

	#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																
Instrument: Demographics (demographics)																				
	1	[record_id]	Record ID	text																
	2	[mrn]	Medical record Number	text, Identifier																
	3	[first_name]	First Name	text, Identifier																
	4	[last_name]	Last Name	text, Identifier																
	5	[ssn]	SSN	text, Identifier																
	6	[birth_date]	Date of Birth	text, Identifier																
	7	[patient_status]	Patient Status	text																
	8	[death_date]	Date of Death	text, Identifier																
	9	[cause_of_death]	Cause of Death	text																
	10	[age]	Age	text																
	11	[gender]	Gender	radio <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>0</td><td>Unknown</td></tr></table>	1	Male	2	Female	0	Unknown										
1	Male																			
2	Female																			
0	Unknown																			
	12	[race]	Race	radio <table><tr><td>1</td><td>American Indian/Alaska Native</td></tr><tr><td>2</td><td>Asian</td></tr><tr><td>3</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>4</td><td>Black or African American</td></tr><tr><td>5</td><td>White</td></tr><tr><td>6</td><td>Other race</td></tr><tr><td>7</td><td>Patient Declined</td></tr><tr><td>8</td><td>No information</td></tr></table>	1	American Indian/Alaska Native	2	Asian	3	Native Hawaiian or Other Pacific Islander	4	Black or African American	5	White	6	Other race	7	Patient Declined	8	No information
1	American Indian/Alaska Native																			
2	Asian																			
3	Native Hawaiian or Other Pacific Islander																			
4	Black or African American																			
5	White																			
6	Other race																			
7	Patient Declined																			
8	No information																			
	13	[ethnicity]	Ethnicity	radio <table><tr><td>1</td><td>Not Hispanic or Latino</td></tr><tr><td>2</td><td>Hispanic or Latino</td></tr><tr><td>3</td><td>Patient Declined</td></tr><tr><td>4</td><td>No information</td></tr></table>	1	Not Hispanic or Latino	2	Hispanic or Latino	3	Patient Declined	4	No information								
1	Not Hispanic or Latino																			
2	Hispanic or Latino																			
3	Patient Declined																			
4	No information																			
	14	[zipcode]	Zipcode	text																
	15	[census_tract]	Census Tract ID	text																
	16	[smoking_status]	Smoking Status	text																

	17	[insurance_type]	Insurance Type	<div>text<table><tr><td>1</td><td>Private insurance</td></tr><tr><td>2</td><td>Medicaid</td></tr><tr><td>3</td><td>Medicare</td></tr><tr><td>4</td><td>Self-Pay</td></tr><tr><td>5</td><td>Other</td></tr><tr><td>6</td><td>No Information</td></tr></table></div>	1	Private insurance	2	Medicaid	3	Medicare	4	Self-Pay	5	Other	6	No Information
1	Private insurance															
2	Medicaid															
3	Medicare															
4	Self-Pay															
5	Other															
6	No Information															
	18	[language]	Language	text												
	19	[marital_status]	Marital Status	text												
	20	[sexual_orientation]	Sexual Orientation	text												
	21	[demographics_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown<table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table></div>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete															
1	Unverified															
2	Complete															
Instrument: Visits (visits)																
	22	[visit_start_date]	Visit Start Date	text, Identifier												
	23	[encounter_type]	Encounter type	text												
	24	[visit_type]	Visit Type	text												
	25	[visit_end_date]	Visit End Date	text, Identifier												
	26	[visits_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown<table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table></div>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete															
1	Unverified															
2	Complete															
Instrument: Medications (medications)																
	27	[med_start_date]	Medication Start Date	text, Identifier												
	28	[med_name]	Medication Name	text												
	29	[generic_name]	Generic Name	text												
	30	[dose]	Dose	text												
	31	[dose_unit]	Dose Unit	text												
	32	[med_end_date]	Medication End Date	text, Identifier												
	33	[route]	Route	text												
	34	[frequency]	Frequency	text												
	35	[refills]	Refills	text												
	36	[medications_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown<table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table></div>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete															
1	Unverified															
2	Complete															

Instrument: Vitals (vitals)										
	37	[vital_name]	Vital Name	text						
	38	[measurement_date]	Measurement Date	text, Identifier						
	39	[value]	Value	text						
	40	[unit]	Unit	text						
	41	[vitals_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: Labs (labs)										
	42	[labtest_name]	Labtest Name	text						
	43	[result_date]	Result Date	text, Identifier						
	44	[result_value]	Result Value	text						
	45	[units]	Units	text						
	46	[reference_values]	Reference Values	text						
	47	[labs_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: Diagnosis (diagnosis)										
	48	[diagnosis_date]	Diagnosis Date	text, Identifier						
	49	[dx_code]	Diagnosis Code	text						
	50	[dx_description]	Diagnosis Description	text						
	51	[diagnosis_type]	Diagnosis Type	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes									
0	No									
	52	[diagnosis_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: Procedures (procedures)										
	53	[proc_date]	Procedure Date	text, Identifier						
	54	[procedure_code]	Procedure Code	text						
	55	[coding_system]	Coding System	text						
	56	[procedures_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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