

Demographics

What is the subject's date of birth (MM/DD/YYYY) IT.BRTHDAT	<input type="text"/>
What is the subject's age IT.AGE	<input type="text"/> AGE Years IT.AGEU AGEU
What is the sex of the subject IT.SEX	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown SEX <input type="radio"/> Undifferentiated
Do you consider yourself Hispanic/Latino or not Hispanic/Latino IT.ETHNIC	<input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino <input type="radio"/> Not Reported ETHNIC <input type="radio"/> Unknown
Which of the following five racial designations best describes you? (More than one choice is acceptable.) IT.RACE	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Not Reported <input type="radio"/> Unknown RACEOTH <input type="radio"/> Other IT.RACEOTH <input type="text"/>
What country are you located in? COUNTRY	<input type="text"/> COUNTRY
Description of Planned Arm PLANNED_ARM	<input type="radio"/> Placebo <input type="radio"/> Xanomeline High Dose <input type="radio"/> Xanomeline Low Dose ARM <input type="radio"/> Screen Failure
Description of Actual Arm ACTUAL_ARM	<input type="radio"/> Placebo <input type="radio"/> Xanomeline High Dose <input type="radio"/> Xanomeline Low Dose ARMCD <input type="radio"/> Screen Failure
Date of collection (MM/DD/YYYY) COL_DT	<input type="text"/> DMDTC
Date of informed consent (MM/DD/YYYY) IC_DT	<input type="text"/> RFICDTC