



Annotated: F01 Inclusion Exclusion Criteria

Sharon YEATTS Sign Out



Help

Form ID: 501 DB Table Name: F01 DB View Name: vF01

No.	Item Description	Data Value
Q01	Date of signed informed consent DB Name: [Q01]	Complete
Q02	Age DB Name: [Q02]	years old
Q03	Diagnosis of ICH confirmed by brain CT scan DB Name: [Q03] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q04	The first dose of the study drug is expected to be administered within 24h of ICH symptom onset DB Name: [Q04] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q05	NIHSS score DB Name: [Q05] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q06	Pre-ICH mRS DB Name: [Q06] Code Group: 584	<input type="radio"/> 0 - (0) No symptoms at all <input type="radio"/> 1 - (1) No significant disability despite symptoms; able to carry out all usual duties and activities. <input type="radio"/> 2 - (2) Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance. <input type="radio"/> 3 - (3) Moderate disability requiring some help, but able to walk without assistance. <input type="radio"/> 4 - (4) Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance. <input type="radio"/> 5 - (5) Severe disability; bedridden, incontinent, and requiring constant nursing care and attention.
Q07	Previous chelation therapy or known hypersensitivity to DFO products DB Name: [Q07] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q08	Known severe iron deficiency anemia DB Name: [Q08] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q09	Abnormal renal functions DB Name: [Q09] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q10	Planned surgical evacuation of ICH prior to administration of study drug DB Name: [Q10] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q11	Suspected secondary ICH DB Name: [Q11] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q12	Infratentorial hemorrhage DB Name: [Q12] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q13	Irreversibly impaired brainstem function DB Name: [Q13] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q14	Complete unconsciousness defined as a score of 3 on item 1a of the NIHSS DB Name: [Q14] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q15	Coagulopathy DB Name: [Q15] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q16	Confirmed aspiration, pneumonia, or evident bilateral pulmonary infiltrates DB Name: [Q16] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q17	Significant respiratory disease DB Name: [Q17] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q18	FiO2 DB Name: [Q18] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes

No.	Item Description	Data Value
Q19	Sepsis DB Name: [Q19] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q20	Taking iron supplements DB Name: [Q20] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q21	Patients with heart failure DB Name: [Q21] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q22	Known severe hearing loss DB Name: [Q22] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q23	Known pregnancy DB Name: [Q23] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q24	Positive drug screen DB Name: [Q24] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q25	Patient is known or suspected of DB Name: [Q25] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q26	Any condition DB Name: [Q26] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q27	Life expectancy DB Name: [Q27] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q28	Concurrent participation DB Name: [Q28] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q29	Indication that a new DNR DB Name: [Q29] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q30	Respiratory rate greater than 30 breaths/min DB Name: [Q30] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q31	SpO ₂ level less than 95% DB Name: [Q31] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q32	Estimated weight DB Name: [Q32]	<input type="text"/>
Q33	Estimated weight units DB Name: [Q33] Code Group: 573	<input type="radio"/> 1 - lbs <input type="radio"/> 2 - kg
Q34	Height DB Name: [Q34]	<input type="text"/>
Q35	Height units DB Name: [Q35] Code Group: 574	<input type="radio"/> 1 - inches <input type="radio"/> 2 - cm
Q36	Body Mass Index DB Name: [Q36] Code Group: 574	
Q37	Serum pH less than 7.35 pH DB Name: [Q37] Code Group: 503	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q38	Serum Albumin DB Name: [Q38] Code Group: 574	<input type="text"/>
Q39	Serum Albumin units DB Name: [Q39] Code Group: 504	<input type="radio"/> 1 - g/dL <input type="radio"/> 2 - g/L <input type="radio"/> 3 - umol/L
Q40	Concurrent use of chemotherapy DB Name: [Q40] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes

No.	Item Description	Data Value
Q42	Number of ARDS Modifiers DB Name: [CntRiskMod] Code Group: 574 SAS Name: [F01Q42]	
Q41	Is the subject participating in the iDEF sub-study? DB Name: [Q41] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>

When **Q38 Is not null 0**, **Q39** is enabled.

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Annotated: F02 Randomization Form

Help

Form ID: 502 DB Table Name: F02 DB View Name: vF02

No.	Item Description	Data Value
Q01	Is IVH present? DB Name: [Q01] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q02	Location of ICH DB Name: [Q02] Code Group: 506	<input type="radio"/> 1 - Infratentorial <input type="radio"/> 2 - Supratentorial
Q03	Hematoma volume DB Name: [Q03] Code Group: 51	<input type="text"/>
Q04	Anticipated onset to treatment time DB Name: [Q04] Code Group: 505	<input type="radio"/> 1 - ≤ 12 hours <input type="radio"/> 2 - >12 and ≤ 24 hours
Q05	Was the subject using Warfarin DB Name: [Q05] Code Group: 503	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q06	Is the patient deemed eligible DB Name: [Q06] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: **F03 Prior Medications**

[Help](#)

Form ID: 503 DB Table Name: F03 DB View Name: vF03

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01		
No.	A. Medication name (100 char.) DB Name: [QA]	
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>



Annotated: F04 Screening Visual and Auditory Assessment

Sharon YEATTS Sign Out

Help

Form ID: 504 DB Table Name: F04 DB View Name: vF04

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q01	Does the subject have cataracts? DB Name: [Q01] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q02	Does the subject have visual loss or field cut? DB Name: [Q02] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q03	Is the subject color blind? DB Name: [Q03] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q04	Does the subject have tinnitus? DB Name: [Q04] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q05	Does the subject have hearing loss? DB Name: [Q05] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q06	Other visual or auditory abnormalities/changes DB Name: [Q06]	<input type="text"/> (250 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: F05 Medical History Form

Help

Form ID: 505 DB Table Name: F05 DB View Name: vF05

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of ICH onset or last seen normal DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q02	Date/time of presentation at ED of enrolling hospital DB Name: [Q02]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q03	Previous hemorrhage DB Name: [Q03] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q04	Cognitive decline/dementia DB Name: [Q04] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q05	Ischemic stroke/TIA DB Name: [Q05] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q06	Specify any other nervous system disorders DB Name: [Q06]	<input type="text"/> (100 char.)
Q07	Hypertension DB Name: [Q07] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q08	Hyperlipidemia DB Name: [Q08] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q09	Congestive heart failure DB Name: [Q09] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q10	Atrial fibrillation DB Name: [Q10] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q11	Myocardial infarction DB Name: [Q11] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q12	Peripheral vascular disease DB Name: [Q12] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q13	Specify any other cardiovascular disorders DB Name: [Q13]	<input type="text"/> (100 char.)
Q14	COPD/Asthma DB Name: [Q14] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q15	Specify any other respiratory disorders DB Name: [Q15]	<input type="text"/> (100 char.)
Q16	Diabetes mellitus DB Name: [Q16] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q17	Specify any other endocrine disorders DB Name: [Q17]	<input type="text"/> (100 char.)
Q18	Immune system disorders DB Name: [Q18]	<input type="text"/> (100 char.)
Q19	Congenital and familial/genetic disorders DB Name: [Q19]	<input type="text"/> (100 char.)
Q20	Neoplasms (benign and malignant) DB Name: [Q20]	<input type="text"/> (100 char.)
Q21	Renal disorders DB Name: [Q21]	<input type="text"/> (100 char.)
Q22	Hepato-biliary disorders DB Name: [Q22]	<input type="text"/> (100 char.)
Q23	Hematologic disorders DB Name: [Q23]	<input type="text"/> (100 char.)

No.	Item Description	Data Value
Q24	Hearing disorders DB Name: [Q24]	<input type="text"/> (100 char.)
Q25	Visual disorders DB Name: [Q25]	<input type="text"/> (100 char.)
Q26	Neurosurgical procedures DB Name: [Q26]	<input type="text"/> (100 char.)
Q27	Other surgical or medical procedures DB Name: [Q27]	<input type="text"/> (100 char.)
Q28	Cigarettes or other tobacco products use DB Name: [Q28] Code Group: 608	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes, current use <input type="radio"/> 2 - Yes, past use
Q29	Alcoholic drink DB Name: [Q29] Code Group: 608	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes, current use <input type="radio"/> 2 - Yes, past use
Q30	Drug Use DB Name: [Q30] Code Group: 608	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes, current use <input type="radio"/> 2 - Yes, past use
Qc	General Comments DB Name: [zNotes]	<input type="text"/> char.) (250



Annotated: F06 Glasgow Coma Scale

Help

Form ID: 507 DB Table Name: F06 DB View Name: vF06

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of GCS assessment: DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q02	Was the study participant intubated at the time of assessment? DB Name: [Q02] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q03	Best eye opening response DB Name: [Q03] Code Group: 585	<input type="radio"/> 1 - (1) None (even to painful stimuli) <input type="radio"/> 2 - (2) To pain (pain from sternum/limb/supra-orbital/nail bed pressure) <input type="radio"/> 3 - (3) To speech (non-specific response, not necessarily to command) <input type="radio"/> 4 - (4) Spontaneous (eyes open, not necessarily aware) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q04	Best verbal response for non-intubated subjects DB Name: [Q04] Code Group: 601	<input type="radio"/> 1 - (1) None (no verbalization of any type) <input type="radio"/> 2 - (2) Incomprehensible (moans/groans, no speech) <input type="radio"/> 3 - (3) Inappropriate (intelligible, no sustained sentences) <input type="radio"/> 4 - (4) Confused (converses but confused, disoriented) <input type="radio"/> 5 - (5) Oriented (converses and oriented) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q05	Predicted verbal response for intubated subjects DB Name: [Q05] Code Group: 601	<input type="radio"/> 1 - (1) None (no verbalization of any type) <input type="radio"/> 2 - (2) Incomprehensible (moans/groans, no speech) <input type="radio"/> 3 - (3) Inappropriate (intelligible, no sustained sentences) <input type="radio"/> 4 - (4) Confused (converses but confused, disoriented) <input type="radio"/> 5 - (5) Oriented (converses and oriented) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q06	Best Motor Response DB Name: [Q06] Code Group: 602	<input type="radio"/> 1 - (1) None (to any pain; limbs remain flaccid) <input type="radio"/> 2 - (2) Extension (shoulder adducted and shoulder and forearm internally rotated) <input type="radio"/> 3 - (3) Flexor response (withdrawal response or assumption of hemiplegic posture) <input type="radio"/> 4 - (4) Withdrawal (arm withdraws to pain, shoulder abducts) <input type="radio"/> 5 - (5) Localizes Pain (arm attempts to remove from painful stimuli) <input type="radio"/> 6 - (6) Obeys Commands (follows simple commands) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q07	Total GCS score DB Name: [Q07]	<input type="text"/>
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

When Q02 Equal to 0, Q04 is enabled.

When Q02 Equal to 1, Q05 is enabled.

Annotated: **F07 Modified Rankin Scale**

Help

Form ID: 508 DB Table Name: F07 DB View Name: vF07

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q01	Modified Rankin Scale DB Name: [Q01] Code Group: 584	<input type="radio"/> 0 - (0) No symptoms at all <input type="radio"/> 1 - (1) No significant disability despite symptoms; able to carry out all usual duties and activities. <input type="radio"/> 2 - (2) Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance. <input type="radio"/> 3 - (3) Moderate disability requiring some help, but able to walk without assistance. <input type="radio"/> 4 - (4) Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance. <input type="radio"/> 5 - (5) Severe disability; bedridden, incontinent, and requiring constant nursing care and attention.
Q02	Who provided the information on this form? DB Name: [Q02] Code Group: 561	<input type="radio"/> 1 - Subject <input type="radio"/> 2 - Proxy <input type="radio"/> 3 - Both subject and proxy <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q03	First/Given name DB Name: [Q03]	<input type="text"/> (50 char.)
Q04	Last/Family name DB Name: [Q04]	<input type="text"/> (50 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: F08 Labs

Help

Form ID: 509 DB Table Name: F08 DB View Name: vF08

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date of blood draw DB Name: [Q01]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy) Complete
Q02	Time of blood draw DB Name: [Q02]	hh <input type="text"/> : mm <input type="text"/> (24hr clock) Complete Time
Q03	WBC DB Name: [Q03]	<input type="text"/>
Q04	WBC units DB Name: [Q04] Code Group: 562	<input type="radio"/> 1 - x 10 ³ /mm ³ (x 10 ³ /mcl) <input type="radio"/> 2 - x 10 ⁹ /L (K/mcl, µL)
Q05	Are the WBC results abnormal and clinically significant? DB Name: [Q05] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q06	Monocytes DB Name: [Q06]	<input type="text"/> %
Q07	Neutrophil DB Name: [Q07]	<input type="text"/> %
Q08	RBC DB Name: [Q08]	<input type="text"/>
Q09	RBC units DB Name: [Q09] Code Group: 563	<input type="radio"/> 2 - x 10 ⁶ /mm ³ (x 10 ⁶ /mcl) <input type="radio"/> 3 - x 10 ¹² /L
Q10	Are the RBC results abnormal and clinically significant? DB Name: [Q10] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q11	Platelet count DB Name: [Q11]	<input type="text"/>
Q12	Platelet count units DB Name: [Q12] Code Group: 613	<input type="radio"/> 1 - x 10 ³ /mm ³ (x 10 ³ /mcl) <input type="radio"/> 2 - x 10 ⁹ /L
Q13	Are the platelet count results abnormal and clinically significant? DB Name: [Q13] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q14	Hemoglobin DB Name: [Q14]	<input type="text"/>
Q15	Hemoglobin units DB Name: [Q15] Code Group: 564	<input type="radio"/> 1 - gm/dL <input type="radio"/> 2 - gm/L
Q16	Are the hemoglobin results abnormal and clinically significant? DB Name: [Q16] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q17	Hematocrit DB Name: [Q17]	<input type="text"/> %
Q18	Are the hematocrit results abnormal and clinically significant? DB Name: [Q18] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q19	Activated Partial Thromboplastin Time DB Name: [Q19]	<input type="text"/> sec
Q20	Are the Activated Partial Thromboplastin Time results abnormal and clinically significant? DB Name: [Q20] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q21	International Normalized Ratio DB Name: [Q21]	<input type="text"/>
Q22	Are the International Normalized Ratio results abnormal and clinically significant? DB Name: [Q22] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q23	Sodium DB Name: [Q23]	<input type="text"/> mmol/L (mEq / L)

No.	Item Description	Data Value
Q24	Are the Sodium results abnormal and clinically significant? DB Name: [Q24] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q25	Glucose DB Name: [Q25]	<input type="text"/>
Q26	Glucose units DB Name: [Q26] Code Group: 565	<input type="radio"/> 1 - mg/dL <input type="radio"/> 2 - mmol/L
Q27	Are the Glucose results abnormal and clinically significant? DB Name: [Q27] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q28	Potassium DB Name: [Q28]	<input type="text"/> mmol/L (mEq / L)
Q29	Are the Potassium results abnormal and clinically significant? DB Name: [Q29] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q30	Creatinine Result DB Name: [Q30]	<input type="text"/>
Q31	Creatinine units DB Name: [Q31] Code Group: 566	<input type="radio"/> 1 - mg/dL <input type="radio"/> 2 - umol/L
Q32	Are the Creatinine results abnormal and clinically significant? DB Name: [Q32] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q33	Blood Urea Nitrogen (BUN) Result DB Name: [Q33]	<input type="text"/>
Q34	Blood Urea Nitrogen (BUN) units DB Name: [Q34] Code Group: 565	<input type="radio"/> 1 - mg/dL <input type="radio"/> 2 - mmol/L
Q35	Are the Blood Urea Nitrogen results abnormal and clinically significant? DB Name: [Q35] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q36	Alanine transaminase (ALT) Result DB Name: [Q36]	<input type="text"/> U/L (IU/L)
Q37	Are the ALT results abnormal and clinically significant? DB Name: [Q37] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q38	Aspartate Aminotransferase (AST) Result DB Name: [Q38]	<input type="text"/> U/L (IU/L)
Q39	Are the AST results abnormal and clinically significant? DB Name: [Q39] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q40	Alkaline Phosphatase (ALK PHOS) Result DB Name: [Q40]	<input type="text"/> U/L (IU/L)
Q41	Are the ALK PHOS results abnormal and clinically significant? DB Name: [Q41] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q42	Date/time urine sample DB Name: [Q42]	dd <input type="text"/> mmm <input type="text"/> yyyy <input type="text"/> hh <input type="text"/> : mm <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
Q43	Urine Bilirubin DB Name: [Q43] Code Group: 567	<input type="radio"/> 0 - Negative <input type="radio"/> 1 - Positive <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q44	Are the urine bilirubin results abnormal and clinically significant? DB Name: [Q44] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q45	Urine Specific Gravity DB Name: [Q45]	<input type="text"/>
Q46	Are the urine specific gravity results abnormal and clinically significant? DB Name: [Q46] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes

No.	Item Description	Data Value
Q47	Urine Blood DB Name: [Q47] Code Group: 567	<input type="radio"/> 0 - Negative <input type="radio"/> 1 - Positive <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q48	Are the urine blood results abnormal and clinically significant? DB Name: [Q48] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q49	Urine pH Result DB Name: [Q49]	<input type="text"/>
Q50	Are the urine pH results abnormal and clinically significant? DB Name: [Q50] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q51	Urine Nitrite Result DB Name: [Q51] Code Group: 567	<input type="radio"/> 0 - Negative <input type="radio"/> 1 - Positive <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q52	Are the urine nitrate results abnormal and clinically significant? DB Name: [Q52] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q53	Urine Leukocytes Result DB Name: [Q53] Code Group: 567	<input type="radio"/> 0 - Negative <input type="radio"/> 1 - Positive <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q54	Are the urine leukocytes results abnormal and clinically significant? DB Name: [Q54] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q55	Is the urine sample colorless? DB Name: [Q55] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q56	Urine color DB Name: [Q56]	<input type="text"/> (25 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

When **Q55 Equal to 0**, **Q56** is enabled.



Annotated: F09 Demographics

Help

Form ID: 510 DB Table Name: F09 DB View Name: vF09

No.	Item Description	Data Value
Q01	Gender DB Name: [Q01] Code Group: 568	<input type="radio"/> Male <input type="radio"/> Female
Q02	Ethnicity DB Name: [Q02] Code Group: 569	<input type="radio"/> 1 - Hispanic or Latino <input type="radio"/> 2 - Not Hispanic or Latino <input type="radio"/> 98 - Unknown
Q03	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Not reported
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>

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Annotated: **F10 Subject Intubation Log**[Help](#)

Form ID: 512 DB Table Name: F10 DB View Name: vF10

No.	Item Description		Data Value			
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51		<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes			
Q01						
No.	A. Reason for assessment? DB Name: [QA]	B. Date/time of intubation/worsening DB Name: [QB]	C. PaO₂/FiO₂ ratio (If PaO₂/FiO₂ is less than 300 mmHg, chest xray is required) (mmHg) DB Name: [QC]	D. Plateau pressure (cm H ₂ O) DB Name: [QD]	E. Peak pressure (cm H ₂ O) DB Name: [QE]	F. Mode of ventilation (100 char.) DB Name: [QF]
Qc	General Comments DB Name: [zNotes]		<div style="border: 1px solid black; height: 30px;"></div> (250 char.)			

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Annotated: F11 Hospital Discharge

Help

Form ID: 528 DB Table Name: F11 DB View Name: vF11

No.	Item Description	Data Value
Q01	Date of hospital discharge DB Name: [Q01]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q02	Subject was discharged to: DB Name: [Q02] Code Group: 600	<input type="radio"/> 1 - Home (house/condo/apt, etc.) <input type="radio"/> 2 - Acute rehabilitation facility (moderate intensity of 1 or more therapy types, multidisciplinary services performed in an acute care hospital) <input type="radio"/> 3 - Sub-acute rehabilitation facility (continued therapy and reeducation that does not require continuous care and supervision) <input type="radio"/> 4 - Long-term acute care facility (patients with serious medical problems that require intense, special treatment for a long time (usually about 20-30 days)) <input type="radio"/> 5 - Skilled nursing facility (patient's need of care or treatment that can only be done by licensed nurses) <input type="radio"/> 6 - Assisted living facility (needing assistance with ADLs but wishing to live independently) <input type="radio"/> 7 - Nursing home care (usually long-term) of patients who are not sick enough to need hospital care, but are not able to remain at home <input type="radio"/> 8 - Morgue/Funeral home (Death-Complete End of Study form) <input type="radio"/> 9 - Shelter (independent) <input type="radio"/> 9996 - Other Specify: <input type="text"/> (200 char.) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q03	Based on available clinical and imaging data, what is the most likely cause for ICH? DB Name: [Q03] Code Group: 508	<input type="radio"/> 1 - Hypertension <input type="radio"/> 2 - Amyloid angiopathy <input type="radio"/> 9996 - Other Specify: <input type="text"/> (200 char.) <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: **F12 Treatment Confirmation**

[Help](#)

Form ID: 549 DB Table Name: F12

No.	Item Description	Data Value
Q01	Is this subject a post-randomization screen failure? DB Name: [Q01] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q02	Was study drug prepared for this subject at the site pharmacy? DB Name: [Q02] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>

When **Q01** Equal to 1, **Q02** is enabled.



Annotated: F15 CT Scan

Help

Form ID: 511 DB Table Name: F15 DB View Name: vF15

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of scan DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q02	Is the CT scan of good quality? DB Name: [Q02] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q03	Is cerebral hemorrhage present? DB Name: [Q03] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q04	Location of parenchymal hemorrhage	<input type="checkbox"/> Q04M1 - Thalamus <input type="checkbox"/> Q04M2 - Caudate <input type="checkbox"/> Q04M3 - Putamen <input type="checkbox"/> Q04M4 - Pallidum <input type="checkbox"/> Q04M5 - Internal Capsule <input type="checkbox"/> Q04M6 - External Capsule <input type="checkbox"/> Q04M7 - Lobar <input type="checkbox"/> Q04M8 - Midbrain <input type="checkbox"/> Q04M9 - Pons <input type="checkbox"/> Q04M10 - Cerebellum <input type="checkbox"/> Q04M96 - Other Specify: <input type="text"/> (200 char.) <input type="checkbox"/> Q04M98 - Unknown Reason: <input type="text"/> (200 char.)
Q05	Subarachnoid hemorrhage: DB Name: [Q05] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q06	Intraventricular hemorrhage: DB Name: [Q06] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q07	Hydrocephalus: DB Name: [Q07] Code Group: 555	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 96 - Unknown
Q08	Image tracking number DB Name: [CTTrackingNb]	
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

When Q03 Equal to 1, Q04 is enabled.

When Q03 Equal to 1, Q06 is enabled.

When Q03 Equal to 1, Q05 is enabled.



Annotated: **F18 Blood Sample Collection Substudy**

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[Help](#)

Form ID: 513 DB Table Name: F18 DB View Name: vF18

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of blood sample collection DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>



Annotated: F19 Study Drug Administration

Sharon YEATTS Sign Out



Help

Form ID: 514 DB Table Name: F19 DB View Name: vF19

No.	Item Description	Data Value	
Q01	Administration of IV DFO DB Name: [Q01] Code Group: 571	<input type="radio"/> 1 - Study drug was administered in full <input type="radio"/> 2 - Study drug was administered, but the intended dosage or duration was not received	
Q02	Reason 'Study drug was administered, but the intended dosage or duration was not received' DB Name: [Q02] Code Group: 572	<input type="radio"/> 1 - Severe allergic reaction <input type="radio"/> 2 - Significant worsening of neurological status <input type="radio"/> 3 - Significant worsening of renal function tests <input type="radio"/> 4 - Administration of prohibited medication/therapy <input type="radio"/> 5 - ARDS <input type="radio"/> 6 - Discharge <input type="radio"/> 7 - Withdrawal of care <input type="radio"/> 8 - Death <input type="radio"/> 9 - Other AE <input type="radio"/> 9996 - Other Specify: <input type="text"/> (200 char.)	
Q03	CRF ID of the adverse event DB Name: [Q03]	<input type="text"/> (100 char.)	
Q04	Weight used for initial dose calculation DB Name: [F01Q32]		
Q05	Estimated weight units for initial dose calculation DB Name: [F01Q33] Code Group: 573	<input type="radio"/> lbs <input type="radio"/> kg	
Q06	Actual weight as measured within 24 hours of randomization DB Name: [Q06]	<input type="text"/>	
Q07	Weight units for actual weight DB Name: [Q07] Code Group: 573	<input type="radio"/> 1 - lbs <input type="radio"/> 2 - kg	
Q08	Study drug administration errors	<input type="checkbox"/> Q08M0 - None <input type="checkbox"/> Q08M1 - Pharmacy mixing/dosing error <input type="checkbox"/> Q08M2 - Failure to follow criteria for premature discontinuation of study drug <input type="checkbox"/> Q08M3 - Infusion pump malfunction/error <input type="checkbox"/> Q08M98 - Other Specify: <input type="text"/> (200 char.)	
Q09			
No.	A. Start date/time of infusion DB Name: [QA]	B. Stop date/time of infusion DB Name: [QB]	C. Rate of infusion (cc/hr) DB Name: [QC]
Qc	General Comments DB Name: [zNotes]		<input type="text"/> (500 char.)

When Q01 Equal to 2, Q02 is enabled.

When Q02 Equal to 1, Q03 is enabled.

When Q02 Equal to 2, Q03 is enabled.

When Q02 Equal to 3, Q03 is enabled.

When Q02 Equal to 4, Q03 is enabled.

When Q02 Equal to 5, Q03 is enabled.

When Q02 Equal to 7, Q03 is enabled.

When Q02 Equal to 8, Q03 is enabled.

When Q02 Equal to 9, Q03 is enabled.

Annotated: **F22 Vital Signs (BP & Pulse)**[Help](#)

Form ID: 515 DB Table Name: F22 DB View Name: vF22

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of assessment DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q04	Temperature DB Name: [Q04]	<input type="text"/>
Q05	Temperature units DB Name: [Q05] Code Group: 575	<input type="radio"/> 1 - °C <input type="radio"/> 2 - °F
Q06	Heart rate DB Name: [Q06]	<input type="text"/> <i>beats/min</i>
Q07	Systolic blood pressure DB Name: [Q07]	<input type="text"/> <i>mm Hg</i>
Q08	Diastolic blood pressure DB Name: [Q08]	<input type="text"/> <i>mm Hg</i>
Q09	Respiratory rate DB Name: [Q09]	<input type="text"/> <i>breaths/min</i>
Qc	General Comments DB Name: [zNotes]	<div><input type="text"/></div> (250 char.)

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Annotated: **F23 MoCA Scoring Summary**[Help](#)

Form ID: 516 DB Table Name: F23 DB View Name: vF23

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy) Complete
Q01	Visuospatial / Executive Score: DB Name: [Q01]	<input type="text"/> (0—5)
Q02	Naming Score: DB Name: [Q02]	<input type="text"/> (0—3)
Q03	Digits Attention Score: DB Name: [Q03]	<input type="text"/> (0—2)
Q04	Letters Attention Score: DB Name: [Q04]	<input type="text"/> (0—1)
Q05	Subtraction Attention Score: DB Name: [Q05]	<input type="text"/> (0—3)
Q06	Language Repeat Score: DB Name: [Q06]	<input type="text"/> (0—2)
Q07	Language Fluency Score: DB Name: [Q07]	<input type="text"/> (0—1)
Q08	Abstraction Score: DB Name: [Q08]	<input type="text"/> (0—2)
Q09	Delayed Recall Score: DB Name: [Q09]	<input type="text"/> (0—5)
Q10	Orientation Score: DB Name: [Q10]	<input type="text"/> (0—6)
Q11	Trail 1 Memory Score: DB Name: [Q11]	<input type="text"/> correct (0—5)
Q12	Trail 2 Memory Score: DB Name: [Q12]	<input type="text"/> correct (0—5)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: **F24 Stroke Impact Scale-16**

Help

Form ID: 517 DB Table Name: F24 DB View Name: vF24

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy) Complete
Q01	Dress the top part of your body? DB Name: [Q01] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q02	Bathe yourself? DB Name: [Q02] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q03	Get to the toilet on time? DB Name: [Q03] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q04	Control your bladder (not have an accident)? DB Name: [Q04] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q05	Control your bowels (not have an accident)? DB Name: [Q05] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q06	Stand without losing balance? DB Name: [Q06] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q07	Go shopping? DB Name: [Q07] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q08	Do heavy household chores? DB Name: [Q08] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q09	Stay sitting without losing your balance? DB Name: [Q09] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q10	Walk without losing your balance? DB Name: [Q10] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q11	Move from a bed to a chair? DB Name: [Q11] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all

No.	Item Description	Data Value
Q12	Walk fast? DB Name: [Q12] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q13	Climb one flight of stairs? DB Name: [Q13] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q14	Walk one block? DB Name: [Q14] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q15	Get in and out of a car? DB Name: [Q15] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q16	Carry heavy objects (e.g. bag of groceries) with your affected hand? DB Name: [Q16] Code Group: 576	<input type="radio"/> 5 - 5 = Not difficult at all <input type="radio"/> 4 - 4 = A little difficult <input type="radio"/> 3 - 3 = Somewhat difficult <input type="radio"/> 2 - 2 = Very difficult <input type="radio"/> 1 - 1 = Could not do at all
Q17	Who provided the information on this form? DB Name: [Q17] Code Group: 561	<input type="radio"/> 1 - Subject <input type="radio"/> 2 - Proxy <input type="radio"/> 3 - Both subject and proxy <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)



Annotated: **F25 Concomitant Medications**

Sharon YEATTS Sign Out

Help

Form ID: 518 DB Table Name: F25 DB View Name: vF25

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<div><input type="text"/><input type="text"/>▼<input type="text"/></div> <div>(dd-mmm-yyyy) Complete</div>
Q01		
No.	<div>A. Medication name (100 char.)</div> <div>DB Name: [QA]</div>	
Qc	General Comments DB Name: [zNotes]	<div></div> <div>(250 char.)</div>



Annotated: F26 Concomitant Non-Drug Therapies

Sharon YEATTS Sign Out

Help

Form ID: 519 DB Table Name: F26 DB View Name: vF26

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q01	EVD Placement DB Name: [Q01] Code Group: 503	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q02	Date of EVD placement DB Name: [Q02]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q03	Date of EVD removal DB Name: [Q03]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q04	PEG Placement DB Name: [Q04] Code Group: 503	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q05	Date of PEG placement DB Name: [Q05]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q06	Date of PEG removal DB Name: [Q06]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q07	Tracheostomy DB Name: [Q07] Code Group: 503	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 9998 - Unknown Reason: <input type="text"/> (200 char.)
Q08	Date of tracheostomy placement DB Name: [Q08]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q09	Date of tracheostomy removal DB Name: [Q09]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Day Optional
Q10	Number of days of physical therapy DB Name: [Q10]	<input type="text"/> day(s)
Q11	Number of days of occupational therapy DB Name: [Q11]	<input type="text"/> day(s)
Q12	Number of days of speech therapy DB Name: [Q12]	<input type="text"/> day(s)
Q13		
No.	A. Name of procedure/therapy (250 char.) DB Name: [QA]	
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

When **Q01** Equal to 1, **Q02** is enabled.When **Q01** Equal to 1, **Q03** is enabled.When **Q04** Equal to 1, **Q05** is enabled.When **Q04** Equal to 1, **Q06** is enabled.When **Q07** Equal to 1, **Q08** is enabled.When **Q07** Equal to 1, **Q09** is enabled.



Annotated: F27 Adverse Events

Help

Form ID: 521 DB Table Name: FAE DB View Name: vFAE

No.	Item Description	Data Value
Q01	Adverse Event Name DB Name: [AEName] CDE ID: [C02307]	<input type="text"/> (100 char.)
Q02	Adverse event category DB Name: [Q02] Code Group: 577	<input type="radio"/> 1 - Allergic/anaphylactic reaction <input type="radio"/> 2 - Unexplained hypotension requiring medical intervention <input type="radio"/> 3 - Unexplained Visual and/or auditory changes <input type="radio"/> 4 - Respiratory compromise <input type="radio"/> 96 - None of the above
Q03	Severity DB Name: [Q03] Code Group: 603 CDE ID: [C02305]	<input type="radio"/> 1 - Mild <input type="radio"/> 4 - Life threatening / Disabling <input type="radio"/> 2 - Moderate <input type="radio"/> 5 - Fatal <input type="radio"/> 3 - Severe
Q04	Related to ICH DB Name: [Q04] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q05	Serious? DB Name: [Q05] Code Group: 51 CDE ID: [C02309]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q06	Date of AE onset DB Name: [Q06] CDE ID: [C02306]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q07	Time of AE onset: DB Name: [Q07]	hh <input type="text"/> : mm <input type="text"/> (24hr clock) Complete Time
Q08	Did the AE occur during study drug infusion? DB Name: [Q08] Code Group: 51 CDE ID: [C02308]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q09	Outcome DB Name: [Q09] Code Group: 578 CDE ID: [C02303]	<input type="radio"/> 1 - Resolved <input type="radio"/> 2 - Resolved w/ sequelae <input type="radio"/> 3 - Continuing (Follow up is required) <input type="radio"/> 4 - Continuing at end of study (No follow up is required) <input type="radio"/> 5 - Continuing at time of death
Q10	Date of AE resolution DB Name: [Q10] CDE ID: [C02301]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q11	Relationship of the AE to the study intervention DB Name: [Q11] Code Group: 579 CDE ID: [C02304]	<input type="radio"/> 1 - Unrelated <input type="radio"/> 2 - Unlikely <input type="radio"/> 3 - Possible <input type="radio"/> 4 - Probably <input type="radio"/> 5 - Definitely
Q12	Actions taken for this event	<input type="checkbox"/> Q12M0 - None <input type="checkbox"/> Q12M1 - Medication / medication change <input type="checkbox"/> Q12M2 - Surgery <input type="checkbox"/> Q12M3 - New hospitalization / prolonged hospitalization <input type="checkbox"/> Q12M4 - Intubation <input type="checkbox"/> Q12M5 - Discontinuation of study drug <input type="checkbox"/> Q12M96 - Other Specify: <input type="text"/> (200 char.)
Q13	Describe event or problem DB Name: [Q13]	<input type="text"/> (10000 char.)
Q14	Relevant Tests/ Laboratory Data DB Name: [Q14]	<input type="text"/> (3000 char.)

No.	Item Description	Data Value
Q15	Other Relevant History DB Name: [Q15]	<div></div> (3000 char.)
Q16	Last name of reporting site investigator DB Name: [Q16]	<div></div> (50 char.)
Q17	Date of reporting site investigator signature DB Name: [Q17]	<div></div> <div></div> <div></div> <div></div> (dd-mmm-yyyy) Complete
Q18	Suspected cause of respiratory compromise	<input type="checkbox"/> Q18M1 - Neurogenic pulmonary edema <input type="checkbox"/> Q18M2 - Cardiogenic pulmonary edema/ MI/ arrhythmia <input type="checkbox"/> Q18M3 - Aspiration pneumonitis <input type="checkbox"/> Q18M4 - Pneumonia <input type="checkbox"/> Q18M5 - Pulmonary embolus <input type="checkbox"/> Q18M6 - ARDS without any of the above evident causes <input type="checkbox"/> Q18M96 - Other Specify: <div></div> (200 char.) <input type="checkbox"/> Q18M98 - Unknown Reason: <div></div> (200 char.)
Q19	Severity of respiratory symptoms DB Name: [Q19] Code Group: 509	<input type="radio"/> 1 - O ₂ by NC ≤ 4 L/min <input type="radio"/> 2 - Mild, O ₂ by NC > 4 L/min but not non-rebreather <input type="radio"/> 3 - Moderate, O ₂ by non-rebreather <input type="radio"/> 4 - Severe, O ₂ by non-invasive mechanical ventilation (e.g. BiPAP) <input type="radio"/> 5 - Intubated - Hypoxic respiratory failure <input type="radio"/> 9996 - Other Specify: <div></div> (200 char.) <input type="radio"/> 9998 - Unknown Reason: <div></div> (200 char.)
Q20	Lowest PaO ₂ /FiO ₂ ratio DB Name: [Q20]	<div></div> mmHg
Q21	Total fluid intake since admission DB Name: [Q21]	<div></div> L
Q22	Total fluid output since admission DB Name: [Q22]	<div></div> L
Q23	Results of baseline and subsequent chest x-rays DB Name: [Q23]	<div></div> (500 char.)
Q24	Was echocardiography done? DB Name: [Q24] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q25	Date of echocardiography DB Name: [Q25]	<div></div> <div></div> <div></div> <div></div> (dd-mmm-yyyy) Complete
Q26	Results of echocardiography DB Name: [Q26]	<div></div> (500 char.)
Q27	Were there results from other monitoring devices? DB Name: [Q27] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q28	Results of other monitoring devices, for example PICCO if applicable DB Name: [Q28]	<div></div> (500 char.)
Q29	Date of results DB Name: [Q29]	<div></div> <div></div> <div></div> <div></div> (dd-mmm-yyyy) Complete
Q30	Was blood culture done? DB Name: [Q30] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q31	Date of blood culture DB Name: [Q31]	<div></div> <div></div> <div></div> <div></div> (dd-mmm-yyyy) Complete
Q32	Blood culture results DB Name: [Q32]	<div></div> (500 char.)

No.	Item Description	Data Value
Q33	Was sputum culture done? DB Name: [Q33] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q34	Date of sputum culture DB Name: [Q34]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q35	Sputum culture results DB Name: [Q35]	<input type="text"/> (500 char.)
Q36	Was bronchoalveolar lavage culture done? DB Name: [Q36] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q37	Date of bronchoalveolar lavage culture DB Name: [Q37]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q38	Bronchoalveolar lavage culture results DB Name: [Q38]	<input type="text"/> (500 char.)
Q39	Were troponin levels checked? DB Name: [Q39] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q40	Date of first troponin test DB Name: [Q40]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q41	Results of first troponin test DB Name: [Q41]	<input type="text"/> ng/mL
Q42	Date of second troponin test DB Name: [Q42]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q43	Results of second troponin test DB Name: [Q43]	<input type="text"/> ng/mL
Q44	Date of third troponin test DB Name: [Q44]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q45	Results of third troponin test DB Name: [Q45]	<input type="text"/> ng/mL
Q46	Were blood products transfused? DB Name: [Q46] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q47	Date of blood products transfusion DB Name: [Q47]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q48	Volume of blood products transfused and type DB Name: [Q48]	<input type="text"/> (100 char.)
Q49	Oxygen delivery system in non-ventilated subjects DB Name: [Q49]	<input type="text"/> (100 char.)
Q51	Hemicraniectomy or surgical evacuation of the hematoma performed before all 3 doses of the study drug was administered in full DB Name: [Q51] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q52	Withdrawal of care instituted within 72 hours of randomization DB Name: [Q52] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q50	File Upload DB Name: [Q50]	
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

File Upload: No file chosen

When **Q03 Equal to 5**, **Q04** is enabled.
 When **Q09 Equal to 1**, **Q10** is enabled.
 When **Q09 Equal to 2**, **Q10** is enabled.
 When **Q02 Equal to 4**, **Q18** is enabled.
 When **Q02 Equal to 4**, **Q19** is enabled.
 When **Q02 Equal to 4**, **Q20** is enabled.
 When **Q02 Equal to 4**, **Q21** is enabled.
 When **Q02 Equal to 4**, **Q22** is enabled.
 When **Q02 Equal to 4**, **Q23** is enabled.
 When **Q02 Equal to 4**, **Q24** is enabled.
 When **Q24 Equal to 1**, **Q26** is enabled.

When **Q27 Equal to 1**, **Q28** is enabled.
When **Q02 Equal to 4**, **Q27** is enabled.
When **Q24 Equal to 1**, **Q25** is enabled.
When **Q02 Equal to 4**, **Q30** is enabled.
When **Q27 Equal to 1**, **Q29** is enabled.
When **Q02 Equal to 4**, **Q33** is enabled.
When **Q02 Equal to 4**, **Q36** is enabled.
When **Q02 Equal to 4**, **Q39** is enabled.
When **Q02 Equal to 4**, **Q46** is enabled.
When **Q30 Equal to 1**, **Q31** is enabled.
When **Q30 Equal to 1**, **Q32** is enabled.
When **Q33 Equal to 1**, **Q34** is enabled.
When **Q33 Equal to 1**, **Q35** is enabled.
When **Q36 Equal to 1**, **Q37** is enabled.
When **Q36 Equal to 1**, **Q38** is enabled.
When **Q39 Equal to 1**, **Q40** is enabled.
When **Q39 Equal to 1**, **Q41** is enabled.
When **Q39 Equal to 1**, **Q42** is enabled.
When **Q39 Equal to 1**, **Q43** is enabled.
When **Q39 Equal to 1**, **Q44** is enabled.
When **Q39 Equal to 1**, **Q45** is enabled.
When **Q46 Equal to 1**, **Q47** is enabled.
When **Q46 Equal to 1**, **Q48** is enabled.
When **Q02 Equal to 4**, **Q49** is enabled.
When **Q02 Less than 3**, **Q08** is enabled.
When **Q02 Equal to 4**, **Q50** is enabled.
When **Q12M2 Equal to 1**, **Q51** is enabled.
When **Q03 Equal to 5**, **Q52** is enabled.

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Annotated: F29 End of Study

[Help](#)

Form ID: 522 DB Table Name: F29 DB View Name: vF29

No.	Item Description	Data Value
Q01	Did the subject prematurely terminate the study? DB Name: [Q01] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q02	Primary reason for premature study termination DB Name: [Q02] Code Group: 580	<input type="radio"/> 1 - Withdrawal of consent <input type="radio"/> 2 - Lost to follow up <input type="radio"/> 3 - Study drug not administered <input type="radio"/> 4 - Death <input type="radio"/> 9996 - Other Specify: <input type="text"/> (200 char.)
Q03	Date of withdrawal of consent DB Name: [Q03]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q04	Reason for withdrawal of consent DB Name: [Q04]	<input type="text"/> (250 char.)
Q05	Date subject was last known to be alive DB Name: [Q05]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q06	Date of death DB Name: [Q06]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q07	Last name of reviewing site PI DB Name: [Q07]	<input type="text"/> (50 char.)
Q08	Date of site PI review and affirmation DB Name: [Q08]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

When **Q01 Equal to 1**, **Q02** is enabled.When **Q02 Equal to 1**, **Q03** is enabled.When **Q02 Equal to 1**, **Q04** is enabled.When **Q02 Equal to 2**, **Q05** is enabled.When **Q02 Equal to 4**, **Q06** is enabled.



Annotated: F30 Visual and Auditory Assessment Follow Up

Sharon YEATTS Sign Out

[Help](#)

Form ID: 523 DB Table Name: F30 DB View Name: vF30

No.	Item Description	Data Value
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Qb	Date of assessment DB Name: [zFormDate]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd-mmm-yyyy) Complete
Q01	Has the subject developed cataracts since last assessment? DB Name: [Q01] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q02	Has the subject developed visual loss or field cut since last assessment? DB Name: [Q02] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q03	Has the subject developed color blindness since last assessment? DB Name: [Q03] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q04	Has the subject developed tinnitus since last assessment? DB Name: [Q04] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q05	Has the subject developed hearing loss since last assessment? DB Name: [Q05] Code Group: 560	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 3 - Unknown / Unable to assess
Q06	Specify any other visual or auditory abnormalities/changes developed since last assessment: DB Name: [Q06]	<input type="text"/> (250 char.)
Qc	General Comments DB Name: [zNotes]	<input type="text"/> (250 char.)

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Annotated: **F32 Additional Imaging**

[Help](#)

Form ID: 529 DB Table Name: F32 DB View Name: vF32

No.	Item Description	Data Value	
Qa	Data Collected? DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes	
Q01	Child Table		
No.	A. Date/time of imaging DB Name: [QA]	B. Type of imaging DB Name: [QB]	C. Specify, if Other (50 char.) DB Name: [QC]
Qc	General Comments DB Name: [zNotes]	<div>(250 char.)</div>	

When Child Field **QB** Equal to **96**, **QC** is enabled.

Annotated: **F43 NIH Stroke Scale**

Help

Form ID: 506 DB Table Name: F43 DB View Name: vF43

No.	Item Description	Data Value
Qa	Data Collected DB Name: [zDataCollected] Code Group: 51	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes
Q01	Date/time of assessment DB Name: [Q01]	dd ▾ mmm ▾ yyyy ▾ hh ▾ : mm ▾ <input type="radio"/> AM <input type="radio"/> PM
Q02	(1a) Level of Consciousness DB Name: [Q02] Code Group: 587 CDE ID: [C13232]	<input type="radio"/> 0 - 0=Alert; keenly responsive <input type="radio"/> 1 - 1=Not alert, but arousable by minor stimulation to obey, answer or respond <input type="radio"/> 2 - 2=Not alert, requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped) <input type="radio"/> 3 - 3=Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and flexic. (Complete form using coma scoring) <input type="radio"/> 98 - Unknown
Q03	(1b) LOC Questions DB Name: [Q03] Code Group: 588 CDE ID: [C13233]	<input type="radio"/> 0 - 0=Answers both questions correctly <input type="radio"/> 1 - 1=Answers one question correctly <input type="radio"/> 2 - 2=Answers neither question correctly <input type="radio"/> 98 - Unknown
Q04	(1c) LOC Commands DB Name: [Q04] Code Group: 589 CDE ID: [C13234]	<input type="radio"/> 0 - 0=Performs both tasks correctly <input type="radio"/> 1 - 1=Performs one task correctly <input type="radio"/> 2 - 2=Performs neither task correctly <input type="radio"/> 98 - Unknown
Q05	(2) Best Gaze DB Name: [Q05] Code Group: 590 CDE ID: [C13235]	<input type="radio"/> 0 - 0=Normal <input type="radio"/> 1 - 1=Partial gaze palsy; gaze is abnormal in one or both eyes, but forced deviation or total gaze paresis is not present <input type="radio"/> 2 - 2=Forced deviation, or total gaze paresis not overcome by the oculoccephalic maneuver <input type="radio"/> 98 - Unknown
Q06	(3) Visual DB Name: [Q06] Code Group: 591 CDE ID: [C13236]	<input type="radio"/> 0 - 0=No visual loss <input type="radio"/> 1 - 1=Partial hemianopia <input type="radio"/> 2 - 2=Complete hemianopia <input type="radio"/> 3 - 3=Bilateral hemianopia (blind including cortical blindness) <input type="radio"/> 98 - Unknown
Q07	(4) Facial Palsy DB Name: [Q07] Code Group: 592 CDE ID: [C13237]	<input type="radio"/> 0 - 0=Normal symmetrical movement <input type="radio"/> 1 - 1=Minor paralysis (flattened nasolabial fold, asymmetry on smiling) <input type="radio"/> 2 - 2=Partial paralysis (total or near total paralysis of lower face) <input type="radio"/> 3 - 3=Complete paralysis of one or both sides (absence of facial movement in the upper and lower face) <input type="radio"/> 98 - Unknown
Q08	(5a) Motor Arm Left DB Name: [Q08] Code Group: 593 CDE ID: [C13238_L]	<input type="radio"/> 0 - 0=No drift, limb holds 90 (or 45) degrees for full 10 seconds. <input type="radio"/> 1 - 1=Drift, limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support <input type="radio"/> 2 - 2=Some effort against gravity, limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but has some effort against gravity <input type="radio"/> 3 - 3=No effort against gravity, limb falls <input type="radio"/> 4 - 4=No movement <input type="radio"/> 9 - UN=Amputation, joint fusion <input type="radio"/> 98 - Unknown
Q09	Explain if amputation or joint fusion (Motor Arm Left) DB Name: [Q09] CDE ID: [C13238_LUN]	<input type="text"/> (100 char.)
Q10	(5b) Motor Arm Right DB Name: [Q10] Code Group: 593 CDE ID: [C13238_R]	<input type="radio"/> 0 - 0=No drift, limb holds 90 (or 45) degrees for full 10 seconds. <input type="radio"/> 1 - 1=Drift, limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support <input type="radio"/> 2 - 2=Some effort against gravity, limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but has some effort against gravity <input type="radio"/> 3 - 3=No effort against gravity, limb falls <input type="radio"/> 4 - 4=No movement <input type="radio"/> 9 - UN=Amputation, joint fusion <input type="radio"/> 98 - Unknown
Q11	Explain if amputation or joint fusion (Motor Arm Right) DB Name: [Q11] CDE ID: [C13238_RUN]	<input type="text"/> (100 char.)

No.	Item Description	Data Value
Q12	(6a) Motor Leg Left DB Name: [Q12] Code Group: 594 CDE ID: [C13239_L]	<input type="radio"/> 0 - 0=No drift, leg holds 30 degrees position for full 5 seconds <input type="radio"/> 1 - 1=Drift, leg falls by the end of the 5 second period but does not hit bed <input type="radio"/> 2 - 2=Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity <input type="radio"/> 3 - 3=No effort against gravity; leg falls to bed immediately <input type="radio"/> 4 - 4=No movement <input type="radio"/> 9 - UN=Amputation, joint fusion <input type="radio"/> 98 - Unknown
Q13	Explain if amputation or joint fusion (Motor Leg Left) DB Name: [Q13] CDE ID: [C13239_LUN]	<div>(100 char.)</div>
Q14	(6b) Motor Leg Right DB Name: [Q14] Code Group: 594 CDE ID: [C13239_R]	<input type="radio"/> 0 - 0=No drift, leg holds 30 degrees position for full 5 seconds <input type="radio"/> 1 - 1=Drift, leg falls by the end of the 5 second period but does not hit bed <input type="radio"/> 2 - 2=Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity <input type="radio"/> 3 - 3=No effort against gravity; leg falls to bed immediately <input type="radio"/> 4 - 4=No movement <input type="radio"/> 9 - UN=Amputation, joint fusion <input type="radio"/> 98 - Unknown
Q15	Explain if amputation or joint fusion (Motor Leg Right) DB Name: [Q15] CDE ID: [C13239_RUN]	<div>(100 char.)</div>
Q16	(7) Limb Ataxia DB Name: [Q16] Code Group: 595 CDE ID: [C13240]	<input type="radio"/> 0 - 0=Absent <input type="radio"/> 1 - 1=Present in one limb <input type="radio"/> 2 - 2=Present in two limbs <input type="radio"/> 9 - UN=Amputation, joint fusion <input type="radio"/> 98 - Unknown
Q17	Explain if amputation or joint fusion (Limb Ataxia) DB Name: [Q17] CDE ID: [C13240_UN]	<div>(100 char.)</div>
Q18	(8) Sensory DB Name: [Q18] Code Group: 596 CDE ID: [C13241]	<input type="radio"/> 0 - 0=Normal; no sensory loss <input type="radio"/> 1 - 1=Mild to moderate sensory loss; patient feels pinprick is less sharp or is dull on the affected side; or there is a loss of superficial pain with pinprick, but patient is aware of being touched <input type="radio"/> 2 - 2=Severe to total sensory loss; patient is not aware of being touched in the face, arm & leg <input type="radio"/> 98 - Unknown
Q19	(9) Best Language DB Name: [Q19] Code Group: 597 CDE ID: [C13242]	<input type="radio"/> 0 - 0=No aphasia, normal <input type="radio"/> 1 - 1=Mild to moderate aphasia; some obvious loss of fluency or facility of comprehension, without significant limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however, makes conversation about provided materials difficult or impossible. For example, in conversation about provided materials, examiner can identify picture or naming card content from patient's response <input type="radio"/> 2 - 2=Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response <input type="radio"/> 3 - 3=Mute, global aphasia; no usable speech or auditory comprehension <input type="radio"/> 98 - Unknown
Q20	(10) Dysarthria DB Name: [Q20] Code Group: 598 CDE ID: [C13243]	<input type="radio"/> 0 - 0=Normal <input type="radio"/> 1 - 1=Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty <input type="radio"/> 2 - 2=Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric <input type="radio"/> 9 - UN=Intubated or other physical barrier <input type="radio"/> 98 - Unknown
Q21	Explain if intubated or other physical barrier (Dysarthria) DB Name: [Q21] CDE ID: [C13243_UN]	<div>(100 char.)</div>
Q22	(11) Extinction and Inattention (formerly Neglect) DB Name: [Q22] Code Group: 599 CDE ID: [C13244]	<input type="radio"/> 0 - 0=No abnormality <input type="radio"/> 1 - 1=Visual, tactile, auditory, spatial, or personal inattention or extinction to bilateral simultaneous stimulation in one of the sensory modalities <input type="radio"/> 2 - 2=Profound hemi-inattention or extinction to more than one modality; does not recognize own hand or orients to only one side of space <input type="radio"/> 98 - Unknown
Q23	NIH Stroke Scale score DB Name: [Q23] CDE ID: [C13245]	<div>(0-42)</div>

No.	Item Description	Data Value
Q24	First/Given name DB Name: [Q24]	<input type="text"/> (50 char.)
Q25	Last/Family name DB Name: [Q25]	<input type="text"/> (50 char.)
Qc	General Comments DB Name: [zNotes]	<div><input type="text"/></div> <div>char.) (250</div>

When **Q08 Equal to 9**, **Q09** is enabled.
When **Q10 Equal to 9**, **Q11** is enabled.
When **Q12 Equal to 9**, **Q13** is enabled.
When **Q14 Equal to 9**, **Q15** is enabled.
When **Q16 Equal to 9**, **Q17** is enabled.
When **Q20 Equal to 9**, **Q21** is enabled.