# MDS Distress

## 📖 Data Dictionary Codebook

05/18/2018 2:03pm

| # | Variable / Field Name | Field Label *Field Note* | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|---|---|---|
| Instrument: **Demographics And Disease Characteristics Crf** (demographics_and_disease_characteristics_crf) | | | |
| 1 | ptid | Participant ID | text |
| 2 | date_abs | Date CRF Completed | text (date_mdy) |
| 3 | abs_name | CRF Completed By | dropdown<br>1 ▓▓▓▓▓▓<br>2 ▓▓▓▓▓▓▓<br>3 ▓▓▓▓▓<br>4 ▓▓▓▓<br>997 ▓▓ |
| 4 | oth_abs_name<br><br>Show the field ONLY if: [abs_name]='997' | Other Abstractor, Please Specify | text |
| 5 | mrn | Medical Record Number | text, Required, Identifier |
| 6 | first_name | First Name | text, Required, Identifier |
| 7 | last_name | Last Name | text, Required, Identifier |
| 8 | dob | Date of Birth | text (date_mdy), Required, Identifier |
| 9 | gender | Gender | dropdown, Required<br>1 Male |

| | | | 2 | Female |
|---|---|---|---|---|

| 10 | race | Race | dropdown, Required | |
|---|---|---|---|---|
| | | | 1 | White |
| | | | 2 | Black or African American |
| | | | 3 | Asian |
| | | | 4 | Native Hawaiian or other Pacific Islander |
| | | | 5 | American Indian or Alaska Native |
| | | | 997 | Other |
| | | | 998 | Not Reported |
| | | | 999 | Unknown |
| 11 | race_oth  Show the field ONLY if: [race]='997' | Other Race, Please Specify | text, Required | |
| 12 | ethnicity | Ethnicity | dropdown | |
| | | | 1 | Hispanic or Latino |
| | | | 2 | Not Hispanic or Latino |
| | | | 999 | Unknown |
| 13 | mar_status_cd | Marital Status Code | dropdown | |
| | | | 1 | Married |
| | | | 2 | Separated/Divorced |
| | | | 3 | Widowed |
| | | | 4 | Single (never married) |
| | | | 999 | Unknown |
| 14 | insc_status | Heath Insurance Status Code | dropdown | |
| | | | 1 | Medicare |
| | | | 2 | Medicaid |
| | | | 3 | Military/Veteran/Champus |
| | | | 4 | Private payer(e.g. Blue Cross/Blue Shield/HMO/Aetna |

| | | | 997 | Other | |
| | | | 999 | Unknown | |
| 15 | oth_insc_status <br><br> Show the field ONLY if: [insc_status]='997' | Other Health Insurance, Please Specify | text | | |
| 16 | cancer | Has participant ever had cancer (excluding basal or squamous cell skin cancer)? | dropdown | | |
| | | | 1 | Yes | |
| | | | 0 | No | |
| 17 | cancer_yes | If Yes, check all that apply <br>*For participants with history of multiple cancers, list the most recent cancer. For participants who presented with multiple primary tumors check all that apply.* | checkbox | | |
| | | | 1 | cancer_yes___1 | Anal |
| | | | 2 | cancer_yes___2 | Bladder |
| | | | 3 | cancer_yes___3 | Bone and joint |
| | | | 4 | cancer_yes___4 | Brain or other nervous system |
| | | | 5 | cancer_yes___5 | Breast |
| | | | 6 | cancer_yes___6 | Cervix uteri |
| | | | 7 | cancer_yes___7 | Colon |
| | | | 8 | cancer_yes___8 | Endometrial |
| | | | 9 | cancer_yes___9 | Esophagus |
| | | | 10 | cancer_yes___10 | Kidney and renal pelvis |
| | | | 11 | cancer_yes___11 | Larynx |
| | | | 12 | cancer_yes___12 | Liver and intrahepatic bile duct |
| | | | 13 | cancer_yes___13 | Lung and bronchus |
| | | | 14 | cancer_yes___14 | Lymphoma, Hodgkin |
| | | | 15 | cancer_yes___15 | Lymphoma, Non-Hodgkin |
| | | | 16 | cancer_yes___16 | Leukemia, |

| | | | ALL |
|---|---|---|---|
| 17 | cancer_yes___17 | | Leukemia, AML |
| 18 | cancer_yes___18 | | Leukemia, CLL |
| 19 | cancer_yes___19 | | Leukemia, CML |
| 20 | cancer_yes___20 | | Melanoma of the skin |
| 21 | cancer_yes___21 | | Myeloma |
| 22 | cancer_yes___22 | | Oral cavity and pharynx cancer |
| 23 | cancer_yes___23 | | Ovary |
| 24 | cancer_yes___24 | | Pancreas |
| 25 | cancer_yes___25 | | Prostate |
| 26 | cancer_yes___26 | | Small Intestine |
| 27 | cancer_yes___27 | | Stomach |
| 28 | cancer_yes___28 | | Testis |
| 29 | cancer_yes___29 | | Thyroid |
| 30 | cancer_yes___30 | | Vulva |
| 997 | cancer_yes___997 | | Other site |
| 999 | cancer_yes___999 | | Unknown site |
| | cancer_yes___ | | |

| 18 | anal_yr_dx  Show the field ONLY if: [cancer_yes(1)] = '1' | Section Header: *Anal*  Year Anal cancer diagnosed  *yyyy* | text, Identifier | | |
|---|---|---|---|---|---|
| 19 | anal_tx  Show the field ONLY if: [cancer_yes(1)] = '1' | Anal Cancer treatment received | checkbox | | |
| | | | 1 | anal_tx___1 | Radiation |
| | | | 2 | anal_tx___2 | Chemotherapy |
| | | | 3 | anal_tx___3 | Surgery |
| | | | 4 | anal_tx___4 | Bone marrow or other stem |

| | | | | | |
|---|---|---|---|---|---|
| | | | 5 | anal_tx___5 | None |
| | | | 999 | anal_tx___999 | Unknown |

| | | | | |
|---|---|---|---|---|
| 20 | bladder_yr_dx<br><br>Show the field ONLY if: [cancer_yes(2)] = '1' | Section Header: *Bladder*<br><br>Year Bladder cancer diagnosed<br>*yyyy* | text, Identifier | |

| 21 | bladder_tx<br><br>Show the field ONLY if: [cancer_yes(2)] = '1' | Bladder Cancer treatment received | checkbox | | |
|---|---|---|---|---|---|
| | | | 1 | bladder_tx___1 | Radiation |
| | | | 2 | bladder_tx___2 | Chemotherapy |
| | | | 3 | bladder_tx___3 | Surgery |
| | | | 4 | bladder_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | bladder_tx___5 | None |
| | | | 999 | bladder_tx___999 | Unknown |

| | | | | |
|---|---|---|---|---|
| 22 | bone__joint_yr_dx<br><br>Show the field ONLY if: [cancer_yes(3)] = '1' | Section Header: *Bone and joint*<br><br>Year Bone and joint cancer diagnosed<br>*yyyy* | text, Identifier | |

| 23 | bone__joint_tx<br><br>Show the field ONLY if: [cancer_yes(3)] = '1' | Bone and joint cancer treatment received | checkbox | | |
|---|---|---|---|---|---|
| | | | 1 | bone__joint_tx___1 | Radiation |
| | | | 2 | bone__joint_tx___2 | Chemotherapy |
| | | | 3 | bone__joint_tx___3 | Surgery |
| | | | 4 | bone__joint_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | bone__joint_tx___5 | None |
| | | | 999 | bone__joint_tx___999 | Unknown |

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|---|---|---|---|---|
| 24 | brain_nervsystm_yr_dx<br><br>Show the field ONLY if: [cancer_yes(4)] = '1' | Section Header: *Brain or other nervous system*<br><br>Year Brain or other nervous system cancer diagnosed<br>*yyyy* | text, Identifier | |

| 25 | brain_nervsystm_tx<br><br>Show the field ONLY if:<br>[cancer_yes(4)] = '1' | Brain or other nervous system cancer treatment received | checkbox | | |
|---|---|---|---|---|---|
| | | | 1 | brain_nervsystm_tx___1 | Radiation |
| | | | 2 | brain_nervsystm_tx___2 | Chemotherapy |
| | | | 3 | brain_nervsystm_tx___3 | Surgery |
| | | | 4 | brain_nervsystm_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | brain_nervsystm_tx___5 | None |
| | | | 999 | brain_nervsystm_tx___999 | Unknown |
| 26 | breast_yr_dx<br><br>Show the field ONLY if:<br>[cancer_yes(5)] = '1' | Section Header: *Breast*<br><br>Year Breast cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 27 | breast_tx<br><br>Show the field ONLY if:<br>[cancer_yes(5)] = '1' | Breast cancer treatment received | checkbox | | |
| | | | 1 | breast_tx___1 | Radiation |
| | | | 2 | breast_tx___2 | Chemotherapy |
| | | | 3 | breast_tx___3 | Surgery |
| | | | 4 | breast_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | breast_tx___5 | None |
| | | | 999 | breast_tx___999 | Unknown |
| 28 | cervixuteri_yr_dx<br><br>Show the field ONLY if:<br>[cancer_yes(6)] = '1' | Section Header: *Cervix Uteri*<br><br>Year Cervix Uteri cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 29 | cervixuteri_tx<br><br>Show the field ONLY if:<br>[cancer_yes(6)] = '1' | Cervix Uteri Cancer treatment received | checkbox | | |
| | | | 1 | cervixuteri_tx___1 | Radiation |
| | | | 2 | cervixuteri_tx___2 | Chemotherapy |
| | | | 3 | cervixuteri_tx___3 | Surgery |
| | | | 4 | cervixuteri_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | cervixuteri_tx___5 | None |
| | | | 999 | cervixuteri_tx___999 | Unknown |

| 30 | colonrectum_yr_dx<br><br>Show the field ONLY if: [cancer_yes(7)] = '1' | Section Header: *Colon and rectum*<br>Year Colon and rectum cancer diagnosed<br>*yyyy* | text, Identifier | | |
|---|---|---|---|---|---|
| 31 | colonrectum_tx<br><br>Show the field ONLY if: [cancer_yes(7)] = '1' | Colon and rectum Cancer treatment received | checkbox | | |
| | | | 1 | colonrectum_tx___1 | Radiation |
| | | | 2 | colonrectum_tx___2 | Chemotherapy |
| | | | 3 | colonrectum_tx___3 | Surgery |
| | | | 4 | colonrectum_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | colonrectum_tx___5 | None |
| | | | 999 | colonrectum_tx___999 | Unknown |
| 32 | endometrial_yr_dx<br><br>Show the field ONLY if: [cancer_yes(8)] = '1' | Section Header: *Endometrial*<br>Year Endometrial cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 33 | endometrial_tx<br><br>Show the field ONLY if: [cancer_yes(8)] = '1' | Endometrial Cancer treatment received | checkbox | | |
| | | | 1 | endometrial_tx___1 | Radiation |
| | | | 2 | endometrial_tx___2 | Chemotherapy |
| | | | 3 | endometrial_tx___3 | Surgery |
| | | | 4 | endometrial_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | endometrial_tx___5 | None |
| | | | 999 | endometrial_tx___999 | Unknown |
| 34 | esphagus_yr_dx<br><br>Show the field ONLY if: [cancer_yes(9)] = '1' | Section Header: *Esphagus*<br>Year Esphagus cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 35 | esphagus_tx<br><br>Show the field ONLY if: [cancer_yes(9)] | Esphagus Cancer treatment received | checkbox | | |
| | | | 1 | esphagus_tx___1 | Radiation |
| | | | 2 | esphagus_tx___2 | Chemotherapy |

| | | | | 3 | esphagus_tx___3 | Surgery |
| --- | --- | --- | --- | --- | --- | --- |
| | = '1' | | | 4 | esphagus_tx___4 | Bone marrow or other stem cell transplant |
| | | | | 5 | esphagus_tx___5 | None |
| | | | | 999 | esphagus_tx___999 | Unknown |
| 36 | kidneyrenal_yr_dx<br><br>Show the field ONLY if: [cancer_yes(10)]= '1' | Section Header: *Kidney and Renal Pelvis*<br><br>Year Kidney and Renal Pelvis cancer diagnosed<br>*yyyy* | text, Identifier | | | |
| 37 | kidneyrenal_tx<br><br>Show the field ONLY if: [cancer_yes(10)]= '1' | Kidney and Renal Pelvis Cancer treatment received | checkbox | | | |
| | | | | 1 | kidneyrenal_tx___1 | Radiation |
| | | | | 2 | kidneyrenal_tx___2 | Chemotherapy |
| | | | | 3 | kidneyrenal_tx___3 | Surgery |
| | | | | 4 | kidneyrenal_tx___4 | Bone marrow or other stem cell transplant |
| | | | | 5 | kidneyrenal_tx___5 | None |
| | | | | 999 | kidneyrenal_tx___999 | Unknown |
| 38 | larynx_yr_dx<br><br>Show the field ONLY if: [cancer_yes(11)]= '1' | Section Header: *Larynx*<br><br>Year Larynx cancer diagnosed<br>*yyyy* | text, Identifier | | | |
| 39 | larynx_tx<br><br>Show the field ONLY if: [cancer_yes(11)]= '1' | Larynx Cancer treatment received | checkbox | | | |
| | | | | 1 | larynx_tx___1 | Radiation |
| | | | | 2 | larynx_tx___2 | Chemotherapy |
| | | | | 3 | larynx_tx___3 | Surgery |
| | | | | 4 | larynx_tx___4 | Bone marrow or other stem cell transplant |
| | | | | 5 | larynx_tx___5 | None |
| | | | | 999 | larynx_tx___999 | Unknown |
| 40 | liverbileduct_yr_dx<br><br>Show the field | Section Header: *Liver and intrahepatic bile duct*<br><br>Year Liver and intrahepatic bile duct cancer diagnosed | text, Identifier | | | |

| | | ONLY if:<br>[cancer_yes(12)]= '1' | *yyyy* | | | |
|---|---|---|---|---|---|---|

| 41 | liverbileduct_tx<br><br>Show the field ONLY if:<br>[cancer_yes(12)]= '1' | Liver and intrahepatic bile duct Cancer treatment received | checkbox | | | |
|---|---|---|---|---|---|---|
| | | | | 1 | liverbileduct_tx___1 | Radiation |
| | | | | 2 | liverbileduct_tx___2 | Chemotherapy |
| | | | | 3 | liverbileduct_tx___3 | Surgery |
| | | | | 4 | liverbileduct_tx___4 | Bone marrow or other stem cell transplant |
| | | | | 5 | liverbileduct_tx___5 | None |
| | | | | 999 | liverbileduct_tx___999 | Unknown |

| 42 | lung_yr_dx<br><br>Show the field ONLY if:<br>[cancer_yes(13)]= '1' | Section Header: *Lung and Bronchus*<br>Year Lung and Bronchus cancer diagnosed<br>*yyyy* | text, Identifier | | | |
|---|---|---|---|---|---|---|

| 43 | lung__tx<br><br>Show the field ONLY if:<br>[cancer_yes(13)]= '1' | Lung and Bronchus Cancer treatment received | checkbox | | | |
|---|---|---|---|---|---|---|
| | | | | 1 | lung__tx___1 | Radiation |
| | | | | 2 | lung__tx___2 | Chemotherapy |
| | | | | 3 | lung__tx___3 | Surgery |
| | | | | 4 | lung__tx___4 | Bone marrow or other stem cell transplant |
| | | | | 5 | lung__tx___5 | None |
| | | | | 999 | lung__tx___999 | Unknown |

| 44 | hodgkin_yr_dx<br><br>Show the field ONLY if:<br>[cancer_yes(14)]= '1' | Section Header: *Lymphoma, Hodgkin*<br>Year Lymphoma, Hodgkin cancer diagnosed<br>*yyyy* | text, Identifier | | | |
|---|---|---|---|---|---|---|

| 45 | hodgkin_tx<br><br>Show the field ONLY if:<br>[cancer_yes(14)]= '1' | Lymphoma, Hodgkin Cancer treatment received | checkbox | | | |
|---|---|---|---|---|---|---|
| | | | | 1 | hodgkin_tx___1 | Radiation |
| | | | | 2 | hodgkin_tx___2 | Chemotherapy |
| | | | | 3 | hodgkin_tx___3 | Surgery |
| | | | | 4 | hodgkin_tx___4 | Bone marrow or other stem cell transplant |

| | | | 5 | hodgkin_tx___5 | None |
|---|---|---|---|---|---|
| | | | 999 | hodgkin_tx___999 | Unknown |
| 46 | nonhodgkin_yr_dx<br><br>Show the field ONLY if: [cancer_yes(15)]= '1' | Section Header: *Lymphoma, Non-Hodgkin*<br><br>Year Lymphoma, Non-Hodgkin cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 47 | nonhodgkin_tx<br><br>Show the field ONLY if: [cancer_yes(15)]= '1' | Lymphoma, Non-Hodgkin Cancer treatment received | checkbox | | |
| | | | 1 | nonhodgkin_tx___1 | Radiation |
| | | | 2 | nonhodgkin_tx___2 | Chemotherapy |
| | | | 3 | nonhodgkin_tx___3 | Surgery |
| | | | 4 | nonhodgkin_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | nonhodgkin_tx___5 | None |
| | | | 999 | nonhodgkin_tx___999 | Unknown |
| 48 | all_yr_dx<br><br>Show the field ONLY if: [cancer_yes(16)]= '1' | Section Header: *Leukemia, ALL*<br><br>Year Leukemia, ALL cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 49 | all_tx<br><br>Show the field ONLY if: [cancer_yes(16)]= '1' | Leukemia, ALL Cancer treatment received | checkbox | | |
| | | | 1 | all_tx___1 | Radiation |
| | | | 2 | all_tx___2 | Chemotherapy |
| | | | 3 | all_tx___3 | Surgery |
| | | | 4 | all_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | all_tx___5 | None |
| | | | 999 | all_tx___999 | Unknown |
| 50 | aml_yr_dx<br><br>Show the field ONLY if: [cancer_yes(17)]= '1' | Section Header: *Leukemia, AML*<br><br>Year Leukemia, AML cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 51 | aml_tx<br><br>Show the field | Leukemia, AML Cancer treatment received | checkbox | | |
| | | | 1 | aml_tx___1 | Radiation |

| | | | | | |
|---|---|---|---|---|---|
| | ONLY if: [cancer_yes(17)]= '1' | | 2 | aml_tx___2 | Chemotherapy |
| | | | 3 | aml_tx___3 | Surgery |
| | | | 4 | aml_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | aml_tx___5 | None |
| | | | 999 | aml_tx___999 | Unknown |
| 52 | cll_yr_dx<br><br>Show the field ONLY if: [cancer_yes(18)]= '1' | Section Header: *Leukemia, CLL*<br><br>Year Leukemia, CLL cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 53 | cll_tx<br><br>Show the field ONLY if: [cancer_yes(18)]= '1' | Leukemia, CLL Cancer treatment received | checkbox | | |
| | | | 1 | cll_tx___1 | Radiation |
| | | | 2 | cll_tx___2 | Chemotherapy |
| | | | 3 | cll_tx___3 | Surgery |
| | | | 4 | cll_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | cll_tx___5 | None |
| | | | 999 | cll_tx___999 | Unknown |
| 54 | cml_yr_dx<br><br>Show the field ONLY if: [cancer_yes(19)]= '1' | Section Header: *Leukemia, CML*<br><br>Year Leukemia, CML cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 55 | cml_tx<br><br>Show the field ONLY if: [cancer_yes(19)]= '1' | Leukemia, CML Cancer treatment received | checkbox | | |
| | | | 1 | cml_tx___1 | Radiation |
| | | | 2 | cml_tx___2 | Chemotherapy |
| | | | 3 | cml_tx___3 | Surgery |
| | | | 4 | cml_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | cml_tx___5 | None |
| | | | 999 | cml_tx___999 | Unknown |
| 56 | melanoma_yr_dx<br><br>Show the field | Section Header: *Melanoma of the skin*<br><br>Year Melanoma of the skin cancer diagnosed | text, Identifier | | |

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|---|---|---|---|---|---|
| | ONLY if: [cancer_yes(20)]= '1' | *yyyy* | | | |
| 57 | melanoma_tx<br><br>Show the field ONLY if: [cancer_yes(20)]= '1' | Melanoma of the skin Cancer treatment received | checkbox | | |
| | | | 1 | melanoma_tx___1 | Radiation |
| | | | 2 | melanoma_tx___2 | Chemotherapy |
| | | | 3 | melanoma_tx___3 | Surgery |
| | | | 4 | melanoma_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | melanoma_tx___5 | None |
| | | | 999 | melanoma_tx___999 | Unknown |
| 58 | myeloma_yr_dx<br><br>Show the field ONLY if: [cancer_yes(21)]= '1' | Section Header: *Myeloma*<br>Year Myeloma cancer diagnosed *yyyy* | text, Identifier | | |
| 59 | myeloma_tx<br><br>Show the field ONLY if: [cancer_yes(21)]= '1' | Myeloma Cancer treatment received | checkbox | | |
| | | | 1 | myeloma_tx___1 | Radiation |
| | | | 2 | myeloma_tx___2 | Chemotherapy |
| | | | 3 | myeloma_tx___3 | Surgery |
| | | | 4 | myeloma_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | myeloma_tx___5 | None |
| | | | 999 | myeloma_tx___999 | Unknown |
| 60 | oralpharynx_yr_dx<br><br>Show the field ONLY if: [cancer_yes(22)]= '1' | Section Header: *Oral cavity and pharynx cancer*<br>Year Oral cavity and pharynx cancer cancer diagnosed *yyyy* | text, Identifier | | |
| 61 | oralpharynx_tx<br><br>Show the field ONLY if: [cancer_yes(22)]= '1' | Oral cavity and pharynx cancer Cancer treatment received | checkbox | | |
| | | | 1 | oralpharynx_tx___1 | Radiation |
| | | | 2 | oralpharynx_tx___2 | Chemotherapy |
| | | | 3 | oralpharynx_tx___3 | Surgery |
| | | | 4 | oralpharynx_tx___4 | Bone marrow or other stem |

| | | | | | cell transplant |
|---|---|---|---|---|---|
| | | | 5 | oralpharynx_tx___5 | None |
| | | | 999 | oralpharynx_tx___999 | Unknown |
| 62 | ovary_yr_dx<br><br>Show the field ONLY if: [cancer_yes(23)]= '1' | Section Header: *Ovary*<br><br>Year Ovary cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 63 | ovary_tx<br><br>Show the field ONLY if: [cancer_yes(23)]= '1' | Ovary Cancer treatment received | checkbox | | |
| | | | 1 | ovary_tx___1 | Radiation |
| | | | 2 | ovary_tx___2 | Chemotherapy |
| | | | 3 | ovary_tx___3 | Surgery |
| | | | 4 | ovary_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | ovary_tx___5 | None |
| | | | 999 | ovary_tx___999 | Unknown |
| 64 | pancreas_yr_dx<br><br>Show the field ONLY if: [cancer_yes(24)]= '1' | Section Header: *Pancreas*<br><br>Year Pancreas cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 65 | pancreas_tx<br><br>Show the field ONLY if: [cancer_yes(24)]= '1' | Pancreas Cancer treatment received | checkbox | | |
| | | | 1 | pancreas_tx___1 | Radiation |
| | | | 2 | pancreas_tx___2 | Chemotherapy |
| | | | 3 | pancreas_tx___3 | Surgery |
| | | | 4 | pancreas_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | pancreas_tx___5 | None |
| | | | 999 | pancreas_tx___999 | Unknown |
| 66 | prostate_yr_dx<br><br>Show the field ONLY if: [cancer_yes(25)]= '1' | Section Header: *Prostate*<br><br>Year Prostate cancer diagnosed<br>*yyyy* | text, Identifier | | |
| 67 | prostate_tx | Prostate Cancer treatment | checkbox | | |

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|---|---|---|---|---|---|
| | Show the field ONLY if: [cancer_yes(25)]= '1' | received | 1 | prostate_tx___1 | Radiation |
| | | | 2 | prostate_tx___2 | Chemotherapy |
| | | | 3 | prostate_tx___3 | Surgery |
| | | | 4 | prostate_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | prostate_tx___5 | None |
| | | | 999 | prostate_tx___999 | Unknown |
| 68 | smintestine_yr_dx  Show the field ONLY if: [cancer_yes(26)]= '1' | Section Header: *Small Intestine*  Year Small intestine cancer diagnosed *yyyy* | text, Identifier | | |
| 69 | smintestine_tx  Show the field ONLY if: [cancer_yes(26)]= '1' | Small intestine Cancer treatment received | checkbox | | |
| | | | 1 | smintestine_tx___1 | Radiation |
| | | | 2 | smintestine_tx___2 | Chemotherapy |
| | | | 3 | smintestine_tx___3 | Surgery |
| | | | 4 | smintestine_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | smintestine_tx___5 | None |
| | | | 999 | smintestine_tx___999 | Unknown |
| 70 | stomach_yr_dx  Show the field ONLY if: [cancer_yes(27)]= '1' | Section Header: *Stomach*  Year Stomach cancer diagnosed *yyyy* | text, Identifier | | |
| 71 | stomach_tx  Show the field ONLY if: [cancer_yes(27)]= '1' | Stomach Cancer treatment received | checkbox | | |
| | | | 1 | stomach_tx___1 | Radiation |
| | | | 2 | stomach_tx___2 | Chemotherapy |
| | | | 3 | stomach_tx___3 | Surgery |
| | | | 4 | stomach_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | stomach_tx___5 | None |
| | | | 999 | stomach_tx___999 | Unknown |
| 72 | testis_yr_dx | Section Header: *Testis* | text, Identifier | | |

| | | | | | |
|---|---|---|---|---|---|
| | Show the field ONLY if: [cancer_yes(28)]= '1' | Year Testis cancer diagnosed *yyyy* | | | |
| 73 | testis_tx<br><br>Show the field ONLY if: [cancer_yes(28)]= '1' | Testis Cancer treatment received | checkbox | | |
| | | | 1 | testis_tx___1 | Radiation |
| | | | 2 | testis_tx___2 | Chemotherapy |
| | | | 3 | testis_tx___3 | Surgery |
| | | | 4 | testis_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | testis_tx___5 | None |
| | | | 999 | testis_tx___999 | Unknown |
| 74 | thyroid_yr_dx<br><br>Show the field ONLY if: [cancer_yes(29)]= '1' | Section Header: *Thyroid*<br><br>Year Thyroid cancer diagnosed *yyyy* | text, Identifier | | |
| 75 | thyroid_tx<br><br>Show the field ONLY if: [cancer_yes(29)]= '1' | Thyroid Cancer treatment received | checkbox | | |
| | | | 1 | thyroid_tx___1 | Radiation |
| | | | 2 | thyroid_tx___2 | Chemotherapy |
| | | | 3 | thyroid_tx___3 | Surgery |
| | | | 4 | thyroid_tx___4 | Bone marrow or other stem cell transplant |
| | | | 5 | thyroid_tx___5 | None |
| | | | 999 | thyroid_tx___999 | Unknown |
| 76 | vulva_yr_dx<br><br>Show the field ONLY if: [cancer_yes(30)]= '1' | Section Header: *Vulva*<br><br>Year Vulva cancer diagnosed *yyyy* | text, Identifier | | |
| 77 | vulva_tx<br><br>Show the field ONLY if: [cancer_yes(30)]= '1' | Vulva Cancer treatment received | checkbox | | |
| | | | 1 | vulva_tx___1 | Radiation |
| | | | 2 | vulva_tx___2 | Chemotherapy |
| | | | 3 | vulva_tx___3 | Surgery |
| | | | 4 | vulva_tx___4 | Bone marrow or other stem cell transplant |

| | | | | 5 | vulva_tx___5 | None | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | 999 | vulva_tx___999 | Unknown | |
| 78 | other_ca<br><br>Show the field ONLY if: [cancer_yes(997)]= '1' | Section Header: *Other site*<br><br>Other site , please specify | text | | | | |
| 79 | other_yr_dx<br><br>Show the field ONLY if: [cancer_yes(997)]= '1' | Section Header: *Other site*<br><br>Year Other site cancer diagnosed<br>*yyyy* | text, Identifier | | | | |
| 80 | other_tx<br><br>Show the field ONLY if: [cancer_yes(997)]= '1' | Other site Cancer treatment received | checkbox | | | | |
| | | | | 1 | other_tx___1 | Radiation | |
| | | | | 2 | other_tx___2 | Chemotherapy | |
| | | | | 3 | other_tx___3 | Surgery | |
| | | | | 4 | other_tx___4 | Bone marrow or other stem cell transplant | |
| | | | | 5 | other_tx___5 | None | |
| | | | | 999 | other_tx___999 | Unknown | |
| 81 | unk_yr_dx<br><br>Show the field ONLY if: [cancer_yes(999)]= '1' | Section Header: *Unknown site*<br><br>Year Unknown site cancer diagnosed<br>*yyyy* | text, Identifier | | | | |
| 82 | unk_tx<br><br>Show the field ONLY if: [cancer_yes(999)]= '1' | Unknown site Cancer treatment received | checkbox | | | | |
| | | | | 1 | unk_tx___1 | Radiation | |
| | | | | 2 | unk_tx___2 | Chemotherapy | |
| | | | | 3 | unk_tx___3 | Surgery | |
| | | | | 4 | unk_tx___4 | Bone marrow or other stem cell transplant | |
| | | | | 5 | unk_tx___5 | None | |
| | | | | 999 | unk_tx___999 | Unknown | |
| 83 | mi | Section Header: *Charlston Comorbidity Index*<br><br>Myocardial Infarction<br>*History of medically documented* | radio | | | | |
| | | | | 1 | Yes | | |
| | | | | 0 | No | | |

| | | *myocardial infarction* | |
|---|---|---|---|
| | | | Custom alignment: RH |
| 84 | cva | **Cerebrovascular disease**<br>*History of TIA or CVA with no or minor sequellae* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 85 | pvd | **Peripheral vascular disease**<br>*Such as peripheral arterial disease / PAD, including symptomatic claudication* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 86 | chf | **Congestive heart failure**<br>*Symptomatic CHF with response to specific treatment* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 87 | dem | **Dementia**<br>*Any type: Alzheimers, vascular dementia, alcohol-related, but not mild cognitive impairment* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 88 | ulcer | **Ulcer**<br>*Patients who have required treatment for Peptic Ulcerative Disease* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 89 | hemi | **Hemiplegia** | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 90 | hepatic_mild | **Hepatic disease (mild)**<br>*Cirrhosis without PHT, chronic hepatitis* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 91 | hepatic_modsev | **Hepatic disease (moderate or severe)** | radio<br>1 Yes |

| | | | |
|---|---|---|---|
| | | *Chirrosis with PHT +/- variceal bleeding* | 0 No |
| | | | Custom alignment: RH |
| 92 | diabetes_mild mod | Diabetes (mild or moderate) *Diabetes with medication* | radio 1 Yes 0 No Custom alignment: RH |
| 93 | diabetes_sev | Diabetes (severe with end organ damage) *Diabetes with Retinopathy, Neuropathy, or Nephropathy* | radio 1 Yes 0 No Custom alignment: RH |
| 94 | pulmdz | Pulmonary disease (moderate or severe) *Symptomatic dyspnea due to chronic respiratory conditions* | radio 1 Yes 0 No Custom alignment: RH |
| 95 | contissuedz | Connective tissue disease *SLE, polymyositis, mixed CTD, polymyalgia rheumatica, moderate to severe RA* | radio 1 Yes 0 No Custom alignment: RH |
| 96 | renaldz | Renal disease (moderate or severe) *Creatinine >3 mg/dl (265_mol/l), dialysis, transplantation, uremic syndrome* | radio 1 Yes 0 No Custom alignment: RH |
| 97 | leuk | Leukemia *Including acute or chronic leukemias* | radio 1 Yes 0 No Custom alignment: RH |
| 98 | lymph | Lymphoma | radio 1 Yes 0 No Custom alignment: RH |
| 99 | maligsolidtum | Solid Tumor (without | radio |

| | | | |
|---|---|---|---|
| | _nomets | metastases)<br>*Initially treated in the last 5 years. Exclude non-melanomatous skin cancers and in situ cervical carcinoma* | 1 Yes<br>0 No<br><br>Custom alignment: RH |
| 100 | maligsolidtum _withmets | Solid Tumor (with metastases)<br>*Metastatic solid tumors* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 101 | aids | AIDS<br>*Defined as the presence of HIV infection, with either a CD4 count below 200 or an AIDS-defining illness such as pneumocystis pneumonia, HIV-related lymphoma, fungal infection with cryptococcus, etc.* | radio<br>1 Yes<br>0 No<br><br>Custom alignment: RH |
| 102 | demographics _and_disease_ characteristics _crf_complete | Section Header: *Form Status*<br><br>Complete? | dropdown<br>0 Incomplete<br>1 Unverified<br>2 Complete |

Instrument: **Mds Diagnosis** (mds_diagnosis)

| | | | |
|---|---|---|---|
| 103 | mds_dx | Date of MDS Diagnosis<br>*Pathologic diagnosis date (usually by bone marrow); mm/dd/yyyy* | text, Identifier |
| 104 | mds_subtype | MDS Subtype<br>*Check only one. Patients with CMML are not eligible (aka CMMoL); Patients with overlap disorders (myelodsplactic syndromes/myeloproliferative neoplasma [MDS/MPN]) are not eligible.* | dropdown<br>1 Refractory anemia (RA)<br>2 Refractory cytopenia with unilineage dysplasia (RCUD)<br>3 Refractory cytopenia with multilineage dysplasia (RCMD)<br>4 Refractory anemia with ring sideroblasts (RARS)<br>5 Refractory anemia with excess blasts (RAEB)<br>6 Myelodysplastic |

| | | | | |
|---|---|---|---|---|
| | | | | syndrome associated with del(5q) |
| | | | 7 | Myelodysplastic syndrome, unclassifiable |
| | | | 999 | Unknown |

| # | Field | Label | Type | |
|---|---|---|---|---|
| 105 | raeb<br><br>Show the field ONLY if:<br>[mds_subtype] = '5' | RAEB | dropdown | |
| | | | 1 | RAEB-1 (5-9% blasts) |
| | | | 2 | RAEB-2 (10-19% blasts) |
| | | | 3 | RAEB, unspedified |
| 106 | hgb_dx | Hemoglobin<br>*At time of diagnosis* | text | |
| 107 | hct_dx | Hematocrit<br>*At time of diagnosis* | text | |
| 108 | wbc_dx | White Blood Cell Count<br>*At time of diagnosis* | text | |
| 109 | anc_dx | Absolute Neutrophil Count<br>*At time of diagnosis* | text | |
| 110 | plts_dx | Platelet Count<br>*At time of diagnosis* | text | |
| 111 | bmblasts_dx | Bone Marrow Blast %<br>*Blast percentages highter then 20 should be suspect for AML. Contact investigators for verification that the patient should be enrolled.* | text | |
| 112 | cytocat_dx | Cytogenetic Category (karyotype) | radio | |
| | | | 1 | Very Good (-Y or del(11q) [can have only 1 of these to fit into this category]) |
| | | | 2 | Good (Normal karyotype, del(5q), del(12p), any double that includes del(5q) [can have only 1 of these to fit into this category] |
| | | | 3 | Intermediate (del(7q), +8, +19, i(17q) [can have only 1 of these OR, any other single or double independent |

| | | | | |
|---|---|---|---|---|
| | | | | clones]) |
| | | | 4 | Poor (-7, inv3/t3q/deleq) [can have only 1 of these OR, any double that includes -7 or del(7q) OR complex karoytype with exactly 3 unrelated abnormalities |
| | | | 5 | Very Poor (Complex karyotype with > 3 unrelated abnormalities) |
| | | | 999 | Unknown |

| 113 | ipss_ipssr_date | Date IPSS / IPSS-R | text, Identifier | |
|---|---|---|---|---|
| 114 | ipss_ipssr | IPSS or IPSS-R Score? | radio | |
| | | | 1 | IPSS |
| | | | 2 | IPSS-R |
| | | | 999 | Unknown/Can't Tell |
| 115 | score | IPSS / IPSS-R Score | text | |
| 116 | cat | IPSS / IPSS-R Category *This will be something like "high risk" or "Interdediate-2"* | text | |
| 117 | ageadjipssr_score | Age-adjusted IPSS-R Score *Use website to calculate if necessary* | text | |
| 118 | ageadjipssr_cat | Age-adjusted IPSS-R Category *Use website to calculate if necessary* | text | |
| 119 | wpss_dx | WPSS | radio | |
| | | | 1 | Very low risk |
| | | | 2 | Low risk |
| | | | 3 | Intermediate risk |
| | | | 4 | High risk |
| | | | 5 | Very high risk |
| | | | 999 | Unknown |
| 120 | mds_diagnosis_complete | Section Header: *Form Status* Complete? | dropdown | |
| | | | 0 | Incomplete |
| | | | 1 | Unverified |
| | | | 2 | Complete |

| | | | | |
|---|---|---|---|---|
| Instrument: **Visit** (visit) | | | | |

| 121 | visitdate | Visit Date | text (date_mdy), Identifier |
|---|---|---|---|

| 122 | disthermo | Distress Thermometer [0-10] | dropdown |
|---|---|---|---|

| 0 | 0 |
|---|---|
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| 11 | Not Done |

**123 disthermo_problist** — Distress Thermometer Problem List
*Check problems participant reports at this visit.*

checkbox

| 1 | disthermo_problist___1 | Child Care |
|---|---|---|
| 2 | disthermo_problist___2 | Housing |
| 3 | disthermo_problist___3 | Insurance/Financial |
| 4 | disthermo_problist___4 | Transportation |
| 5 | disthermo_problist___5 | Work/School |
| 6 | disthermo_problist___6 | Treatment decisions |
| 7 | disthermo_problist___7 | Dealing with children |
| 8 | disthermo_problist___8 | Dealing with partner |
| 9 | disthermo_problist___9 | Ability to have children |
| 10 | disthermo_problist___10 | Family health issues |
| 11 | disthermo_problist___11 | Depression |
| 12 | disthermo_problist___12 | Fears |
| 13 | disthermo_problist___13 | Nervousness |
| 14 | disthermo_problist___14 | Sadness |
| 15 | disthermo_problist___15 | Worry |
| 16 | disthermo_problist___16 | Loss of interest in usual activities |
| 17 | disthermo_problist___17 | Spiritual/religious |

| | | | 18 | distthermo_problist___18 | Appearance |
|---|---|---|---|---|---|
| | | | | | concerns |
| | | | 18 | distthermo_problist___18 | Appearance |
| | | | 19 | distthermo_problist___19 | Bathing/dressing |
| | | | 20 | distthermo_problist___20 | Breathing |
| | | | 21 | distthermo_problist___21 | Changes in urination |
| | | | 22 | distthermo_problist___22 | Constipation |
| | | | 23 | distthermo_problist___23 | Diarrhea |
| | | | 24 | distthermo_problist___24 | Eating |
| | | | 25 | distthermo_problist___25 | Fatigue |
| | | | 26 | distthermo_problist___26 | Feeling swollen |
| | | | 27 | distthermo_problist___27 | Fevers |
| | | | 28 | distthermo_problist___28 | Getting around |
| | | | 29 | distthermo_problist___29 | Indigestion |
| | | | 30 | distthermo_problist___30 | Memory/concentration |
| | | | 31 | distthermo_problist___31 | Mouth sores |
| | | | 32 | distthermo_problist___32 | Nausea |
| | | | 33 | distthermo_problist___33 | Dry nose/congested |
| | | | 34 | distthermo_problist___34 | Pain |
| | | | 35 | distthermo_problist___35 | Sexual |
| | | | 36 | distthermo_problist___36 | Skin dry/itching |
| | | | 37 | distthermo_problist___37 | Sleep |
| | | | 38 | distthermo_problist___38 | Substance abuse |
| | | | 39 | distthermo_problist___39 | Tingling in hands/feet |
| | | | 40 | distthermo_problist___40 | No problems reported |

| 124 | hgb | Hemoglobin | text | | |
|---|---|---|---|---|---|
| 125 | hct | Hematocrit | text | | |
| 126 | wbc | White Blood Cell Count | text | | |
| 127 | anc | Absolute Neutrophil Count | text | | |
| 128 | plts | Platelet Count | text | | |
| 129 | treat | On treatment for MDS? | radio | | |

| 1 | Yes |
|---|---|
| 0 | No |
| 999 | Unknown |

| | | | | | |
|---|---|---|---|---|---|
| 130 | txtype<br><br>Show the field ONLY if:<br>[treat]= '1' | Indicate treatment | checkbox | | |
| | | | 1 | txtype___1 | Hypomethylating Agent [decitabine (Dacogen), 5-azacitidine (Vidaza)] |
| | | | 2 | txtype___2 | Oral Agent [lenalidomide (Revlimid)] |
| | | | 3 | txtype___3 | Clinical Trial |
| | | | 4 | txtype___4 | Growth Factor Shots [GCSF (filigrastim, Neupogen, Granix), Erythropoietin / ESAs (Procrit, or darbepoietin, Aranesp), Thrombopoietin (romiplostim, N-plate, eltrombopag, or Promacta)] |
| | | | 997 | txtype___997 | Other [low-dose cytarabine (IV or SQ), high-dose chemotherapy (i.e. 7+3 induction chemo), stem cell transplantation] |
| 131 | oth_tx<br><br>Show the field ONLY if:<br>[txtype(997)]= '1' | Other Treatment, specify | text | | |
| 132 | clintrial_tx<br><br>Show the field ONLY if:<br>[txtype(3)]= '1' | Clinical Trial, specify | text | | |
| 133 | ironchel | Iron chelation therapy? | radio | | |

| | | | |
|---|---|---|---|
| | | *Review medication list for meds such as deferasirox (DFX, Exjade, Jadenu) , deferoxamine (Desferal), deferiprone (DFP, Ferriprox)* | 1 — Yes<br>0 — No<br>999 — Unknown<br><br>Custom alignment: RH |

| 134 | transfus | Transfusions since last visit? | radio |
|---|---|---|---|
| | | | 1 — Yes<br>0 — No<br>999 — Unknown<br><br>Custom alignment: RH |

| 135 | transfus_freq<br><br>Show the field ONLY if:<br>[transfus]='1' | Transfusion requirements as of this visit? | radio<br><br>1 — None<br>2 — Regularly (at least one transfusion every 8 weeks over a period of 3 months)<br>999 — Unknown frequency |
|---|---|---|---|

| 136 | transfus_prod<br><br>Show the field ONLY if:<br>[transfus]='1' | What type of blood products? | checkbox |
|---|---|---|---|
| | | | 1 — transfus_prod___1 — PRBC<br>2 — transfus_prod___2 — Platelets<br>997 — transfus_prod___997 — Other<br>999 — transfus_prod___999 — Unknown |

| 137 | other_transfus<br><br>Show the field ONLY if:<br>[transfus_prod(997)]='1' | Other, please specify | text |
|---|---|---|---|

| 138 | wpss | WPSS | radio |
|---|---|---|---|
| | | | 1 — Very low risk<br>2 — Low risk<br>3 — Intermediate risk<br>4 — High risk<br>5 — Very high risk<br>999 — Unknown |

| 139 | ecog | ECOG Performance status | radio |
|---|---|---|---|

| | | |
|---|---|---|
| | | | 0 | 0 |<br>| 1 | 1 |<br>| 2 | 2 |<br>| 3 | 3 |<br>| 4 | 4 |<br>| 5 | 5 |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 140 | kps | Karnofsky Performance Status | radio (Matrix)<br><br>| 0 | 0 |<br>| 10 | 10 |<br>| 20 | 20 |<br>| 30 | 30 |<br>| 40 | 40 |<br>| 50 | 50 |<br>| 60 | 60 |<br>| 70 | 70 |<br>| 80 | 80 |<br>| 90 | 90 |<br>| 100 | 100 |<br>| 999 | Unknown | |
| 141 | amlprogress | Progression to AML | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 2 | Suspicion for |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 142 | last_visit | Is this participant's last visit? | radio<br><br>| 1 | Yes |<br>| 0 | No | |
| 143 | visit_complete | Section Header: *Form Status*<br>Complete? | dropdown<br><br>| 0 | Incomplete |<br>| 1 | Unverified | |

| | | 2 | Complete |
|---|---|---|---|

| | **Instrument: Healthcare Utilization And Health Status** (healthcare_utilization_and_health_status) | | |
|---|---|---|---|

| 144 alive | Alive at end of study?<br>*End of study is defined as the last date IRB allows us to look in MRN; 09-30-2015* | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
|---|---|---|
| 145 dod<br><br>Show the field ONLY if:<br>[alive]='0' | Enter date of death<br>*mm/dd/yyyy* | text, Identifier |
| 146 palcare | Was the participant ever seen by palliative care? In the clinic, or via a consult in the hospital? | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 147 counsel | Was the participant ever referred for counseling or to see a therapist? | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 148 hospice | Did the participant enroll in hospice? | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 149 hospdate<br><br>Show the field ONLY if:<br>[hospice]='1' | Date enrolled in hospice<br>*mm/dd/yyyy* | text, Identifier |
| 150 hospit | Any hospitalizations during study period? | radio<br><br>| 1 | Yes | |

| | | | 0 | No |
|---|---|---|---|---|
| | | | 999 | Unknown |

Custom alignment: RH

| 151 | numhospit | Enter number of hospitalizations | text |
|---|---|---|---|
| 152 | hospit_date1  Show the field ONLY if: [numhospit] >=1 | Date 1 of hospitalizations  *Date of Admisssion; mm/dd/yyyy* | text, Identifier |
| 153 | hospit_reason 1  Show the field ONLY if: [numhospit] >=1 | Reason for hospitalization | text |
| 154 | hospit_numda ys1  Show the field ONLY if: [numhospit] >=1 | Number of days in the hopsital for this admission | text |
| 155 | hospit_date2  Show the field ONLY if: [numhospit] >=2 | Date 2 of hospitalizations  *Date of Admisssion; mm/dd/yyyy* | text, Identifier |
| 156 | hospit_reason 2  Show the field ONLY if: [numhospit] >=2 | Reason for hospitalization | text |
| 157 | hospit_numda ys2  Show the field ONLY if: [numhospit] >=2 | Number of days in the hopsital for this admission | text |
| 158 | hospit_date3  Show the field ONLY if: | Date 3 of hospitalizations  *Date of Admisssion; mm/dd/yyyy* | text, Identifier |

| | | | |
|---|---|---|---|
| | [numhospit] >=3 | | |
| 159 | hospit_reason3<br><br>Show the field ONLY if: [numhospit] >=3 | Reason for hospitalization | text |
| 160 | hospit_numdays3<br><br>Show the field ONLY if: [numhospit] >=3 | Number of days in the hopsital for this admission | text |
| 161 | hospit_date4<br><br>Show the field ONLY if: [numhospit] >=4 | Date 4 of hospitalizations<br>*Date of Admisssion; mm/dd/yyyy* | text, Identifier |
| 162 | hospit_reason4<br><br>Show the field ONLY if: [numhospit] >=4 | Reason for hospitalization | text |
| 163 | hospit_numdays4<br><br>Show the field ONLY if: [numhospit] >=4 | Number of days in the hopsital for this admission | text |
| 164 | hospit_date5<br><br>Show the field ONLY if: [numhospit] >=5 | Date 5 of hospitalizations<br>*Date of Admisssion; mm/dd/yyyy* | text, Identifier |
| 165 | hospit_reason5<br><br>Show the field ONLY if: [numhospit] >=5 | Reason for hospitalization | text |
| 166 | hospit_numda | Number of days in the hopsital | text |

| | | |
|---|---|---|
| ys5<br><br>Show the field ONLY if: [numhospit] >=5 | for this admission | |
| 167 hospit_date6<br><br>Show the field ONLY if: [numhospit] >=6 | Date 6 of hospitalizations<br>*Date of Admisssion; mm/dd/yyyy* | text, Identifier |
| 168 hospit_reason 6<br><br>Show the field ONLY if: [numhospit] >=6 | Reason for hospitalization | text |
| 169 hospit_numda ys6<br><br>Show the field ONLY if: [numhospit] >=6 | Number of days in the hopsital for this admission | text |
| 170 edvisits | Emergency Department visits during study period? | radio<br><br>| 1 | Yes |<br>| 0 | No |<br>| 999 | Unknown |<br><br>Custom alignment: RH |
| 171 num_edvisits | Enter number of emergency department visits | text |
| 172 visit_date1<br><br>Show the field ONLY if: [num_edvisits] >=1 | Date of emergency department visit | text, Identifier |
| 173 visit_reason1<br><br>Show the field ONLY if: [num_edvisits] >=1 | Reason for emergency department visit | text |
| 174 visit_date2 | Date of emergency department visit | text, Identifier |

| | | | |
|---|---|---|---|
| | Show the field ONLY if: [num_edvisits] >=2 | | |
| 175 | visit_reason2 <br><br> Show the field ONLY if: [num_edvisits] >=2 | Reason for emergency department visit | text |
| 176 | visit_date3 <br><br> Show the field ONLY if: [num_edvisits] >=3 | Date of emergency department visit | text, Identifier |
| 177 | visit_reason3 <br><br> Show the field ONLY if: [num_edvisits] >=3 | Reason for emergency department visit | text |
| 178 | visit_date4 <br><br> Show the field ONLY if: [num_edvisits] >=4 | Date of emergency department visit | text, Identifier |
| 179 | visit_reason4 <br><br> Show the field ONLY if: [num_edvisits] >=4 | Reason for emergency department visit | text |
| 180 | visit_date5 <br><br> Show the field ONLY if: [num_edvisits] >=5 | Date of emergency department visit | text, Identifier |
| 181 | visit_reason5 <br><br> Show the field ONLY if: [num_edvisits] >=5 | Reason for emergency department visit | text |
| 182 | visit_date6 <br><br> Show the field ONLY if: | Date of emergency department visit | text, Identifier |

| | | | |
|---|---|---|---|
| | [num_edvisits] >=6 | | |
| 183 | visit_reason6 Show the field ONLY if: [num_edvisits] >=6 | Reason for emergency department visit | text |
| 184 | healthcare_utilization_and_health_status_complete | Section Header: *Form Status* Complete? | dropdown 0 Incomplete 1 Unverified 2 Complete |