

Demographics

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