

Data Dictionary Codebook

Noma Features Systematic Review (PID: 429)

13-06-2024 23:05

Instruments	
Instrument	Form Name
Form 1	form_1

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Form 1 (form_1)									
1	[record_id]	Record ID <i>[Surname exactly as in paper]_[publication YEAR]_[noma case number within publication]</i>	text						
2	[caseid]	Section Header: <i>ARTICLE INFORMATION</i> 1. Case # Ordinal numbers that will correspond to each case. Starting from 1. Preceded by the initials of the researcher. <i>[Initials of extractor]+Number from 1 to infinite. E.g. MR1</i>	text, Required						
3	[author]	2. 1st Author Surname and initials of the 1st author of the paper <i>Surname and name initials. e. g. Margaret Srour: Srour M.</i>	text, Required						
4	[year_publication]	3. Year of publication <i>Year in four digits. E.g. 1975</i>	text (integer, Min: 1500, Max: 2025), Required						
5	[doi]	4. DOI (Digital Object Identifier)Google it if not indicated in the publication, if not existent (like in old publications), leave blank. <i>DOI number starting with 10, not with "html". E.g. 10.1177/00220345221100399</i>	text						
6	[pmid]	5. PMID (PubMed Identifier) If not indicated in the article, look for the article in Pubmed and the PMID will be shown. If article not in Pubmed, then leave blank. <i>E.g. 35622443</i>	text (integer)						
7	[study_type]	6. Type of study	radio, Required <table><tr><td>1</td><td>Case report</td></tr><tr><td>2</td><td>Case series</td></tr><tr><td>3</td><td>Other</td></tr></table>	1	Case report	2	Case series	3	Other
1	Case report								
2	Case series								
3	Other								
8	[study_type_other] Show the field ONLY if: [study_type] = '3'	6b. Specify other type of study	text						
9	[term]	7. Term/s used for noma disease in the article? <i>If several, separate terms by comas</i>	text						

10	[study_country]	<div>Section Header: DEMOGRAPHICS</div> <div>8. Country of StudyCountry where the study is conducted or reported from</div> <div>If territory changed name, look for the present country nowadays</div>	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not Known</td></tr><tr><td>2</td><td>Afghanistan</td></tr><tr><td>3</td><td>Albania</td></tr><tr><td>4</td><td>Algeria</td></tr><tr><td>5</td><td>Andorra</td></tr><tr><td>6</td><td>Angola</td></tr><tr><td>7</td><td>Antigua & Deps</td></tr><tr><td>8</td><td>Argentina</td></tr><tr><td>9</td><td>Armenia</td></tr><tr><td>10</td><td>Australia</td></tr><tr><td>11</td><td>Austria</td></tr><tr><td>12</td><td>Azerbaijan</td></tr><tr><td>13</td><td>Bahamas</td></tr><tr><td>14</td><td>Bahrain</td></tr><tr><td>15</td><td>Bangladesh</td></tr><tr><td>16</td><td>Barbados</td></tr><tr><td>17</td><td>Belarus</td></tr><tr><td>18</td><td>Belgium</td></tr><tr><td>19</td><td>Belize</td></tr><tr><td>20</td><td>Benin</td></tr><tr><td>21</td><td>Bhutan</td></tr><tr><td>22</td><td>Bolivia</td></tr><tr><td>23</td><td>Bosnia Herzegovina</td></tr><tr><td>24</td><td>Botswana</td></tr><tr><td>25</td><td>Brazil</td></tr><tr><td>26</td><td>Brunei</td></tr><tr><td>27</td><td>Bulgaria</td></tr><tr><td>28</td><td>Burkina</td></tr><tr><td>29</td><td>Burundi</td></tr><tr><td>30</td><td>Cambodia</td></tr><tr><td>31</td><td>Cameroon</td></tr><tr><td>32</td><td>Canada</td></tr><tr><td>33</td><td>Cape Verde</td></tr><tr><td>34</td><td>Central African Rep</td></tr><tr><td>35</td><td>Chad</td></tr></table>	1	Not Known	2	Afghanistan	3	Albania	4	Algeria	5	Andorra	6	Angola	7	Antigua & Deps	8	Argentina	9	Armenia	10	Australia	11	Austria	12	Azerbaijan	13	Bahamas	14	Bahrain	15	Bangladesh	16	Barbados	17	Belarus	18	Belgium	19	Belize	20	Benin	21	Bhutan	22	Bolivia	23	Bosnia Herzegovina	24	Botswana	25	Brazil	26	Brunei	27	Bulgaria	28	Burkina	29	Burundi	30	Cambodia	31	Cameroon	32	Canada	33	Cape Verde	34	Central African Rep	35	Chad
1	Not Known																																																																								
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12	Azerbaijan																																																																								
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31	Cameroon																																																																								
32	Canada																																																																								
33	Cape Verde																																																																								
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35	Chad																																																																								

36	Chile
37	China
38	Colombia
39	Comoros
40	Congo
41	Congo {Democratic Rep}
42	Costa Rica
43	Croatia
44	Cuba
45	Cyprus
46	Czech Republic
47	Denmark
48	Djibouti
49	Dominica
50	Dominican Republic
51	East Timor
52	Ecuador
53	Egypt
54	El Salvador
55	Equatorial Guinea
56	Eritrea
57	Estonia
58	Ethiopia
59	Fiji
60	Finland
61	France
62	Gabon
63	Gambia
64	Georgia
65	Germany
66	Ghana
67	Greece
68	Grenada
69	Guatemala
70	Guinea
71	Guinea-Bissau

72	Guyana
73	Haiti
74	Honduras
75	Hungary
76	Iceland
77	India
78	Indonesia
79	Iran
80	Iraq
81	Ireland {Republic}
82	Israel
83	Italy
84	Ivory Coast
85	Jamaica
86	Japan
87	Jordan
88	Kazakhstan
89	Kenya
90	Kiribati
91	Korea North
92	Korea South
93	Kosovo
94	Kuwait
95	Kyrgyzstan
96	Laos
97	Latvia
98	Lebanon
99	Lesotho
100	Liberia
101	Libya
102	Liechtenstein
103	Lithuania
104	Luxembourg
105	Macedonia
106	Madagascar
107	Malawi

108	Malaysia
109	Maldives
110	Mali
111	Malta
112	Marshall Islands
113	Mauritania
114	Mauritius
115	Mexico
116	Micronesia
117	Moldova
118	Monaco
119	Mongolia
120	Montenegro
121	Morocco
122	Mozambique
123	Namibia
124	Nauru
125	Nepal
126	Netherlands
127	New Zealand
128	Nicaragua
129	Niger
130	Nigeria
131	Norway
132	Oman
133	Pakistan
134	Palau
135	Panama
136	Papua New Guinea
137	Paraguay
138	Peru
139	Philippines
140	Poland
141	Portugal
142	Qatar
143	Romania

144	Russian Federation
145	Rwanda
146	St Kitts & Nevis
147	St Lucia
148	Saint Vincent & the Grenadines
149	Samoa
150	San Marino
151	Sao Tome & Principe
152	Saudi Arabia
153	Senegal
154	Serbia
155	Seychelles
156	Sierra Leone
157	Singapore
158	Slovakia
159	Slovenia
160	Solomon Islands
161	Somalia
162	South Africa
163	South Sudan
164	Spain
165	Sri Lanka
166	Sudan
167	Suriname
168	Swaziland
169	Sweden
170	Switzerland
171	Syria
172	Taiwan
173	Tajikistan
174	Tanzania
175	Thailand
176	Togo
177	Tonga
178	Trinidad & Tobago
179	Tunisia

180	Turkey
181	Turkmenistan
182	Tuvalu
183	Uganda
184	Ukraine
185	United Arab Emirates
186	United Kingdom
187	United States
188	Uruguay
189	Uzbekistan
190	Vanuatu
191	Vatican City
192	Venezuela
193	Vietnam
194	Yemen
195	Zambia
196	Zimbabwe
197	Myanmar {Burma}

11 [patient_country]

9. Country of patient

dropdown, Required

1	Not Known
2	Afghanistan
3	Albania
4	Algeria
5	Andorra
6	Angola
7	Antigua & Deps
8	Argentina
9	Armenia
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49	Dominica
50	Dominican Republic
51	East Timor
52	Ecuador
53	Egypt

54	El Salvador
55	Equatorial Guinea
56	Eritrea
57	Estonia
58	Ethiopia
59	Fiji
60	Finland
61	France
62	Gabon
63	Gambia
64	Georgia
65	Germany
66	Ghana
67	Greece
68	Grenada
69	Guatemala
70	Guinea
71	Guinea-Bissau
72	Guyana
73	Haiti
74	Honduras
75	Hungary
76	Iceland
77	India
78	Indonesia
79	Iran
80	Iraq
81	Ireland {Republic}
82	Israel
83	Italy
84	Ivory Coast
85	Jamaica
86	Japan
87	Jordan
88	Kazakhstan
89	Kenya

90	Kiribati
91	Korea North
92	Korea South
93	Kosovo
94	Kuwait
95	Kyrgyzstan
96	Laos
97	Latvia
98	Lebanon
99	Lesotho
100	Liberia
101	Libya
102	Liechtenstein
103	Lithuania
104	Luxembourg
105	Macedonia
106	Madagascar
107	Malawi
108	Malaysia
109	Maldives
110	Mali
111	Malta
112	Marshall Islands
113	Mauritania
114	Mauritius
115	Mexico
116	Micronesia
117	Moldova
118	Monaco
119	Mongolia
120	Montenegro
121	Morocco
122	Mozambique
Myanmar	{Burma}
123	Namibia
124	Nauru

125	Nepal
126	Netherlands
127	New Zealand
128	Nicaragua
129	Niger
130	Nigeria
131	Norway
132	Oman
133	Pakistan
134	Palau
135	Panama
136	Papua New Guinea
137	Paraguay
138	Peru
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160	Solomon Islands
161	Somalia
162	South Africa
163	South Sudan
164	Spain
165	Sri Lanka
166	Sudan
167	Suriname
168	Swaziland
169	Sweden
170	Switzerland
171	Syria
172	Taiwan
173	Tajikistan
174	Tanzania
175	Thailand
176	Togo
177	Tonga
178	Trinidad & Tobago
179	Tunisia
180	Turkey
181	Turkmenistan
182	Tuvalu
183	Uganda
184	Ukraine
185	United Arab Emirates
186	United Kingdom
187	United States
188	Uruguay
189	Uzbekistan
190	Vanuatu
191	Vatican City
192	Venezuela
193	Vietnam
194	Yemen
195	Zambia

			196	Zimbabwe										
12	[case_country_div_1]	10. 1st administrative division Name of first division after country. For example, name of state, province... <i>If not known, write "Not Known"</i>	text, Required											
13	[case_country_div_2]	11. 2nd administrative division Name of second division after country. <i>If not known, write "Not Known"</i>	text, Required											
14	[case_country_div_3]	12. 3rd administrative division Name of third division after country. <i>If not known, write "Not Known"</i>	text, Required											
15	[village]	13. Village Village where case lived when noma started. <i>If not known, write "Not Known"</i>	text, Required											
16	[year_onset]	14. Year of onset of noma disease <i>Year with four digits. If not known, write "Not Known"</i>	text, Required											
17	[age_onset]	15. Age at onset (months) <i>Age in MONTHS. If not known, write "Not Known"</i>	text, Required											
18	[sex]	16. Sex of patient	radio, Required <table><tr><td>1</td><td>Not Known</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Male</td></tr></table>		1	Not Known	2	Female	3	Male				
1	Not Known													
2	Female													
3	Male													
19	[poverty]	Section Header: <i>SOCIOECONOMIC STATUS</i> 17. Poverty indicator Is poverty measured with any indicator? If yes, state which one? E.g. Water access, House characteristics, Income, Main source of income, Education level parents, Electricity, etc <i>If not known, write "Not Known"</i>	text, Required Custom alignment: LV											
20	[oral_hygiene]	18. Poor oral hygiene Whether patient had poor oral hygiene at the moment of noma onset. Oral hygiene is the practice of keeping one's mouth clean and free of disease and other problems (e.g. bad breath) by regular brushing of the teeth (dental hygiene) and cleaning between the teeth.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table> Custom alignment: LV		1	Yes	2	No	3	Not Known				
1	Yes													
2	No													
3	Not Known													
21	[vax]	19. Vaccination status of patient	radio, Required <table><tr><td>1</td><td>Yes all of the recommended</td></tr><tr><td>2</td><td>Not all of the recommended</td></tr><tr><td>3</td><td>Yes unknown if all of the recommended</td></tr><tr><td>4</td><td>None</td></tr><tr><td>5</td><td>Not known</td></tr></table>		1	Yes all of the recommended	2	Not all of the recommended	3	Yes unknown if all of the recommended	4	None	5	Not known
1	Yes all of the recommended													
2	Not all of the recommended													
3	Yes unknown if all of the recommended													
4	None													
5	Not known													
22	[refday]	Section Header: <i>HEALTH CARE SEEKING</i>	radio, Required											

		20. Which temporal reference (day 0) is going to be used? To be able to create a timeline of events and disease progression, we will use a temporal reference that will be our Day 0. If admission day is clearly known, then admission day will be day 0. If admission day is not clearly known, then we will take day 0 as the day of diagnosis. <i>Preferably "admission day" if known. Only say "Not Known" if the article does not report any time periods.</i>	<table><tr><td>1</td><td>Diagnosis day</td></tr><tr><td>2</td><td>Admission or consultation day</td></tr><tr><td>3</td><td>Not Known</td></tr></table> Custom alignment: LV	1	Diagnosis day	2	Admission or consultation day	3	Not Known										
1	Diagnosis day																		
2	Admission or consultation day																		
3	Not Known																		
23	[closest_med]	21. What is the closest medical care assistance available where the patient lives?	radio, Required <table><tr><td>1</td><td>Traditional healer</td></tr><tr><td>2</td><td>Healthcare worker</td></tr><tr><td>3</td><td>Primary health care unit</td></tr><tr><td>4</td><td>District Hospital</td></tr><tr><td>5</td><td>Regional Hospital</td></tr><tr><td>6</td><td>Tertiary or national hospital</td></tr><tr><td>7</td><td>Other</td></tr><tr><td>8</td><td>Not Known</td></tr></table>	1	Traditional healer	2	Healthcare worker	3	Primary health care unit	4	District Hospital	5	Regional Hospital	6	Tertiary or national hospital	7	Other	8	Not Known
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4	District Hospital																		
5	Regional Hospital																		
6	Tertiary or national hospital																		
7	Other																		
8	Not Known																		
24	[closest_med_other] Show the field ONLY if: [closest_med] = '7'	21b. Specify other:	text, Required																
25	[tradhealer]	22. Was a traditional healer visited for noma treatment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known										
1	Yes																		
2	No																		
3	Not Known																		
26	[tradhealer_days] Show the field ONLY if: [tradhealer] = '1'	23. Days traditional healer was visited to temporal reference Days traditional healer was visited for the first time with regards to temporal reference (in negative if before, in positive if later) (if the patient started to seek tradicional healer help on a diferent day that was visited (because of travelling time, for instance), please indicate in comments section. <i>Only use NUMBERS with a - if before or a + if after reference day. If not known, write "Not Known"</i>	text, Required Custom alignment: LV																
27	[primarycare]	24. Was primary care visited for noma treatment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known										
1	Yes																		
2	No																		
3	Not Known																		
28	[primarycare_days]	25. Days primary care was visited to temporal reference	text, Required Custom alignment: LV																

	Show the field ONLY if: [primarycare] = '1'	Only use NUMBERS with a - if before or a + if after reference day. If not known, write "Not Known"							
29	[hospital]	26. Was a hospital visited for noma treatment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
30	[hospital_days_2] Show the field ONLY if: [hospital] = '1'	27. Days hospital was visited to temporal reference Only use NUMBERS with a - if before or a + if after reference day. If not known, write "Not Known"	text, Required Custom alignment: LV						
31	[prior_disease]	Section Header: MEDICAL HISTORY 28. New disease / condition in past 3 months ? Did the patient have any disease / condition the 3 months prior to the start of symptoms that lead to noma?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
32	[prior_disease_which] Show the field ONLY if: [prior_disease] = '1'	29. Specific previous disease / condition: Name the condition. If not known, write "Not Known"	text, Required						
33	[prior_disease_day] Show the field ONLY if: [prior_disease] = '1'	30. How many days prior to temporal reference? Only use NUMBERS with a - if before or a + if after reference day. If not known, write "Not Known"	text, Required Custom alignment: LV						
34	[prior_disease_still] Show the field ONLY if: [prior_disease] = '1'	31. Was the infection still present at time of noma symptoms onset? "Yes", "No", "Not Known". If several prior conditions, answer for each of them.	text, Required						
35	[immunocompromised]	32. Immunocompromised Was the pateint immunocomprommised by a disease or a treatment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
36	[immunocompromised_which] Show the field ONLY if: [immunocompromise d] = '1'	33. What kind of immune problem? If not known, write "Not Known"	text, Required						
37	[chronic]	34. Chronic disease Does the patient have any chronic disease? Meaning a disease that is not	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								

		acute and that the patient had more than 3 months prior to noma onset	<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known				
2	No										
3	Not Known										
38	[chronic_which] Show the field ONLY if: [chronic] = '1'	35. Which chronic disease? <i>If not known, write "Not Known"</i>	text, Required								
39	[misdiagnosis]	36. Previous misdiagnosis of noma Before being diagnosed of noma, was the patient diagnosed of another condition given the noma symptoms?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known		
1	Yes										
2	No										
3	Not Known										
40	[misdiagnosis_which] Show the field ONLY if: [misdiagnosis] = '1'	37.Which misdiagnosis? <i>If not known, write "Not Known"</i>	text, Required								
41	[malnutrition]	Section Header: <i>EXAMINATION</i> 38. Malnutrition Was the patient malnourished? (understood as deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization) Undernutrition manifests in four broad forms: wasting (low weight-for-height), stunting (low height-for-age), underweight (low weight-for-age), and micronutrient deficiencies (lack of vitamins and minerals that are essential for body functions).	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table> Custom alignment: LV	1	Yes	2	No	3	Not Known		
1	Yes										
2	No										
3	Not Known										
42	[malnutrition_criteria] Show the field ONLY if: [malnutrition] = '1'	39. Which was the malnutrition criteria used?	radio, Required <table><tr><td>1</td><td>BMI</td></tr><tr><td>2</td><td>MUAC</td></tr><tr><td>3</td><td>Other</td></tr><tr><td>4</td><td>Not Known</td></tr></table>	1	BMI	2	MUAC	3	Other	4	Not Known
1	BMI										
2	MUAC										
3	Other										
4	Not Known										
43	[malnutrition_criteria_other] Show the field ONLY if: [malnutrition_criteria] = '3'	39b. Specify other <i>If not known, write "Not Known"</i>	text, Required								
44	[weight]	40. Weight (Kg)Weight of the patient at admission or first health care attention if available <i>Kilos in number, don't indicate units. If not known, write "Not Known"</i>	text, Required								
45	[height]	41. Height (cm)Height of the patient at admission or first health care attention if	text, Required								

		available <i>Centimeters in number, don't indicate units. If not known, write "Not Known"</i>							
46	[hr]	42. Heart Rate (beats per minute)Heart rate of the patient at admission or first health care attention if available <i>Beats per minute in number, don't indicate units. If not known, write "Not Known"</i>	text, Required						
47	[rr]	43. Respiratory Rate (breaths per minute)Heart rate of the patient at admission or first health care attention if available <i>Breaths per minute in number, don't indicate units. If not known, write "Not Known"</i>	text, Required						
48	[sbp]	44. Systolic Blood Pressure (mmHg)Systolic Blood Pressure of the patient at admission or first health care attention if available <i>mmHg in number, don't indicate units. If not known, write "Not Known"</i>	text, Required						
49	[dbp]	45. Dyastolic Blood Pressure (mmHg)Dyastolic Blood Pressure of the patient at admission or first health care attention if available <i>mmHg in number, don't indicate units. If not known, write "Not Known"</i>	text, Required						
50	[o2]	46. Oxygen rate (%)Oxygen rate of the patient at admission or first health care attention if available <i>% in number, don't write %. If not known, write "Not Known"</i>	text, Required						
51	[septic_shock]	47. Presence of septic shock?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
52	[septic_shock_day] Show the field ONLY if: [septic_shock] = '1'	48. If shock was present, how many days did it occur prior or after temporal reference? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
53	[lab_anormal]	Section Header: <i>LAB TESTS</i> 49. Presence of laboratory abnormalities	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
54	[lab_anormal_which] Show the field ONLY if: [lab_anormal] = '1'	50. Which ones? <i>Be concise. If not known, write "Not Known"</i>	notes, Required Custom alignment: LV						
55	[sero]	51. Were serological tests taken (antibodies, antigens, cytokines)?	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								

			<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known						
2	No												
3	Not Known												
56	[sero_which] Show the field ONLY if: [sero] = '1'	52. Which were the serological findings? <i>Be concice. If not known, write "Not Known"</i>	notes, Required Custom alignment: LV										
57	[culture]	53. Were any cultures or biopsies taken?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known				
1	Yes												
2	No												
3	Not Known												
58	[culture_which] Show the field ONLY if: [culture] = '1'	54. Which where the findings of the culture / biopsy? <i>Be concice. If not known, write "Not Known"</i>	notes, Required Custom alignment: LV										
59	[image_test]	55. Were any imaging tests taken?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known				
1	Yes												
2	No												
3	Not Known												
60	[image_test_type] Show the field ONLY if: [image_test] = '1'	56. Type of imaging test?	radio, Required <table><tr><td>1</td><td>X ray</td></tr><tr><td>2</td><td>CT scan</td></tr><tr><td>3</td><td>MRI</td></tr><tr><td>4</td><td>Other</td></tr><tr><td>5</td><td>Not Known</td></tr></table>	1	X ray	2	CT scan	3	MRI	4	Other	5	Not Known
1	X ray												
2	CT scan												
3	MRI												
4	Other												
5	Not Known												
61	[image_test_other] Show the field ONLY if: [image_test_type] = '4'	56b. Specify other <i>Be concice. If not known, write "Not Known"</i>	text, Required Custom alignment: LV										
62	[image_test_result] Show the field ONLY if: [image_test] = '1'	57. Which where the findings? <i>Be concice. If not known, write "Not Known"</i>	notes, Required Custom alignment: LV										
63	[image_test_day] Show the field ONLY if: [image_test] = '1'	58. Days the imaging test was taken with regards to reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required										
64	[pain]	Section Header: CLINICAL FEATURES DURING ACUTE NOMA (WHO STAGE 1 TO 4) 59. Pain	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes								
1	Yes												

			<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known		
2	No								
3	Not Known								
65	<p>[pain_where]</p> <p>Show the field ONLY if: [pain] = '1'</p>	60. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
66	<p>[pain_day]</p> <p>Show the field ONLY if: [pain] = '1'</p>	61. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
67	<p>[pain_duration]</p> <p>Show the field ONLY if: [pain] = '1'</p>	62. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
68	[fever]	63. Fever	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
69	<p>[fever_day]</p> <p>Show the field ONLY if: [fever] = '1'</p>	64. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
70	<p>[fever_duration]</p> <p>Show the field ONLY if: [fever] = '1'</p>	65. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
71	[appetite]	66. Lack of appetite	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
72	<p>[appetite_day]</p> <p>Show the field ONLY if: [appetite] = '1'</p>	67. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
73	<p>[appetite_duration]</p> <p>Show the field ONLY if: [appetite] = '1'</p>	68. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
74	[apathy]	69. Apathy	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								

			<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known		
2	No								
3	Not Known								
75	[apathy_day] Show the field ONLY if: [apathy] = '1'	70. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
76	[apathy_duration] Show the field ONLY if: [apathy] = '1'	71. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
77	[diff_eating]	72. Difficulty eating	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
78	[diff_eating_day] Show the field ONLY if: [diff_eating] = '1'	73. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
79	[diff_eating_duration] Show the field ONLY if: [diff_eating] = '1'	74. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
80	[swell_gum]	75. Swelling of gums	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
81	[swell_gum_day] Show the field ONLY if: [swell_gum] = '1'	76. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
82	[swell_gum_duration] Show the field ONLY if: [swell_gum] = '1'	77. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
83	[gum_bleed_touch]	78. Gum bleeding when touched or during brush	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								

84	[gum_bleed_touch_day] Show the field ONLY if: [gum_bleed_touch] = '1'	79. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
85	[gum_bleed_touch_duration] Show the field ONLY if: [gum_bleed_touch] = '1'	80. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
86	[red_gum]	81. Red or purplish gum	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
87	[red_gum_day] Show the field ONLY if: [red_gum] = '1'	82. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
88	[red_gum_duration] Show the field ONLY if: [red_gum] = '1'	83. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
89	[gum_bleed_spont]	84. Spontaneous bleeding gum	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
90	[gum_bleed_spont_day] Show the field ONLY if: [gum_bleed_spont] = '1'	85. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
91	[gum_bleed_spont_duration] Show the field ONLY if: [gum_bleed_spont] = '1'	86. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
92	[halitosis]	87. Halitosis	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								

			<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known		
2	No								
3	Not Known								
93	[halitosis_day] Show the field ONLY if: [halitosis] = '1'	88. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
94	[halitosis_duration] Show the field ONLY if: [halitosis] = '1'	89. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
95	[edema]	90. Edema	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
96	[edema_day] Show the field ONLY if: [edema] = '1'	91. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
97	[edema_duration] Show the field ONLY if: [edema] = '1'	92. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
98	[edema_where] Show the field ONLY if: [edema] = '1'	93. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
99	[ulcer_face]	94. Ulceration of facial structures	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
100	[ulcer_face_day] Show the field ONLY if: [ulcer_face] = '1'	95. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
101	[ulcer_face_where] Show the field ONLY if: [ulcer_face] = '1'	96. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
102	[ulcer_face_duration]	97. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						

	Show the field ONLY if: [ulcer_face] = '1'								
103	[ulcer_body] Show the field ONLY if: [ulcer_body] = '1'	98. Ulcers in other parts of the body beyond face?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
104	[ulcer_body_day] Show the field ONLY if: [ulcer_body] = '1'	99. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
105	[ulcer_body_where] Show the field ONLY if: [ulcer_body] = '1'	99b. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
106	[ulcer_body_duration] Show the field ONLY if: [ulcer_body] = '1'	100. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
107	[cutaneous_lesion] Show the field ONLY if: [cutaneous_lesion] = '1'	101. Cutaneous lesions not recorded anywhere else?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
108	[cutaneous_lesion_where] Show the field ONLY if: [cutaneous_lesion] = '1'	101b. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
109	[cutaneous_lesion_which] Show the field ONLY if: [cutaneous_lesion] = '1'	101c. Which lesion? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
110	[cutaneous_lesion_day] Show the field ONLY if: [cutaneous_lesion] = '1'	102. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						

111	[cutaneous_lesion_duration] Show the field ONLY if: [cutaneous_lesion] = '1'	103. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
112	[salivation]	104. Excessive salivation	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
113	[salivation_day] Show the field ONLY if: [salivation] = '1'	105. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
114	[salivation_duration] Show the field ONLY if: [salivation] = '1'	106. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
115	[necrosis]	107. Necrosis	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
116	[necrosis_day] Show the field ONLY if: [necrosis] = '1'	108. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
117	[necrosis_duration] Show the field ONLY if: [necrosis] = '1'	109. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
118	[necrosis_where] Show the field ONLY if: [necrosis] = '1'	110. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
119	[necrosis_demarcated] Show the field ONLY if: [necrosis] = '1'	111. Is there a well demarcated perimeter surrounding black necrotic center	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
120	[discoloration]	112. Bluish-grey discoloration of the skin	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								

			<table><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	2	No	3	Not Known		
2	No								
3	Not Known								
121	[discoloration_day] Show the field ONLY if: [discoloration] = '1'	113. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
122	[discoloration_duration] Show the field ONLY if: [discoloration] = '1'	114. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
123	[discoloration_where] Show the field ONLY if: [discoloration] = '1'	115. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
124	[perforation]	116. Destruction/perforation of the skin or other structures resulting in loss of tissue	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
125	[perforation_day] Show the field ONLY if: [perforation] = '1'	117. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
126	[perforation_where] Show the field ONLY if: [perforation] = '1'	119. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
127	[lymphadeno]	120. Lymphadenopathy	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
128	[lymphadeno_day] Show the field ONLY if: [lymphadeno] = '1'	121. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
129	[lymphadeno_duration] Show the field ONLY if: [lymphadeno] = '1'	122. Duration? <i>Number of days. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						

130	[maceration]	123. Maceration and friability of affected tissues	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
131	[maceration_day] Show the field ONLY if: [maceration] = '1'	124. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
132	[maceration_duration] Show the field ONLY if: [maceration] = '1'	125. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
133	[maceration_where] Show the field ONLY if: [maceration] = '1'	126. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
134	[induration]	127. Induration of the skin	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
135	[induration_day] Show the field ONLY if: [induration] = '1'	128. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
136	[induration_duration] Show the field ONLY if: [induration] = '1'	129. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
137	[induration_where] Show the field ONLY if: [induration] = '1'	130. Where? <i>Be concise. If not known, write "Not Known"</i>	text, Required Custom alignment: LV						
138	[odor]	131. Foul odor from the lesion	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
139	[odor_day] Show the field ONLY if:	132. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						

	[odor] = '1'														
140	[odor_duration] Show the field ONLY if: [odor] = '1'	133. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required												
141	[noma_type]	134. Which type of noma is it according to the authors or images? Different clinical types of noma: Type 1: affecting the commissure and cheek; Type 2: affecting the upper lip and nose; Type 3: affecting the lower lip and chin; Type 4: extensive facial d	radio, Required <table><tr><td>1</td><td>Type 1</td></tr><tr><td>2</td><td>Type 2</td></tr><tr><td>3</td><td>Type 3</td></tr><tr><td>4</td><td>Type 4</td></tr><tr><td>5</td><td>Other</td></tr><tr><td>6</td><td>Not Known</td></tr></table> Custom alignment: LV	1	Type 1	2	Type 2	3	Type 3	4	Type 4	5	Other	6	Not Known
1	Type 1														
2	Type 2														
3	Type 3														
4	Type 4														
5	Other														
6	Not Known														
142	[other_symp]	135. Are there any other symptoms present which were not stated before? <i>State symptoms separate by ",". Leave blank if no other other conditions apply.</i>	text												
143	[other_symp_day] Show the field ONLY if: [other_symp] <> ""	136. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required												
144	[other_symp_duration] Show the field ONLY if: [other_symp] <> ""	137. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required												
145	[malp_teeth]	Section Header: <i>Clinical features of noma sequelae (stage 5 WHO stages)</i> 138. Malposition of teeth	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known						
1	Yes														
2	No														
3	Not Known														
146	[malp_teeth_day] Show the field ONLY if: [malp_teeth] = '1'	139. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required												
147	[trismus]	140. Trismus	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known						
1	Yes														
2	No														
3	Not Known														
148	[trismus_day]	141. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required												

	Show the field ONLY if: [trismus] = '1'								
149	[facial_disfig]	142. Permanent severe facial disfigurement	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
150	[facial_disfig_day] Show the field ONLY if: [facial_disfig] = '1'	143. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
151	[bone_loss]	144. Bone loss	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
152	[bone_loss_day] Show the field ONLY if: [bone_loss] = '1'	145. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
153	[bone_loss_where] Show the field ONLY if: [bone_loss] = '1'	146. Which bone? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
154	[teeth_loss]	147. Teeth loss	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
155	[teeth_loss_day] Show the field ONLY if: [teeth_loss] = '1'	148. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
156	[speech]	149. Speech problems	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
157	[speech_day] Show the field ONLY if: [speech] = '1'	150. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
158	[salivation_seq]	151. Salivary leak	radio, Required						

			<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
159	[salivation_seq_day] Show the field ONLY if: [salivation_seq] = '1'	152. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
160	[salivation_seq_duration] Show the field ONLY if: [salivation_seq] = '1'	153. Duration? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
161	[lagophthalmos]	154. Lagophthalmos	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
162	[lagophthalmos_day] Show the field ONLY if: [lagophthalmos] = '1'	155. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
163	[lagophthalmos_duration] Show the field ONLY if: [lagophthalmos] = '1'	156. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
164	[diff_eating_seq]	157. Difficulty eating after acute stage	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
165	[diff_eating_seq_day] Show the field ONLY if: [diff_eating_seq] = '1'	158. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
166	[diff_eating_seq_duration] Show the field ONLY if: [diff_eating_seq] = '1'	159. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
167	[pain_seq]	160. Pain after acute stage (stage 5)	radio, Required						

			<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
168	[pain_seq_where] Show the field ONLY if: [pain_seq] = '1'	161. Where?since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
169	[pain_seq_day] Show the field ONLY if: [pain_seq] = '1'	162. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
170	[pain_seq_duration] Show the field ONLY if: [pain_seq] = '1'	163. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
171	[nasal_regurg]	164. Nasal regurgitation	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
172	[nasal_regurg_where] Show the field ONLY if: [nasal_regurg] = '1'	165. Where? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
173	[nasal_regurg_day] Show the field ONLY if: [nasal_regurg] = '1'	166. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
174	[who_stages]	Section Header: <i>WHO STAGES</i> 167. Do the authors use the WHO stages to describe the case	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
175	[stage0]	168. Simple gingivitis (Stage 0) Simple gingivitis is the first warning signal of noma. It is defined by bleeding when touched, red or swollen gums. Say "Y" if the symptoms of the case match this definition, regardless of the authors mentioning that it corresponds to this WHO stage.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
176	[stage0_day] Show the field ONLY if:	169. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						

	[stage0] = '1'								
177	[stage0_duration] Show the field ONLY if: [stage0] = '1'	170. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
178	[stage1]	171. Acute necrotizing gingivitis (Stage 1) Acute necrotising gingivitis is considered the first stage of noma. It is an aggravation of simple gingivitis. Its symptoms are halitosis, painful ulceration and spontaneous bleeding of gums, ulceration involving one or more interdental papillae; and excessive salivation. Say "Y" if the symptoms of the case match this definition, regardless of the authors mentioning that it corresponds to this WHO stage.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
179	[stage1_day] Show the field ONLY if: [stage1] = '1'	172. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
180	[stage1_duration] Show the field ONLY if: [stage1] = '1'	173. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
181	[stage2]	174. Edema (Stage 2) At these stage starts the acute phase of noma. The main signs and symptoms are facial swelling, difficulty eating, halitosis, high fever, anorexia and rapid extension of the gingival ulceration and the mucosal tissue. At this stage noma is still treatable	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
182	[stage2_day] Show the field ONLY if: [stage2] = '1'	175. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
183	[stage2_duration] Show the field ONLY if: [stage2] = '1'	176. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
184	[stage3]	177. Gangrene (Stage 3) The gangrene is the 3rd stage of noma, it is a major emergency, the life of the patient is in danger. It is charatcterized by extensive destruction of intraoral soft and hard tissue and the presence of a well-demarcated lesion with a black necrotic centre. It evolves to the separation of slough leaving a perforation of	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								

		the face than can expose the teeth and denuded bone.Say "Y" if the symptoms of the case match this definition, regardless of the authors mentioning that it corresponds to this WHO stage.							
185	[stage3_day] Show the field ONLY if: [stage3] = '1'	178. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
186	[stage3_duration] Show the field ONLY if: [stage3] = '1'	179. Duration? <i>Number. If not known, write "Not Known"</i>	text, Required						
187	[stage4]	180. Scarring (Stage 4) Stage 4 is the scarring process, when the acute phase of noma ends. The scarring is highly retractile and the formation of extremely fibrous scar can lead to trismus and shrinkage of the mouth.Say "Y" if the symptoms of the case match this definition, regardless of the authors mentioning that it corresponds to this WHO stage.	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
188	[stage4_day] Show the field ONLY if: [stage4] = '1'	181. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
189	[stage4_duration] Show the field ONLY if: [stage4] = '1'	182. Duration? <i>Number of DAYS. If not known, write "Not Known"</i>	text, Required						
190	[stage5]	183. Sequelae (Stage 5) Scarring is completed and the child is disfigured.Say "Y" if the symptoms of the case match this definition, regardless of the authors mentioning that it corresponds to this WHO stage.	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
191	[stage5_day_2] Show the field ONLY if: [stage5] = '1'	184. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
192	[death]	Section Header: <i>OUTCOME</i> 185. Death Did the patient die from noma disease or during the disease?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
193	[death_stage]	186. At which stage?	radio, Required						

	Show the field ONLY if: [death] = '1'		<table><tr><td>1</td><td>Stage 1 (Acute necrotizing gingivitis)</td></tr><tr><td>2</td><td>Stage 2 (edema)</td></tr><tr><td>3</td><td>Stage 3 (gangrene)</td></tr><tr><td>4</td><td>Stage 4 (scarring)</td></tr><tr><td>5</td><td>Stage 5 (sequelae)</td></tr><tr><td>6</td><td>Not Known</td></tr></table>	1	Stage 1 (Acute necrotizing gingivitis)	2	Stage 2 (edema)	3	Stage 3 (gangrene)	4	Stage 4 (scarring)	5	Stage 5 (sequelae)	6	Not Known
1	Stage 1 (Acute necrotizing gingivitis)														
2	Stage 2 (edema)														
3	Stage 3 (gangrene)														
4	Stage 4 (scarring)														
5	Stage 5 (sequelae)														
6	Not Known														
194	[death_day] Show the field ONLY if: [death] = '1'	187. Days since reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required												
195	[antibiotic]	Section Header: <i>TREATMENT</i> 188. Antibiotic treatment Whether the patient had received antibiotic treatment or not	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known						
1	Yes														
2	No														
3	Not Known														
196	[antibiotic_which] Show the field ONLY if: [antibiotic] = '1'	189. Which antibiotic? <i>Be concise. If not known, write "Not Known"</i>	text, Required												
197	[antibiotic_day] Show the field ONLY if: [antibiotic] = '1'	189b. When was the antibiotic administered with regards to reference day? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required												
198	[antibiotic_route] Show the field ONLY if: [antibiotic] = '1'	190. Route of administration?	radio, Required <table><tr><td>1</td><td>Intravenous</td></tr><tr><td>2</td><td>Oral</td></tr><tr><td>3</td><td>Intramuscular</td></tr><tr><td>4</td><td>Subcutaneous</td></tr><tr><td>5</td><td>Other</td></tr><tr><td>6</td><td>Not Known</td></tr></table>	1	Intravenous	2	Oral	3	Intramuscular	4	Subcutaneous	5	Other	6	Not Known
1	Intravenous														
2	Oral														
3	Intramuscular														
4	Subcutaneous														
5	Other														
6	Not Known														
199	[antibiotic_route_other] Show the field ONLY if: [antibiotic_route] = '5'	190b. Specify other	text												
200	[antibiotic_dose] Show the field ONLY if: [antibiotic] = '1'	191. Which dose? Quantity of antibiotic, the frequency in which it was taken and the days that lasted the treatment. <i>Indicate concentration and its units and number of days. If not known, write "Not Known"</i>	text, Required												

201	[antibiotic_respond] Show the field ONLY if: [antibiotic] = '1'	192. Did the patient respond to the antibiotic treatment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
202	[antibiotic_respond_day] Show the field ONLY if: [antibiotic_respond] = '1'	193. Days since the start of treatment? If the symptoms of noma stopped progressing due to the antibiotic treatment, the number of days that elapsed since the start of treatment to the response of the patient. <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
203	[fluids]	194. Fluid therapy Whether the patient recieved intravenous fluid therapy, for example for the management of dehydration and hipovolemia in the context of the disease.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
204	[fluids_which] Show the field ONLY if: [fluids] = '1'	195. Which type of fluid therapy? Cristaloids, Colloids, etc. <i>Be concice. If not known, write "Not Known"</i>	text, Required						
205	[fluids_dose] Show the field ONLY if: [fluids] = '1'	196. Which dose? Quantity and frequency in which the fluid therapy was infused (mL/h) <i>Number (mL/h). If not known, write "Not Known"</i>	text, Required						
206	[antishock]	197. Antishock therapy with vasoactive drugs Whether the patient needed vasoactive drugs to treat hemodynamic instability refractory to intravenous fluids or not.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
207	[antishock_which] Show the field ONLY if: [antishock] = '1'	198. Which ones? If the patient needed vasoactive drugs, which ones were used: Norepinephrine, epinephrine, phenylephrine, dopamine, vasopressin, adrenaline, noradrenaline, dopamine, dobutamine, isoprenaline, dopexamin, etc. <i>Be concice. If not known, write "Not Known"</i>	text, Required						
208	[antishock_further]	199. Further antishock therapy	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
209	[antishock_further_which] Show the field ONLY if:	200. Which ones? CRRT (continous renal replacement therapy), others. <i>Be concice. If not known, write "Not Known"</i>	text, Required						

	[antishock_further] = '1'								
210	[wound_debrid]	201. Surgical debridment of the wound	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
211	[wound_clean]	202. Wound cleaning and dressing	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
212	[wound_clean_which] Show the field ONLY if: [wound_clean] = '1'	203. Which solution was used? 0,9% sodium chloride solution, hydrogen peroxide, honey, etc. <i>Be concise. If not known, write "Not Known"</i>	text, Required						
213	[nutri_support]	204. Nutritional support	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
214	[nutri_support_which] Show the field ONLY if: [nutri_support] = '1'	205. Which ones? If the patient was given nutritional support, which specific one was given (albumin, vitamins replacements, etc.) <i>Be concise. If not known, write "Not Known"</i>	text, Required						
215	[physical_ther]	206. Physical therapy	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
216	[surgery]	207. Surgical therapy	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not Known</td></tr></table>	1	Yes	2	No	3	Not Known
1	Yes								
2	No								
3	Not Known								
217	[surgery_day] Show the field ONLY if: [surgery] = '1'	208. How many days since temporal reference? <i>Number (-N/+N days). If not known, write "Not Known"</i>	text, Required						
218	[diff_diag]	209. Have other pathologies been ruled out? Whether any effort has been put in doing a differential diagnosis.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								

			<table><tr><td>3</td><td>Not Known</td></tr></table>	3	Not Known				
3	Not Known								
219	<p>[diff_diag_which]</p> <p>Show the field ONLY if: [diff_diag] = '1'</p>	209b. Which was the differential diagnosis?	text						
220	<p>[image_files]</p>	<p>210. Indicate name of archive imagesDownload available images,save the archive in jpg format and name them as: [# of case]_[Surname of Author]_[Year]_[# of images within the case if several], and upload them to the drive folder.</p> <p><i>[# of case]_[Surname of Author]_[Year]_[# of images within the case if several] . If several images for a case, separate the archive names by comas</i></p>	text Custom alignment: LV						
221	<p>[unclassified]</p>	211. Unclassified Write anything that has not been covered and that it's of relevance.	notes Custom alignment: LV						
222	<p>[comments]</p>	<p>212. Comments</p> <p><i>write the number of the question followed by your comment. E.g. 209. Blablabla</i></p>	notes Custom alignment: LV						
223	<p>[form_1_complete]</p>	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	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								