
517	re_fn Show the field ONLY if: [reyeyn] = '1'	RightEye_False_Neg	text
518	re_fp Show the field ONLY if: [reyeyn] = '1'	RightEye_False_Pos	text
519	re_trials Show the field ONLY if: [reyeyn] = '1'	RightEye_Trials	text
520	re_errors Show the field ONLY if: [reyeyn] = '1'	RightEye_Errors	text
521	re_md Show the field ONLY if: [reyeyn] = '1'	RightEye_MD	text
522	re_md_prob Show the field ONLY if: [reyeyn] = '1'	RightEye_MD_Prob	text

523	re_psd Show the field ONLY if: [reyeyn] = '1'	RightEye_PSD	text
524	re_psd_prob Show the field ONLY if: [reyeyn] = '1'	RightEye_PSD_Prob	text
525	re_td_q1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Q1	text
526	re_td_q2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Q2	text
527	re_td_q3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Q3	text
528	re_td_q4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Q4	text
529	re_td_ring1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring1	text
530	re_td_ring2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring2	text
531	re_td_ring3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring3	text
532	re_td_ring1quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring1Quad1	text
533	re_td_ring1quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring1Quad2	text
534	re_td_ring1quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring1Quad3	text
535	re_td_ring1quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring1Quad4	text
536	re_td_ring2quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring2Quad1	text
537	re_td_ring2quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring2Quad2	text
538	re_td_ring2quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring2Quad3	text
539	re_td_ring2quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring2Quad4	text
540	re_td_ring3quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring3Quad1	text
541	re_td_ring3quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring3Quad2	text
542	re_td_ring3quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring3Quad3	text

543	re_td_ring3quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Total_Dev_Ring3Quad4	text
544	re_pd_q1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Q1	text
545	re_pd_q2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Q2	text
546	re_pd_q3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Q3	text
547	re_pd_q4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Q4	text
548	re_pd_ring1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring1	text
549	re_pd_ring2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring2	text
550	re_pd_ring3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring3	text
551	re_pd_ring1quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring1Quad1	text
552	re_pd_ring1quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring1Quad2	text
553	re_pd_ring1quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring1Quad3	text
554	re_pd_ring1quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring1Quad4	text
555	re_pd_ring2quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring2Quad1	text
556	re_pd_ring2quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring2Quad2	text
557	re_pd_ring2quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring2Quad3	text
558	re_pd_ring2quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring2Quad4	text
559	re_pd_ring3quad1 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring3Quad1	text
560	re_pd_ring3quad2 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring3Quad2	text
561	re_pd_ring3quad3 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring3Quad3	text
562	re_pd_ring3quad4 Show the field ONLY if: [reyeyn] = '1'	RightEye_Pattern_Dev_Ring3Quad4	text
563	left_visual_factor_score	left Visual Factor Score <i>I made this up.</i>	calc

564	right_visual_factor_score	right Visual Factor Score	calc												
565	visual_perimetry_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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Instrument: MRI Debriefing															
566	debriefyn	Scale acquired?	<div>dropdown</div> <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no; no visit</td></tr> <tr><td>3</td><td>no; see Notes</td></tr> </table>	1	yes	2	no; no visit	3	no; see Notes						
1	yes														
2	no; no visit														
3	no; see Notes														
567	debrief_note	MRI Debriefing notes <i>Any noteworthy details about battery, such as "not administered due to sleeping for entire scan" or "not administered due to aphasia"</i>	notes												
568	<p>pain</p> <p>Show the field ONLY if: [debriefyn] = '1'</p>	<p>Section Header: <i>During the scan, how much of the time did you...</i></p> <p>Feel pain or discomfort?</p>	<div>dropdown</div> <table border="1"> <tr><td>100</td><td>All of the time (100%)</td></tr> <tr><td>80</td><td>Most of the time (80%)</td></tr> <tr><td>60</td><td>A good bit of the time (60%)</td></tr> <tr><td>40</td><td>Some of the time (40%)</td></tr> <tr><td>20</td><td>A little of the time (20%)</td></tr> <tr><td>0</td><td>None of the time (0%)</td></tr> </table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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569	<p>body</p> <p>Show the field ONLY if: [debriefyn] = '1'</p>	Notice how your body felt, other than pain?	<div>dropdown</div> <table border="1"> <tr><td>100</td><td>All of the time (100%)</td></tr> <tr><td>80</td><td>Most of the time (80%)</td></tr> <tr><td>60</td><td>A good bit of the time (60%)</td></tr> <tr><td>40</td><td>Some of the time (40%)</td></tr> <tr><td>20</td><td>A little of the time (20%)</td></tr> <tr><td>0</td><td>None of the time (0%)</td></tr> </table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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570	<p>surroundings</p> <p>Show the field ONLY if: [debriefyn] = '1'</p>	Notice your surroundings?	<div>dropdown</div> <table border="1"> <tr><td>100</td><td>All of the time (100%)</td></tr> <tr><td>80</td><td>Most of the time (80%)</td></tr> <tr><td>60</td><td>A good bit of the time (60%)</td></tr> <tr><td>40</td><td>Some of the time (40%)</td></tr> <tr><td>20</td><td>A little of the time (20%)</td></tr> <tr><td>0</td><td>None of the time (0%)</td></tr> </table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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571	<p>self</p> <p>Show the field ONLY if: [debriefyn] = '1'</p>	Think about yourself or your life?	<div>dropdown</div> <table border="1"> <tr><td>100</td><td>All of the time (100%)</td></tr> <tr><td>80</td><td>Most of the time (80%)</td></tr> <tr><td>60</td><td>A good bit of the time (60%)</td></tr> <tr><td>40</td><td>Some of the time (40%)</td></tr> <tr><td>20</td><td>A little of the time (20%)</td></tr> <tr><td>0</td><td>None of the time (0%)</td></tr> </table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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572	<p>anything_else</p> <p>Show the field ONLY if: [debriefyn] = '1'</p>	Think about anything other than yourself or your surroundings?	<div>dropdown</div> <table border="1"> <tr><td>100</td><td>All of the time (100%)</td></tr> <tr><td>80</td><td>Most of the time (80%)</td></tr> <tr><td>60</td><td>A good bit of the time (60%)</td></tr> <tr><td>40</td><td>Some of the time (40%)</td></tr> <tr><td>20</td><td>A little of the time (20%)</td></tr> <tr><td>0</td><td>None of the time (0%)</td></tr> </table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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573	sleepy Show the field ONLY if: [debriefyn] = '1'	Feel sleepy?	<div>dropdown</div> <table><tr><td>100</td><td>All of the time (100%)</td></tr><tr><td>80</td><td>Most of the time (80%)</td></tr><tr><td>60</td><td>A good bit of the time (60%)</td></tr><tr><td>40</td><td>Some of the time (40%)</td></tr><tr><td>20</td><td>A little of the time (20%)</td></tr><tr><td>0</td><td>None of the time (0%)</td></tr></table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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574	anxious Show the field ONLY if: [debriefyn] = '1'	Feel anxious or scared?	<div>dropdown</div> <table><tr><td>100</td><td>All of the time (100%)</td></tr><tr><td>80</td><td>Most of the time (80%)</td></tr><tr><td>60</td><td>A good bit of the time (60%)</td></tr><tr><td>40</td><td>Some of the time (40%)</td></tr><tr><td>20</td><td>A little of the time (20%)</td></tr><tr><td>0</td><td>None of the time (0%)</td></tr></table>	100	All of the time (100%)	80	Most of the time (80%)	60	A good bit of the time (60%)	40	Some of the time (40%)	20	A little of the time (20%)	0	None of the time (0%)
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0	None of the time (0%)														
575	mood Show the field ONLY if: [debriefyn] = '1'	Please rate your mood during the scan	<div>dropdown</div> <table><tr><td>1</td><td>Very sad</td></tr><tr><td>2</td><td>Sad</td></tr><tr><td>3</td><td>Somewhat sad</td></tr><tr><td>4</td><td>Somewhat happy</td></tr><tr><td>5</td><td>Happy</td></tr><tr><td>6</td><td>Very happy</td></tr></table>	1	Very sad	2	Sad	3	Somewhat sad	4	Somewhat happy	5	Happy	6	Very happy
1	Very sad														
2	Sad														
3	Somewhat sad														
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576	mri_debriefing_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
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1	Unverified														
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Instrument: **Functional Outcome Battery**

577	outcomeyn	Scale acquired?	<table><tr><td colspan="2">dropdown</td></tr><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no; no visit</td></tr><tr><td>3</td><td>no; see Notes</td></tr></table>	dropdown		1	yes	2	no; no visit	3	no; see Notes
dropdown											
1	yes										
2	no; no visit										
3	no; see Notes										
578	outcome_note	Functional Outcome Battery notes <i>Any additional information such as "interviews not administered due to aphasia"</i>	notes								
579	fim_eat Show the field ONLY if: [outcomeyn] = '1'	Section Header: <i>Functional Independence Measure</i> FIM: Eating	text (integer, Min: 1, Max: 7)								
580	fim_groom Show the field ONLY if: [outcomeyn] = '1'	FIM: Grooming	text (integer, Min: 1, Max: 7)								
581	fim_bathe Show the field ONLY if: [outcomeyn] = '1'	FIM: Bathing	text (integer, Min: 1, Max: 7)								
582	fim_ub Show the field ONLY if: [outcomeyn] = '1'	FIM: Dressing Upper Body	text (integer, Min: 1, Max: 7)								
583	fim_lb Show the field ONLY if: [outcomeyn] = '1'	FIM: Dressing Lower Body	text (integer, Min: 1, Max: 7)								
584	fim_toil Show the field ONLY if: [outcomeyn] = '1'	FIM: Toileting	text (integer, Min: 1, Max: 7)								
585	fim_bla Show the field ONLY if: [outcomeyn] = '1'	FIM: Bladder Management	text (integer, Min: 1, Max: 7)								
586	fim_bow Show the field ONLY if: [outcomeyn] = '1'	FIM: Bowel Management	text (integer, Min: 1, Max: 7)								

587	fim_bed Show the field ONLY if: [outcomeyn] = '1'	FIM: Bed Transfer	text (integer, Min: 1, Max: 7)
588	fim_tt Show the field ONLY if: [outcomeyn] = '1'	FIM: Toilet Transfer	text (integer, Min: 1, Max: 7)
589	fim_tub Show the field ONLY if: [outcomeyn] = '1'	FIM: Tub Transfer	text (integer, Min: 1, Max: 7)
590	fim_walk Show the field ONLY if: [outcomeyn] = '1'	FIM: Walking	text (integer, Min: 1, Max: 7)
591	fim_stair Show the field ONLY if: [outcomeyn] = '1'	FIM: Stairs	text (integer, Min: 1, Max: 7)
592	fim_comp Show the field ONLY if: [outcomeyn] = '1'	FIM: Comprehension	text (integer, Min: 1, Max: 7)
593	fim_exp Show the field ONLY if: [outcomeyn] = '1'	FIM: Expression	text (integer, Min: 1, Max: 7)
594	fim_soc Show the field ONLY if: [outcomeyn] = '1'	FIM: Social Interaction	text (integer, Min: 1, Max: 7)
595	fim_prob Show the field ONLY if: [outcomeyn] = '1'	FIM: Problem Solving	text (integer, Min: 1, Max: 7)
596	fim_mem Show the field ONLY if: [outcomeyn] = '1'	FIM: Memory	text (integer, Min: 1, Max: 7)
597	fim_motor Show the field ONLY if: [outcomeyn] = '1'	FIM: Motor Items Subtotal	calc Calculation: [fim_eat]+[fim_groom]+[fim_bathe]+[fim_ub]+ [fim_lb]+[fim_toil]+[fim_bla]+[fim_bow]+[fim_bed]+[fim_tt]+ [fim_tub]+[fim_walk]+[fim_stair]
598	fim_cognitive Show the field ONLY if: [outcomeyn] = '1'	FIM: Cognitive Items Subtotal	calc Calculation: [fim_comp]+[fim_exp]+[fim_soc]+[fim_prob]+ [fim_mem]
599	fim_total Show the field ONLY if: [outcomeyn] = '1'	FIM: Total score	calc Calculation: [fim_eat]+[fim_groom]+[fim_bathe]+[fim_ub]+ [fim_lb]+[fim_toil]+[fim_bla]+[fim_bow]+[fim_bed]+[fim_tt]+ [fim_tub]+[fim_walk]+[fim_stair]+[fim_comp]+[fim_exp]+ [fim_soc]+[fim_prob]+[fim_mem]
600	fam_swal Show the field ONLY if: [outcomeyn] = '1'	Section Header: <i>Functional Assessment Measure</i> FAM: Swallowing	text (integer, Min: 1, Max: 7)
601	fam_emo Show the field ONLY if: [outcomeyn] = '1'	FAM: Emotional Status	text (integer, Min: 1, Max: 7)
602	fam_car Show the field ONLY if: [outcomeyn] = '1'	FAM: Car Transfer	text (integer, Min: 1, Max: 7)
603	fam_adj Show the field ONLY if: [outcomeyn] = '1'	FAM: Adjustment to Limitations	text (integer, Min: 1, Max: 7)
604	fam_com Show the field ONLY if: [outcomeyn] = '1'	FAM: Community Access	text (integer, Min: 1, Max: 7)
605	fam_empl Show the field ONLY if: [outcomeyn] = '1'	FAM: Employability	text (integer, Min: 1, Max: 7)
606	fam_read Show the field ONLY if: [outcomeyn] = '1'	FAM: Reading	text (integer, Min: 1, Max: 7)

607	fam_ori Show the field ONLY if: [outcomeyn] = '1'	FAM: Orientation	text (integer, Min: 1, Max: 7)
608	fam_writ Show the field ONLY if: [outcomeyn] = '1'	FAM: Writing	text (integer, Min: 1, Max: 7)
609	fam_att Show the field ONLY if: [outcomeyn] = '1'	FAM: Attention	text (integer, Min: 1, Max: 7)
610	fam_spe Show the field ONLY if: [outcomeyn] = '1'	FAM: Speech	text (integer, Min: 1, Max: 7)
611	fam_safe Show the field ONLY if: [outcomeyn] = '1'	FAM: Safety	text (integer, Min: 1, Max: 7)
612	fam_tot Show the field ONLY if: [outcomeyn] = '1'	FAM: Total Score	calc Calculation: [fam_swal]+[fam_emo]+[fam_car]+[fam_adj]+ [fam_com]+[fam_empl]+[fam_read]+[fam_ori]+[fam_writ]+ [fam_att]+[fam_spe]+[fam_safe]
613	rnl1 Show the field ONLY if: [outcomeyn] = '1'	Section Header: <i>Reintegration to Normal Living Index (RNL)</i> (1) I move around my house as I feel necessary.	text (integer, Min: 1, Max: 5)
614	rnl2 Show the field ONLY if: [outcomeyn] = '1'	(2) I move about the community as I feel necessary.	text (integer, Min: 1, Max: 5)
615	rnl3 Show the field ONLY if: [outcomeyn] = '1'	(3) I am able to take trips out of town as I feel are necessary.	text (integer, Min: 1, Max: 5)
616	rnl4 Show the field ONLY if: [outcomeyn] = '1'	(4) I am comfortable with how my self-care needs (dressing, feeding, toileting, bathing) are met.	text (integer, Min: 1, Max: 5)
617	rnl5 Show the field ONLY if: [outcomeyn] = '1'	(5) I spend most of my days occupied in work activity that is necessary or important to me. (paid employment, housework, volunteer activity, school)	text (integer, Min: 1, Max: 5)
618	rnl6 Show the field ONLY if: [outcomeyn] = '1'	(6) I am able to participate in recreational activities (hobbies, crafts, sports, reading, television, games, computers, etc.) as I want to.	text (integer, Min: 1, Max: 5)
619	rnl7 Show the field ONLY if: [outcomeyn] = '1'	(7) I participate in social activities with family friends and/or business acquaintances as is necessary or desirable to me.	text (integer, Min: 1, Max: 5)
620	rnl8 Show the field ONLY if: [outcomeyn] = '1'	(8) I assume a role in my family which meets my needs and those of other family members.	text (integer, Min: 1, Max: 5)
621	rnl9 Show the field ONLY if: [outcomeyn] = '1'	(9) In general I am comfortable with my personal relationships.	text (integer, Min: 1, Max: 5)
622	rnl10 Show the field ONLY if: [outcomeyn] = '1'	(10) In general I am comfortable with myself when I am in the company of others.	text (integer, Min: 1, Max: 5)
623	rnl11 Show the field ONLY if: [outcomeyn] = '1'	(11) I feel that I can deal with life events as they happen.	text (integer, Min: 1, Max: 5)
624	rnltotal Show the field ONLY if: [outcomeyn] = '1'	RNL Total	calc Calculation: [rnl1]+[rnl2]+[rnl3]+[rnl4]+[rnl5]+[rnl6]+[rnl7]+ [rnl8]+[rnl9]+[rnl10]+[rnl11]
625	gdss_1 Show the field ONLY if: [outcomeyn] = '1'	Section Header: <i>Geriatric Depression Scale (GDS)</i> 1. Are you basically satisfied with your life?	dropdown 0 Yes 1 No
626	gdss_2 Show the field ONLY if: [outcomeyn] = '1'	2. Have you dropped many of your activities and interests?	dropdown 1 Yes 0 No

627	gdss_3 Show the field ONLY if: [outcomeyn] = '1'	3. Do you feel that your life is empty?	dropdown 1 Yes 0 No
628	gdss_4 Show the field ONLY if: [outcomeyn] = '1'	4. Do you often get bored?	dropdown 1 Yes 0 No
629	gdss_5 Show the field ONLY if: [outcomeyn] = '1'	5. Are you in good spirits most of the time?	dropdown 0 Yes 1 No
630	gdss_6 Show the field ONLY if: [outcomeyn] = '1'	6. Are you afraid that something bad is going to happen to you?	dropdown 1 Yes 0 No
631	gdss_7 Show the field ONLY if: [outcomeyn] = '1'	7. Do you feel happy most of the time?	dropdown 0 Yes 1 No
632	gdss_8 Show the field ONLY if: [outcomeyn] = '1'	8. Do you often feel helpless?	dropdown 1 Yes 0 No
633	gdss_9 Show the field ONLY if: [outcomeyn] = '1'	9. Do you prefer to stay at home, rather than going out and doing new things?	dropdown 1 Yes 0 No
634	gdss_10 Show the field ONLY if: [outcomeyn] = '1'	10. Do you feel you have more problems with memory than most?	dropdown 1 Yes 0 No
635	gdss_11 Show the field ONLY if: [outcomeyn] = '1'	11. Do you think it is wonderful to be alive now?	dropdown 0 Yes 1 No
636	gdss_12 Show the field ONLY if: [outcomeyn] = '1'	12. Do you feel pretty worthless the way you are now?	dropdown 1 Yes 0 No
637	gdss_13 Show the field ONLY if: [outcomeyn] = '1'	13. Do you feel full of energy?	dropdown 0 Yes 1 No
638	gdss_14 Show the field ONLY if: [outcomeyn] = '1'	14. Do you feel that your situation is hopeless?	dropdown 1 Yes 0 No
639	gdss_15 Show the field ONLY if: [outcomeyn] = '1'	15. Do you think that most people are better off than you are?	dropdown 1 Yes 0 No
640	gdss_score Show the field ONLY if: [outcomeyn] = '1'	GDS Total	calc Calculation: [gdss_1]+[gdss_2]+[gdss_3]+[gdss_4]+ [gdss_5]+[gdss_6]+[gdss_7]+[gdss_8]+[gdss_9]+ [gdss_10]+[gdss_11]+[gdss_12]+[gdss_13]+[gdss_14]+ [gdss_15]
641	sip_bod1 Show the field ONLY if: [outcomeyn] = '1'	Section Header: <i>Stroke-Adapted Sickness Impact Profile (SA-SIP)</i> SIP Body 1: I make difficult moves only with help, for example getting into or out of cars, bathtubs	dropdown 1 Yes 0 No
642	sip_bod2 Show the field ONLY if: [outcomeyn] = '1'	SIP Body 2: I move my hands or fingers with some limitation or difficulty	dropdown 1 Yes 0 No
643	sip_bod3 Show the field ONLY if: [outcomeyn] = '1'	SIP Body 3: I get in and out of bed or chairs by grasping something for support or using a cane or walker	dropdown 1 Yes 0 No

644	<div>sip_bod4</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Body 4: I have trouble getting shoes, socks, or stockings on	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
645	<div>sip_bod5</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Body 5: I get dressed only with someone's help	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
646	<div>sip_soc1</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Social 1: I show less interest in other people's problems, for example, don't listen when they tell me about their problems, don't offer to help	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
647	<div>sip_soc2</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Social 2: I often act irritable to those around me, for example, snap at people, give sharp answers, criticize easily	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
648	<div>sip_soc3</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Social 3: I show less affection	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
649	<div>sip_soc4</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Social 4: I am doing fewer social activities with groups of people	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
650	<div>sip_soc5</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Social 5: I talk less to those around me	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
651	<div>sip_mob1</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Mobility 1: I stay home most of the time	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
652	<div>sip_mob2</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Mobility 2: I m not going into town	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
653	<div>sip_mob3</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Mobility 3: I do not get around in the dark or in unlit place without someone's help	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
654	<div>sip_com1</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Communication 1: I carry on a conversation only when very close to the other person or looking at him	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
655	<div>sip_com2</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Communication 2: I have difficulty speaking, for example, get stuck, stutter, stammer, slur my words	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
656	<div>sip_com3</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Communication 3: I do not speak cleraly when I am under stress	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
657	<div>sip_emo1</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Emotional Behavior 1: I say how bad or useless I am, for example, that I am a burden on others	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
658	<div>sip_emo2</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Emotional Behavior 2: I laugh or cry suddenly	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
659	<div>sip_emo3</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Emotional Behavior 3: I act irritable and impatient with myself, for example, talk badly about myself, swear at myself, blame myself for things that happen	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>
660	<div>sip_emo4</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Emotional Behavior 4: I get sudden frights	<div>dropdown</div> <div><div>1</div> Yes</div> <div><div>0</div> No</div>

661	sip_house1 Show the field ONLY if: [outcomeyn] = '1'	SIP Household Management 1: I am not doing any of the maintenance or repair work that I would usually do in my home or yard	dropdown 1 Yes 0 No
662	sip_house2 Show the field ONLY if: [outcomeyn] = '1'	SIP Household Management 2: I am not doing any of the shopping that I would usually do	dropdown 1 Yes 0 No
663	sip_house3 Show the field ONLY if: [outcomeyn] = '1'	SIP Household Management 3: I am not doing any of the house cleaning that I would usually do	dropdown 1 Yes 0 No
664	sip_house4 Show the field ONLY if: [outcomeyn] = '1'	SIP Household Management 4: I am not doing any of the clothes washing that I would usually do	dropdown 1 Yes 0 No
665	sip_alert1 Show the field ONLY if: [outcomeyn] = '1'	SIP Alertness Behavior 1: I am confused and start several actions at a time	dropdown 1 Yes 0 No
666	sip_alert2 Show the field ONLY if: [outcomeyn] = '1'	SIP Alertness Behavior 2: I make more mistakes than usual	dropdown 1 Yes 0 No
667	sip_alert3 Show the field ONLY if: [outcomeyn] = '1'	SIP Alertness Behavior 3: I have difficulty doing activities involving concentration and thinking	dropdown 1 Yes 0 No
668	sip_amb1 Show the field ONLY if: [outcomeyn] = '1'	SIP Ambulation 1: I do not walk up or down hills	dropdown 1 Yes 0 No
669	sip_amb2 Show the field ONLY if: [outcomeyn] = '1'	SIP Ambulation 2: I get around only by using a walker, crutches, cane, walls, or furniture	dropdown 1 Yes 0 No
670	sip_amb3 Show the field ONLY if: [outcomeyn] = '1'	SIP Ambulation 3: I walk more slowly	dropdown 1 Yes 0 No
671	sip_body Show the field ONLY if: [outcomeyn] = '1'	SIP Body Care and Movement Total	calc Calculation: ((([sip_bod1]*(84))+ ([sip_bod2]*(64))+ ([sip_bod3]*(82))+ ([sip_bod4]*(57))+ ([sip_bod5]*(88))) /3.75)
672	sip_social Show the field ONLY if: [outcomeyn] = '1'	SIP Social Interaction Total	calc Calculation: ((([sip_soc1]*(67))+ ([sip_soc2]*(84))+ ([sip_soc3]*(52))+ ([sip_soc4]*(36))+ ([sip_soc5]*(56))) /2.95)
673	sip_mob Show the field ONLY if: [outcomeyn] = '1'	SIP Mobility Total	calc Calculation: ((([sip_mob1]*(66))+ ([sip_mob2]*(48))+ ([sip_mob3]*(72))) /1.86)
674	sip_com Show the field ONLY if: [outcomeyn] = '1'	SIP Communication Total	calc Calculation: ((([sip_com1]*(67))+ ([sip_com2]*(76))+ ([sip_com3]*(64))) /2.07)
675	sip_emo Show the field ONLY if: [outcomeyn] = '1'	SIP Emotional Behavior Total	calc Calculation: ((([sip_emo1]*(87))+ ([sip_emo2]*(68))+ ([sip_emo3]*(78))+ ([sip_emo4]*(74))) /3.07)
676	sip_house Show the field ONLY if: [outcomeyn] = '1'	SIP Household Management Total	calc Calculation: ((([sip_house1]*(62))+ ([sip_house2]*(71))+ ([sip_house3]*(77))+ ([sip_house4]*(77))) /2.87)
677	sip_alert Show the field ONLY if: [outcomeyn] = '1'	SIP Alertness Behavior Total	calc Calculation: ((([sip_alert1]*(90))+ ([sip_alert2]*(64))+ ([sip_alert3]*(80))) /2.34)
678	sip_amb Show the field ONLY if: [outcomeyn] = '1'	SIP Ambulation Total	calc Calculation: ((([sip_amb1]*(56))+ ([sip_amb2]*(79))+ ([sip_amb3]*(35))) /1.7)

679	<div>sip_psychosoc</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Physical Function Scale SubTotal	<div>calc</div> <div>Calculation: (((([sip_bod1]*(84))+ ([sip_bod2]*(64))+ ([sip_bod3]*(82))+ ([sip_bod4]*(57))+ ([sip_bod5]*(88))+ ([sip_mob1]*(66))+ ([sip_mob2]*(48))+ ([sip_mob3]*(72))+ ([sip_house1]*(62))+ ([sip_house2]*(71))+ ([sip_house3]*(77))+ ([sip_house4]*(77))+ ([sip_amb1]*(56))+ ([sip_amb2]*(79))+ ([sip_amb3]*(35)))/10.18)</div>										
680	<div>sip_physical</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	SIP Psychosocial subscale total	<div>calc</div> <div>Calculation: (((([sip_soc1]*(67))+ ([sip_soc2]*(84))+ ([sip_soc3]*(52))+ ([sip_soc4]*(36))+ ([sip_soc5]*(56))+ ([sip_com1]*(67))+ ([sip_com2]*(76))+ ([sip_com3]*(64))+ ([sip_emo1]*(87))+ ([sip_emo2]*(68))+ ([sip_emo3]*(78))+ ([sip_emo4]*(74))+ ([sip_alert1]*(90))+ ([sip_alert2]*(64))+ ([sip_alert3]*(80)))/10.43)</div>										
681	<div>sf36_1</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>Section Header: <i>Short Form (36) Health Survey, version 2</i></div> <div>1. In general, would you say your health is:</div>	<div>dropdown</div> <table><tr><td>100</td><td>1 Excellent</td></tr><tr><td>75</td><td>2 Very good</td></tr><tr><td>50</td><td>3 Good</td></tr><tr><td>25</td><td>4 Fair</td></tr><tr><td>0</td><td>5 Poor</td></tr></table>	100	1 Excellent	75	2 Very good	50	3 Good	25	4 Fair	0	5 Poor
100	1 Excellent												
75	2 Very good												
50	3 Good												
25	4 Fair												
0	5 Poor												
682	<div>sf36_2</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>2. Compared to one year ago, how would you rate your health in general now?</div>	<div>dropdown</div> <table><tr><td>100</td><td>1 Much better now than one year ago</td></tr><tr><td>75</td><td>2 Somewhat better now than one year ago</td></tr><tr><td>50</td><td>3 About the same</td></tr><tr><td>25</td><td>4 Somewhat worse now than one year ago</td></tr><tr><td>0</td><td>5 Much worse now than one year ago</td></tr></table>	100	1 Much better now than one year ago	75	2 Somewhat better now than one year ago	50	3 About the same	25	4 Somewhat worse now than one year ago	0	5 Much worse now than one year ago
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683	<div>sf36_3</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</div> <div><i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Choose one answer for each question.)</i></div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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684	<div>sf36_4</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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685	<div>sf36_5</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>5. Lifting or carrying groceries</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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686	<div>sf36_6</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>6. Climbing several flights of stairs</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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687	<div>sf36_7</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>7. Climbing one flight of stairs</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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688	<div>sf36_8</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>8. Bending, kneeling, or stooping</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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689	<div>sf36_9</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>9. Walking more than a mile</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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690	<div>sf36_10</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>10. Walking several blocks</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 Yes, limited a lot</td></tr><tr><td>50</td><td>2 Yes, limited a little</td></tr><tr><td>100</td><td>3 No, not limited at all</td></tr></table>	0	1 Yes, limited a lot	50	2 Yes, limited a little	100	3 No, not limited at all				
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691	sf36_11 Show the field ONLY if: [outcomeyn] = '1'	11. Walking one block	dropdown 0 1 Yes, limited a lot 50 2 Yes, limited a little 100 3 No, not limited at all
692	sf36_12 Show the field ONLY if: [outcomeyn] = '1'	12. Bathing or dressing yourself	dropdown 0 1 Yes, limited a lot 50 2 Yes, limited a little 100 3 No, not limited at all
693	sf36_13 Show the field ONLY if: [outcomeyn] = '1'	13. Cut down the amount of time you spent on work or other activities <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Choose one answer for each question.)</i>	dropdown 0 1 Yes 100 2 No
694	sf36_14 Show the field ONLY if: [outcomeyn] = '1'	14. Accomplished less than you would like	dropdown 0 1 Yes 100 2 No
695	sf36_15 Show the field ONLY if: [outcomeyn] = '1'	15. Were limited in the kind of work or other activities	dropdown 0 1 Yes 100 2 No
696	sf36_16 Show the field ONLY if: [outcomeyn] = '1'	16. Had difficulty performing the work or other activities (for example, it took extra effort)	dropdown 0 1 Yes 100 2 No
697	sf36_17 Show the field ONLY if: [outcomeyn] = '1'	17. Cut down the amount of time you spent on work or other activities <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Choose one answer for each question.)</i>	dropdown 0 1 Yes 100 2 No
698	sf36_18 Show the field ONLY if: [outcomeyn] = '1'	18. Accomplished less than you would like	dropdown 0 1 Yes 100 2 No
699	sf36_19 Show the field ONLY if: [outcomeyn] = '1'	19. Didn't do work or other activities as carefully as usual	dropdown 0 1 Yes 100 2 No
700	sf36_20 Show the field ONLY if: [outcomeyn] = '1'	20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Choose one answer.)	dropdown 100 1 Not at all 75 2 Slightly 50 3 Moderately 25 4 Quite a bit 0 5 Extremely
701	sf36_21 Show the field ONLY if: [outcomeyn] = '1'	21. How much bodily pain have you had during the past 4 weeks? (Choose one answer.)	dropdown 100 1 None 80 2 Very mild 60 3 Mild 40 4 Moderate 20 5 Severe 0 6 Very severe
702	sf36_22 Show the field ONLY if: [outcomeyn] = '1'	22. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Choose one answer.)	dropdown 100 1 Not at all 75 2 A little bit 50 3 Moderately 25 4 Quite a bit 0 5 Extremely

703	<div>sf36_23</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>23. Did you feel full of pep?</div> <div>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .(Choose one answer for each question.)</div>	<div>dropdown</div> <table><tr><td>100</td><td>1 All of the time</td></tr><tr><td>80</td><td>2 Most of the time</td></tr><tr><td>60</td><td>3 A good bit of the time</td></tr><tr><td>40</td><td>4 Some of the time</td></tr><tr><td>20</td><td>5 A little of the time</td></tr><tr><td>0</td><td>6 None of the time</td></tr></table>	100	1 All of the time	80	2 Most of the time	60	3 A good bit of the time	40	4 Some of the time	20	5 A little of the time	0	6 None of the time
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704	<div>sf36_24</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>24. Have you been a very nervous person?</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>20</td><td>2 Most of the time</td></tr><tr><td>40</td><td>3 A good bit of the time</td></tr><tr><td>60</td><td>4 Some of the time</td></tr><tr><td>80</td><td>5 A little of the time</td></tr><tr><td>100</td><td>6 None of the time</td></tr></table>	0	1 All of the time	20	2 Most of the time	40	3 A good bit of the time	60	4 Some of the time	80	5 A little of the time	100	6 None of the time
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705	<div>sf36_25</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>25. Have you felt so down in the dumps that nothing could cheer you up?</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>20</td><td>2 Most of the time</td></tr><tr><td>40</td><td>3 A good bit of the time</td></tr><tr><td>60</td><td>4 Some of the time</td></tr><tr><td>80</td><td>5 A little of the time</td></tr><tr><td>100</td><td>6 None of the time</td></tr></table>	0	1 All of the time	20	2 Most of the time	40	3 A good bit of the time	60	4 Some of the time	80	5 A little of the time	100	6 None of the time
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706	<div>sf36_26</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>26. Have you felt calm and peaceful?</div>	<div>dropdown</div> <table><tr><td>100</td><td>1 All of the time</td></tr><tr><td>80</td><td>2 Most of the time</td></tr><tr><td>60</td><td>3 A good bit of the time</td></tr><tr><td>40</td><td>4 Some of the time</td></tr><tr><td>20</td><td>5 A little of the time</td></tr><tr><td>0</td><td>6 None of the time</td></tr></table>	100	1 All of the time	80	2 Most of the time	60	3 A good bit of the time	40	4 Some of the time	20	5 A little of the time	0	6 None of the time
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707	<div>sf36_27</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>27. Did you have a lot of energy?</div>	<div>dropdown</div> <table><tr><td>100</td><td>1 All of the time</td></tr><tr><td>80</td><td>2 Most of the time</td></tr><tr><td>60</td><td>3 A good bit of the time</td></tr><tr><td>40</td><td>4 Some of the time</td></tr><tr><td>20</td><td>5 A little of the time</td></tr><tr><td>0</td><td>6 None of the time</td></tr></table>	100	1 All of the time	80	2 Most of the time	60	3 A good bit of the time	40	4 Some of the time	20	5 A little of the time	0	6 None of the time
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708	<div>sf36_28</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>28. Have you felt downhearted and blue?</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>20</td><td>2 Most of the time</td></tr><tr><td>40</td><td>3 A good bit of the time</td></tr><tr><td>60</td><td>4 Some of the time</td></tr><tr><td>80</td><td>5 A little of the time</td></tr><tr><td>100</td><td>6 None of the time</td></tr></table>	0	1 All of the time	20	2 Most of the time	40	3 A good bit of the time	60	4 Some of the time	80	5 A little of the time	100	6 None of the time
0	1 All of the time														
20	2 Most of the time														
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60	4 Some of the time														
80	5 A little of the time														
100	6 None of the time														
709	<div>sf36_29</div> <div>Show the field ONLY if: [outcomeyn] = '1'</div>	<div>29. Did you feel worn out?</div>	<div>dropdown</div> <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>20</td><td>2 Most of the time</td></tr><tr><td>40</td><td>3 A good bit of the time</td></tr><tr><td>60</td><td>4 Some of the time</td></tr><tr><td>80</td><td>5 A little of the time</td></tr><tr><td>100</td><td>6 None of the time</td></tr></table>	0	1 All of the time	20	2 Most of the time	40	3 A good bit of the time	60	4 Some of the time	80	5 A little of the time	100	6 None of the time
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60	4 Some of the time														
80	5 A little of the time														
100	6 None of the time														

710	sf36_30 Show the field ONLY if: [outcomeyn] = '1'	30. Have you been a happy person?	dropdown <table><tr><td>100</td><td>1 All of the time</td></tr><tr><td>80</td><td>2 Most of the time</td></tr><tr><td>60</td><td>3 A good bit of the time</td></tr><tr><td>40</td><td>4 Some of the time</td></tr><tr><td>20</td><td>5 A little of the time</td></tr><tr><td>0</td><td>6 None of the time</td></tr></table>	100	1 All of the time	80	2 Most of the time	60	3 A good bit of the time	40	4 Some of the time	20	5 A little of the time	0	6 None of the time
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60	3 A good bit of the time														
40	4 Some of the time														
20	5 A little of the time														
0	6 None of the time														
711	sf36_31 Show the field ONLY if: [outcomeyn] = '1'	31. Did you feel tired?	dropdown <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>20</td><td>2 Most of the time</td></tr><tr><td>40</td><td>3 A good bit of the time</td></tr><tr><td>60</td><td>4 Some of the time</td></tr><tr><td>80</td><td>5 A little of the time</td></tr><tr><td>100</td><td>6 None of the time</td></tr></table>	0	1 All of the time	20	2 Most of the time	40	3 A good bit of the time	60	4 Some of the time	80	5 A little of the time	100	6 None of the time
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60	4 Some of the time														
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100	6 None of the time														
712	sf36_32 Show the field ONLY if: [outcomeyn] = '1'	32. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?(Choose one number)	dropdown <table><tr><td>0</td><td>1 All of the time</td></tr><tr><td>25</td><td>2 Most of the time</td></tr><tr><td>50</td><td>3 Some of the time</td></tr><tr><td>75</td><td>4 A little of the time</td></tr><tr><td>100</td><td>5 None of the time</td></tr></table>	0	1 All of the time	25	2 Most of the time	50	3 Some of the time	75	4 A little of the time	100	5 None of the time		
0	1 All of the time														
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50	3 Some of the time														
75	4 A little of the time														
100	5 None of the time														
713	sf36_33 Show the field ONLY if: [outcomeyn] = '1'	33. I seem to get sick a little easier than other people <i>How TRUE or FALSE is each of the following statements for you. (Choose one number for each question.)</i>	dropdown <table><tr><td>0</td><td>1 Definitely true</td></tr><tr><td>25</td><td>2 Mostly true</td></tr><tr><td>50</td><td>3 Don't know</td></tr><tr><td>75</td><td>4 Mostly false</td></tr><tr><td>100</td><td>5 Definitely false</td></tr></table>	0	1 Definitely true	25	2 Mostly true	50	3 Don't know	75	4 Mostly false	100	5 Definitely false		
0	1 Definitely true														
25	2 Mostly true														
50	3 Don't know														
75	4 Mostly false														
100	5 Definitely false														
714	sf36_34 Show the field ONLY if: [outcomeyn] = '1'	34. I am as healthy as anybody I know	dropdown <table><tr><td>100</td><td>1 Definitely true</td></tr><tr><td>75</td><td>2 Mostly true</td></tr><tr><td>50</td><td>3 Don't know</td></tr><tr><td>25</td><td>4 Mostly false</td></tr><tr><td>0</td><td>5 Definitely false</td></tr></table>	100	1 Definitely true	75	2 Mostly true	50	3 Don't know	25	4 Mostly false	0	5 Definitely false		
100	1 Definitely true														
75	2 Mostly true														
50	3 Don't know														
25	4 Mostly false														
0	5 Definitely false														
715	sf36_35 Show the field ONLY if: [outcomeyn] = '1'	35. I expect my health to get worse	dropdown <table><tr><td>0</td><td>1 Definitely true</td></tr><tr><td>25</td><td>2 Mostly true</td></tr><tr><td>50</td><td>3 Don't know</td></tr><tr><td>75</td><td>4 Mostly false</td></tr><tr><td>100</td><td>5 Definitely false</td></tr></table>	0	1 Definitely true	25	2 Mostly true	50	3 Don't know	75	4 Mostly false	100	5 Definitely false		
0	1 Definitely true														
25	2 Mostly true														
50	3 Don't know														
75	4 Mostly false														
100	5 Definitely false														
716	sf36_36 Show the field ONLY if: [outcomeyn] = '1'	36. My health is excellent	dropdown <table><tr><td>100</td><td>1 Definitely true</td></tr><tr><td>75</td><td>2 Mostly true</td></tr><tr><td>50</td><td>3 Don't know</td></tr><tr><td>25</td><td>4 Mostly false</td></tr><tr><td>0</td><td>5 Definitely false</td></tr></table>	100	1 Definitely true	75	2 Mostly true	50	3 Don't know	25	4 Mostly false	0	5 Definitely false		
100	1 Definitely true														
75	2 Mostly true														
50	3 Don't know														
25	4 Mostly false														
0	5 Definitely false														
717	sf36_physical Show the field ONLY if: [outcomeyn] = '1'	SF36: Physical Functioning total score	calc Calculation: (([sf36_3]+ [sf36_4]+ [sf36_5]+ [sf36_6]+ [sf36_7]+ [sf36_8]+ [sf36_9]+ [sf36_10]+ [sf36_11]+ [sf36_12]) /10)												
718	sf36_rolephys Show the field ONLY if: [outcomeyn] = '1'	SF36: Role Limitations due to Physical Health total score	calc Calculation: (([sf36_13]+[sf36_14]+[sf36_15]+[sf36_16])/4)												
719	sf36_roleemo Show the field ONLY if: [outcomeyn] = '1'	SF36: Role Limitations due to Emotional Problems total score	calc Calculation: (([sf36_17]+[sf36_18]+[sf36_19])/3)												

720	sf36_en Show the field ONLY if: [outcomeyn] = '1'	SF36: Energy / Fatigue total score	calc Calculation: (((sf36_23)+(sf36_27)+(sf36_29)+(sf36_31))/4)
721	sf36_emo Show the field ONLY if: [outcomeyn] = '1'	SF36: Emotional Well-Being total score	calc Calculation: (((sf36_24)+(sf36_25)+(sf36_26)+(sf36_28)+(sf36_30))/5)
722	sf36_soc Show the field ONLY if: [outcomeyn] = '1'	SF36: Social Functioning total score	calc Calculation: ((sf36_20)+(sf36_32))/2)
723	sf36_pain Show the field ONLY if: [outcomeyn] = '1'	SF36: Pain total score	calc Calculation: ((sf36_21)+(sf36_22))/2)
724	sf36_gen Show the field ONLY if: [outcomeyn] = '1'	SF36: General Health total score	calc Calculation: (((sf36_1)+(sf36_33)+(sf36_34)+(sf36_35)+(sf36_36))/5)
725	sis_1_a	SIS: 1_a	text
726	sis_1_b	SIS: 1_b	text
727	sis_1_c	SIS: 1_c	text
728	sis_1_d	SIS: 1_d	text
729	sis_2_a	SIS: 2_a	text
730	sis_2_b	SIS: 2_b	text
731	sis_2_c	SIS: 2_c	text
732	sis_2_d	SIS: 2_d	text
733	sis_2_e	SIS: 2_e	text
734	sis_2_f	SIS: 2_f	text
735	sis_2_g	SIS: 2_g	text
736	sis_3_a	SIS: 3_a	text
737	sis_3_b	SIS: 3_b	text
738	sis_3_c	SIS: 3_c	text
739	sis_3_d	SIS: 3_d	text
740	sis_3_e	SIS: 3_e	text
741	sis_3_f	SIS: 3_f	text
742	sis_3_g	SIS: 3_g	text
743	sis_3_h	SIS: 3_h	text
744	sis_3_i	SIS: 3_i	text
745	sis_4_a	SIS: 4_a	text
746	sis_4_b	SIS: 4_b	text
747	sis_4_c	SIS: 4_c	text
748	sis_4_d	SIS: 4_d	text
749	sis_4_e	SIS: 4_e	text
750	sis_4_f	SIS: 4_f	text
751	sis_4_g	SIS: 4_g	text
752	sis_5_a	SIS: 5_a	text
753	sis_5_b	SIS: 5_b	text
754	sis_5_c	SIS: 5_c	text
755	sis_5_d	SIS: 5_d	text
756	sis_5_e	SIS: 5_e	text
757	sis_5_f	SIS: 5_f	text
758	sis_5_g	SIS: 5_g	text
759	sis_5_h	SIS: 5_h	text
760	sis_5_i	SIS: 5_i	text
761	sis_5_j	SIS: 5_j	text
762	sis_6_a	SIS: 6_a	text
763	sis_6_b	SIS: 6_b	text
764	sis_6_c	SIS: 6_c	text
765	sis_6_d	SIS: 6_d	text

766	sis_6_e	SIS: 6_e	text
767	sis_6_f	SIS: 6_f	text
768	sis_6_g	SIS: 6_g	text
769	sis_6_h	SIS: 6_h	text
770	sis_6_i	SIS: 6_i	text
771	sis_7_a	SIS: 7_a	text
772	sis_7_b	SIS: 7_b	text
773	sis_7_c	SIS: 7_c	text
774	sis_7_d	SIS: 7_d	text
775	sis_7_e	SIS: 7_e	text
776	sis_8_a	SIS: 8_a	text
777	sis_8_b	SIS: 8_b	text
778	sis_8_c	SIS: 8_c	text
779	sis_8_d	SIS: 8_d	text
780	sis_8_e	SIS: 8_e	text
781	sis_8_f	SIS: 8_f	text
782	sis_8_g	SIS: 8_g	text
783	sis_8_h	SIS: 8_h	text
784	sis_total	SIS: Total recovery %	text
785	functional_outcome_battery_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown<div><div>0</div><div>Incomplete</div></div><div><div>1</div><div>Unverified</div></div><div><div>2</div><div>Complete</div></div></div>