

Data Dictionary Codebook

Oncology Trial Screening eCRF - Mock Study (PID: 71988)

10/07/2025 12:50am

Instruments	
Instrument	Form Name
Screening eCRF	form_1

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: Screening eCRF (form_1)											
1	[ record_id ]	Record ID	text								
2	[ participant_id ]	Participant ID <i>Enter custom participant ID</i>	text, Required								
3	[ age ]	Age <i>enter age 18-75 years</i>	text (number, Min: 18, Max: 75), Required Custom alignment: RH								
4	[ gender ]	Gender	radio, Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: RH	1	Male	2	Female	3	Other		
1	Male										
2	Female										
3	Other										
5	[ cancer_stage ]	Cancer Stage	dropdown, Required <table><tr><td>1</td><td>I</td></tr><tr><td>2</td><td>II</td></tr><tr><td>3</td><td>III</td></tr><tr><td>4</td><td>IV</td></tr></table> Custom alignment: RH	1	I	2	II	3	III	4	IV
1	I										
2	II										
3	III										
4	IV										
6	[ ecog_status ]	ECOG Performance Status	dropdown, Required								

			<table border="1"> <tr><td>0</td><td colspan="2">0- Fully active, no restrictions</td></tr> <tr><td>1</td><td colspan="2">1- Restricted from strenuous activity, light work okay</td></tr> <tr><td>2</td><td colspan="2">2- Ambulatory, self-care only, up &gt;50% of time</td></tr> <tr><td>3</td><td colspan="2">3-Capable of limited self-care, confined to bed/chair &lt; 50% of time</td></tr> <tr><td>4</td><td colspan="2">4- Completely disabled, confined to bed/chair &gt;50% of time</td></tr> </table> <p>Custom alignment: RH</p>	0	0- Fully active, no restrictions		1	1- Restricted from strenuous activity, light work okay		2	2- Ambulatory, self-care only, up >50% of time		3	3-Capable of limited self-care, confined to bed/chair < 50% of time		4	4- Completely disabled, confined to bed/chair >50% of time	
0	0- Fully active, no restrictions																	
1	1- Restricted from strenuous activity, light work okay																	
2	2- Ambulatory, self-care only, up >50% of time																	
3	3-Capable of limited self-care, confined to bed/chair < 50% of time																	
4	4- Completely disabled, confined to bed/chair >50% of time																	
7	[prior_chemo]	<b>Prior Chemotherapy</b> <i>Has the patient received prior chemotherapy? (Yes/No)</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No											
1	Yes																	
0	No																	
8	[inclusion_exclusion_check]	<b>Inclusion/Exclusion Check</b> <i>Check all applicable criteria</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>inclusion_exclusion_check__1</td><td>no active infections</td></tr> <tr><td>2</td><td>inclusion_exclusion_check__2</td><td>no prior trial enrollment</td></tr> <tr><td>3</td><td>inclusion_exclusion_check__3</td><td>other</td></tr> </table> <p>Custom alignment: RH</p>	1	inclusion_exclusion_check__1	no active infections	2	inclusion_exclusion_check__2	no prior trial enrollment	3	inclusion_exclusion_check__3	other						
1	inclusion_exclusion_check__1	no active infections																
2	inclusion_exclusion_check__2	no prior trial enrollment																
3	inclusion_exclusion_check__3	other																
9	[other_specify]	<b>other</b> <i>if other criteria ,please specify</i>	text <p>Custom alignment: RH</p>															
10	[informed_consent]	<b>Informed Consent</b> <i>If willing to participate select yes, to confirm your consent</i>	radio, Required <table border="1"> <tr><td>1</td><td>yes</td></tr> <tr><td>2</td><td>no</td></tr> </table> <p>Custom alignment: RH</p>	1	yes	2	no											
1	yes																	
2	no																	

11	[ e_signature ]	E-SIGNATURE <i>if selected yes to informed consent ,please sign</i>	file (signature) Custom alignment: RH						
12	[ form_1_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								