

# Patient Reported Outcome Measures in England

Data Dictionary

Version 3.4.

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## PROMs Data Dictionary

### About PROMs

Patient Reported Outcome Measures (PROMs) have been collected nationally since April 2009. The PROMs programme covers four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations. PROMs are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. The collection of this data will add to the set of information available on the care delivered to NHS-funded patients and will complement, and be used in conjunction with, existing information on the quality of services. Data was released for the first time as an experimental statistic in April 2010 at which time the extract service was also launched. This data dictionary provides supporting information detailing the information contained in each field of the dataset.

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### About the Data Dictionary

The PROMs dataset is made up of many data items relating to information collected through the Patient Reported Outcome Measures questionnaires completed by patients for a number of common elective procedures. Patients submit the questionnaires before and after their operation in order to establish their perceived levels of health and the impact the operation has had on their quality of life. The PROMs dataset includes responses to individual questions as well as overall totals for a number of different scoring systems for both pre-operative and post-operative questionnaires.

This document was updated on 11 August 2016 to reflect the change from the Health and Social Care Information Centre to NHS Digital.

### HES Data Dictionary

For information about HES data fields, including those that appear in PROMs outputs, please refer to the HES data dictionary at <http://www.hscic.gov.uk/hesdatadictionary>.

### Feedback

Feedback on and suggestions about this document are welcome to [enquiries@nhsdigital.gov.uk](mailto:enquiries@nhsdigital.gov.uk).

## Index of PROMs fields

Field name	AG Q1 Angina Radiating Pain
Field	AG_Q1_ANGINA_RADIATING_PAIN
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks how much were you bothered by angina pain that radiates to other parts of your body (e.g. arms, shoulders, hands, neck, throat, jaw, back) related to your heart condition?</p>	
Value	
<p>1 = A lot</p> <p>2 = Quite a bit</p> <p>3 = Moderately</p> <p>4 = A little</p> <p>5 = Not at all</p> <p>9 = Missing</p>	

Field name	AG Q1 Difficulty Keeping Positive Outlook
Field	AG_Q1_DIFFICULTY_KEEPING_POSITIVE_OUTLOOK
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks, how often have you felt that's it was difficult to keep a positive outlook about your health?</p>	
Value	
<p>1 = All of the time</p> <p>2 = Most of the time</p> <p>3 = Some of the time</p> <p>4 = A little of the time</p> <p>5 = None of the time</p> <p>9 = Missing</p>	

Field name	AG Q1 Difficulty Planning Ahead
Field	AG_Q1_DIFFICULTY_PLANNING_AHEAD
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks, how often have you felt that it was difficult to plan ahead e.g. holidays, social events etc.)?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = A little of the time
- 5 = None of the time
- 9 = Missing

Field name	AG Q1 Difficulty Problem Solving
Field	AG_Q1_DIFFICULTY_PROBLEM_SOLVING
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the last 4 weeks how much of your time did you have difficulty reasoning and solving problems, for example making plans, making decisions, learning new things?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = A good bit of the time
- 4 = Some of the time
- 5 = A little of the time
- 6 = None of the time
- 9 = Missing

Field name	AG Q1 Family Overprotective
Field	AG_Q1_FAMILY_OVERPROTECTIVE
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks how often have you experienced family or friends being overprotective as a result of your heart condition?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = A little of the time
- 5 = None of the time
- 9 = Missing

Field name	AG Q1 Forgetful
Field	AG_Q1_FORGETFUL
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the last 4 weeks how much of your time did you forget, for example things that happened recently, where you put things or appointments?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = A good bit of the time
- 4 = Some of the time
- 5 = A little of the time
- 6 = None of the time
- 9 = Missing



Field name	AG Q1 Frightened By Pain
Field	AG_Q1_FRIGHTENED_BY_PAIN
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt frightened by the pain or discomfort of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q1 Frustrated
Field	AG_Q1_FRUSTRATED
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt frustrated or impatient?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q1 Heart Condition Trouble
Field	AG_Q1_HEART_CONDITION_TROUBLE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how much trouble has your heart condition caused you?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Some	
4 = A little	
5 = None	
9 = Missing	

Field name	AG Q1 Interfered Enjoyment Of Life
Field	AG_Q1_INTERFERED_ENJOYMENT_OF_LIFE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt that your heart condition interfered with your enjoyment of life?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q1 Limited Bathing Dressing
Field	AG_Q1_LIMITED_BATHING_DRESSING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in bathing or dressing yourself?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Climbing Stairs One Flight
Field	AG_Q1_LIMITED_CLIMBING_STAIRS_ONE_FLIGHT
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in climbing one flight of stairs	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Climbing Stairs Several Flight
Field	AG_Q1_LIMITED_CLIMBING_STAIRS_SEVERAL_FLIGHTS
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in your climbing several flights of stairs?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Kneeling
Field	AG_Q1_LIMITED_KNEELING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in bending, kneeling or stooping?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Lifting
Field	AG_Q1_LIMITED_LIFTING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in lifting or carrying your groceries?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Moderate Activities
Field	AG_Q1_LIMITED_MODERATE_ACTIVITIES
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in your usual daily moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Walking 100 Yards
Field	AG_Q1_LIMITED_WALKING_100_YARDS
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in walking 100 yards?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Limited Walking Half Mile
Field	AG_Q1_LIMITED_WALKING_HALF_MILE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in walking half a mile?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q1 Nitros
Field	AG_Q1_NITROS
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks on average, how many times have you taken nitros(nitroglycerin tablets or spray) for your chest pain, chest tightness or angina?</p>	
Value	
<p>1 = 4 or more times per day</p> <p>2 = 1-3 times per day</p> <p>3 = 3 or more times per week but not every day</p> <p>4 = 1-2 times per week</p> <p>5 = Less than once a week</p> <p>6 = None over the past 4 weeks</p> <p>9 = Missing</p>	

Field name	AG Q1 Palpitations
Field	AG_Q1_PALPITATIONS
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks how much were you bothered by palpitations (strong or irregular heartbeat) due to angina related to your heart condition?</p>	
Value	
<p>1 = A lot</p> <p>2 = Quite a bit</p> <p>3 = Moderately</p> <p>4 = A little</p> <p>5 = Not at all</p> <p>9 = Missing</p>	

Field name	AG Q1 Psychosocial Score
Field	AG_Q1_PSYCHOSOCIAL_SCORE
Length and format	nn.nnn
Description	Total score of the psychosocial group of questions.
Value	value appropriate to condition specific score

Field name	AG Q1 Psychosocial Score Complete
Field	AG_Q1_PSYCHOSOCIAL_SCORE_COMPLETE
Length and format	1n
Description	Indicates whether the submitted questionnaire has sufficient data in the cognitive group of questions to derive a score.
Value	0 = No 1 = Yes

Field name	AG Q1 Physical Score
Field	AG_Q1_PHYSICAL_SCORE
Length and format	nn.nnn
Description	Total score of the physical group of questions.
Value	value appropriate to condition specific score



Field name	AG Q1 Physical Score Complete
Field	AG_Q1_PHYSICAL_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the psychosocial group of questions to derive a score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q1 Restricted Social Activities
Field	AG_Q1_RESTRICTED_SOCIAL_ACTIVITIES
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how often have you experienced feeling restricted in your social activities (like visiting with friends, relatives etc) as a result of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q1 Score
Field	AG_Q1_SCORE
Length and format	nn.nnn
Description	
Total overall score.	
Value	
value appropriate to condition specific score	

Field name	AG Q1 Score Complete
Field	AG_Q1_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the physical group of questions to derive a score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q1 Shortness Of Breath
Field	AG_Q1_SHORTNESS_OF_BREATH
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how much were you bothered by shortness of breath related to your heart condition?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	AG Q1 Symptoms Score
Field	AG_Q1_SYMPTOMS_SCORE
Length and format	nn.nnn
Description	
Total score of the symptoms group of questions.	
Value	
value appropriate to condition specific score	

Field name	AG Q1 Symptoms Score Complete
Field	AG_Q1_SYMPTOMS_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the symptoms group of questions to derive a score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q1 Uncertain About Future
Field	AG_Q1_UNCERTAIN_ABOUT_FUTURE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt uncertain about the future?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q1 Worried Condition
Field	AG_Q1_WORRIED_CONDITION
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt worried about your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Burden on Others
Field	AG_Q2_BURDEN_ON_OTHERS
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how often have you experienced feeling a burden on others as a result of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Cardiac Rehabilitation
Field	AG_Q2_CARDIAC_REHABILITATION
Length and format	1n

## Description

Response to the post-surgery question:  
Did you go to cardiac rehabilitation after you were discharged?

## Value

1 = No, I was not offered  
2 = No, I chose not to attend  
3 = Yes. But I didn't complete the course  
4 = Yes, and I am still attending  
5 = Yes, and I completed the course  
9 = Missing

Field name	AG Q2 Depressed
Field	AG_Q2_DEPRESSED
Length and format	1n

## Description

Response to the CROQ-PCI question:  
During the past 4 weeks, how often have you felt depressed?

## Value

1 = All of the time  
2 = Most of the time  
3 = Some of the time  
4 = A little of the time  
5 = None of the time  
9 = Missing

Field name	AG Q2 Difficulty Concentrating
Field	AG_Q2_DIFFICULTY_CONCENTRATING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the last 4 weeks how much of your time did you have difficulty doing activities involving concentration and thinking?	
Value	
1 = All of the time	
2 = Most of the time	
3 = A good bit of the time	
4 = Some of the time	
5 = A little of the time	
6 = None of the time	
9 = Missing	

Field name	AG Q2 Difficulty Keeping Positive Outlook
Field	AG_Q2_DIFFICULTY_KEEPING_POSITIVE_OUTLOOK
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt that's it was difficult to keep a positive outlook about your health?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Difficulty Planning Ahead
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Field	AG_Q2_DIFFICULTY_PLANNING_AHEAD
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Length and format	1n
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Description
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Response to the CROQ-PCI question:

During the past 4 weeks, how often have you felt that it was difficult to plan ahead e.g. holidays, social events etc.)?

Value
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1 = All of the time

2 = Most of the time

3 = Some of the time

4 = A little of the time

5 = None of the time

9 = Missing

Field name	AG Q2 Difficulty Problem Solving
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Field	AG_Q2_DIFFICULTY_PROBLEM_SOLVING
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Length and format	1n
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Description
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Response to the CROQ-PCI question:

During the last 4 weeks how much of your time did you have difficulty reasoning and solving problems, for example making plans, making decisions, learning new things?

Value
-------

1 = All of the time

2 = Most of the time

3 = A good bit of the time

4 = Some of the time

5 = A little of the time

6 = None of the time

9 = Missing

Field name	AG Q2 Family Overprotective
Field	AG_Q2_FAMILY_OVERPROTECTIVE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how often have you experienced family or friends being overprotective as a result of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Forgetful
Field	AG_Q2_FORGETFUL
Length and format	1n
Description	
Response to the CROQ-PCI question: During the last 4 weeks how much of your time did you forget, for example things that happened recently, where you put things or appointments?	
Value	
1 = All of the time	
2 = Most of the time	
3 = A good bit of the time	
4 = Some of the time	
5 = A little of the time	
6 = None of the time	
9 = Missing	



Field name	AG Q2 Frightened By Pain
Field	AG_Q2_FRIGHTENED_BY_PAIN
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt frightened by the pain or discomfort of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Frustrated
Field	AG_Q2_FRUSTRATED
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt frustrated or impatient?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Further Heart Surgery
Field	AG_Q2_FURTHER_HEART_SURGERY
Length and format	1n
Description	
Response to the post-surgery question: In the last 6 months, have you had another heart operation?	
Value	
1 = No	
2 = Yes, I had another angioplasty	
3 = Yes, I had another coronary artery bypass graft	
4 = Yes, other	
9 = Missing	

Field name	AG Q2 Groin Arm Catheter Problem
Field	AG_Q2_GROIN_ARM_CATHETER_PROBLEMS
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: During the past 4 weeks, how much were you bothered by the problems in your groin or arm where the catheter was inserted?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	AG Q2 Groin Arm Wound Numbness
Field	AG_Q2_GROIN_ARM_WOUND_NUMBNESS
Length and format	1n
Description	
<p>Response to the CROQ-PCI post-surgery question:</p> <p>During the past 4 weeks, how much were you bothered by the numbness or tingling in your groin area or around your arm wound?</p>	
Value	
<p>1 = A lot</p> <p>2 = Quite a bit</p> <p>3 = Moderately</p> <p>4 = A little</p> <p>5 = Not at all</p> <p>9 = Missing</p>	

Field name	AG Q2 Groin Arm Wound Pain
Field	AG_Q2_GROIN_ARM_WOUND_PAIN
Length and format	1n
Description	
<p>Response to the CROQ-PCI post-surgery question:</p> <p>During the past 4 weeks, how much were you bothered by the pain in your groin or arm wound?</p>	
Value	
<p>1 = A lot</p> <p>2 = Quite a bit</p> <p>3 = Moderately</p> <p>4 = A little</p> <p>5 = Not at all</p> <p>9 = Missing</p>	

Field name	AG Q2 Groin Arm Wound Tenderness
Field	AG_Q2_GROIN_ARM_WOUND_TENDERNESS
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: During the past 4 weeks, how much were you bothered by the tenderness around your groin or arm wound?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	AG Q2 Groin Thigh Arm Wound Bruising
Field	AG_Q2_GROIN_THIGH_ARM_WOUND_BRUISING
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: During the past 4 weeks, how much were you bothered by bruising around your Groin, thigh, or arm wound?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	AG Q2 Heart Condition Trouble
Field	AG_Q2_HEART_CONDITION_TROUBLE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how much trouble has your heart condition caused you?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Some	
4 = A little	
5 = None	
9 = Missing	

Field name	AG Q2 Interfered Enjoyment Of Life
Field	AG_Q2_INTERFERED_ENJOYMENT_OF_LIFE
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt that your heart condition interfered with your enjoyment of life?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Limited Bathing Dressing
Field	AG_Q2_LIMITED_BATHING_DRESSING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in bathing or dressing yourself?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q2 Limited Climbing Stairs One Flight
Field	AG_Q2_LIMITED_CLIMBING_STAIRS_ONE_FLIGHT
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in climbing one flight of stairs	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q2 Limited Climbing Stairs Several Flight
Field	AG_Q2_LIMITED_CLIMBING_STAIRS_SEVERAL_FLIGHTS
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in your climbing several flights of stairs?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q2 Limited Kneeling
Field	AG_Q2_LIMITED_KNEELING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in bending, kneeling or stooping?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q2 Limited Lifting
Field	AG_Q2_LIMITED_LIFTING
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in lifting or carrying your groceries?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	AG Q2 Limited Moderate Activities
Field	AG_Q2_LIMITED_MODERATE_ACTIVITIES
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, has your heart condition limited you in your usual daily moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	



Field name	AG Q2 Limited Walking 100 Yards
Field	AG_Q2_LIMITED_WALKING_100_YARDS
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks, has your heart condition limited you in walking 100 yards?

## Value

- 1 = Yes, limited a lot
- 2 = Yes, limited a little
- 3 = No, not limited at all
- 9 = Missing

Field name	AG Q2 Limited Walking Half Mile
Field	AG_Q2_LIMITED_WALKING_HALF_MILE
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks, has your heart condition limited you in walking half a mile?

## Value

- 1 = Yes, limited a lot
- 2 = Yes, limited a little
- 3 = No, not limited at all
- 9 = Missing

Field name	AG Q2 Nitros
Field	AG_Q2_NITROS
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks on average, how many times have you taken nitros(nitroglycerin tablets or spray) for your chest pain, chest tightness or angina?</p>	
Value	
<p>1 = 4 or more times per day</p> <p>2 = 1-3 times per day</p> <p>3 = 3 or more times per week but not every day</p> <p>4 = 1-2 times per week</p> <p>5 = Less than once a week</p> <p>6 = None over the past 4 weeks</p> <p>9 = Missing</p>	

Field name	AG Q2 Operation Results
Field	AG_Q2_OPERATION_RESULTS
Length and format	1n
Description	
<p>Response to the CROQ-PCI post-surgery question:</p> <p>Are the results from your heart operaton?</p>	
Value	
<p>1 = Worse than expected</p> <p>2 = About what you expected</p> <p>3 = Better than you expected</p> <p>9 = Missiing</p>	

Field name	AG Q2 Palpitations
Field	AG_Q2_PALPITATIONS
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how much were you bothered by palpitations (strong or irregular heartbeat) due to angina related to your heart condition?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	AG Q2 Psychosocial Score
Field	AG_Q2_PSYCHOSOCIAL_SCORE
Length and format	nn.nnn
Description	
Total score of the psychosocial group of questions.	
Value	
value appropriate to condition specific score	

Field name	AG Q2 Psychosocial Score Complete
Field	AG_Q2_PSYCHOSOCIAL_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the psychosocial group of questions to derive a score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q2 Physical Score
Field	AG_Q2_PHYSICAL_SCORE
Length and format	nn.nnn
Description	Total score of the physical group of questions.
Value	value appropriate to condition specific score

Field name	AG Q2 Physical Score Complete
Field	AG_Q2_PHYSICAL_SCORE_COMPLETE
Length and format	1n
Description	Indicates whether the submitted questionnaire has sufficient data in the physical group of questions to derive a score.
Value	0 = No 1 = Yes

Field name	AG Q2 Recovery Process
Field	AG_Q2_RECOVERY_PROGRESS
Length and format	1n
Description	Response to the CROQ-PCI post-surgery question: Has your recovery from your heart operation so far been?
Value	1 = Slower than expected 2 = About what you expected 3 = Faster than you expected 4 = Did not know how long it would take? 9 = Missing

Field name	AG Q2 Restricted Social Activities
Field	AG_Q2_RESTRICTED_SOCIAL_ACTIVITIES
Length and format	1n
Description	
<p>Response to the CROQ-PCI question:</p> <p>During the past 4 weeks how often have you experienced feeling restricted in your social activities (like visiting with friends, relatives etc) as a result of your heart condition?</p>	
Value	
<p>1 = All of the time</p> <p>2 = Most of the time</p> <p>3 = Some of the time</p> <p>4 = A little of the time</p> <p>5 = None of the time</p> <p>9 = Missing</p>	

Field name	AG Q2 Satisfaction Operation Information
Field	AG_Q2_SATISFACTION_OPERATION_INFORMATION
Length and format	1n
Description	
<p>Response to the CROQ-PCI post-surgery question:</p> <p>How satisfied are you with the information you were given about your heart operation?</p>	
Value	
<p>1 = Very dissatisfied</p> <p>2 = Somewhat dissatisfied</p> <p>3 = Somewhat satisfied</p> <p>4 = Very Satisfied</p> <p>9 = Missing</p>	

Field name	AG Q2 Satisfaction Operation Results
Field	AG_Q2_SATISFACTION_OPERATION_RESULTS
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: How satisfied are you with the results of your heart operation?	
Value	
1 = Very dissatisfied	
2 = Somewhat dissatisfied	
3 = Somewhat satisfied	
4 = Very Satisfied	
9 = Missing	

Field name	AG Q2 Satisfaction Recovery Information
Field	AG_Q2_SATISFACTION_RECOVERY_INFORMATION
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: How satisfied are you with the information you were given about how you might feel while recovering from your heart operation?	
Value	
1 = Very dissatisfied	
2 = Somewhat dissatisfied	
3 = Somewhat satisfied	
4 = Very Satisfied	
9 = Missing	

Field name	AG Q2 Satisfaction Score
Field	AG_Q2_SATISFACTION_SCORE
Length and format	nn.nnn
Description	
Total score of the satisfaction group of questions.	
Value	
value appropriate to condition specific score	

Field name	AG Q2 Satisfaction Score Complete
Field	AG_Q2_SATISFACTION_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the satisfaction group of questions to derive a score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q2 Score
Field	AG_Q2_SCORE
Length and format	nn.nnn
Description	
Total overall score.	
Value	
value appropriate to condition specific score	

Field name	AG Q2 Score Complete
Field	AG_Q2_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data to derive an overall score.	
Value	
0 = No	
1 = Yes	

Field name	AG Q2 Shortness Of Breath
Field	AG_Q2_SHORTNESS_OF_BREATH
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how much were you bothered by shortness of breath related to your heart condition?	
Value	
1 = A lot 2 = Quite a bit 3 = Moderately 4 = A little 5 = Not at all 9 = Missing	

Field name	AG Q2 Symptoms Score
Field	AG_Q2_SYMPTOMS_SCORE
Length and format	nn.nnn
Description	
Total score of the symptoms group of questions.	
Value	
value appropriate to condition specific score	

Field name	AG Q2 Symptoms Score Complete
Field	AG_Q2_SYMPTOMS_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the symptoms group of questions to derive a score.	
Value	
0 = No 1 = Yes	



Field name	AG Q2 Uncertain About Future
Field	AG_Q2_UNCERTAIN_ABOUT_FUTURE
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks, how often have you felt uncertain about the future?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = A little of the time
- 5 = None of the time
- 9 = Missing

Field name	AG Q2 Worried Condition
Field	AG_Q2_WORRIED_CONDITION
Length and format	1n

## Description

Response to the CROQ-PCI question:

During the past 4 weeks, how often have you felt worried about your heart condition?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = A little of the time
- 5 = None of the time
- 9 = Missing

Field name	AG Q2 Worried Doing too much
Field	AG_Q2_WORRIED_DOING_TOO_MUCH
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt worried about doing to much?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Worried Going To Far From Home
Field	AG_Q2_WORRIED_GOING_TOO_FAR_FROM_HOME
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks how often have you experienced feeling worried about going too far from home as a result of your heart condition?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	AG Q2 Worried Might Have Heart Attack
Field	AG_Q2_WORRIED_MIGHT_HAVE_HEART_ATTACK
Length and format	1n
Description	
Response to the CROQ-PCI question: During the past 4 weeks, how often have you felt worried that you might have a heart attack or die suddenly?	
Value	
1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time 9 = Missing	

Field name	AG Q2 Worried Symptoms Might Return
Field	AG_Q2_WORRIED_SYMPTOMS_MIGHT_RETURN
Length and format	1n
Description	
Response to the CROQ-PCI post-surgery question: During the past 4 weeks, how often have you felt worried that your symptoms might return?	
Value	
1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time 9 = Missing	

Field name	AG Score Change
Field	AG_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between AG_Q1_SCORE and AG_Q2_SCORE
Value	value appropriate to condition specific score

Field name	AG Symptoms Score Change
Field	AG_SYMPTOMS_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between AG_Q1_SYMPTOMS_SCORE and AG_Q2_SYMPTOMS_SCORE
Value	value appropriate to condition specific score

Field name	Arthritis Indicator
Field	ARTHRITIS
Length and format	1n
Description	Response to corresponding Q1 general health question: Have you been told by a doctor that you have arthritis?
Value	1 = Yes 9 = Missing

Field name	CA Symptoms Score Change
Field	CA_SYMPTOMS_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between CA_Q1_SYMPTOMS_SCORE and CA_Q2_SYMPTOMS_SCORE
Value	value appropriate to condition specific score

Field name	CA Cognitive Score Change
Field	CA_COGNITIVE_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between CA_Q1_COGNITIVE_SCORE and CA_Q2_COGNITIVE_SCORE
Value	value appropriate to condition specific score

Field name	CA Physical Score Change
Field	CA_PHYSICAL_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between CA_Q1_PHYSICAL_SCORE and CA_Q2_PHYSICAL_SCORE
Value	value appropriate to condition specific score

Field name	CA Psychosocial Score Change
Field	CA_PSYCHOSOCIAL_SCORE_CHANGE
Length and format	nn.nnn
Description	Improvement between CA_Q1_PSYCHOSOCIAL_SCORE and CA_Q2_PSYCHOSOCIAL_SCORE
Value	value appropriate to condition specific score

Field name	CA Q1 Angina Chest Pain
Field	CA_Q1_ANGINA_CHEST_PAIN
Length and format	1n
Description	Response to the CROQ-CABG question: During the past 4 weeks how much were you bothered by chest pain due to angina related to your heart condition?
Value	1 = A lot 2 = Quite a bit 3 = Moderately 4 = A little 5 = Not at all 9 = Missing

Field name	CA Q1 Angina Discomfort
Field	CA_Q1_ANGINA_DISCOMFORT
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks how much were you bothered by discomfort in your chest due to angina related to your heart condition?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	CA Q1 Angina Radiating Pain
Field	CA_Q1_ANGINA_RADIATING_PAIN
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks how much were you bothered by angina pain that radiates to other parts of your body (e.g. arms, shoulders, hands, neck, throat, jaw, back) related to your heart condition?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Moderately	
4 = A little	
5 = Not at all	
9 = Missing	

Field name	CA Q1 Burden on Others
Field	CA_Q1_BURDEN_ON_OTHERS
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks how often have you experienced feeling a burden on others as a result of your heart condition?	
Value	
1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time 9 = Missing	

Field name	CA Q1 Cognitive Score
Field	CA_Q1_COGNITIVE_SCORE
Length and format	nn.nnn
Description	
Total score of the cognitive group of questions.	
Value	
value appropriate to condition specific score	

Field name	CA Q1 Cognitive Score Complete
Field	CA_Q1_COGNITIVE_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient data in the cognitive group of questions to derive a score.	
Value	
0 = No 1 = Yes	



Field name	CA Q1 Depressed
Field	CA_Q1_DEPRESSED
Length and format	1n

## Description

Response to the CROQ-CABG question:  
During the past 4 weeks, how often have you felt depressed?

## Value

1 = All of the time  
2 = Most of the time  
3 = Some of the time  
4 = A little of the time  
5 = None of the time  
9 = Missing

Field name	CA Q1 Difficulty Concentrating
Field	CA_Q1_DIFFICULTY_CONCENTRATING
Length and format	1n

## Description

Response to the CROQ-CABG question:  
During the last 4 weeks how much of your time did you have difficulty doing activities involving concentration and thinking?

## Value

1 = All of the time  
2 = Most of the time  
3 = A good bit of the time  
4 = Some of the time  
5 = A little of the time  
6 = None of the time  
9 = Missing

Field name	CA Q1 Difficulty Keeping Positive Outlook
Field	CA_Q1_DIFFICULTY_KEEPING_POSITIVE_OUTLOOK
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, how often have you felt that's it was difficult to keep a positive outlook about your health?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	CA Q1 Difficulty Planning Ahead
Field	CA_Q1_DIFFICULTY_PLANNING_AHEAD
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, how often have you felt that it was difficult to plan ahead e.g. holidays, social events etc.)?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	CA Q1 Difficulty Problem Solving
Field	CA_Q1_DIFFICULTY_PROBLEM_SOLVING
Length and format	1n

## Description

Response to the CROQ-CABG question:

During the last 4 weeks how much of your time did you have difficulty reasoning and solving problems, for example making plans, making decisions, learning new things?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = A good bit of the time
- 4 = Some of the time
- 5 = A little of the time
- 6 = None of the time
- 9 = Missing

Field name	CA Q1 Family Overprotective
Field	CA_Q1_FAMILY_OVERPROTECTIVE
Length and format	1n

## Description

Response to the CROQ-CABG question:

During the past 4 weeks how often have you experienced family or friends being overprotective as a result of your heart condition?

## Value

- 1 = All of the time
- 2 = Most of the time
- 3 = Some of the time
- 4 = A little of the time
- 5 = None of the time
- 9 = Missing

Field name	CA Q1 Forgetful
Field	CA_Q1_FORGETFUL
Length and format	1n
Description	
<p>Response to the CROQ-CABG question:</p> <p>During the last 4 weeks how much of your time did you forget, for example things that happened recently, where you put things or appointments?</p>	
Value	
<p>1 = All of the time</p> <p>2 = Most of the time</p> <p>3 = A good bit of the time</p> <p>4 = Some of the time</p> <p>5 = A little of the time</p> <p>6 = None of the time</p> <p>9 = Missing</p>	

Field name	CA Q1 Frightened By Pain
Field	CA_Q1_FRIGHTENED_BY_PAIN
Length and format	1n
Description	
<p>Response to the CROQ-CABG question:</p> <p>During the past 4 weeks, how often have you felt frightened by the pain or discomfort of your heart condition?</p>	
Value	
<p>1 = All of the time</p> <p>2 = Most of the time</p> <p>3 = Some of the time</p> <p>4 = A little of the time</p> <p>5 = None of the time</p> <p>9 = Missing</p>	

Field name	CA Q1 Frustrated
Field	CA_Q1_FRUSTRATED
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, how often have you felt frustrated or impatient?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	CA Q1 Heart Condition Trouble
Field	CA_Q1_HEART_CONDITION_TROUBLE
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, how much trouble has your heart condition caused you?	
Value	
1 = A lot	
2 = Quite a bit	
3 = Some	
4 = A little	
5 = None	
9 = Missing	

Field name	CA Q1 Interfered Enjoyment Of Life
Field	CA_Q1_INTERFERED_ENJOYMENT_OF_LIFE
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, how often have you felt that your heart condition interfered with your enjoyment of life?	
Value	
1 = All of the time	
2 = Most of the time	
3 = Some of the time	
4 = A little of the time	
5 = None of the time	
9 = Missing	

Field name	CA Q1 Limited Bathing Dressing
Field	CA_Q1_LIMITED_BATHING_DRESSING
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, has your heart condition limited you in bathing or dressing yourself?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	CA Q1 Limited Climbing Stairs One Flight
Field	CA_Q1_LIMITED_CLIMBING_STAIRS_ONE_FLIGHT
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, has your heart condition limited you in climbing one flight of stairs	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	CA Q1 Limited Climbing Stairs Several Flight
Field	CA_Q1_LIMITED_CLIMBING_STAIRS_SEVERAL_FLIGHTS
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, has your heart condition limited you in your climbing several flights of stairs?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	CA Q1 Limited Kneeling
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Field	CA_Q1_LIMITED_KNEELING
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Length and format	1n
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Description
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Response to the CROQ-CABG question:

During the past 4 weeks, has your heart condition limited you in bending, kneeling or stooping?

Value
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1 = Yes, limited a lot

2 = Yes, limited a little

3 = No, not limited at all

9 = Missing

Field name	CA Q1 Limited Lifting
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Field	CA_Q1_LIMITED_LIFTING
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Length and format	1n
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Description
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Response to the CROQ-CABG question:

During the past 4 weeks, has your heart condition limited you in lifting or carrying your groceries?

Value
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1 = Yes, limited a lot

2 = Yes, limited a little

3 = No, not limited at all

9 = Missing



Field name	CA Q1 Limited Walking 100 Yards
Field	CA_Q1_LIMITED_WALKING_100_YARDS
Length and format	1n

## Description

Response to the CROQ-CABG question:

During the past 4 weeks, has your heart condition limited you in walking 100 yards?

## Value

- 1 = Yes, limited a lot
- 2 = Yes, limited a little
- 3 = No, not limited at all
- 9 = Missing

Field name	CA Q1 Limited Walking Half Mile
Field	CA_Q1_LIMITED_WALKING_HALF_MILE
Length and format	1n

## Description

Response to the CROQ-CABG question:

During the past 4 weeks, has your heart condition limited you in walking half a mile?

## Value

- 1 = Yes, limited a lot
- 2 = Yes, limited a little
- 3 = No, not limited at all
- 9 = Missing

Field name	CA Q1 Nitros
Field	CA_Q1_NITROS
Length and format	1n
Description	
<p>Response to the CROQ-CABG question:</p> <p>During the past 4 weeks on average, how many times have you taken nitros(nitroglycerin tablets or spray) for your chest pain, chest tightness or angina?</p>	
Value	
<p>1 = 4 or more times per day</p> <p>2 = 1-3 times per day</p> <p>3 = 3 or more times per week but not every day</p> <p>4 = 1-2 times per week</p> <p>5 = Less than once a week</p> <p>6 = None over the past 4 weeks</p> <p>9 = Missing</p>	

Field name	CA Q1 Palpitations
Field	CA_Q1_PALPITATIONS
Length and format	1n
Description	
<p>Response to the CROQ-CABG question:</p> <p>During the past 4 weeks how much were you bothered by palpitations (strong or irregular heartbeat) due to angina related to your heart condition?</p>	
Value	
<p>1 = A lot</p> <p>2 = Quite a bit</p> <p>3 = Moderately</p> <p>4 = A little</p> <p>5 = Not at all</p> <p>9 = Missing</p>	

Field name	CA Q1 Psychosocial Score
Field	CA_Q1_PSYCHOSOCIAL_SCORE
Length and format	nn.nnn
Description	Total score of the psychosocial group of questions.
Value	value appropriate to condition specific score

Field name	CA Q1 Physical Score
Field	CA_Q1_PHYSICAL_SCORE
Length and format	nn.nnn
Description	Total score of the physical group of questions.
Value	value appropriate to condition specific score

Field name	CA Q1 Physical Score Complete
Field	CA_Q1_PHYSICAL_SCORE_COMPLETE
Length and format	1n
Description	Indicates whether the submitted questionnaire has sufficient data in the physical group of questions to derive a score.
Value	0 = No 1 = Yes

Field name	CA Q1 Score
Field	CA_Q1_SCORE
Length and format	nn.nnn
Description	Total overall score.
Value	value appropriate to condition specific score

Field name	CA Q1 Score Complete
Field	CA_Q1_SCORE_COMPLETE
Length and format	1n
Description	Indicates whether the submitted questionnaire has sufficient data to derive an overall score.
Value	0 = No 1 = Yes

Field name	CA Q2 Limited Kneeling
Field	CA_Q2_LIMITED_KNEELING
Length and format	1n
Description	Response to the CROQ-CABG question: During the past 4 weeks, has your heart condition limited you in bending, kneeling or stooping?
Value	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all 9 = Missing

Field name	CA Q2 Limited Lifting
Field	CA_Q2_LIMITED_LIFTING
Length and format	1n
Description	
Response to the CROQ-CABG question: During the past 4 weeks, has your heart condition limited you in lifting or carrying your groceries?	
Value	
1 = Yes, limited a lot	
2 = Yes, limited a little	
3 = No, not limited at all	
9 = Missing	

Field name	Cancer Indicator
Field	CANCER
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have cancer?	
Value	
1 = Yes	
9 = Missing	

Field name	Circulation Indicator
Field	CIRCULATION
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have leg pain when walking due to poor circulation?	
Value	
1 = Yes	
9 = Missing	

Field name	Complete
Field	Complete
Length and format	1n
Description	
Indicates that there is a complete Q1 and Q2.	
Value	
0 = No	
1 = Yes	

Field name	Condition Specific Score Change
Field	CS_SCORE_CHANGE
Length and format	nn.nnn
Description	
Improvement between Q1_CS_SCORE and Q2_CS_SCORE	
Value	
value appropriate to condition specific score	

Field name	Consent Expired Indicator
Field	CONSENT_EXPIRED
Length and format	1n
Description	
Indicates whether the patient's consent has expired	
Value	
0 = No	
1 = Yes	

Field name	Consent Given Indicator
Field	CONSENT_GIVEN
Length and format	1n
Description	
Indicates whether patient consent has been given for use of the questionnaire. Uses of the data are explained at the top of the questionnaire, and it is also stated that if a patient chooses to fill in the questionnaire they are giving their consent. This flag will change should the patient withdraw their consent.	
Value	
0 = No 1 = Yes	

Field name	Consent Withdrawal Date
Field	CONSENTWH_DATE
Length and format	yyyy-mm-dd
Description	
Indicates the date on which the patient withdrew consent	
Value	
yyyy-mm-dd= Consent withdrawal date	

Field name	Consent Witheld from Care Professional Indicator
Field	CONSENTWH_CAREPROFESSIONAL
Length and format	1n
Description	
Indicates whether patient consent has been given for the questionnaire to be shared with the patient's healthcare professionals	
Value	
1 = consent withheld from care professional 9 = consent not withheld (questionnaire can be shared)	

Field name	Date of Death
Field	DOD
Length and format	dd/mm/yyyy
Description	
If the patient died since completing Q1 this field indicates the date on which the patient died (taken from mortality data)	
Value	
dd/mm/yyyy = Date of Death	

Field name	Depression Indicator
Field	DEPRESSION
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have depression?	
Value	
1 = Yes 9 = Missing	

Field name	Diabetes Indicator
Field	DIABETES
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have diabetes?	
Value	
1 = Yes 9 = Missing	



Field name	Episode Match Rank
Field	EPISODE_MATCH_RANK
Length and format	3n
Description	
a score is attributed to each part of the linking process, where the quality of the match is denoted by the rank, with the lowest rank (i.e. 1) being the highest quality match. The scores for each possible match are compared and the highest match is chosen.	
Value	
integer where a low figure is a better match rank	

Field name	EQ-5D Health Scale Change
Field	EQ5D_SCALE_CHANGE
Length and format	3n
Description	
EQ-5D health scale on Q2 - EQ-5D health scale on Q1, health scale is rated from 0-100 (0 being worst, and 100 being best) a positive value therefore denotes an improvement, and a negative value a deterioration in the patients perceived health	
Value	
Integer between -100 and 100. Will be NULL if the change can't be calculated e.g. Q2 not returned yet or question not completed on either questionnaire	

Field name	EQ-5D Health Scale Expected (Model 1)
Field	EQ5D_HEALTH_SCALE_EXPECTED_MODEL1
Length and format	nn.nnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Expected (Model 2)
Field	EQ5D_HEALTH_SCALE_EXPECTED_MODEL2
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, derived using version 2 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Expected (Model 3)
Field	EQ5D_HEALTH_SCALE_EXPECTED_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Expected Final (Model 1)
Field	EQ5D_HEALTH_SCALE_EXPECTED_FINAL_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, constrained to range of valid values; derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Expected Final (Model 2)
Field	EQ5D_HEALTH_SCALE_EXPECTED_FINAL_MODEL2
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, constrained to range of valid values; derived using version 2 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Expected Final (Model 3)
Field	EQ5D_HEALTH_SCALE_EXPECTED_FINAL_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ VAS score, constrained to range of valid values; derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Ratio (Model 1)
Field	EQ5D_HEALTH_SCALE_RATIO_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative EQ VAS scores	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Health Scale Ratio (Model 2)
Field	EQ5D_HEALTH_SCALE_RATIO_MODEL2
Length and format	nn.nnnnnnnnnn
Description	Ratio between observed and casemix-adjusted predicted EQ VAS post-operative scores
Value	NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.

Field name	EQ-5D Health Scale Ratio (Model 3)
Field	EQ5D_HEALTH_SCALE_RATIO_MODEL3
Length and format	nn.nnnnnnnnnn
Description	Ratio between observed and casemix-adjusted predicted EQ VAS post-operative scores
Value	NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.

Field name	EQ-5D Index Change
Field	EQ5D_INDEX_CHANGE
Length and format	n.nnn
Description	EQ-5D index score on Q2 - EQ-5D index score on Q1. A positive value denotes an improvement, and a negative value a deterioration
Value	Value between -1.594 and 1.594. Will be NULL if the change can't be calculated e.g. Q2 not returned yet or question not completed on either questionnaire

Field name	EQ-5D Index Expected (Model 1)
Field	EQ5D_INDEX_EXPECTED_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Expected (Model 2)
Field	EQ5D_INDEX_EXPECTED_MODEL2
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, derived using version 2 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Expected (Model 3)
Field	EQ5D_INDEX_EXPECTED_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Expected Final (Model 1)
Field	EQ5D_INDEX_EXPECTED_FINAL_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, constrained to range of valid values; derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Final Predicted (Model 2)
Field	EQ5D_INDEX_EXPECTED_FINAL_MODEL2
Length and format	n.nnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, constrained to range of valid values; derived using version 2 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Final Predicted (Model 3)
Field	EQ5D_INDEX_EXPECTED_FINAL_MODEL3
Length and format	n.nnn
Description	
Casemix-adjusted predicted post-operative EQ-5D Index score, constrained to range of valid values; derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	EQ-5D Index Ratio (Model 1)
Field	EQ5D_INDEX_RATIO_MODEL1
Length and format	nn.nnnnnnnnnn
Description	Ratio between observed and casemix-adjusted predicted post-operative EQ-5D Index scores
Value	NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.

Field name	EQ-5D Index Ratio (Model 2)
Field	EQ5D_INDEX_RATIO_MODEL2
Length and format	nn.nnnnnnnnnn
Description	Ratio between observed and casemix-adjusted predicted post-operative EQ-5D Index scores
Value	NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.

Field name	EQ-5D Index Ratio (Model 3)
Field	EQ5D_INDEX_RATIO_MODEL3
Length and format	nn.nnnnnnnnnn
Description	Ratio between observed and casemix-adjusted predicted post-operative EQ-5D Index scores
Value	NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.

Field name	EQ-5D5LActivity
Field	EQ5D5L_ACTIVITY
Length and format	1n
Description	
Response to third of the EQ-5D questions Corresponding Q1 General Health question: Usual activities (e.g. work, study, housework, family or leisure activities)? Rates the patients self-perceived ability to perform usual activities	
Value	
1 = I have no problems doing my usual activities 2 = I have slight problems doing my usual activities 3 = I have moderate problems doing my usual activities 4 = I have severe problems doing my usual activities 5 = I am unable to do my usual activities 9 = Missing	

Field name	EQ-5D5LAnxiety
Field	EQ5D5L_ANXIETY
Length and format	1n
Description	
Response to fifth of the EQ-5D questions Corresponding Q1 General Health question: Anxiety/Depression? Rates the patients self-perceived level of Anxiety/Depression	
Value	
1 = I am not anxious or depressed 2 = I am slightly anxious or depressed 3 = I am moderately anxious or depressed 4 = I am severely anxious or depressed 5 = I am extremely anxious or depressed 9 = Missing	



Field name	EQ-5D5LDiscomfort
Field	EQ5D5L_DISCOMFORT
Length and format	1n

## Description

Response to fourth of the EQ-5D questions  
 Corresponding Q1 General Health question:  
 Pain/Discomfort?  
 Rates the patients self-perceived pain/discomfort

## Value

1 = I have no pain or discomfort  
 2 = I have slight pain or discomfort  
 3 = I have moderate pain or discomfort  
 4 = I have severe pain or discomfort  
 5 = I have extreme pain or discomfort  
 9 = Missing

Field name	EQ-5D5LMobility
Field	EQ5D5L_MOBILITY
Length and format	1n

## Description

Response to first of the EQ-5D questions  
 Corresponding Q1 General Health question:  
 Mobility?  
 Rates the patients self-perceived mobility

## Value

1 = I have no problems in walking about  
 2 = I have slight problems in walking about  
 3 = I have moderate problems in walking about  
 4 = I have severe problems in walking about  
 5 = I am unable to walk about  
 9 = Missing

Field name	EQ-5D5LSelfCare
Field	EQ5D5L_SELF_CARE
Length and format	1n
Description	
Response to second of the EQ-5D questions Corresponding Q1 General Health question: Self-care? Rates the patients self-perceived ability to care for themselves	
Value	
1 = I have no problems washing or dressing myself 2 = I have slight problems washing or dressing myself 3 = I have moderate problems washing or dressing myself 4 = I have severe problems washing or dressing myself 5 = I am unable to wash or dress myself 9 = Missing	

Field name	Experience Score
Field	EXPERIENCE_SCORE
Length and format	
Description	
Value	

Field name	First HES Linkage Date
Field	FIRST_HES_LINKAGE_DATE
Length and format	yyyy-mm-dd hh:mm:ss.sss
Description	
Value	
yyyy-mm-dd hh:mm:ss.sss	

Field name	Heart Disease Indicator
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Field	HEART_DISEASE
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Length and format	1n
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Description
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Response to corresponding Q1 general health question:  
Have you been told by a doctor that you have heart disease?

Value
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1 = Yes  
9 = Missing

Field name	HES Episode Match Indicator
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Field	EPISODE_MATCHED
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Length and format	1n
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Description
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Indicates whether questionnaire 1 has been linked to a HES inpatient episode

Value
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0 = No  
1 = Yes

Field name	HES Linkage Date
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Field	HESID_LINKAGE_DATE
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Length and format	yyyy-mm-dd hh:mm:ss.sss
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Description
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Value
-------

yyyy-mm-dd hh:mm:ss.sss

Field name	HESID Matched
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Field	HESID_MATCHED
-------	---------------

Length and format	1n
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Description	
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Value	
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0 = No

1 = Yes

Field name	HESID Rank
------------	------------

Field	HESID_RANK
-------	------------

Length and format	1n
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Description	
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Value	
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1 = ? ,

2 = ? ,

6 =

Null if Blank

Field name	High Blood Pressure Indicator
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Field	HIGH_BP
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Length and format	1n
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Description	
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Response to corresponding Q1 general health question:

Have you been told by a doctor that you have high blood pressure?

Value	
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1 = Yes

9 = Missing

Field name	Hip Replacement Score Change
Field	HR_SCORE_CHANGE
Length and format	2n
Description	
HR score on Q2 - HR score on Q1. A positive value denotes an improvement, and a negative value a deterioration	
Value	
Integer between -48 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	HR Q1 Dressing
Field	HR_Q1_DRESSING
Length and format	1n
Description	
Response to question 6 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, have you been able to put on a pair of socks, stockings or tights?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	HR Q1 Limping
Field	HR_Q1_LIMPING
Length and format	1n
Description	
Response to question 9 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, have you been limping when walking, because of your hip?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	HR Q1 Night Pain
Field	HR_Q1_NIGHT_PAIN
Length and format	1n
Description	
Response to question 3 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, have you been troubled by pain from your hip in bed at night?	
Value	
0 = Every night 1 = Most nights 2 = Some nights 3 = Only 1 or 2 nights 4 = No nights 9 = Missing	

Field name	HR Q1 Pain
Field	HR_Q1_PAIN
Length and format	1n
Description	
Response to question 1 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, how would you describe the pain you usually had from your hip?	
Value	
0 = Severe 1 = Moderate 2 = Mild 3 = Very Mild 4 = None 9 = Missing	

Field name	HR Q1 Score
Field	HR_Q1_SCORE
Length and format	2n
Description	
Each of the Hip Replacement question has 5 possible responses which each are attributable 0-4 points. The HR score is derived by adding the points for each question. The maximum number of points is 48 which would signify the best outcome, the minimum being 0.	
Value	
Integer between 0 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	HR Q1 Score Complete
Field	HR_Q1_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No 1 = Yes	

Field name	HR Q1 Shopping
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Field	HR_Q1_SHOPPING
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Length and format	1n
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Description
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Response to question 7 of the Hip Replacement specific questions  
 Corresponding Q1 Hip Replacement Question:  
 During the past 4 weeks, could you do the household shopping on your own?

Value
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0 = No, impossible  
 1 = With extreme difficulty  
 2 = With moderate difficulty  
 3 = With little difficulty  
 4 = Yes, easily  
 9 = Missing

Field name	HR Q1 Stairs
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Field	HR_Q1_STAIRS
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Length and format	1n
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Description
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Response to question 10 of the Hip Replacement specific questions  
 Corresponding Q1 Hip Replacement Question:  
 During the past 4 weeks, have you been able to climb a flight of stairs?

Value
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0 = No, impossible  
 1 = With extreme difficulty  
 2 = With moderate difficulty  
 3 = With little difficulty  
 4 = Yes, easily  
 9 = Missing



Field name	HR Q1 Standing
Field	HR_Q1_STANDING
Length and format	1n
Description	
<p>Response to question 11 of the Hip Replacement specific questions</p> <p>Corresponding Q1 Hip Replacement Question:</p> <p>During the past 4 weeks, after a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?</p>	
Value	
<p>0 = Unbearable</p> <p>1 = Very painful</p> <p>2 = Moderately painful</p> <p>3 = Slightly painful</p> <p>4 = not at all painful</p> <p>9 = Missing</p>	

Field name	HR Q1 Sudden Pain
Field	HR_Q1_SUDDEN_PAIN
Length and format	1n
Description	
<p>Reponse to question 2 of the Hip Replacement specific questions</p> <p>Corresponding Q1 Hip Replacement Question:</p> <p>During the past 4 weeks, have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?</p>	
Value	
<p>0 = Every day</p> <p>1 = Most days</p> <p>2 = Some days</p> <p>3 = Only 1 or 2 days</p> <p>4 = No days</p> <p>9 = Missing</p>	

Field name	HR Q1 Transport
Field	HR_Q1_TRANSPORT
Length and format	1n
Description	
<p>Response to question 5 of the Hip Replacement specific questions</p> <p>Corresponding Q1 Hip Replacement Question:</p> <p>During the past 4 weeks, have you had any trouble getting in or out of your car or using public transport because of your hip?</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	

Field name	HR Q1 Walking
Field	HR_Q1_WALKING
Length and format	1n
Description	
<p>Response to question 8 of the Hip Replacement specific questions</p> <p>Corresponding Q1 Hip Replacement Question:</p> <p>During the past 4 weeks, for how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)</p>	
Value	
<p>0 = Not at all - pain severe on walking</p> <p>1 = Around the house only</p> <p>2 = 5-15 minutes</p> <p>3 = 16-30 minutes</p> <p>4 = No pain/more than 30 minutes</p> <p>9 = Missing</p>	

Field name	HR Q1 Washing
Field	HR_Q1_WASHING
Length and format	1n
Description	
Response to question 4 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, have you had trouble washing and drying yourself (all over) because of your hip?	
Value	
0 = Impossible to do 1 = Extreme difficulty 2 = Moderate trouble 3 = Very little trouble 4 = No trouble at all 9 = Missing	

Field name	HR Q1 Work
Field	HR_Q1_WORK
Length and format	1n
Description	
Response to question 12 of the Hip Replacement specific questions Corresponding Q1 Hip Replacement Question: During the past 4 weeks, how much has pain from your hip interfered with your usual work (including housework)?	
Value	
0 = Totally 1 = Greatly 2 = Moderately 3 = A little bit 4 = Not at all 9 = Missing	

Field name	HR Q2 Dressing
Field	HR_Q2_DRESSING
Length and format	1n
Description	
Response to question 6 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, have you been able to put on a pair of socks, stockings or tights?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	HR Q2 Limping
Field	HR_Q2_LIMPING
Length and format	1n
Description	
Response to question 9 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, have you been limping when walking, because of your hip?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	HR Q2 Night Pain
Field	HR_Q2_NIGHT_PAIN
Length and format	1n
Description	
Response to question 3 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, have you been troubled by pain from your hip in bed at night?	
Value	
0 = Every night 1 = Most nights 2 = Some nights 3 = Only 1 or 2 nights 4 = No nights 9 = Missing	

Field name	HR Q2 Pain
Field	HR_Q2_PAIN
Length and format	1n
Description	
Response to question 1 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, how would you describe the pain you usually had from your hip?	
Value	
0 = Severe, 1 = Moderate 2 = Mild 3 = Very Mild 4 = None 9 = Missing	

Field name	HR Q2 Score
Field	HR_Q2_SCORE
Length and format	2n
Description	
Each of the Hip Replacement question has 5 possible responses which each are attributable 0-4 points. The HR score is derived by adding the points for each question. The maximum number of points is 48 which would signify the best outcome, the minimum being 0.	
Value	
Integer between 0 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	HR Q2 Score Complete
Field	HR_Q2_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No 1 = Yes	

Field name	HR Q2 Shopping
Field	HR_Q2_SHOPPING
Length and format	1n
Description	
Response to question 7 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, could you do the household shopping on your own?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	HR Q2 Stairs
Field	HR_Q2_STAIRS
Length and format	1n
Description	
Response to question 10 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, have you been able to climb a flight of stairs?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	HR Q2 Standing
Field	HR_Q2_STANDING
Length and format	1n
Description	
Response to question 11 of the Hip Replacement specific questions Corresponding Q2 Hip Replacement Question: During the past 4 weeks, after a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?	
Value	
0 = Unbearable 1 = Very painful 2 = Moderately painful 3 = Slightly painful 4 = not at all painful 9 = Missing	

Field name	HR Q2 Sudden Pain
Field	HR_Q2_SUDDEN_PAIN
Length and format	1n
Description	
<p>Response to question 2 of the Hip Replacement specific questions</p> <p>Corresponding Q2 Hip Replacement Question:</p> <p>During the past 4 weeks, have you had any sudden, severe pain - 'shooting', 'stabbing' or 'spasms' - from the affected hip?</p>	
Value	
<p>0 = Every day</p> <p>1 = Most days</p> <p>2 = Some days</p> <p>3 = Only 1 or 2 days</p> <p>4 = No days</p> <p>9 = Missing</p>	

Field name	HR Q2 Transport
Field	HR_Q2_TRANSPORT
Length and format	1n
Description	
<p>Response to question 5 of the Hip Replacement specific questions</p> <p>Corresponding Q2 Hip Replacement Question:</p> <p>During the past 4 weeks, have you had any trouble getting in or out of your car or using public transport because of your hip?</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	



Field name	HR Q2 Walking
Field	HR_Q2_WALKING
Length and format	1n
Description	
<p>Response to question 8 of the Hip Replacement specific questions</p> <p>Corresponding Q2 Hip Replacement Question:</p> <p>During the past 4 weeks, for how long have you been able to walk before pain from your hip becomes severe? (with or without a stick)</p>	
Value	
<p>0 = Not at all - pain severe on walking</p> <p>1 = Around the house only</p> <p>2 = 5-15 minutes</p> <p>3 = 16-30 minutes</p> <p>4 = No pain/more than 30 minutes</p> <p>9 = Missing</p>	

Field name	HR Q2 Washing
Field	HR_Q2_WASHING
Length and format	1n
Description	
<p>Response to question 4 of the Hip Replacement specific questions</p> <p>Corresponding Q2 Hip Replacement Question:</p> <p>During the past 4 weeks, have you had trouble washing and drying yourself (all over) because of your hip?</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	

Field name	HR Q2 Work
Field	HR_Q2_WORK
Length and format	1n
Description	
<p>Response to question 12 of the Hip Replacement specific questions</p> <p>Corresponding Q2 Hip Replacement Question:</p> <p>During the past 4 weeks, how much has pain from your hip interfered with your usual work (including housework)?</p>	
Value	
<p>0 = Totally</p> <p>1 = Greatly</p> <p>2 = Moderately</p> <p>3 = A little bit</p> <p>4 = Not at all</p> <p>9 = Missing</p>	

Field name	HR Ratio Model 3
Field	HR_RATIO_MODEL3
Length and format	nn.nnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative OHS	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	HR Score Expected (Model 3)
Field	HR_SCORE_EXPECTED_MODEL3
Length and format	nn.nnnnnnnnn
Description	
Casemix-adjusted predicted post-operative OHS, derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	HR Score Final Predicted (Model 3)
Field	HR_SCORE_EXPECTED_FINAL_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative OHS, constrained to range of valid values; derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	Kidney Disease Indicator
Field	KIDNEY_DISEASE
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have kidney disease?	
Value	
1 = Yes 9 = Missing	

Field name	Knee Replacement Score Change
Field	KR_SCORE_CHANGE
Length and format	2n
Description	
KR score on Q2 - KR score on Q1. A positive value denotes an improvement, and a negative value a deterioration	
Value	
Integer between -48 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	KR Q1 Confidence
Field	KR_Q1_CONFIDENCE
Length and format	1n
Description	
Response to question 10 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, have you felt that your knee might suddenly 'give way' or let you down?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	KR Q1 Kneeling
Field	KR_Q1_KNEELING
Length and format	1n
Description	
Response to question 8 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, could you kneel down and get up again afterwards?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	KR Q1 Limping
Field	KR_Q1_LIMPING
Length and format	1n
Description	
Response to question 7 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, have you been limping when walking, because of your knee?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	KR Q1 Night Pain
Field	KR_Q1_NIGHT_PAIN
Length and format	1n
Description	
Response to question 2 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, have you been troubled by pain from your knee in bed at night?	
Value	
0 = Every night 1 = Most nights 2 = Some nights 3 = Only 1 or 2 nights 4 = No nights 9 = Missing	

Field name	KR Q1 Pain
Field	KR_Q1_PAIN
Length and format	1n
Description	
Response to question 1 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, how would you describe the pain you usually had from your knee?	
Value	
0 = Severe 1 = Moderate 2 = Mild 3 = Very Mild 4 = None 9 = Missing	

Field name	KR Q1 Score
Field	KR_Q1_SCORE
Length and format	2n
Description	
Each of the KR question has 5 possible responses which each are attributable 0-4 points. The KR score is derived by adding the points for each question. The maximum number of points is 48 which would signify the best outcome, the minimum being 0.	
Value	
Integer between 0 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	KR Q1 Score
Field	KR_Q1_SCORE
Length and format	nn.nnn
Description	
value of appropriate score for Knee Replacement for Q1	
Value	
Integer between 0 and 48	

Field name	KR Q1 Score Complete
Field	KR_Q1_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No	
1 = Yes	

Field name	KR Q1 Shopping
Field	KR_Q1_SHOPPING
Length and format	1n
Description	
Response to question 11 of the Knee Replacement specific questions	
Corresponding Q1 Knee Replacement Question:	
During the past 4 weeks, could you do the household shopping on your own?	
Value	
0 = No, impossible	
1 = With extreme difficulty	
2 = With moderate difficulty	
3 = With little difficulty	
4 = Yes, easily	
9 = Missing	

Field name	KR Q1 Stairs
Field	KR_Q1_STAIRS
Length and format	1n
Description	
Response to question 12 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, could you walk down one flight of stairs?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	KR Q1 Standing
Field	KR_Q1_STANDING
Length and format	1n
Description	
Response to question 6 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, after a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?	
Value	
0 = Unbearable 1 = Very painful 2 = Moderately painful 3 = Slightly painful 4 = not at all painful 9 = Missing	



Field name	KR Q1 Transport
Field	KR_Q1_TRANSPORT
Length and format	1n
Description	
<p>Response to question 4 of the Knee Replacement specific questions</p> <p>Corresponding Q1 Knee Replacement Question:</p> <p>During the past 4 weeks, have you had any trouble getting in or out of your car or using public transport because of your knee?</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	

Field name	KR Q1 Walking
Field	KR_Q1_WALKING
Length and format	1n
Description	
<p>Response to question 5 of the Knee Replacement specific questions</p> <p>Corresponding Q1 Knee Replacement Question:</p> <p>During the past 4 weeks, for how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)</p>	
Value	
<p>0 = Not at all - pain severe on walking</p> <p>1 = Around the house only</p> <p>2 = 5-15 minutes</p> <p>3 = 16-30 minutes</p> <p>4 = No pain/more than 30 minutes</p> <p>9 = Missing</p>	

Field name	KR Q1 Washing
Field	KR_Q1_WASHING
Length and format	1n
Description	
Response to question 3 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, have you had trouble washing and drying yourself (all over) because of your knee	
Value	
0 = Impossible to do 1 = Extreme difficulty 2 = Moderate trouble 3 = Very little trouble 4 = No trouble at all 9 = Missing	

Field name	KR Q1 Work
Field	KR_Q1_WORK
Length and format	1n
Description	
Response to question 9 of the Knee Replacement specific questions Corresponding Q1 Knee Replacement Question: During the past 4 weeks, how much has pain from your knee interfered with your usual work (including housework)?	
Value	
0 = Totally 1 = Greatly 2 = Moderately 3 = A little bit 4 = Not at all 9 = Missing	

Field name	KR Q2 Confidence
Field	KR_Q2_CONFIDENCE
Length and format	1n
Description	
Response to question 10 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, have you felt that your knee might suddenly 'give way' or let you down?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	KR Q2 Kneeling
Field	KR_Q2_KNEELING
Length and format	1n
Description	
Response to question 8 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, could you kneel down and get up again afterwards?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	KR Q2 Limping
Field	KR_Q2_LIMPING
Length and format	1n
Description	
Response to question 7 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, have you been limping when walking, because of your knee?	
Value	
0 = All of the time 1 = Most of the time 2 = Often, not just at first 3 = Sometimes or just at first 4 = Rarely/Never 9 = Missing	

Field name	KR Q2 Night Pain
Field	KR_Q2_NIGHT_PAIN
Length and format	1n
Description	
Response to question 2 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, have you been troubled by pain from your knee in bed at night?	
Value	
0 = Every night 1 = Most nights 2 = Some nights 3 = Only 1 or 2 nights 4 = No nights 9 = Missing	

Field name	KR Q2 Pain
Field	KR_Q2_PAIN
Length and format	1n
Description	
Response to question 1 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, how would you describe the pain you usually had from your knee?	
Value	
0 = Severe 1 = Moderate 2 = Mild 3 = Very Mild 4 = None 9 = Missing	

Field name	KR Q2 Score
Field	KR_Q2_SCORE
Length and format	2n
Description	
Each of the KR question has 5 possible responses which each are attributable 0-4 points. The KR score is derived by adding the points for each question. The maximum number of points is 48 which would signify the best outcome, the minimum being 0.	
Value	
Integer between 0 and 48	

Field name	KR Q2 Score Complete
Field	KR_Q2_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No 1 = Yes	

Field name	KR Q2 Shopping
Field	KR_Q2_SHOPPING
Length and format	1n
Description	
Response to question 11 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, could you do the household shopping on your own?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	KR Q2 Stairs
Field	KR_Q2_STAIRS
Length and format	1n
Description	
Response to question 12 of the Knee Replacement specific questions Corresponding Q2 Knee Replacement Question: During the past 4 weeks, could you walk down one flight of stairs?	
Value	
0 = No, impossible 1 = With extreme difficulty 2 = With moderate difficulty 3 = With little difficulty 4 = Yes, easily 9 = Missing	

Field name	KR Q2 Standing
Field	KR_Q2_STANDING
Length and format	1n
Description	
<p>Response to question 6 of the Knee Replacement specific questions</p> <p>Corresponding Q2 Knee Replacement Question:</p> <p>During the past 4 weeks, after a meal (sat at a table), how painful has it been for you to stand up from a chair because of your knee?</p>	
Value	
<p>0 = Unbearable</p> <p>1 = Very painful</p> <p>2 = Moderately painful</p> <p>3 = Slightly painful</p> <p>4 = not at all painful</p> <p>9 = Missing</p>	

Field name	KR Q2 Transport
Field	KR_Q2_TRANSPORT
Length and format	1n
Description	
<p>Response to question 4 of the Knee Replacement specific questions</p> <p>Corresponding Q2 Knee Replacement Question:</p> <p>During the past 4 weeks, have you had any trouble getting in or out of your car or using public transport because of your knee?</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	

Field name	KR Q2 Walking
Field	KR_Q2_WALKING
Length and format	1n
Description	
<p>Response to question 5 of the Knee Replacement specific questions</p> <p>Corresponding Q2 Knee Replacement Question:</p> <p>During the past 4 weeks, for how long have you been able to walk before pain from your knee becomes severe? (with or without a stick)</p>	
Value	
<p>0 = Not at all - pain severe on walking</p> <p>1 = Around the house only</p> <p>2 = 5-15 minutes</p> <p>3 = 16-30 minutes</p> <p>4 = No pain/more than 30 minutes</p> <p>9 = Missing</p>	

Field name	KR Q2 Washing
Field	KR_Q2_WASHING
Length and format	1n
Description	
<p>Response to question 3 of the Knee Replacement specific questions</p> <p>Corresponding Q2 Knee Replacement Question:</p> <p>During the past 4 weeks, have you had trouble washing and drying yourself (all over) because of your knee</p>	
Value	
<p>0 = Impossible to do</p> <p>1 = Extreme difficulty</p> <p>2 = Moderate trouble</p> <p>3 = Very little trouble</p> <p>4 = No trouble at all</p> <p>9 = Missing</p>	



Field name	KR Q2 Work
Field	KR_Q2_WORK
Length and format	1n
Description	
<p>Response to question 9 of the Knee Replacement specific questions</p> <p>Corresponding Q2 Knee Replacement Question:</p> <p>During the past 4 weeks, how much has pain from your knee interfered with your usual work (including housework)?</p>	
Value	
<p>0 = Totally</p> <p>1 = Greatly</p> <p>2 = Moderately</p> <p>3 = A little bit</p> <p>4 = Not at all</p> <p>9 = Missing</p>	

Field name	KR Ratio (Model 3)
Field	KR_RATIO_MODEL3
Length and format	nn.nnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative OKS	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	KR Score Change
Field	KR_SCORE_CHANGE
Length and format	nn.nnnnnnnnn
Description	
Improvement between KR_Q2_SCORE and KR_Q1_SCORE	
Value	
Integer between -48 and 48. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	KR Score Expected (Model 3)
Field	KR_SCORE_EXPECTED_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative OKS, derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	KR Score Final Predicted (Model 3)
Field	KR_SCORE_EXPECTED_FINAL_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative OKS, constrained to range of valid values; derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	Liver Disease Indicator
Field	LIVER_DISEASE
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have liver disease?	
Value	
1 = Yes	
9 = Missing	

Field name	Lung Disease Indicator
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Field	LUNG_DISEASE
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Length and format	1n
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Description
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Response to corresponding Q1 general health question:  
Have you been told by a doctor that you have lung disease?

Value
-------

1 = Yes  
9 = Missing

Field name	Modified Date
------------	---------------

Field	MODIFIED_DATE
-------	---------------

Length and format	yyyy-mm-dd
-------------------	------------

Description
-------------

Indicates the date and time at which the record was last modified

Value
-------

yyyy-mm-ddHH:MM

Field name	Nervous System Indicator
------------	--------------------------

Field	NERVOUS_SYSTEM
-------	----------------

Length and format	1n
-------------------	----

Description
-------------

Response to corresponding Q1 general health question:  
Have you been told by a doctor that you have diseases of the nervous system?

Value
-------

1 = Yes  
9 = Missing

Field name	NHS Number
Field	NHS_NUMBER
Length and format	10n
Description	
Patient NHS Number	
Value	
10n = NHS Number	

Field name	Patient Age
Field	AGE
Length and format	3n
Description	
Determined from the Q1 Completed Date and the Q1 Date of Birth. If Q1 Completed Date is missing, or is after the Q1 Scan Date, the age will instead be determined from the Q1 Scan Date and the Q1 Date of Birth.	
Value	
Integer between 12 and 120. Will be NULL if Q1 Date of Birth is not filled in.	

Field name	Patient Death Indicator
Field	PATIENT_DEATH
Length and format	1n
Description	
Indicates whether the patient has died since completing Q1 (taken from mortality data)	
Value	
0 = No	
1 = Yes	

Field name	Procedure Revision Flag
Field	PROC_REVISION_FLAG
Length and format	1n
Description	
Indicates whether or not an eligible PROMs procedure has been identified as a revision, as opposed to a primary, procedure. For those procedures (currently varicose vein and groin hernia) where the primary/revision distinction does not apply, this field will be set to 0.	
Value	
0 = not a revision procedure 1 = revision procedure	

Field name	PROMS Procedure Code
Field	PROMS_PROC_CODE
Length and format	1a
Description	
Code identifying the type of procedure the patient underwent	
Value	
AG = Angioplasty CA = Coronary Artery Bypass Graft GH = Groin Hernia HR = Hip Replacement KR = Knee Replacement VV = Varicose Veins	

Field name	PROMS serial number
Field	PROMS_SERIAL_NO
Length and format	15an
Description	
Unique Record Identifier	
Value	
PROMs Procedure Group + Unique PROMs Identifier + NHS Organisation Code of Data Supplier (2a + 8an + 5an)	

Field name	Q1 Assisted by
Field	Q1_ASSISTED_BY
Length and format	1n
Description	
Indicates the relationship of the patient with the person assisting in the completion of the questionnaire. Corresponding Q1 general health question: If the answer is yes, please give the relationship to you of the person assisting you.	
Value	
1 = Family member (e.g. spouse, child, parent)	
2 = Other relative	
3 = Carer	
4 = Friend/Neighbour	
5 = Healthcare professional (e.g. nurse/doctor)	
6 = Other	
9 = Missing	

Field name	Q1 Assisted Indicator
Field	Q1_ASSISTED
Length and format	1n
Description	
Indicates whether the patient received any assistance in the completion of the questionnaire. Corresponding Q1 general health question: Is anyone helping you fill in this questionnaire?	
Value	
1 = Yes	
2 = No	
9 = Missing	

Field name	Q1 Complete Indicator
Field	Q1_COMPLETE
Length and format	1n
Description	
Indicates whether questionnaire 1 is complete	
Value	
0 = No	
1 = Yes	

Field name	Q1 Completion Date
Field	Q1_COMPLETED_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire was completed	
Corresponding Q1 general health question: Today's Date	
Completed date is equal to the date entered for this question. If the completed date question is blank or invalid the scan date is used for subsequent analysis.	
Value	
yyyy-mm-dd= Q1 Completion Date	

Field name	Q1 Condition Specific Score
Field	Q1_CS_SCORE
Length and format	nn.nnn
Description	
value of appropriate score if any for Q1	
Value	
value appropriate to condition specific score.	

Field name	Q1 Condition Specific Score Complete
Field	Q1_CS_SCORE_COMPLETE
Length and format	1n
Description	Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score for Q1
Value	0 = No 1 = Yes

Field name	Q1 Date of Birth
Field	Q1_DOB
Length and format	dd/mm/yyyy
Description	Response to corresponding Q1 general health question: What is your date of birth?
Value	dd/mm/yyyy = Q1 Date of Birth

Field name	Q1 Disability Indicator
Field	Q1_DISABILITY
Length and format	1n
Description	Response to corresponding Q1 general health question: Do you consider yourself to have a disability?
Value	1 = Yes 2 = No 9 = Missing



Field name	Q1 EQ-5D Activity
Field	Q1_ACTIVITY
Length and format	1n
Description	
Response to third of the EQ-5D questions Corresponding Q1 general health question: Usual activities? Rates the patient's self-perceived ability to perform usual activities	
Value	
1 = I have no problems with performing my usual activities 2 = I have some problems with performing my usual activities 3 = I am unable to perform my usual activities 9 = Missing	

Field name	Q1 EQ-5D Anxiety Depression
Field	Q1_ANXIETY
Length and format	1n
Description	
Response to fifth of the EQ-5D questions Corresponding Q1 general health question: Anxiety/Depression? Rates the patient's self-perceived level of Anxiety/Depression	
Value	
1 = I am not anxious or depressed 2 = I am moderately anxious or depressed 3 = I am extremely anxious or depressed 9 = Missing	

Field name	Q1 EQ-5D Discomfort
Field	Q1_DISCOMFORT
Length and format	1n
Description	
Response to fourth of the EQ-5D questions Corresponding Q1 general health question: Pain/Discomfort? Rates the patient's self-perceived pain/discomfort	
Value	
1 = I have no pain or discomfort 2 = I have moderate pain or discomfort 3 = I have extreme pain or discomfort 9 = Missing	

Field name	Q1 EQ-5D Health Scale
Field	Q1_EQ5D_HEALTH_SCALE
Length and format	3n
Description	
Indicates how well the patient rates themselves to be feeling on the day of completing questionnaire 1 on a scale of 0-100 (0 being worst, and 100 being best)	
Value	
0-100 = patients rated well-being 999 = Missing	

Field name	Q1 EQ-5D Health Scale Complete Indicator
Field	Q1_EQ5D_SCALE_COMPLETE
Length and format	1n
Description	
Indicates whether the patient completed the health scale section of questionnaire 1	
Value	
0 = No 1 = Yes	

Field name	Q1 EQ-5D Index
Field	Q1_EQ5D_INDEX
Length and format	n.nnn
Description	
EQ-5D Index score derived from the EQ-5D profile. 11111= 1. For every 2 or 3 present a fraction is deducted, the lower the score the worse the patient reports on the EQ-5D questions	
Value	
Value between -0.594 and 1	

Field name	Q1 EQ-5D Mobility
Field	Q1_MOBILITY
Length and format	1n
Description	
Response to first of the EQ-5D questions Corresponding Q1 general health question: Mobility? Rates the patient's self-perceived mobility	
Value	
1 = I have no problems in walking about 2 = I have some problems in walking about 3 = I am confined to bed 9 = Missing	

Field name	Q1 EQ-5D Profile
Field	Q1_EQ5D_PROFILE
Length and format	5n
Description	
EQ-5D Profile lists the responses to the EQ-5D questions	
Value	
e.g. 11111 means the patient chose option 1 for each question which is best, 33333 means they chose option 3 for each question indicating the worst response	

Field name	Q1 EQ-5D Profile Complete Indicator
------------	-------------------------------------

Field	Q1_EQ5D_PROFILE_COMPLETE
-------	--------------------------

Length and format	1n
-------------------	----

Description
-------------

Indicates whether the patient completed the EQ-5D questions of questionnaire 1

Value
-------

0 = No

1 = Yes

Field name	Q1 EQ-5D Self Care
------------	--------------------

Field	Q1_SELF_CARE
-------	--------------

Length and format	1n
-------------------	----

Description
-------------

Response to second of the EQ-5D questions

Corresponding Q1 general health question:

Self-care?

Rates the patient's self-perceived ability to care for themselves

Value
-------

1 = I have no problems with self-care

2 = I have some problems washing or dressing myself

3 = I am unable to wash or dress myself

9 = Missing

Field name	Q1 Form Version
------------	-----------------

Field	Q1_FORM_VERSION
-------	-----------------

Length and format	5an
-------------------	-----

Description
-------------

Questionnaire 1 form version

Value
-------

2009 = Original version of the questionnaire

2009A = Aberdeen Varicose Vein Questions modified slightly

2011 = Consent model modified to include patients giving their consent for their care professional to see their responses.

Field name	Q1 General Health
Field	Q1_GENERAL_HEALTH
Length and format	1n
Description	
Response to corresponding Q1 general health question: In general would you say your health is?	
Value	
1 = Excellent	
2 = Very Good	
3 = Good	
4 = Fair	
5 = Poor	
9 = Missing	

Field name	Q1 Language
Field	Q1_LANGUAGE
Length and format	2a
Description	
Language in which Questionnaire 1 was administered	
Value	
EN = English	
AB = Arabic	
BE = Bengali	
CH = Chinese	
FR = French	
GU = Gujarati	
PG = Portuguese	
PJ = Punjabi	
PL = Polish	
TU = Turkish	
UD = Urdu	

Field name	Q1 Living Arrangements
Field	Q1_LIVING_ARRANGEMENTS
Length and format	1n
Description	
Response to corresponding Q1 general health question: Which statement best describes your living arrangements?	
Value	
1 = I live with partner/spouse/family/friends	
2 = I live alone	
3 = I live in a nursing home, hospital or other long-term care home	
4 = Other	
9 = Missing	

Field name	Q1 Previous Surgery Indicator
Field	Q1_PREVIOUS_SURGERY
Length and format	1n
Description	
Indicates whether the patient has had previous surgery of the type they are going to undergo (exact wording of question varies dependent on procedure)	
Value	
1 = Yes	
2 = No	
9 = Missing	

Field name	Q1 Provider Code
Field	Q1_PROCODE
Length and format	5an
Description	
<p>A provider code is a unique code that identifies an organisation acting as a health care provider. The code is managed by the National Administrative Codes Service (NACS) and supports the identification of organisations exchanging information within the NHS.</p> <p>Procode contains the complete NHS provider code (ie organisation code plus site code).</p>	
Value	
<p>5an = 5-character provider code</p> <p>89997 = Non-UK provider where no organisation code has been issued</p> <p>89999 = Non-NHS UK provider where no organisation code has been issued</p>	

Field name	Q1 Received Date
Field	Q1_RECEIVED_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire 1 was received	
Value	
yyyy-mm-dd= Q1 Received Date	

Field name	Q1 Scan Date
Field	Q1_SCAN_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire 1 was scanned	
Value	
yyyy-mm-dd= Q1 Scan Date	

Field name	Q1 Sender Code
Field	Q1_SENDER_CODE
Length and format	5an
Description	
NHS organisation code of data supplier for Q1	
Value	
5an = 5-character supplier code	

Field name	Q1 Symptom Period
Field	Q1_SYMPTOM_PERIOD
Length and format	1n
Description	
Indicates the duration for which the patient has had symptoms. Exact wording of question varies dependent on procedure therefore field is not directly comparable across procedure types. Differences listed at top of condition specific tab.	
Value	
Values vary dependent on procedure. Differences listed at top of condition specific tab.	

Field name	Q1 Symptom Period (Groin Hernia)
Field	Q1_SYMPTOM_PERIOD (GH)
Length and format	1n
Description	
Indicates the duration for which the patient has had symptoms. Corresponding Q1 Groin Hernia question: For how long have you had symptoms of a hernia?	
Value	
1 = Less than 1 year	
2 = More than 1 year	



Field name	Q1 Symptom Period (Hip Replacement)
------------	-------------------------------------

Field	Q1_SYMPTOM_PERIOD (HR)
-------	------------------------

Length and format	1n
-------------------	----

Description
-------------

Indicates the duration for which the patient has had symptoms. Corresponding Q1 Hip Replacement question: For how long have you had problems with the hip on which you are about to have surgery?

Value
-------

1 = Less than 1 year

2 = 1 to 5 years

3 = 6 to 10 years

4 = More than 10 years

Field name	Q1 Symptom Period (Knee Replacement)
------------	--------------------------------------

Field	Q1_SYMPTOM_PERIOD (KR)
-------	------------------------

Length and format	1n
-------------------	----

Description
-------------

Indicates the duration for which the patient has had symptoms. Corresponding Q1 Knee Replacement question: For how long have you had problems with the knee on which you are about to have surgery?

Value
-------

1 = Less than 1 year

2 = 1 to 5 years

3 = 6 to 10 years

4 = More than 10 years

Field name	Q1 Symptom Period (Varicose Vein)
------------	-----------------------------------

Field	Q1_SYMPTOM_PERIOD (VV)
-------	------------------------

Length and format	1n
-------------------	----

Description
-------------

Indicates the duration for which the patient has had symptoms. Corresponding Q1 Varicose Vein question: For how long have you had varicose veins?

Value
-------

1 = Less than 1 year

2 = 1 to 5 years

3 = 6 to 10 years

4 = More than 10 years

Field name	Q2 Allergy Indicator
------------	----------------------

Field	Q2_ALLERGY
-------	------------

Length and format	1n
-------------------	----

Description
-------------

Indicates any drug allergies after the operation. Corresponding Q2 general health question: Did you experience any of the following problems after your operation: Allergy or reaction to drug?

Value
-------

1 = Yes

2 = No

9 = Missing

Field name	Q2 Assisted by
Field	Q2_ASSISTED_BY
Length and format	1n
Description	
Indicates the relationship of the patient with the person assisting in the completion of the questionnaire. Corresponding Q2 General question: If the answer is yes, please give the relationship to you of the person assisting you.	
Value	
1 = Family member (e.g. spouse, child, parent)	
2 = Other relative	
3 = Carer	
4 = Friend/Neighbour	
5 = Healthcare professional (e.g. nurse/doctor)	
6 = Other	
9 = Missing	

Field name	Q2 Assisted Indicator
Field	Q2_ASSISTED
Length and format	1n
Description	
Indicates whether the patient received any assistance in the completion of the questionnaire. Corresponding Q2 General question: Is anyone helping you fill in this questionnaire?	
Value	
1 = Yes	
2 = No	
9 = Missing	

Field name	Q2 Bleeding Indicator
Field	Q2_BLEEDING
Length and format	1n
Description	
Indicates any bleeding after the operation. Corresponding Q2 general health question: Did you experience any of the following problems after your operation: Bleeding?	
Value	
1 = Yes	
2 = No	
9 = Missing	

Field name	Q2 Complete Indicator
Field	Q2_COMPLETE
Length and format	1n
Description	
Indicates whether questionnaire 2 is complete	
Value	
0 = No	
1 = Yes	

Field name	Q2 Completion Date
Field	Q2_COMPLETED_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire was completed. Corresponding Q2 general health question: Today's Date Completed date is equal to the date entered for this question. If the completed date question is blank or invalid the scan date is used for subsequent analysis.	
Value	
yyyy-mm-dd= Q2 Completion Date	

Field name	Q2 Condition Specific Score
Field	Q2_CS_SCORE
Length and format	nn.nnn
Description	
value of appropriate score if any for Q2	
Value	
value appropriate to condition specific score. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	Q2 Condition Specific Score Complete
Field	Q2_CS_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score for Q2	
Value	
0 = No 1 = Yes	

Field name	Q2 Date of Birth
Field	Q2_DOB
Length and format	dd/mm/yyyy
Description	
Corresponding Q2 general health question: What is your date of birth?	
Value	
dd/mm/yyyy = Q2 Date of Birth	

Field name	Q2 Disability Indicator
------------	-------------------------

Field	Q2_DISABILITY
-------	---------------

Length and format	1n
-------------------	----

Description
-------------

Corresponding Q2 general health question:  
Do you consider yourself to have a disability?

Value
-------

1 = Yes  
2 = No  
9 = Missing

Field name	Q2 EQ-5D Activity
------------	-------------------

Field	Q2_ACTIVITY
-------	-------------

Length and format	1n
-------------------	----

Description
-------------

Response to third of the EQ-5D questions  
Corresponding Q2 general health question:  
Usual activities?  
Rates the patient's self-perceived ability to perform usual activities

Value
-------

1 = I have no problems with performing my usual activities  
2 = I have some problems with performing my usual activities  
3 = I am unable to perform my usual activities  
9 = Missing

Field name	Q2 EQ-5D Anxiety Depression
------------	-----------------------------

Field	Q2_ANXIETY
-------	------------

Length and format	1n
-------------------	----

Description
-------------

Response to fifth of the EQ-5D questions  
 Corresponding Q2 general health question:  
 Anxiety/Depression?  
 Rates the patient's self-perceived level of Anxiety/Depression

Value
-------

1 = I am not anxious or depressed  
 2 = I am moderately anxious or depressed,  
 3 = I am extremely anxious or depressed  
 9 = Missing

Field name	Q2 EQ-5D Discomfort
------------	---------------------

Field	Q2_DISCOMFORT
-------	---------------

Length and format	1n
-------------------	----

Description
-------------

Response to fourth of the EQ-5D questions  
 Corresponding Q2 general health question:  
 Pain/Discomfort?  
 Rates the patient's self-perceived pain/discomfort

Value
-------

1 = I have no pain or discomfort  
 2 = I have moderate pain or discomfort  
 3 = I have extreme pain or discomfort  
 9 = Missing

Field name	Q2 EQ-5D Health Scale
Field	Q2_EQ5D_HEALTH_SCALE
Length and format	3n
Description	
Indicates how well the patient rates themselves to be feeling on the day of completing questionnaire 1 on a scale of 0-100 (0 being worst, and 100 being best)	
Value	
0-100 = patients rated well-being	
999 = Missing	

Field name	Q2 EQ-5D Health Scale Complete Indicator
Field	Q2_EQ5D_SCALE_COMPLETE
Length and format	1n
Description	
Indicates whether the patient completed the health scale section of questionnaire 2	
Value	
0 = No	
1 = Yes	

Field name	Q2 EQ-5D Index
Field	Q2_EQ5D_INDEX
Length and format	n.nnn
Description	
EQ-5D Index score derived from the EQ-5D profile. 11111= 1. For every 2 or 3 present a fraction is deducted, the lower the score the worse the patient reports on the EQ-5D questions	
Value	
Value between -0.594 and 1	



Field name	Q2 EQ-5D Mobility
Field	Q2_MOBILITY
Length and format	1n
Description	
Response to first of the EQ-5D questions Corresponding Q2 general health question: Mobility? Rates the patient's self-perceived mobility	
Value	
1 = I have no problems in walking about 2 = I have some problems in walking about 3 = I am confined to bed 9 = Missing	

Field name	Q2 EQ-5D Profile
Field	Q2_EQ5D_PROFILE
Length and format	5n
Description	
EQ-5D Profile lists the responses to the EQ-5D questions	
Value	
e.g. 11111 means the patient chose option 1 for each question which is best, 33333 means they chose option 3 for each question indicating the worst response	

Field name	Q2 EQ-5D Profile Complete
Field	Q2_EQ5D_PROFILE_COMPLETE
Length and format	1n
Description	
Indicates whether the patient completed the EQ-5D questions of questionnaire 2	
Value	
0 = No 1 = Yes	

Field name	Q2 EQ-5D Self Care
------------	--------------------

Field	Q2_SELF_CARE
-------	--------------

Length and format	1n
-------------------	----

Description
-------------

Response to second of the EQ-5D questions  
Corresponding Q2 general health question:  
Self-care?  
Rates the patient's self-perceived ability to care for themselves

Value
-------

1 = I have no problems with self-care  
2 = I have some problems washing or dressing myself  
3 = I am unable to wash or dress myself  
9 = Missing

Field name	Q2 Form Version
------------	-----------------

Field	Q2_FORM_VERSION
-------	-----------------

Length and format	5an
-------------------	-----

Description
-------------

Questionnaire 2 form version

Value
-------

2009 = Original version of the questionnaire  
2011 = Consent model modified to include patients giving their consent for their care professional to see their responses.

Field name	Q2 Further Surgery Indicator
------------	------------------------------

Field	Q2_FURTHER_SURGERY
-------	--------------------

Length and format	1n
-------------------	----

Description
-------------

Indicates whether the patient has had another operation on the affected area

Value
-------

1 = Yes  
2 = No  
9 = Missing

Field name	Q2 General Health
Field	Q2_GENERAL_HEALTH
Length and format	1n
Description	
Corresponding Q2 general health question: In general would you say your health is?	
Value	
1 = Excellent	
2 = Very Good	
3 = Good	
4 = Fair	
5 = Poor	
9 = Missing	

Field name	Q2 Language
Field	Q2_LANGUAGE
Length and format	2a
Description	
Language in which questionnaire 2 was administered	
Value	
EN = English	
AB = Arabic	
BE = Bengali	
CH = Chinese	
FR = French	
GU = Gujarati	
PG = Portuguese	
PJ = Punjabi	
PL = Polish	
TU = Turkish	
UD = Urdu	

Field name	Q2 Living Arrangements
Field	Q2_LIVING_ARRANGEMENTS
Length and format	1n

## Description

Corresponding Q2 general health question:  
Which statement best describes your living arrangements?

## Value

1 = I live with partner/spouse/family/friends  
2 = I live alone  
3 = I live in a nursing home, hospital or other long-term care home  
4 = Other  
9 = Missing

Field name	Q2 Migrated Data
Field	Q2_MIGRATED_DATA
Length and format	1n

## Description

## Value

0 = No  
1 = Yes and missing is null

Field name	Q2 Readmitted Indicator
Field	Q2_READMITTED
Length and format	1n

## Description

Indicates whether the patient has been readmitted since their operation. Corresponding Q2 general health question: Have you been readmitted to hospital since your operation?

## Value

1 = Yes  
2 = No  
9 = Missing

Field name	Q2 Received Date
Field	Q2_RECEIVED_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire 2 was received	
Value	
yyyy-mm-dd= Q2 Received Date	

Field name	Q2 Satisfaction
Field	Q2_SATISFACTION
Length and format	1n
Description	
Corresponding Q2 general health question: How would you describe the results of your operation?	
Value	
1 = Excellent	
2 = Very Good	
3 = Good	
4 = Fair	
5 = Poor	
9 = Missing	

Field name	Q2 Scan Date
Field	Q2_SCAN_DATE
Length and format	yyyy-mm-dd
Description	
Date on which questionnaire 2 was scanned	
Value	
yyyy-mm-dd= Q2 Scan Date	

Field name	Q2 Sender Code
Field	Q2_SENDER_CODE
Length and format	5an
Description	NHS organisation code of data supplier for Q2
Value	5an = 5-character supplier code

Field name	Q2 Submission Count
Field	Q2_SUBMISSION_COUNT
Length and format	1n
Description	
Value	integer if blank then Null

Field name	Q2 Success
Field	Q2_SUCCESS
Length and format	1n
Description	Corresponding Q2 general health question: Overall, how are your problems now, compared to before your operation?
Value	1 = Much better 2 = A little better 3 = About the same 4 = A little worse 5 = Much worse 9 = Missing

Field name	Q2 Surgery Date
Field	Q2_SURGERY_DATE
Length and format	yyyy-mm-dd
Description	
The date on which the patient underwent surgery Corresponding Q2 general health question: Please confirm when your operation took place	
Value	
yyyy-mm-dd= Q2 Surgery Date	

Field name	Q2 Urinary Problems Indicator
Field	Q2_URINE
Length and format	1n
Description	
Indicates any urinary problems after the operation. Corresponding Q2 general health question: Did you experience any of the following problems after your operation: Urinary Problems?	
Value	
1 = Yes 2 = No 9 = Missing	

Field name	Q2 Wound Problems Indicator
Field	Q2_WOUND
Length and format	1n
Description	
Indicates any wound problems after the operation. Corresponding Q2 general health question: Did you experience any of the following problems after your operation: Wound problems?	
Value	
1 = Yes 2 = No 9 = Missing	

Field name	Questionnaire Complete Indicator
Field	COMPLETE
Length and format	1n

**Description**

Indicates whether the status of the record is complete, meaning that both questionnaires 1 and 2 have been completed.

**Value**

0 = No  
1 = Yes

Field name	Sex of Patient
Field	GENDER
Length and format	1n

**Description**

This field denotes the sex of the patient

**Value**

1 = Male  
2 = Female  
9 = Not specified  
0 = Not known



Field name	Status
Field	STATUS
Length and format	15an
Description	
Status of the questionnaire record	
Value	
<p>AWQ2FINAL [deprecated; not used for new records] - The questionnaire is ready to have a final reminder and second Q2 produced.</p> <p>AWTR2EXP - The questionnaire is ready to be submitted to DBS for a second trace, prior to a Q2 questionnaire being sent out.</p> <p>AWTR3IMP [deprecated; not used for new records] - Awaiting Tracing 3 Import</p> <p>COMPLETE [deprecated; not used for new records] - The Q2 questionnaire has passed the completeness check, so has been closed as complete.</p> <p>CONSENTWD - The patient has withdrawn consent for his/her details to be used.</p> <p>DECEASED - The patient has been reported as deceased. This information may come from any DBS trace, or from a relative.</p> <p>DUPLICATE - The Q1 questionnaire has been superseded by a later questionnaire for the same patient and procedure.</p> <p>INCOMPLETE [deprecated; not used for new records] - The Q1 questionnaire has failed the completeness check, so has been closed as incomplete.</p> <p>INELIGIBLE - The operation has been reported as ineligible for a PROMs questionnaire.</p> <p>NOPART - The patient has decided to take no further part, but has not withdrawn consent for the details we already have to be used.</p> <p>OPCANC - The operation has been reported as cancelled.</p> <p>POIS - The questionnaire data was collected as part of the POIS audit.</p> <p>Q1RECEIVED - The Q1 questionnaire has been received</p> <p>Q2FINAL [deprecated; not used for new records] - A final reminder letter and second Q2 has been printed and sent out.</p> <p>Q2INCOMP [deprecated; not used for new records] - The Q2 questionnaire has failed the completeness check, so has been closed as incomplete.</p> <p>Q2RECEIVED - The Q2 questionnaire has been received</p> <p>Q2REMINDER [deprecated; not used for new records] - After a time interval, no Q2 has been received, so a reminder letter has been sent out.</p> <p>Q2SENT - A Q2 has been printed and sent out.</p> <p>TR1FAIL [deprecated; not used for new records] - The Q1 questionnaire has failed the initial patient trace and is awaiting investigation.</p> <p>COMPLETE / INCOMPLETE have been deprecated in favour of a number of the dedicated fields COMPLETE, Q1_RECEIVED and Q2_RECEIVED. For records submitted from november 2012 onwards, the following fields are also deprecated: AWQ2FINAL, AWTR2EXP, AWTR3IMP, COMPLETE, INCOMPLETE, Q2FINAL, Q2INCOMP, Q2REMINDER, TR1FAIL.</p>	

Field name	Status Date
Field	STATUS_DATE
Length and format	yyyy-mm-dd
Description	
Date on which status field was last updated	
Value	
yyyy-mm-dd= Status Date	

Field name	Stroke Indicator
Field	STROKE
Length and format	1n
Description	
Response to corresponding Q1 general health question: Have you been told by a doctor that you have problems caused by a stroke?	
Value	
1 = Yes 9 = Missing	

Field name	Varicose Vein Score Change
Field	VV_SCORE_CHANGE
Length and format	nn.nnn
Description	
VV score on Q2 - VV score on Q1. A negative value denotes an improvement, and a positive value a deterioration	
Value	
Number between -100 and 100	

Field name	VV Score Expected Final (Model 1)
Field	VV_SCORE_EXPECTED_FINAL_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative AVVQ Score, constrained to range of valid values; derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Q1 - Clothing
Field	VV_Q1_CLOTHING
Length and format	1n
Description	
Response to Question 4 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: Does the appearance of your varicose veins influence your choice of clothing including tights?	
Value	
1 = No, 2 = Occasionally 3 = Often 4 = Always 9 = Missing	

Field name	VV Q1 - Concern
Field	VV_Q1_CONCERN
Length and format	1n
Description	
Response to Question 3 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: Does the appearance of your varicose veins cause you concern?	
Value	
1 = No 2 = Yes, their appearance causes me slight concern 3= Yes, their appearance causes me moderate concern 4= Yes, their appearance causes me a great deal of concern 9= Missing	

Field name	VV Q1 - Left Back Vein Count
Field	VV_Q1_LEFT_BACK_COUNT
Length and format	2n
Description	
Left leg (back) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q1 - Left Discolour
Field	VV_Q1_LEFT_DISCOLOUR
Length and format	1n
Description	
Left leg response to Question 11 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: Do you have purple discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?	
Value	
1 = No, 2 = Yes, 9 = Missing	

Field name	VV Q1 - Left Front Vein Count
Field	VV_Q1_LEFT_FRONT_COUNT
Length and format	2n
Description	
Left leg (front) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q1 - Left Itch
Field	VV_Q1_LEFT_ITCH
Length and format	1n
Description	
Left leg response to Question 10 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: In the last two weeks, have you had any itching in association with your varicose veins?	
Value	
1 = No 2 = Yes, but only above the knee 3 = Yes, but only below the knee 4 = Both above and below the knee 9 = Missing	

Field name	VV Q1 - Left Pain
Field	VV_Q1_LEFT_PAIN_DAYS
Length and format	1n
Description	
<p>Left leg response to Question 8 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>In the last two weeks, for how many days did your varicose veins cause you pain or ache?</p>	
Value	
<p>1= None at all</p> <p>2 = Between 1 and 5 days</p> <p>3 = Between 6 and 10 days</p> <p>4 = For more than 10 days</p> <p>9 = Missing</p>	

Field name	VV Q1 - Left Rash
Field	VV_Q1_LEFT_RASH
Length and format	1n
Description	
<p>Left leg response to Question 12 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>Do you have any rash or eczema in the area of your ankle?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but it does not require any treatment from a doctor or district nurse</p> <p>3 = Yes, and it requires treatment from my doctor or district nurse</p> <p>9 = Missing</p>	

Field name	VV Q1 - Left Support
Field	VV_Q1_LEFT_SUPPORT
Length and format	1n
Description	
<p>Left leg response to Question 9 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>In the last two weeks have you worn support tights or stockings?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, those I bought myself without a doctor's prescription</p> <p>3 = Yes, those my doctor prescribed for me which I wear occasionally</p> <p>4 = Yes, those my doctor prescribed for me which I wear every day</p> <p>9 = Missing</p>	

Field name	VV Q1 - Left Ulcer
Field	VV_Q1_LEFT_ULCER
Length and format	1n
Description	
<p>Left leg response to Question 13 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>Do you have a skin ulcer associated with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes</p> <p>9 = Missing</p>	

Field name	VV Q1 - Leisure
Field	VV_Q1_LEISURE
Length and format	1n
Description	
<p>Response to Question 6 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>During the last two weeks, have your varicose veins interfered with your leisure activities (including sport, hobbies and social life)?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, my enjoyment has suffered to a slight extent,</p> <p>3 = Yes, my enjoyment has suffered to a moderate extent</p> <p>4 = My veins have prevented me from taking part in any leisure activities</p> <p>9 = Missing</p>	

Field name	VV Q1 - Painkiller
Field	VV_Q1_PAINKILLER_DAYS
Length and format	1n
Description	
<p>Response to Question 1 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>During the last two weeks, on how many days did you take painkilling tablets for your varicose veins?</p>	
Value	
<p>1= None at all</p> <p>2 = Between 1 and 5 days</p> <p>3 = Between 6 and 10 days</p> <p>4 = For more than 10 days</p> <p>9 = Missing</p>	



Field name	VV Q1 - Right Back Vein Count
Field	VV_Q1_RIGHT_BACK_COUNT
Length and format	2n
Description	
Right leg (back) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q1 - Right Discolour
Field	VV_Q1_RIGHT_DISCOLOUR
Length and format	1n
Description	
Right leg response to Question 11 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: Do you have purple discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?	
Value	
1 = No 2 = Yes 9 = Missing	

Field name	VV Q1 - Right Front Vein Count
Field	VV_Q1_RIGHT_FRONT_COUNT
Length and format	2n
Description	
Right leg (front) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q1 - Right Itch
Field	VV_Q1_RIGHT_ITCH
Length and format	1n
Description	
<p>Right leg response to Question 10 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>In the last two weeks, have you had any itching in association with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but only above the knee</p> <p>3 = Yes, but only below the knee</p> <p>4 = Both above and below the knee</p> <p>9 = Missing</p>	

Field name	VV Q1 - Right Pain
Field	VV_Q1_RIGHT_PAIN_DAYS
Length and format	1n
Description	
<p>Right leg response to Question 8 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>In the last two weeks, for how many days did your varicose veins cause you pain or ache?</p>	
Value	
<p>1= None at all</p> <p>2 = Between 1 and 5 days</p> <p>3 = Between 6 and 10 days</p> <p>4 = For more than 10 days</p> <p>9 = Missing</p>	

Field name	VV Q1 - Right Rash
Field	VV_Q1_RIGHT_RASH
Length and format	1n
Description	
<p>Right leg response to Question 12 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>Do you have any rash or eczema in the area of your ankle?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but it does not require any treatment from a doctor or district nurse</p> <p>3 = Yes, and it requires treatment from my doctor or district nurse</p> <p>9 = Missing</p>	

Field name	VV Q1 - Right Support
Field	VV_Q1_RIGHT_SUPPORT
Length and format	1n
Description	
<p>Right leg response to Question 9 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>In the last two weeks have you worn support tights or stockings?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, those I bought myself without a doctor's prescription</p> <p>3 = Yes, those my doctor prescribed for me which I wear occasionally</p> <p>4 = Yes, those my doctor prescribed for me which I wear every day</p> <p>9 = Missing</p>	

Field name	VV Q1 - Right Ulcer
Field	VV_Q1_RIGHT_ULCER
Length and format	1n
Description	
Right leg response to Question 13 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: Do you have a skin ulcer associated with your varicose veins?	
Value	
1 = No 2 = Yes 9 = Missing	

Field name	VV Q1 - Swelling
Field	VV_Q1_SWELLING
Length and format	1n
Description	
Response to Question 2 of the varicose vein specific questions Corresponding Q1 Varicose Veins question: During the last two weeks, how much ankle swelling have you had?	
Value	
1 = None at all 2 = Slight ankle swelling 3 = Moderate ankle swelling 4 = Severe ankle swelling 9 = Missing	

Field name	VV Q1 - Work
Field	VV_Q1_WORK
Length and format	1n
Description	
<p>Response to Question 5 of the varicose vein specific questions</p> <p>Corresponding Q1 Varicose Veins question:</p> <p>During the last two weeks, have your varicose veins interfered with your work/housework or other daily activities?</p>	
Value	
<p>1 = No</p> <p>2 = I have been able to work but my work has suffered to some extent</p> <p>3 = I have been able to work but my work has suffered to a moderate extent</p> <p>4 = My veins have prevented me from working one day or more</p> <p>9 = Missing</p>	

Field name	VV Q1 Maximum Score
Field	VV_Q1_MAX_SCORE
Length and format	nn.nnn
Description	
<p>Maximum possible total score for the varicose vein specific questions based on the number of questions answered.</p>	
Value	
<p>Score between 0 and 100 ( 0 best, 100 worst)</p>	

Field name	VV Q1 Score
Field	VV_Q1_SCORE
Length and format	nn.nnn
Description	
<p>Total score for the varicose vein specific questions answered divided by the maximum possible score for the questions answered ( VV Q1 Total Score / VV Q1 Maximum Score)</p>	
Value	
<p>Score between 0 and 100 ( 0 best, 100 worst)</p>	

Field name	VV Q1 Score Complete
Field	VV_Q1_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No	
1 = Yes	

Field name	VV Q1 Total Score
Field	VV_Q1_TOTAL_SCORE
Length and format	nn.nnn
Description	
Total score for the varicose vein specific questions answered	
Value	
Score between 0 and 100 ( 0 best, 100 worst)	

Field name	VV Q2 - Clothing
Field	VV_Q2_CLOTHING
Length and format	1n
Description	
Response to Question 4 of the varicose vein specific questions	
Corresponding Q2 Varicose Veins question:	
Does the appearance of your varicose veins influence your choice of clothing including tights?	
Value	
1 = No	
2 = Occasionally	
3 = Often, 4 = Always	
9 = Missing	

Field name	VV Q2 - Concern
Field	VV_Q2_CONCERN
Length and format	1n
Description	
Response to Question 3 of the varicose vein specific questions Corresponding Q2 Varicose Veins question: Does the appearance of your varicose veins cause you concern?	
Value	
1 = No 2 = Yes, their appearance causes me slight concern 3= Yes, their appearance causes me moderate concern 4= Yes, their appearance causes me a great deal of concern 9= Missing	

Field name	VV Q2 - Left Back Vein Count
Field	VV_Q2_LEFT_BACK_COUNT
Length and format	2n
Description	
Left leg (back) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q2 - Left Discolour
Field	VV_Q2_LEFT_DISCOLOUR
Length and format	1n
Description	
<p>Left leg response to Question 11 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have purple discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes</p> <p>9 = Missing</p>	

Field name	VV Q2 - Left Front Vein Count
Field	VV_Q2_LEFT_FRONT_COUNT
Length and format	2n
Description	
<p>Left leg (front) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg</p>	
Value	
Integer between 0 and 32	



Field name	VV Q2 - Left Itch
Field	VV_Q2_LEFT_ITCH
Length and format	1n
Description	
<p>Left leg response to Question 10 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks, have you had any itching in association with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but only above the knee</p> <p>3 = Yes, but only below the knee</p> <p>4 = Both above and below the knee</p> <p>9 = Missing</p>	

Field name	VV Q2 - Left Pain
Field	VV_Q2_LEFT_PAIN_DAYS
Length and format	1n
Description	
<p>Left leg response to Question 8 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks, for how many days did your varicose veins cause you pain or ache?</p>	
Value	
<p>1= None at all</p> <p>2 = Between 1 and 5 days</p> <p>3 = Between 6 and 10 days</p> <p>4 = For more than 10 days</p> <p>9 = Missing</p>	

Field name	VV Q2 - Left Rash
Field	VV_Q2_LEFT_RASH
Length and format	1n
Description	
<p>Left leg response to Question 12 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have any rash or eczema in the area of your ankle?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but it does not require any treatment from a doctor or district nurse</p> <p>3 = Yes, and it requires treatment from my doctor or district nurse</p> <p>9 = Missing</p>	

Field name	VV Q2 - Left Support
Field	VV_Q2_LEFT_SUPPORT
Length and format	1n
Description	
<p>Left leg response to Question 9 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks have you worn support tights or stockings?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, those I bought myself without a doctor's prescription</p> <p>3 = Yes, those my doctor prescribed for me which I wear occasionally</p> <p>4 = Yes, those my doctor prescribed for me which I wear every day</p> <p>9 = Missing</p>	

Field name	VV Q2 - Left Ulcer
Field	VV_Q2_LEFT_ULCER
Length and format	1n
Description	
<p>Left leg response to Question 13 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have a skin ulcer associated with your varicose veins?</p>	
Value	
1 = No, 2 = Yes, 9 = Missing	

Field name	VV Q2 - Left Visible
Field	VV_Q2_LEFT_VISIBLE
Length and format	1n
Description	
<p>Left leg response - corresponding Q2 varicose vein question: Do you have any visible varicose veins on your legs at the moment?</p>	
Value	
1 = No, 2 = Yes, 9 = Missing	

Field name	VV Q2 - Leisure
Field	VV_Q2_LEISURE
Length and format	1n
Description	
<p>Response to Question 6 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>During the last two weeks, have your varicose veins interfered with your leisure activities (including sport, hobbies and social life)?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, my enjoyment has suffered to a slight extent</p> <p>3 = Yes, my enjoyment has suffered to a moderate extent</p> <p>4 = My veins have prevented me from taking part in any leisure activities</p> <p>9 = Missing</p>	

Field name	VV Q2 - Painkiller
Field	VV_Q2_PAINKILLER_DAYS
Length and format	1n
Description	
Response to Question 1 of the varicose vein specific questions Corresponding Q2 Varicose Veins question: During the last two weeks, on how many days did you take painkilling tablets for your varicose veins?	
Value	
1= None at all 2 = Between 1 and 5 days 3 = Between 6 and 10 days 4 = For more than 10 days 9 = Missing	

Field name	VV Q2 - Right Back Vein Count
Field	VV_Q2_RIGHT_BACK_COUNT
Length and format	2n
Description	
Right leg (back) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg	
Value	
Integer between 0 and 32	

Field name	VV Q2 - Right Discolour
Field	VV_Q2_RIGHT_DISCOLOUR
Length and format	1n
Description	
<p>Right leg response to Question 11 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have purple discolouration caused by tiny blood vessels in the skin, in association with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Front Vein Count
Field	VV_Q2_RIGHT_FRONT_COUNT
Length and format	2n
Description	
<p>Right leg (front) response to Question 7 of the varicose vein specific questions which requests the patient to illustrate the number of visible varicose veins in each leg</p>	
Value	
Integer between 0 and 32	

Field name	VV Q2 - Right Itch
Field	VV_Q2_RIGHT_ITCH
Length and format	1n
Description	
<p>Right leg response to Question 10 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks, have you had any itching in association with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but only above the knee</p> <p>3 = Yes, but only below the knee</p> <p>4 = Both above and below the knee</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Pain
Field	VV_Q2_RIGHT_PAIN_DAYS
Length and format	1n
Description	
<p>Right leg response to Question 8 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks, for how many days did your varicose veins cause you pain or ache?</p>	
Value	
<p>1= None at all</p> <p>2 = Between 1 and 5 days</p> <p>3 = Between 6 and 10 days</p> <p>4 = For more than 10 days</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Rash
Field	VV_Q2_RIGHT_RASH
Length and format	1n
Description	
<p>Right leg response to Question 12 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have any rash or eczema in the area of your ankle?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, but it does not require any treatment from a doctor or district nurse</p> <p>3 = Yes, and it requires treatment from my doctor or district nurse</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Support
Field	VV_Q2_RIGHT_SUPPORT
Length and format	1n
Description	
<p>Right leg response to Question 9 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>In the last two weeks have you worn support tights or stockings?</p>	
Value	
<p>1 = No</p> <p>2 = Yes, those I bought myself without a doctor's prescription</p> <p>3 = Yes, those my doctor prescribed for me which I wear occasionally</p> <p>4 = Yes, those my doctor prescribed for me which I wear every day</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Ulcer
Field	VV_Q2_RIGHT_ULCER
Length and format	1n
Description	
<p>Right leg response to Question 13 of the varicose vein specific questions</p> <p>Corresponding Q2 Varicose Veins question:</p> <p>Do you have a skin ulcer associated with your varicose veins?</p>	
Value	
<p>1 = No</p> <p>2 = Yes</p> <p>9 = Missing</p>	

Field name	VV Q2 - Right Visible
Field	VV_Q2_RIGHT_VISIBLE
Length and format	1n
Description	
<p>Right leg response - corresponding Q2 varicose vein question: Do you have any visible varicose veins on your legs at the moment?</p>	
Value	
<p>1 = No</p> <p>2 = Yes</p> <p>9 = Missing</p>	



Field name	VV Q2 - Swelling
Field	VV_Q2_SWELLING
Length and format	1n
Description	
Response to Question 2 of the varicose vein specific questions Corresponding Q2 Varicose Veins question: During the last two weeks, how much ankle swelling have you had?	
Value	
1 = None at all 2 = Slight ankle swelling 3 = Moderate ankle swelling 4 = Severe ankle swelling 9 = Missing	

Field name	VV Q2 - Work
Field	VV_Q2_WORK
Length and format	1n
Description	
Response to Question 5 of the varicose vein specific questions Corresponding Q2 Varicose Veins question: During the last two weeks, have your varicose veins interfered with your work/housework or other daily activities?	
Value	
1 = No 2 = I have been able to work but my work has suffered to some extent 3 = I have been able to work but my work has suffered to a moderate extent 4 = My veins have prevented me from working one day or more 9 = Missing	

Field name	VV Q2 Maximum Score
Field	VV_Q2_MAX_SCORE
Length and format	nn.nnn
Description	
Maximum possible total score for the varicose vein specific questions based on the number of questions answered.	
Value	
Score between 0 and 100 ( 0 best, 100 worst)	

Field name	VV Q2 Score
Field	VV_Q2_SCORE
Length and format	nn.nnn
Description	
Total score for the varicose vein specific questions answered divided by the maximum possible score for the questions answered ( VV Q2 Total Score / VV Q2 Maximum Score)	
Value	
Score between 0 and 100 ( 0 best, 100 worst)	

Field name	VV Q2 Score Complete
Field	VV_Q2_SCORE_COMPLETE
Length and format	1n
Description	
Indicates whether the submitted questionnaire has sufficient procedure specific data to derive a score	
Value	
0 = No	
1 = Yes	

Field name	VV Q2 Total Score
Field	VV_Q2_TOTAL_SCORE
Length and format	nn.nnn
Description	
Total score for the varicose vein specific questions answered	
Value	
Score between 0 and 100 ( 0 best, 100 worst)	

Field name	VV Ratio (Model 1)
Field	VV_RATIO_MODEL1
Length and format	nn.nnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative AVVQ	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Ratio (Model 2)
Field	VV_RATIO_MODEL2
Length and format	nn.nnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative AVVQ	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Ratio (Model 3)
Field	VV_RATIO_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Ratio between observed and casemix-adjusted predicted post-operative AVVQ	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Score Expected (Model 1)
Field	VV_SCORE_EXPECTED_MODEL1
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative AVVQ, derived using version 1 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Score Expected (Model 2)
Field	VV_SCORE_EXPECTED_MODEL2
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative AVVQ, derived using version 2 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Score Expected (Model 3)
Field	VV_SCORE_EXPECTED_MODEL3
Length and format	nn.nnnnnnnnnn
Description	
Casemix-adjusted predicted post-operative AVVQ, derived using version 3 of the casemix-adjustment model.	
Value	
NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Score Final Predicted (Model 2)
Field	VV_SCORE_EXPECTED_FINAL_MODEL2
Length and format	3n
Description	
Casemix-adjusted predicted post-operative score for the Aberdeen Varicose Vein Questionnaire measure, constrained to range of valid Aberdeen Varicose Vein Questionnaire values; derived using version 2 of the casemix-adjustment model.	
Value	
Integer between 0 and 100. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

Field name	VV Score Final Predicted (Model 3)
Field	VV_SCORE_EXPECTED_FINAL_MODEL3
Length and format	3n
Description	
Casemix-adjusted predicted post-operative score for the Aberdeen Varicose Vein Questionnaire measure, constrained to range of valid Aberdeen Varicose Vein Questionnaire values; derived using version 3 of the casemix-adjustment model.	
Value	
Integer between 0 and 100. Will be NULL if the predicted score can't be calculated, e.g. Q2 not returned yet, questionnaire not linked to HES or model-dependent variables not completed.	

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