

AIM 2: Surrogate Project (2)

Codebook ▼

Data Dictionary Codebook

06/13/2017 4:13pm

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Eligibility Assessment (eligibility_assessment)			
1	pt_id2	Section Header: 1. Patient identification / eligibility Participant ID	text
2	pt_hosp_unit	Hospital & unit	dropdown <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> </div>
3	pt_hosp_unit_notes	Hospital unit notes: <i>Include name of hospital & unit if not in drop-down menu above. (e.g. Shadyside additional units.)</i>	text
4	pt_initials	Patient Initials:	text
5	pt_bed	Patient Room / Bed Number <i>Label as in hospital unit. (e.g. MICU-01, W337, 661 (8))</i>	text
6	pt_lack_capac	Patient lacks decision-making capacity <i>Determined by clinical staff.</i>	yesno <div> <div>1 Yes</div> <div>0 No</div> </div>
7	pt_lst	Patient is receiving life-sustaining treatments (LST)?	yesno <div> <div>1 Yes</div> <div>0 No</div> </div>
8	pt_fam_conf	Physician-family conference about Goals of Care and/or Life Support is planned.	yesno <div> <div>1 Yes</div> <div>0 No</div> </div>

9	pt_famconf_date Show the field ONLY if: [pt_fam_conf] = '1'	Date & time of conference:	text (datetime_ymd, Min: 2013-01-01 00:00, Max: 2020-12-31 00:00)														
10	pt_clin_contact	Nurse/Clinical contact (PNCC, bedside RN, etc & phone/pager numbers): <i>Note any appropriate clinical staff to contact and follow up with about this patient.</i>	notes														
11	surr_elig	Section Header: <i>Surrogate Eligibility</i> 2. Surrogate eligibility <i>Surrogate must meet the above criteria to be eligible for participation.</i>	<div>checkbox</div> <table><tr><td>1</td><td>surr_elig__1</td><td>Surrogate is age 18 or older</td></tr><tr><td>2</td><td>surr_elig__2</td><td>Surrogate self-identifies as having primary authority over decision-making for the patient</td></tr><tr><td>3</td><td>surr_elig__3</td><td>Surrogate is able to complete a 1+ hour discussion in English</td></tr><tr><td>4</td><td>surr_elig__4</td><td>(not required) Surrogate lives ≤ 50 miles from Pittsburgh</td></tr></table>			1	surr_elig__1	Surrogate is age 18 or older	2	surr_elig__2	Surrogate self-identifies as having primary authority over decision-making for the patient	3	surr_elig__3	Surrogate is able to complete a 1+ hour discussion in English	4	surr_elig__4	(not required) Surrogate lives ≤ 50 miles from Pittsburgh
1	surr_elig__1	Surrogate is age 18 or older															
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3	surr_elig__3	Surrogate is able to complete a 1+ hour discussion in English															
4	surr_elig__4	(not required) Surrogate lives ≤ 50 miles from Pittsburgh															
12	surr_elig_notes	Notes:	notes														
13	surr_elig_yn	Surrogate meets eligibility criteria?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
14	staff_consent	Section Header: <i>Permission for research approach & Consent</i> Recruiter introducing study and requesting consent for participation:	<div>dropdown</div> <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>6</td><td></td></tr></table>			1		2		3		4		5		6	
1																	
2																	
3																	
4																	
5																	
6																	
15	staff_consent_other Show the field ONLY if: [staff_consent] = '6'	Name of 'Other' staff member/recruiter:	text														

16	approach	3. Family agrees to talk with research coordinator, when asked by clinical staff?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
17	approach_notes	Notes:	notes						
18	surr_consent1	Explain study to surrogate, answer questions; obtain consent if appropriate. Written, informed consent for patient & surrogate obtained from from surrogate?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
19	surr_consent1_date Show the field ONLY if: [surr_consent1] = '1'	Consent obtained:	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)						
20	surr_consent1_notes	Notes:	text						
21	surr_consent1_no Show the field ONLY if: [surr_consent1] = '0'	If surrogate declines participation, what is the reason?	text						
22	pt_icuoutcome	Section Header: <i>Outcome of ICU stay</i> 4. Outcome of ICU stay:	radio <table border="1"> <tr> <td>1</td> <td>Discharged</td> </tr> <tr> <td>2</td> <td>Deceased</td> </tr> </table>	1	Discharged	2	Deceased		
1	Discharged								
2	Deceased								
23	pt_discharge_date Show the field ONLY if: [pt_icuoutcome] = '1'	If patient was discharged from the ICU alive, when did this occur?	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)						
24	pt_discharge_loc Show the field ONLY if: [pt_icuoutcome] = '1'	If patient was discharged from ICU alive, to where was s/he discharged? <i>Examples: 'to Skilled Nursing Facility (SNF)' 'to home, in care of daughter' 'to Long-Term Acute Care facility (LTAC)'</i>	text						
25	eligibility_assessment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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								
Instrument: Demographic Questionnaire (demographic_questionnaire)									
26	surr_sex	Section Header: <i>Demographics - Surrogate</i> 1. Are you male or female?	radio <table border="1"> <tr> <td>1</td> <td>male</td> </tr> <tr> <td>2</td> <td>female</td> </tr> </table>	1	male	2	female		
1	male								
2	female								

27	consent_1	<p>Written consent obtained to:</p> <ul style="list-style-type: none"> - view patient medical record - re-contact surrogate <p>If yes, date: <i>If written consent NOT obtained, do not continue. No data should be entered on this form.</i></p>	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)												
28	pt_relatt_surr	2. What is the patient's relationship to you?	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>the patient is my spouse or partner</td> </tr> <tr> <td>2</td> <td>the patient is my parent/step-parent</td> </tr> <tr> <td>3</td> <td>the patient is my child</td> </tr> <tr> <td>4</td> <td>the patient is my brother or sister</td> </tr> <tr> <td>5</td> <td>the patient is my friend</td> </tr> <tr> <td>6</td> <td>I have another relationship with the patient</td> </tr> </table>	1	the patient is my spouse or partner	2	the patient is my parent/step-parent	3	the patient is my child	4	the patient is my brother or sister	5	the patient is my friend	6	I have another relationship with the patient
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29	surr_relatt_ptother Show the field ONLY if: [pt_relatt_surr] = '6'	Please describe. The patient is my _____.	notes												
30	surr_age	3. How old are you?	text												
31	surr_latino	4. Are you Latino/a OR Hispanic OR Latin American?	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>yes</td> </tr> <tr> <td>0</td> <td>no</td> </tr> </table> <div>Custom alignment: RH</div>	1	yes	0	no								
1	yes														
0	no														
32	surr_race	5. Which of the following best describes your race?	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Caucasian / White</td> </tr> <tr> <td>2</td> <td>African American / Black</td> </tr> <tr> <td>3</td> <td>Asian</td> </tr> <tr> <td>4</td> <td>Native American / American Indian / Alaskan Native</td> </tr> <tr> <td>5</td> <td>Pacific Islander / Samoan / Hawaiian</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	Caucasian / White	2	African American / Black	3	Asian	4	Native American / American Indian / Alaskan Native	5	Pacific Islander / Samoan / Hawaiian	6	Other
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33	surr_race_other Show the field ONLY if: [surr_race] = '6'	If you said other, what is your race?	notes												
34	surr_relig	6. What is your current religious preference?	notes												

35	surr_religch	Please characterize your religious preference below:	<div>radio</div> <table border="1"> <tr><td>1</td><td>Protestant Christian</td></tr> <tr><td>2</td><td>Roman Catholic</td></tr> <tr><td>3</td><td>Other Christian</td></tr> <tr><td>4</td><td>Jewish</td></tr> <tr><td>5</td><td>Buddhist</td></tr> <tr><td>6</td><td>Hindu</td></tr> <tr><td>7</td><td>Muslim</td></tr> <tr><td>8</td><td>Agnostic / Atheist / No religion</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	1	Protestant Christian	2	Roman Catholic	3	Other Christian	4	Jewish	5	Buddhist	6	Hindu	7	Muslim	8	Agnostic / Atheist / No religion	9	Other
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8	Agnostic / Atheist / No religion																				
9	Other																				
36	surr_relig_impt	7. How important are religious or spiritual beliefs in your day-to-day life?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Not at all important</td></tr> <tr><td>2</td><td>Not too important</td></tr> <tr><td>3</td><td>Fairly important</td></tr> <tr><td>4</td><td>Very important</td></tr> </table> <div>Custom alignment: LH</div>	1	Not at all important	2	Not too important	3	Fairly important	4	Very important										
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37	surr_ed	8. What is the highest level of education that you have completed?	<div>radio</div> <table border="1"> <tr><td>1</td><td>Less than high school</td></tr> <tr><td>2</td><td>High school diploma or GED</td></tr> <tr><td>3</td><td>Some college</td></tr> <tr><td>4</td><td>Completed college</td></tr> <tr><td>5</td><td>1 or more years of post-graduate</td></tr> <tr><td>6</td><td>Graduate or professional degree</td></tr> </table>	1	Less than high school	2	High school diploma or GED	3	Some college	4	Completed college	5	1 or more years of post-graduate	6	Graduate or professional degree						
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38	surr_income	9. What is your total household income, including all earners in your household?	dropdown <table><tr><td>0</td><td>Less than \$10,000</td></tr><tr><td>1</td><td>\$10,000-\$19,999</td></tr><tr><td>2</td><td>\$20,000-\$29,999</td></tr><tr><td>3</td><td>\$30,000-\$39,999</td></tr><tr><td>4</td><td>\$40,000-\$49,999</td></tr><tr><td>5</td><td>\$50,000-\$59,999</td></tr><tr><td>6</td><td>\$60,000-\$69,999</td></tr><tr><td>7</td><td>\$70,000-\$79,999</td></tr><tr><td>8</td><td>\$80,000-\$89,999</td></tr><tr><td>9</td><td>\$90,000-\$99,999</td></tr><tr><td>10</td><td>\$100,000-\$149,999</td></tr><tr><td>11</td><td>More than \$150,000</td></tr><tr><td>12</td><td>Decline to answer</td></tr></table>	0	Less than \$10,000	1	\$10,000-\$19,999	2	\$20,000-\$29,999	3	\$30,000-\$39,999	4	\$40,000-\$49,999	5	\$50,000-\$59,999	6	\$60,000-\$69,999	7	\$70,000-\$79,999	8	\$80,000-\$89,999	9	\$90,000-\$99,999	10	\$100,000-\$149,999	11	More than \$150,000	12	Decline to answer
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39	pt_age	Section Header: <i>Demographics - Patient</i> 1. Age:	text																										
40	pt_sex	2. Sex	radio <table><tr><td>1</td><td>male</td></tr><tr><td>2</td><td>female</td></tr></table>	1	male	2	female																						
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42	pt_race	4. Patient's race	radio <table><tr><td>1</td><td>Caucasian / White</td></tr><tr><td>2</td><td>African American / Black</td></tr><tr><td>3</td><td>Asian</td></tr><tr><td>4</td><td>Native American / American Indian / Alaskan Native</td></tr><tr><td>5</td><td>Pacific Islander / Samoan / Hawaiian</td></tr><tr><td>6</td><td>Other</td></tr></table>	1	Caucasian / White	2	African American / Black	3	Asian	4	Native American / American Indian / Alaskan Native	5	Pacific Islander / Samoan / Hawaiian	6	Other														
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43	pt_race_other Show the field ONLY if: [pt_race] = '6'	If you said other, what is the patient's race?	notes																										

44	pt_relig	5. Patient's religious preference (if known):	radio <table><tr><td>1</td><td>Protestant Christian</td></tr><tr><td>2</td><td>Roman Catholic</td></tr><tr><td>3</td><td>Other Christian</td></tr><tr><td>4</td><td>Jewish</td></tr><tr><td>5</td><td>Buddhist</td></tr><tr><td>6</td><td>Hindu</td></tr><tr><td>7</td><td>Muslim</td></tr><tr><td>8</td><td>Agnostic / Atheist / No religion</td></tr><tr><td>9</td><td>Other</td></tr><tr><td>10</td><td>Unknown</td></tr></table>	1	Protestant Christian	2	Roman Catholic	3	Other Christian	4	Jewish	5	Buddhist	6	Hindu	7	Muslim	8	Agnostic / Atheist / No religion	9	Other	10	Unknown
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45	pt_relig_other Show the field ONLY if: [pt_relig] = '9'	If you said other, what is the patient's religious preference?	notes																				

46	pt_karnofsky	<p>[Karnofsky performance status]</p> <p>Before my loved one had this illness that brought him/her to the ICU, his/her normal or baseline level of function was:</p>	<div>radio</div> <table border="1"> <tr> <td>100</td> <td>Normal; no complaints; no evidence of disease</td> </tr> <tr> <td>90</td> <td>Able to carry out normal activity; minor signs or symptoms of disease</td> </tr> <tr> <td>80</td> <td>Normal activity with effort; some signs or symptoms of disease</td> </tr> <tr> <td>70</td> <td>Cares for self; unable to carry on normal activity or do active work</td> </tr> <tr> <td>60</td> <td>Requires occasional assistance, but is able to care for most of his/her needs</td> </tr> <tr> <td>50</td> <td>Requires considerable assistance and frequent medical care</td> </tr> <tr> <td>40</td> <td>Disabled; requires special care and assistance</td> </tr> <tr> <td>30</td> <td>Severely disabled; hospitalization is indicated although death not imminent</td> </tr> <tr> <td>20</td> <td>Very sick; hospitalization necessary, active supportive treatment necessary</td> </tr> <tr> <td>10</td> <td>Moribund; fatal processes progressing rapidly</td> </tr> </table> <div>Custom alignment: LV</div>	100	Normal; no complaints; no evidence of disease	90	Able to carry out normal activity; minor signs or symptoms of disease	80	Normal activity with effort; some signs or symptoms of disease	70	Cares for self; unable to carry on normal activity or do active work	60	Requires occasional assistance, but is able to care for most of his/her needs	50	Requires considerable assistance and frequent medical care	40	Disabled; requires special care and assistance	30	Severely disabled; hospitalization is indicated although death not imminent	20	Very sick; hospitalization necessary, active supportive treatment necessary	10	Moribund; fatal processes progressing rapidly
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47	demographic_questionnaire_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<div>dropdown</div> <table border="1"> <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																						
Instrument: Contact Information (contact_information)																							
48	pt_name	<p>Patient's name</p> <p><i>Include name as it appears on the medical record.</i></p>	text, Identifier																				
49	pt_relatt_surr0	<p>Patient relationship to Surrogate</p> <p>(Patient is surrogate's _____)</p> <p><i>We will use this information when re-contacting the surrogate about his/her</i></p> <p><i>____(mother/father/husband/wife/sister/brother/friend)_____.</i></p>	text																				
50	surr_name	Surrogate name	text																				

51	surr_address	Surrogate mailing address	notes, Identifier						
52	surr_phone1	Surrogate phone number (primary)	text (phone), Identifier						
53	surr_phone1_note	Note: What type of phone number is the above? Home, Work, Cell, Other family member, etc.	text						
54	surr_phone2	Surrogate phone number (secondary)	text (phone), Identifier						
55	surr_phone2_note	Note: What type of phone number is the above? Home, Work, Cell, Other family member, etc.	text						
56	surr_email	Surrogate email address	text (email), Identifier						
57	contact_information_complete	Section Header: Form Status 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
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Instrument: Patient ICU Stay Review to Death / Discharge (patient_icu_stay_review_to_death_discharge)									
58	pt_icuadmit_date	ICU Admission Date	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)						
59	pt_regain_capacity	Patient regained decision-making CAPACITY and no longer requires a surrogate to make treatment decisions?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
60	fam_mtg_lst	Documented FAMILY MEETING involving a discussion about Goals of Care and/or Limitation of Life-Sustaining Treatments (LST)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
61	fam_mtg_lst_date Show the field ONLY if: [fam_mtg_lst] = '1'	If an eligible, documented family meeting has taken place, 1st Documented Family Meeting Date:	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)						
62	lim_lst	Limitation of Life-Sustaining Treatment occurred?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
63	surr_lstdecision_notes	Notes:	notes						
64	pt_vitalstatus	Patient vital status at discharge (Discharge from this hospital admission - may continue to follow patient if s/he is transferred to another unit, then returns to ICU.)	radio <table><tr><td>0</td><td>Deceased</td></tr><tr><td>1</td><td>Alive</td></tr></table>	0	Deceased	1	Alive		
0	Deceased								
1	Alive								

65	pt_death_date Show the field ONLY if: [pt_vitalstatus] = '0'	If the patient died in the ICU or hospital on same admission, list the date of the patient's death:	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)								
66	pt_death_location Show the field ONLY if: [pt_vitalstatus] = '0'	Location of inpatient death	radio <table><tr><td>1</td><td>ICU</td></tr><tr><td>2</td><td>not ICU</td></tr></table>	1	ICU	2	not ICU				
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2	not ICU										
67	pt_discharge_date2 Show the field ONLY if: [pt_vitalstatus] = '1'	If the patient was discharged alive from hospital, Date of Discharge	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)								
68	pt_hosp_discharge Show the field ONLY if: [pt_vitalstatus] = '1'	Hospital discharge to:	radio <table><tr><td>1</td><td>Home (with or without hospice)</td></tr><tr><td>2</td><td>Continuing care/medical facility (e.g. SNF, LTAC)</td></tr><tr><td>3</td><td>Hospice facility</td></tr><tr><td>4</td><td>Other</td></tr></table>	1	Home (with or without hospice)	2	Continuing care/medical facility (e.g. SNF, LTAC)	3	Hospice facility	4	Other
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69	pt_hosp_hospicedeath Show the field ONLY if: [pt_hosp_discharge] = '3'	If patient discharged to hospice facility, date of death: <i>Review obituaries to determine patient's date of death.</i>	text (date_ymd)								
70	pt_hosp_discharge_notes	Hospital Discharge - Comments:	notes								
71	patient_icu_stay_review_to_death_discharge_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		
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2	Complete										
Instrument: Patient Medical Record Review (patient_medical_record_review)											
72	record_abstraction_staff	Medical Record Abstraction completed by:	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr></table>	1		2		3		4	
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73	double_info	ICU admission date collected on previous form	descriptive								

74	pt_icuadmit_reason	Reason for ICU admission	checkbox		
			1	pt_icuadmit_reason__1	Acute Respiratory Failure
			2	pt_icuadmit_reason__2	Coma
			3	pt_icuadmit_reason__3	Shock
			4	pt_icuadmit_reason__4	Acute Renal Failure
			5	pt_icuadmit_reason__5	Cardiac Arrest
			6	pt_icuadmit_reason__6	Other
75	pt_icuadmit_reasonother Show the field ONLY if: [pt_icuadmit_reason (6)] = '1'	If Other selected, please provide details:	notes		
76	pt_coexist_cond	Coexisting conditions (check all that apply)	checkbox		
			1	pt_coexist_cond__1	AIDS
			2	pt_coexist_cond__2	Hepatic Failure
			3	pt_coexist_cond__3	Lymphoma
			4	pt_coexist_cond__4	Metastatic Cancer
			5	pt_coexist_cond__5	Leukemia / Multiple Myeloma
			6	pt_coexist_cond__6	Immunosuppression
			7	pt_coexist_cond__7	Cirrhosis
			8	pt_coexist_cond__8	Chronic Obstructive Pulmonary Disease (COPD)
			9	pt_coexist_cond__9	Chronic Heart Failure
77	pt_apache	APACHE Score [Pull from APACHE III data collection excel sheet.]	text		
78	pt_icu_treatment	Treatment provided in the ICU (check all that apply)	checkbox		
			1	pt_icu_treatment__1	Invasive mechanical ventilation
			2	pt_icu_treatment__2	Vasopressors
			3	pt_icu_treatment__3	Dialysis
			4	pt_icu_treatment__4	Sedation

79	pt_1st_lst_date	First documented limitation of LST	text (date_mdy)															
80	limit_lst_type	Life-sustaining Limitation Type (check all that apply)	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>limit_lst_type__1</td> <td>Withdraw mechanical ventilation</td> </tr> <tr> <td>2</td> <td>limit_lst_type__2</td> <td>Stop pressors or other hemodynamic support</td> </tr> <tr> <td>3</td> <td>limit_lst_type__3</td> <td>Discontinue dialysis</td> </tr> <tr> <td>4</td> <td>limit_lst_type__4</td> <td>Deactivate implantable cardioverter-defibrillator</td> </tr> <tr> <td>5</td> <td>limit_lst_type__5</td> <td>Other</td> </tr> </table>	1	limit_lst_type__1	Withdraw mechanical ventilation	2	limit_lst_type__2	Stop pressors or other hemodynamic support	3	limit_lst_type__3	Discontinue dialysis	4	limit_lst_type__4	Deactivate implantable cardioverter-defibrillator	5	limit_lst_type__5	Other
1	limit_lst_type__1	Withdraw mechanical ventilation																
2	limit_lst_type__2	Stop pressors or other hemodynamic support																
3	limit_lst_type__3	Discontinue dialysis																
4	limit_lst_type__4	Deactivate implantable cardioverter-defibrillator																
5	limit_lst_type__5	Other																
81	limit_lst_other Show the field ONLY if: [limit_lst_type(5)] = '1'	Other LST limitation	notes															
82	emr_abstraction_notes	Additional Notes	notes															
83	patient_medical_record_review_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <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									
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Instrument: Condolence Packet (condolence_packet)																		
84	packet_date	Date condolence packet sent:	text (date_ymd, Min: 2013-01-01, Max: 2020-12-31)															
85	packet_date_notes Show the field ONLY if: [pt_vitalstatus] = '0'	Notes:	notes															
86	condolence_packet_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <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									
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Instrument: Two Week Scheduling Call (two_week_scheduling_call)																		

87	t2wk_call	Section Header: 2-Week Phone Call (request participation, randomization, baseline, [schedule storytelling]) Phone call to schedule baseline: (then RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
88	t2wk_call_staff	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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89	t2wk_call_notes Show the field ONLY if: [t2wk_call] <> ""	Notes:	notes										
90	t2wk_call2 Show the field ONLY if: [t2wk_call] <> ""	2nd attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
91	t2wk_call2_staff Show the field ONLY if: [t2wk_call] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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92	t2wk_call2_notes Show the field ONLY if: [t2wk_call2] <> ""	Notes:	notes										
93	t2wk_call3 Show the field ONLY if: [t2wk_call2] <> ""	3rd attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										

94	t2wk_call3_staff Show the field ONLY if: [t2wk_call2] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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95	t2wk_call3_notes Show the field ONLY if: [t2wk_call3] <> ""	Notes:	notes										
96	t2wk_call4 Show the field ONLY if: [t2wk_call3] <> ""	4th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
97	t2wk_call4_staff Show the field ONLY if: [t2wk_call3] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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98	t2wk_call4_notes Show the field ONLY if: [t2wk_call4] <> ""	Notes:	notes										
99	t2wk_call5 Show the field ONLY if: [t2wk_call4] <> ""	5th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
100	t2wk_call5_staff Show the field ONLY if: [t2wk_call4] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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101	t2wk_call5_notes Show the field ONLY if: [t2wk_call5] <> ""	Notes:	notes										

102	t2wk_call6 Show the field ONLY if: [t2wk_call5] <> ""	6th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
103	t2wk_call6_staff Show the field ONLY if: [t2wk_call5] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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104	t2wk_call6_notes Show the field ONLY if: [t2wk_call5] <> ""	Notes:	notes										
105	t2wk_call7 Show the field ONLY if: [t2wk_call6] <> ""	7th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
106	t2wk_call7_staff Show the field ONLY if: [t2wk_call6] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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107	t2wk_call7_notes Show the field ONLY if: [t2wk_call6] <> ""	Notes:	notes										
108	t2wk_call8 Show the field ONLY if: [t2wk_call7] <> ""	8th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
109	t2wk_call8_staff Show the field ONLY if: [t2wk_call7] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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110	t2wk_call8_notes Show the field ONLY if: [t2wk_call7] <> ""	Notes:	notes										
111	t2wk_call9 Show the field ONLY if: [t2wk_call7] <> ""	9th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
112	t2wk_call9_staff Show the field ONLY if: [t2wk_call8] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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113	t2wk_call9_notes Show the field ONLY if: [t2wk_call8] <> ""	Notes:	notes										
114	t2wk_call10 Show the field ONLY if: [t2wk_call7] <> ""	10th attempt phone call to schedule. (Baseline, RANDOMIZE, schedule interview if appropriate)	text (datetime_ymd)										
115	t2wk_call10_staff Show the field ONLY if: [t2wk_call9] <> ""	Staff member who called to re-contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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116	t2wk_call10_notes Show the field ONLY if: [t2wk_call9] <> ""	Notes:	notes										
117	consent2_decline	Surrogate declines continued participation.	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
118	two_week_scheduling_call_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												

Instrument: Baseline Start (baseline_start)			
119	baseline_staff	Staff person administering Baseline measures to participant:	dropdown <div> <div>1</div> <div></div> </div> <div> <div>2</div> <div></div> </div> <div> <div>3</div> <div></div> </div> <div> <div>4</div> <div></div> </div> <div> <div>5</div> <div></div> </div>
120	quest_verbalconsent	Verbal Consent obtained from Surrogate to complete Baseline, 3-month, and 6-month telephone questionnaires?	text (datetime_ymd)
121	baseline_start_datetime	Baseline Measures START Date & Time:	text (datetime_ymd)
122	baseline_start_complete	Section Header: <i>Form Status</i> Complete?	dropdown <div> <div>0</div> <div>Incomplete</div> </div> <div> <div>1</div> <div>Unverified</div> </div> <div> <div>2</div> <div>Complete</div> </div>
Instrument: Three Month Follow Up - LETTER (three_month_letter)			
123	three_mos_letter	Date 3 Month Follow Up Questionnaire - Reminder Letter mailed	text (date_ymd)
124	three_month_letter_complete	Section Header: <i>Form Status</i> Complete?	dropdown <div> <div>0</div> <div>Incomplete</div> </div> <div> <div>1</div> <div>Unverified</div> </div> <div> <div>2</div> <div>Complete</div> </div>
Instrument: Three Month Follow Up Start (three_month_follow_up_start)			
125	t3mo_call	Section Header: <i>3 Month Follow Up - Measures by Phone</i> Phone call to conduct 3 month follow up:	text (datetime_ymd)
126	threemo_call_staff	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <div> <div>1</div> <div></div> </div> <div> <div>2</div> <div></div> </div> <div> <div>3</div> <div></div> </div> <div> <div>4</div> <div></div> </div> <div> <div>5</div> <div></div> </div>
127	t3mo_call_notes Show the field ONLY if: [t3mo_call] <> ""	Notes:	notes

128	t3mo_call2 Show the field ONLY if: [t3mo_call] <> ""	2nd attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
129	threemo_call2_staff Show the field ONLY if: [t3mo_call] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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130	t3mo_call2_notes Show the field ONLY if: [t3mo_call2] <> ""	Notes:	notes										
131	t3mo_call3 Show the field ONLY if: [t3mo_call2] <> ""	3rd attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
132	threemo_call3_staff Show the field ONLY if: [t3mo_call2] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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133	t3mo_call3_notes Show the field ONLY if: [t3mo_call3] <> ""	Notes:	notes										
134	t3mo_call4 Show the field ONLY if: [t3mo_call3] <> ""	4th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
135	threemo_call4_staff Show the field ONLY if: [t3mo_call3] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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136	t3mo_call4_notes Show the field ONLY if: [t3mo_call4] <> ""	Notes:	notes										
137	t3mo_call5 Show the field ONLY if: [t3mo_call4] <> ""	5th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
138	threemo_call5_staff Show the field ONLY if: [t3mo_call4] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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139	t3mo_call5_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										
140	t3mo_call6 Show the field ONLY if: [t3mo_call5] <> ""	6th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
141	threemo_call6_staff Show the field ONLY if: [t3mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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142	t3mo_call6_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										
143	t3mo_call7 Show the field ONLY if: [t3mo_call5] <> ""	7th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										

144	threemo_call7_staff Show the field ONLY if: [t3mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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145	t3mo_call7_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										
146	t3mo_call8 Show the field ONLY if: [t3mo_call5] <> ""	8th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
147	threemo_call8_staff Show the field ONLY if: [t3mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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148	t3mo_call8_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										
149	t3mo_call9 Show the field ONLY if: [t3mo_call5] <> ""	9th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
150	threemo_call9_staff Show the field ONLY if: [t3mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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151	t3mo_call9_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										

152	t3mo_call10 Show the field ONLY if: [t3mo_call5] <> ""	10th attempt - phone call to conduct 3 month follow up	text (datetime_ymd)										
153	threemo_call10_staff Show the field ONLY if: [t3mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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154	t3mo_call10_notes Show the field ONLY if: [t3mo_call5] <> ""	Notes:	notes										
155	threemo_staff	Staff person administering 3-Month Follow Up Questionnaire to participant:	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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156	threemo_start_date	3 Month Follow Up START date:	text (date_ymd)										
157	threemo_start_time	3 Month Follow Up START time:	text (time)										
158	three_month_follow_up_start_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												
Instrument: Six Month Follow Up - LETTER (six_month_follow_up_letter)													
159	six_mos_letter	Date 6 Month Follow Up Questionnaire - Reminder Letter Sent	text (date_ymd)										
160	six_month_follow_up_letter_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				
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Instrument: Six Month Follow Up Start (six_month_follow_up_start)													

161	s6mo_call	Phone call to conduct 6 month follow up:	text (datetime_ymd)										
162	sixmo_call_staff	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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163	s6mo_call_notes Show the field ONLY if: [s6mo_call] <> ""	Notes:	notes										
164	s6mo_call2 Show the field ONLY if: [s6mo_call] <> ""	2nd attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
165	sixmo_call2_staff Show the field ONLY if: [s6mo_call] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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166	s6mo_call2_notes Show the field ONLY if: [s6mo_call2] <> ""	Notes:	notes										
167	s6mo_call3 Show the field ONLY if: [s6mo_call2] <> ""	3rd attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
168	sixmo_call3_staff Show the field ONLY if: [s6mo_call2] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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169	s6mo_call3_notes Show the field ONLY if: [s6mo_call3] <> ""	Notes:	notes										

170	s6mo_call4 Show the field ONLY if: [s6mo_call3] <> ""	4th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
171	sixmo_call4_staff Show the field ONLY if: [s6mo_call3] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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172	s6mo_call4_notes Show the field ONLY if: [s6mo_call4] <> ""	Notes:	notes										
173	s6mo_call5 Show the field ONLY if: [s6mo_call4] <> ""	5th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
174	sixmo_call5_staff Show the field ONLY if: [s6mo_call4] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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175	s6mo_call5_notes Show the field ONLY if: [s6mo_call5] <> ""	Notes:	notes										
176	s6mo_call6 Show the field ONLY if: [s6mo_call5] <> ""	6th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
177	sixmo_call6_staff Show the field ONLY if: [s6mo_call5] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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178	s6mo_call6_notes Show the field ONLY if: [s6mo_call6] <> ""	Notes:	notes										
179	s6mo_call7 Show the field ONLY if: [s6mo_call6] <> ""	7th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
180	sixmo_call7_staff Show the field ONLY if: [s6mo_call6] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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181	s6mo_call7_notes Show the field ONLY if: [s6mo_call7] <> ""	Notes:	notes										
182	s6mo_call8 Show the field ONLY if: [s6mo_call7] <> ""	8th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
183	sixmo_call8_staff Show the field ONLY if: [s6mo_call7] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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184	s6mo_call8_notes Show the field ONLY if: [s6mo_call8] <> ""	Notes:	notes										
185	s6mo_call9 Show the field ONLY if: [s6mo_call8] <> ""	9th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										

186	sixmo_call9_staff Show the field ONLY if: [s6mo_call8] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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187	s6mo_call9_notes Show the field ONLY if: [s6mo_call9] <> ""	Notes:	notes										
188	s6mo_call10 Show the field ONLY if: [s6mo_call9] <> ""	10th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
189	sixmo_call10_staff Show the field ONLY if: [s6mo_call9] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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190	s6mo_call10_notes Show the field ONLY if: [s6mo_call10] <> ""	Notes:	notes										
191	s6mo_call11 Show the field ONLY if: [s6mo_call10] <> ""	11th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
192	sixmo_call11_staff Show the field ONLY if: [s6mo_call10] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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193	s6mo_call11_notes Show the field ONLY if: [s6mo_call11] <> ""	Notes:	notes										

194	s6mo_call12 Show the field ONLY if: [s6mo_call11] <> ""	12th attempt - phone call to conduct 6 month follow up	text (datetime_ymd)										
195	sixmo_call12_staff Show the field ONLY if: [s6mo_call11] <> ""	Staff member who called to contact participant: <i>If 'Other' selected, note who in Notes text box.</i>	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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196	s6mo_call12_notes Show the field ONLY if: [s6mo_call12] <> ""	Notes:	notes										
197	sixmo_staff	Staff person administering 6-Month Follow Up Questionnaire to participant:	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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198	sixmo_start_date	6 Month Follow Up START date:	text (date_ymd)										
199	sixmo_start_time	6 Month Follow Up START time:	text (time)										
200	six_month_follow_up_start_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				
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Instrument: Observation Arm Follow Up - Re-Contact (observation_arm_recontact)													

201	observation	Re-Contact for Observation Arm Follow Up - Survey (Surrogate who was NOT previously enrolled / assigned to a study group) --This survey is best administered with the guide of a paper version. Order of measures here is not accurate for telephone administration.--	descriptive										
202	obs_contact_method	Re-Contact Method	dropdown <table><tr><td>1</td><td>Telephone</td></tr><tr><td>2</td><td>Paper mail</td></tr><tr><td>3</td><td>Other</td></tr></table>	1	Telephone	2	Paper mail	3	Other				
1	Telephone												
2	Paper mail												
3	Other												
203	obs_contact_method_notes	Comments:	notes										
204	obs_contact_staff	Staff person re-contacting surrogate:	dropdown <table><tr><td>1</td><td><div></div></td></tr><tr><td>2</td><td><div></div></td></tr><tr><td>3</td><td><div></div></td></tr><tr><td>4</td><td><div></div></td></tr><tr><td>5</td><td><div></div></td></tr></table>	1	<div></div>	2	<div></div>	3	<div></div>	4	<div></div>	5	<div></div>
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205	obs_contact_maildate Show the field ONLY if: [obs_contact_method] = '2'	Date packet mailed	text (date_dmy)										
206	obs_contact_call1 Show the field ONLY if: [obs_contact_method] = '1'	1st Re-Contact call:	text (datetime_ymd)										
207	obs_contact_call1_notes	1st Contact notes:	notes										
208	obs_contact_call2 Show the field ONLY if: [obs_contact_call1] < > ""	2nd Re-Contact call:	text (datetime_ymd)										

209	obs_contact_call2_staff Show the field ONLY if: [obs_contact_call2] < > ""	Staff person re-contacting surrogate:	dropdown <table><tr><td>1</td><td><div></div></td></tr><tr><td>2</td><td><div></div></td></tr><tr><td>3</td><td><div></div></td></tr><tr><td>4</td><td><div></div></td></tr><tr><td>5</td><td><div></div></td></tr></table>	1	<div></div>	2	<div></div>	3	<div></div>	4	<div></div>	5	<div></div>
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210	obs_contact_call2_notes Show the field ONLY if: [obs_contact_call2] < > ""	2nd Contact notes:	notes										
211	obs_contact_call3 Show the field ONLY if: [obs_contact_call2] < > ""	3rd Re-Contact call:	text (datetime_ymd)										
212	obs_contact_call3_staff Show the field ONLY if: [obs_contact_call3] < > ""	Staff person re-contacting surrogate:	dropdown <table><tr><td>1</td><td><div></div></td></tr><tr><td>2</td><td><div></div></td></tr><tr><td>3</td><td><div></div></td></tr><tr><td>4</td><td><div></div></td></tr><tr><td>5</td><td><div></div></td></tr></table>	1	<div></div>	2	<div></div>	3	<div></div>	4	<div></div>	5	<div></div>
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213	obs_contact_call3_notes Show the field ONLY if: [obs_contact_call3] < > ""	3rd Contact notes:	notes										
214	obs_contact_call4 Show the field ONLY if: [obs_contact_call3] < > ""	4th Re-Contact call:	text (datetime_ymd)										
215	obs_contact_call4_staff Show the field ONLY if: [obs_contact_call4] < > ""	Staff person re-contacting surrogate:	dropdown <table><tr><td>1</td><td><div></div></td></tr><tr><td>2</td><td><div></div></td></tr><tr><td>3</td><td><div></div></td></tr><tr><td>4</td><td><div></div></td></tr><tr><td>5</td><td><div></div></td></tr></table>	1	<div></div>	2	<div></div>	3	<div></div>	4	<div></div>	5	<div></div>
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216	obs_contact_call4_no tes Show the field ONLY if: [obs_contact_call4] < > ""	4th Contact notes:	notes										
217	obs_contact_call5 Show the field ONLY if: [obs_contact_call4] < > ""	5th Re-Contact call:	text (datetime_ymd)										
218	obs_contact_call5_sta ff Show the field ONLY if: [obs_contact_call5] < > ""	Staff person re-contacting surrogate:	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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219	obs_contact_call5_no tes Show the field ONLY if: [obs_contact_call5] < > ""	5th Contact notes:	notes										
220	obs_staff	Staff person administering Observation Arm Survey to participant:	dropdown <table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table>	1		2		3		4		5	
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221	obs_verbalconsent	Verbal Consent obtained from Surrogate to complete Observation Arm Survey by telephone?	text (datetime_ymd)										
222	obs_start	Observation Arm Survey START Date & Time:	text (datetime_ymd)										
223	observation_arm_rec ontact_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				
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2	Complete												
Instrument: Subjective Units Of Distress Scale Suds (subjective_units_of_distress_scale_suds_)													

224	suds_pre_quest	<p>Throughout our conversation I will ask you several times to report your distress on a scale of 0 to 100.</p> <p>----- You can refer to the first scale, marked 0 to 100, in light green, as a guide. -----</p> <p>For this question, a response of zero means feeling completely calm, while 100 is the worst distress that you can imagine.</p> <p>How do you rate yourself at this moment?</p>	text										
225	subjective_units_of_distress_scale_suds_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <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												
Instrument: Resilience (resilience)													
226	res_1	<p>Section Header: <i>PLEASE REFER to the LAVENDER Scale, where your choices range from Strongly Disagree to Strongly Agree, to answer this next set of questions. I'm going to read a list of statements that may or may not describe you in general. Please indicate whether you Strongly Agree, Agree, Neither agree nor disagree, Disagree, or Strongly Disagree with each statement, as it applies to you. Resilience</i></p> <p>1. I tend to bounce back quickly after hard times</p>	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
227	res_2	<p>2. I have a hard time making it through stressful events</p>	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
228	res_3	<p>3. It does not take me long to recover from a stressful event</p>	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												

229	res_4	4. It is hard for me to snap back when something bad happens	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
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2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
230	res_5	5. I usually come through difficult times with little trouble	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
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2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
231	res_6	6. I tend to take a long time to get over set-backs in my life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
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2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
232	resilience_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Impact Of Events Scale Revised (impact_of_events_scale_revised)													
233	ies_1	Section Header: <i>Impact of Events Scale - Revised ---- PLEASE REFER to the YELLOW section, where your choices range from Not at all to Extremely, to answer the following questions. ---- I'm going to read a list of difficulties people sometimes have after stressful life events, such as your experience with _____'s death in the ICU. As I read each item, tell me how distressed or bothered you were during the DURING THE PAST SEVEN DAYS.</i> 1. Any reminder brought back feelings about it	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all (0)</td></tr> <tr><td>1</td><td>A little bit (1)</td></tr> <tr><td>2</td><td>Moderately (2)</td></tr> <tr><td>3</td><td>Quite a bit (3)</td></tr> <tr><td>4</td><td>Extremely (4)</td></tr> </table>	0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)												
1	A little bit (1)												
2	Moderately (2)												
3	Quite a bit (3)												
4	Extremely (4)												
234	ies_2	2. I had trouble staying asleep	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all (0)</td></tr> <tr><td>1</td><td>A little bit (1)</td></tr> <tr><td>2</td><td>Moderately (2)</td></tr> <tr><td>3</td><td>Quite a bit (3)</td></tr> <tr><td>4</td><td>Extremely (4)</td></tr> </table>	0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)												
1	A little bit (1)												
2	Moderately (2)												
3	Quite a bit (3)												
4	Extremely (4)												

235	ies_3	3. Other things kept making me think about it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
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1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
236	ies_4	4. I felt irritable and angry	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
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3	Quite a bit (3)													
4	Extremely (4)													
237	ies_5	5. I avoided letting myself get upset when I thought about it or was reminded of it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
238	ies_6	6. I thought about it when I didn't mean to	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
239	ies_7	7. I felt as if it hadn't happened or wasn't real	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
240	ies_8	8. I stayed away from reminders about it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													

241	ies_9	9. Pictures about it popped into my mind	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
242	ies_10	10. I was jumpy and easily startled	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
243	ies_11	11. I tried not to think about it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
244	ies_12	12. I was aware that I still had a lot of feelings about it, but I didn't deal with them	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
245	ies_13	13. My feelings about it were kind of numb	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
246	ies_14	14. I found myself acting or feeling as though I was back at that time	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													

247	ies_15	15. I had trouble falling asleep	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
248	ies_16	16. I had waves of strong feelings about it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
249	ies_17	17. I tried to remove it from my memory	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
250	ies_18	18. I had trouble concentrating	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
251	ies_19	19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													
252	ies_20	20. I had dreams about it	radio (Matrix) <table><tr><td>0</td><td>Not at all (0)</td></tr><tr><td>1</td><td>A little bit (1)</td></tr><tr><td>2</td><td>Moderately (2)</td></tr><tr><td>3</td><td>Quite a bit (3)</td></tr><tr><td>4</td><td>Extremely (4)</td></tr></table>		0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)													
1	A little bit (1)													
2	Moderately (2)													
3	Quite a bit (3)													
4	Extremely (4)													

253	ies_21	21. I felt watchful or on-guard	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all (0)</td></tr> <tr><td>1</td><td>A little bit (1)</td></tr> <tr><td>2</td><td>Moderately (2)</td></tr> <tr><td>3</td><td>Quite a bit (3)</td></tr> <tr><td>4</td><td>Extremely (4)</td></tr> </table>	0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)												
1	A little bit (1)												
2	Moderately (2)												
3	Quite a bit (3)												
4	Extremely (4)												
254	ies_22	22. I tried not to talk about it	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at all (0)</td></tr> <tr><td>1</td><td>A little bit (1)</td></tr> <tr><td>2</td><td>Moderately (2)</td></tr> <tr><td>3</td><td>Quite a bit (3)</td></tr> <tr><td>4</td><td>Extremely (4)</td></tr> </table>	0	Not at all (0)	1	A little bit (1)	2	Moderately (2)	3	Quite a bit (3)	4	Extremely (4)
0	Not at all (0)												
1	A little bit (1)												
2	Moderately (2)												
3	Quite a bit (3)												
4	Extremely (4)												
255	impact_of_events_scale_revised_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Hospital Anxiety And Depression Scale Hads (hospital_anxiety_and_depression_scale_hads_)													
256	hads_1	Section Header: <i>----PLEASE FLIP to the BACK of the response guide to answer these questions. ---- I'm going to read a statement, followed by four answer choices that will change with each question. Please tell me which answer choice best describes you and HOW YOU'RE FEELING RIGHT NOW.</i> 1. (A) I feel tense or 'wound up'	radio <table border="1"> <tr><td>3</td><td>Most of the time</td></tr> <tr><td>2</td><td>A lot of the time</td></tr> <tr><td>1</td><td>From time to time, occasionally</td></tr> <tr><td>0</td><td>Not at all</td></tr> </table>	3	Most of the time	2	A lot of the time	1	From time to time, occasionally	0	Not at all		
3	Most of the time												
2	A lot of the time												
1	From time to time, occasionally												
0	Not at all												
257	hads_2	2. (D) I still enjoy the things I used to enjoy	radio <table border="1"> <tr><td>0</td><td>Definitely as much</td></tr> <tr><td>1</td><td>Not quite so much</td></tr> <tr><td>2</td><td>Only a little</td></tr> <tr><td>3</td><td>Hardly at all</td></tr> </table>	0	Definitely as much	1	Not quite so much	2	Only a little	3	Hardly at all		
0	Definitely as much												
1	Not quite so much												
2	Only a little												
3	Hardly at all												
258	hads_3	3. (A) I get a sort of frightened feeling as if something awful is about to happen	radio <table border="1"> <tr><td>3</td><td>Very definitely and quite badly</td></tr> <tr><td>2</td><td>Yes, but not too badly</td></tr> <tr><td>1</td><td>A little, but it doesn't worry me</td></tr> <tr><td>0</td><td>Not at all</td></tr> </table>	3	Very definitely and quite badly	2	Yes, but not too badly	1	A little, but it doesn't worry me	0	Not at all		
3	Very definitely and quite badly												
2	Yes, but not too badly												
1	A little, but it doesn't worry me												
0	Not at all												

259	hads_4	4. (D) I can laugh and see the funny side of things	radio <table><tr><td>0</td><td>As much as I always could</td></tr><tr><td>1</td><td>Not quite so much now</td></tr><tr><td>2</td><td>Definitely not so much now</td></tr><tr><td>3</td><td>Not at all</td></tr></table>	0	As much as I always could	1	Not quite so much now	2	Definitely not so much now	3	Not at all
0	As much as I always could										
1	Not quite so much now										
2	Definitely not so much now										
3	Not at all										
260	hads_5	5. (A) Worrying thoughts go through my mind	radio <table><tr><td>3</td><td>A great deal of the time</td></tr><tr><td>2</td><td>A lot of the time</td></tr><tr><td>1</td><td>From time to time, but not too often</td></tr><tr><td>0</td><td>Only occasionally</td></tr></table>	3	A great deal of the time	2	A lot of the time	1	From time to time, but not too often	0	Only occasionally
3	A great deal of the time										
2	A lot of the time										
1	From time to time, but not too often										
0	Only occasionally										
261	hads_6	6. (D) I feel cheerful	radio <table><tr><td>3</td><td>Not at all</td></tr><tr><td>2</td><td>Not often</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>0</td><td>Most of the time</td></tr></table>	3	Not at all	2	Not often	1	Sometimes	0	Most of the time
3	Not at all										
2	Not often										
1	Sometimes										
0	Most of the time										
262	hads_7	7. (A) I can sit at ease and feel relaxed	radio <table><tr><td>0</td><td>Definitely</td></tr><tr><td>1</td><td>Usually</td></tr><tr><td>2</td><td>Not Often</td></tr><tr><td>3</td><td>Not at all</td></tr></table>	0	Definitely	1	Usually	2	Not Often	3	Not at all
0	Definitely										
1	Usually										
2	Not Often										
3	Not at all										
263	hads_8	8. (D) I feel as if I am slowed down	radio <table><tr><td>3</td><td>Nearly all the time</td></tr><tr><td>2</td><td>Very often</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>0</td><td>Not at all</td></tr></table>	3	Nearly all the time	2	Very often	1	Sometimes	0	Not at all
3	Nearly all the time										
2	Very often										
1	Sometimes										
0	Not at all										
264	hads_9	9. (A) I get a sort of frightened feeling like 'butterflies' in the stomach	radio <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Occasionally</td></tr><tr><td>2</td><td>Quite often</td></tr><tr><td>3</td><td>Very often</td></tr></table>	0	Not at all	1	Occasionally	2	Quite often	3	Very often
0	Not at all										
1	Occasionally										
2	Quite often										
3	Very often										

265	hads_10	10. (D) I have lost interest in my appearance	radio <table border="1"> <tr><td>3</td><td>Definitely</td></tr> <tr><td>2</td><td>I don't take as much care as I should</td></tr> <tr><td>1</td><td>I may not take quite as much care</td></tr> <tr><td>0</td><td>I take just as much care as ever</td></tr> </table>	3	Definitely	2	I don't take as much care as I should	1	I may not take quite as much care	0	I take just as much care as ever
3	Definitely										
2	I don't take as much care as I should										
1	I may not take quite as much care										
0	I take just as much care as ever										
266	hads_11	11. (A) I feel restless, as if I have to be on the move	radio <table border="1"> <tr><td>3</td><td>Very much indeed</td></tr> <tr><td>2</td><td>Quite a lot</td></tr> <tr><td>1</td><td>Not very much</td></tr> <tr><td>0</td><td>Not at all</td></tr> </table>	3	Very much indeed	2	Quite a lot	1	Not very much	0	Not at all
3	Very much indeed										
2	Quite a lot										
1	Not very much										
0	Not at all										
267	hads_12	12. (D) I look forward with enjoyment to things	radio <table border="1"> <tr><td>0</td><td>As much as I ever did</td></tr> <tr><td>1</td><td>Rather less than I used to</td></tr> <tr><td>2</td><td>Definitely less than I used to</td></tr> <tr><td>3</td><td>Hardly at all</td></tr> </table>	0	As much as I ever did	1	Rather less than I used to	2	Definitely less than I used to	3	Hardly at all
0	As much as I ever did										
1	Rather less than I used to										
2	Definitely less than I used to										
3	Hardly at all										
268	hads_13	13. (A) I get sudden feelings of panic	radio <table border="1"> <tr><td>3</td><td>Very often indeed</td></tr> <tr><td>2</td><td>Quite often</td></tr> <tr><td>1</td><td>Not very often</td></tr> <tr><td>0</td><td>Not at all</td></tr> </table>	3	Very often indeed	2	Quite often	1	Not very often	0	Not at all
3	Very often indeed										
2	Quite often										
1	Not very often										
0	Not at all										
269	hads_14	14. (D) I can enjoy a good book or radio or TV program	radio <table border="1"> <tr><td>0</td><td>Often</td></tr> <tr><td>1</td><td>Sometimes</td></tr> <tr><td>2</td><td>Not often</td></tr> <tr><td>3</td><td>Very seldom</td></tr> </table>	0	Often	1	Sometimes	2	Not often	3	Very seldom
0	Often										
1	Sometimes										
2	Not often										
3	Very seldom										
270	hospital_anxiety_and_depression_scale_hads_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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										
Instrument: Patient Health Questionnaire Prime Md (patient_health_questionnaire_prime_md_)											

271	phq_1a	<p>Section Header: ---- <i>PLEASE REFER to the ORANGE scale, where your choices range from Not at all to Nearly every day, to help answer these next questions. ---- 1. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?</i></p> <p>a. Little interest or pleasure in doing things</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
272	phq_1b	b. Feeling down, depressed, or hopeless	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
273	phq_1c	c. Trouble falling or staying asleep, or sleeping too much	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
274	phq_1d	d. Feeling tired or having little energy	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
275	phq_1e	e. Poor appetite or overeating	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
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2	More than half the days										
3	Nearly every day										
276	phq_1f	f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
277	phq_1g	g. Trouble concentrating on things, such as reading the newspaper or watching television	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										

278	phq_1h	h. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
279	phq_1i	i. Thoughts that you would be better off dead or of hurting yourself in some way	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several days</td></tr><tr><td>2</td><td>More than half the days</td></tr><tr><td>3</td><td>Nearly every day</td></tr></table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day
0	Not at all										
1	Several days										
2	More than half the days										
3	Nearly every day										
280	phq_1i_safetyprotoco l Show the field ONLY if: [phq_1i] = '1' and [ph q_1i] = '2' and [phq_1 i] = '3'	If surrogate endorses any DESIRE TO HARM him/herself or others, refer to Safety Protocol at end of questionnaire.	descriptive								
281	phq_2a	Section Header: ----- For these next questions, you can just answer Yes or No. ----- 2. Questions about anxiety a. In the last 4 weeks, have you had an anxiety attack - suddenly feeling fear or panic?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
282	phq_2b Show the field ONLY if: [phq_2a] = '1'	b. Has this ever happened before?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
283	phq_2c Show the field ONLY if: [phq_2a] = '1'	c. Do some of these attacks come suddenly out of the blue - that is, in situations where you don't expect to be nervous or uncomfortable?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
284	phq_2d Show the field ONLY if: [phq_2a] = '1'	d. Do these attacks bother you a lot or are you worried about having another attack?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
285	phq_3a Show the field ONLY if: [phq_2a] = '1'	Section Header: 3. Think about your last bad anxiety attack a. Were you short of breath?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
286	phq_3b Show the field ONLY if: [phq_2a] = '1'	b. Did your heart race, pound, or skip?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										

287	phq_3c Show the field ONLY if: [phq_2a] = '1'	c. Did you have chest pain or pressure?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
288	phq_3d Show the field ONLY if: [phq_2a] = '1'	d. Did you sweat?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
289	phq_3e Show the field ONLY if: [phq_2a] = '1'	e. Did you feel as if you were choking?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
290	phq_3f Show the field ONLY if: [phq_2a] = '1'	f. Did you have hot flashes or chills?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
291	phq_3g Show the field ONLY if: [phq_2a] = '1'	g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
292	phq_3h Show the field ONLY if: [phq_2a] = '1'	h. Did you feel dizzy, unsteady, or faint?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
293	phq_3i Show the field ONLY if: [phq_2a] = '1'	i. Did you have tingling or numbness in parts of your body?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
294	phq_3j Show the field ONLY if: [phq_2a] = '1'	j. Did you tremble or shake?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
295	phq_3k Show the field ONLY if: [phq_2a] = '1'	k. Were you afraid you were dying?	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes		
0	No								
1	Yes								
296	phq_4a	Section Header: ----- For this next set of questions, your answer choices are in the ORANGE scale, but only include: Not at all, Several days, or More than half the days. ----- 4. Over the LAST 4 WEEKS, how often have you been bothered by any of the following problems? a. Feeling nervous, anxious, on edge, or worrying about a lot of different things	radio (Matrix) <table><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>Several Days</td></tr><tr><td>2</td><td>More than half the days</td></tr></table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								

297	<p>phq_4b</p> <p>Show the field ONLY if: [phq_4a] = '1' or [phq_4a] = '2'</p>	b. Feeling restless so that it is hard to sit still	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
298	<p>phq_4c</p> <p>Show the field ONLY if: [phq_4a] = '2' or [phq_4a] = '1'</p>	c. Getting tired very easily	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
299	<p>phq_4d</p> <p>Show the field ONLY if: [phq_4a] = '1' or [phq_4a] = '2'</p>	d. Muscle tension, aches, or soreness	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
300	<p>phq_4e</p> <p>Show the field ONLY if: [phq_4a] = '1' or [phq_4a] = '2'</p>	e. Trouble falling asleep or staying asleep	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
301	<p>phq_4f</p> <p>Show the field ONLY if: [phq_4a] = '1' or [phq_4a] = '2'</p>	f. Trouble concentrating on things, such as reading a book or watching TV	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
302	<p>phq_4g</p> <p>Show the field ONLY if: [phq_4a] = '2' or [phq_4a] = '1'</p>	g. Becoming easily annoyed or irritable	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several Days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> </table>	0	Not at all	1	Several Days	2	More than half the days
0	Not at all								
1	Several Days								
2	More than half the days								
303	phq_5	5. Do you ever drink alcohol (including beer or wine)?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
304	<p>phq_6a</p> <p>Show the field ONLY if: [phq_5] = '1'</p>	<p>Section Header: 6. Have any of the following happened to you MORE THAN ONCE IN THE LAST 6 MONTHS?</p> <p>a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes		
0	No								
1	Yes								
305	<p>phq_6b</p> <p>Show the field ONLY if: [phq_5] = '1'</p>	b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes		
0	No								
1	Yes								

306	phq_6c Show the field ONLY if: [phq_5] = '1'	c. You missed or were late for work, school, or other activities because you were drinking or hung over.	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
307	phq_6d Show the field ONLY if: [phq_5] = '1'	d. You had a problem getting along with other people while you were drinking.	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
308	phq_6e Show the field ONLY if: [phq_5] = '1'	e. You drove a car after having several drinks or after drinking too much.	radio (Matrix) <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes				
0	No										
1	Yes										
309	phq_7	---- PLEASE REFER to the LIGHT RED scale, where your choices range from Not difficult at all to Extremely difficult, to answer this next question. ---- 7. Regarding the problems on this questionnaire that you've reported having, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	radio <table><tr><td>0</td><td>Not difficult at all</td></tr><tr><td>1</td><td>Somewhat difficult</td></tr><tr><td>2</td><td>Very difficult</td></tr><tr><td>3</td><td>Extremely difficult</td></tr></table>	0	Not difficult at all	1	Somewhat difficult	2	Very difficult	3	Extremely difficult
0	Not difficult at all										
1	Somewhat difficult										
2	Very difficult										
3	Extremely difficult										
310	patient_health_questionnaire_prime_md_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										
Instrument: Pgh Sleep Quality (pgh_sleep_quality)											
311	pghsleep_1	Section Header: <i>For this question, I will read you four answer choices. Please choose the one that best describes you during the past month.</i> During the past month, how would you rate your sleep quality overall?	radio <table><tr><td>0</td><td>Very Good</td></tr><tr><td>1</td><td>Fairly Good</td></tr><tr><td>2</td><td>Fairly Bad</td></tr><tr><td>3</td><td>Very Bad</td></tr></table>	0	Very Good	1	Fairly Good	2	Fairly Bad	3	Very Bad
0	Very Good										
1	Fairly Good										
2	Fairly Bad										
3	Very Bad										
312	pgh_sleep_quality_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										
Instrument: History Of Anxiety Depression (history_of_anxiety_depression)											

313	surr_hist_depr	<p>Section Header: <i>History or Anxiety or Depression</i></p> <p>Has a doctor or other health professional ever told you that you have depression?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
314	surr_hist_anx	<p>Has a doctor or other health professional ever told you that you have anxiety?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
315	surr_hist_ptsd	<p>Has a doctor or other health professional ever told you that you have post-traumatic stress disorder (PTSD)?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
316	surr_hist_mhtrt	<p>Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
317	fam_hist_depr	<p>Section Header: <i>Family History of Anxiety or Depression</i></p> <p>Do any of your first-degree relatives (parents, siblings, or children) have a history of depression?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
318	fam_hist_anx	<p>Do any of your first-degree relatives (parents, siblings, or children) have a history of anxiety?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>7</td><td>Don't know / Not sure</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table>	0	No	1	Yes	7	Don't know / Not sure	9	Prefer not to answer
0	No										
1	Yes										
7	Don't know / Not sure										
9	Prefer not to answer										
319	history_of_anxiety_depression_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <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										
<p>Instrument: Mental Health Services Self Report (mental_health_services_self_report)</p>											

320	mhserv_seek	Section Header: <i>For these next few questions, please consider if you've done these things SINCE _____. DIED.</i> Have you consulted with any kind of mental health specialist?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
321	mhserv_seek_text Show the field ONLY if: [mhserv_seek] = '1'	If YES, please provide details.	notes				
322	mhserv_counsel	Have you received any counseling for your nerves, mood, or sleep?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
323	mhserv_counsel_text Show the field ONLY if: [mhserv_counsel] = '1'	If YES, please provide details	notes				
324	mhserv_meds	Have you taken any medication for your nerves, mood, or sleep?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
325	mhserv_meds_text Show the field ONLY if: [mhserv_meds] = '1'	If YES, please provide details	notes				
326	mhserv_clergy	Have you consulted with a clergy member?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
327	mhserv_clergy_text Show the field ONLY if: [mhserv_clergy] = '1'	If YES, please provide details	notes				
328	mhserv_suppgrp	Have you participated in a grief support group?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
329	mhserv_suppgrp_text Show the field ONLY if: [mhserv_suppgrp] = '1'	If YES, please provide details	notes				

330	mhserv_other	Are there any other services or activities you've participated in that have been helpful?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
331	mhserv_other_text Show the field ONLY if: [mhserv_other] = '1'	If YES, please provide details	notes										
332	mental_health_services_self_report_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Living Will (living_will)													
333	advdir_talk	Section Header: <i>Living will / Advance directive</i> Before the admission to the ICU, had you and _____ ever discussed the treatments s/he would want (or would not want) if s/he were too sick to speak for him/herself?	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
334	advdir_doc	Did _____ have a living will or advance directive indicating what treatments s/he would want (or would not want) if s/he were too sick to speak for him/herself?	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> </table>	0	No	1	Yes						
0	No												
1	Yes												
335	living_will_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Decision Making Style Preference (decision_making_style_preference)													
336	decstyle	Decision-Making Style Preference ---- PLEASE REFER to the BLACK OUTLINED BOX, where it reads "I preferred..." for this question. ---- Which ONE of the following best describes how you wanted to make decisions about life-support for _____ when s/he was in the ICU?	radio <table border="1"> <tr> <td>1</td> <td>I preferred to make the decisions.</td> </tr> <tr> <td>2</td> <td>I preferred to make the final decisions after seriously considering the doctor's opinion.</td> </tr> <tr> <td>3</td> <td>I preferred that the doctor and I share responsibility for the decisions.</td> </tr> <tr> <td>4</td> <td>I preferred that my the doctor make the final decisions after seriously considering my opinion</td> </tr> <tr> <td>5</td> <td>I preferred to leave all decisions to the doctor.</td> </tr> </table>	1	I preferred to make the decisions.	2	I preferred to make the final decisions after seriously considering the doctor's opinion.	3	I preferred that the doctor and I share responsibility for the decisions.	4	I preferred that my the doctor make the final decisions after seriously considering my opinion	5	I preferred to leave all decisions to the doctor.
1	I preferred to make the decisions.												
2	I preferred to make the final decisions after seriously considering the doctor's opinion.												
3	I preferred that the doctor and I share responsibility for the decisions.												
4	I preferred that my the doctor make the final decisions after seriously considering my opinion												
5	I preferred to leave all decisions to the doctor.												

337	decision_making_style_preference_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Decision Regret Satisfaction (decision_regret_satisfaction)													
338	drs_1	Section Header: <i>Decisional Regret Scale / Decision Satisfaction</i> ---- PLEASE REFER to the LAVENDER scale, where choices range from Strongly disagree to Strongly agree, to help answer these questions. ---- Please reflect on decisions you faced in the ICU to remove or limit life-support for _____. 1. It was the right decision	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
339	drs_2	2. I regret the choice that was made	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
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3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
340	drs_3	3. I would go for the same choice if I had to do it over	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
341	drs_4	4. The choice did me a lot of harm	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
342	drs_5	5. The decision was a wise one	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Strongly Disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Neither Agree nor Disagree</td> </tr> <tr> <td>4</td> <td>Agree</td> </tr> <tr> <td>5</td> <td>Strongly Agree</td> </tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												

343	dec_sat	[DecSat] I am satisfied with the decision.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
344	decision_regret_satisf action_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Centrality Of Events Scale (centrality_of_events_scale)													
345	ces_1	Section Header: <i>Centrality of Events Scale</i> ---- <i>PLEASE continue looking at the LAVENDER scale to help answer these questions. ---- Please think back upon _____ 's death in the ICU</i> 1. I feel the event has become part of my identity.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
346	ces_2	2. This event has become a reference point for the way I understand myself and the world.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
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2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
347	ces_3	3. I feel that this event has become a central part of my life story.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
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3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
348	ces_4	4. This event has colored the way I think and feel about other experiences.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												

349	ces_5	5. This event permanently changed my life.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
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3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
350	ces_6	6. I often think about the effects this event will have on my future.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
351	ces_7	7. This event was a turning point in my life.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
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3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
352	centrality_of_events_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Preparedness (preparedness)													
353	preparedness	Preparedness ---- Please refer to Scale H, the blue section, to help answer these questions. ---- "How prepared did you feel for _[Decedent's name]_'s death?"	slider Slider labels: Well prepared, Somewhat prepared, Totally unprepared Custom alignment: RH										
354	preparedness_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Storytelling Intervention Visit (storytelling_intervention_visit)													

355	int_interview_staff	Interventionist	dropdown <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> </div>
356	int_interview_mode	Mode of intervention delivery:	dropdown <div> <div>1 In person</div> <div>2 By telephone</div> </div>
357	int_interview_date	Storytelling Intervention Interview	text (date_ymd)
358	int_interview_arrtime	Visit Arrival Time	text (time)
359	int_interview_consent	Written or Verbal consent obtained to proceed with audio-recorded Storytelling session / study participation? <i>If NO, Do NOT Proceed.</i>	yesno <div> <div>1 Yes</div> <div>0 No</div> </div>
360	int_interview_consent_notes	Notes: - written or verbal consent - person obtaining consent - date of consent, if different from date of visit	notes
361	int_interview_audio_reuse	Participant response to future use of audio-recording:	radio <div> <div>1 Investigators MAY reuse the original audio-recording of participant's story for future research.</div> <div>2 Investigators MAY NOT reuse the original audio-recording of participant's story for future research; destroy the original audio-recording at the end of the current research study.</div> </div>
362	suds_pre	SUDS_PRE	text
363	int_interview_start	Interview start time <i>Time "Storytelling" discussion begins</i>	text (time)
364	suds_during	SUDS_DURING	text
365	suds_dur_1	SUDS_DURING (Additional 1)	text
366	suds_dur_2	SUDS_DURING (Additional 2)	text
367	suds_dur_3	SUDS_DURING (Additional 3)	text
368	suds_dur_4	SUDS_DURING (Additional 4)	text
369	suds_dur_5	SUDS_DURING (Additional 5)	text
370	suds_dur_6	SUDS_DURING (Additional 6)	text

371	suds_dur_7	SUDS_DURING (Additional 7)	text										
372	suds_dur_8	SUDS_DURING (Additional 8)	text										
373	suds_post	SUDS_POST	text										
374	int_interview_end	Interview end time <i>Time "Storytelling" discussion ends</i>	text (time)										
375	int_interview_depart	Departure time	text (time)										
376	int_interview_length	Length of visit	calc Calculation: [int_interview_depart]- [int_interview_arrtime]										
377	int_interview_storylength	Length of surrogate's story	calc Calculation: [int_interview_end]- [int_interview_start]										
378	int_interview_wepaycard	WePay Card given to participant?	text (date_dmy)										
379	int_interview_payment	WePay Card loaded? (\$50)	text (date_dmy)										
380	storytelling_intervention_visit_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												
Instrument: Inventory Of Complicated Grief (inventory_of_complicated_grief)													
381	icg_6m_1	Section Header: <i>Listen to the following statements and tell me how much they apply to you. Your answer choices are: never, rarely, sometimes, often, always.</i> 1. I think about this person so much that it's hard for me to do the things I normally do.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
382	icg_6m_2	2. Memories of the person who died upset me.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												

383	icg_6m_3	3. I feel I cannot accept the death of the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
384	icg_6m_4	4. I feel myself longing for the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
385	icg_6m_5	5. I feel drawn to places and things associated with the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
386	icg_6m_6	6. I cannot help feeling angry about his/her death.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
387	icg_6m_7	7. I feel disbelief over what happened.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
388	icg_6m_8	8. I feel stunned or dazed over what happened.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												

389	icg_6m_9	9. Ever since s/he died it is hard for me to trust people.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
390	icg_6m_10	10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
391	icg_6m_11	11. I have pain in the same area of my body or have some of the same symptoms as the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
392	icg_6m_12	12. I go out of my way to avoid reminders of the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
393	icg_6m_13	13. I feel that life is empty without the person who died.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
394	icg_6m_14	14. I hear the voice of the person who died speak to me.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Always</td></tr></table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												

395	icg_6m_15	15. I see the person who died stand before me.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
396	icg_6m_16	16. I feel that it is unfair that I should live when this person died.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
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3	Often												
4	Always												
397	icg_6m_17	17. I feel bitter over this person's death.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
398	icg_6m_18	18. I feel envious of others who have not lost someone close.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
399	icg_6m_19	19. I feel lonely a great deal of the time ever since s/he died.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Rarely</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Often</td></tr> <tr><td>4</td><td>Always</td></tr> </table>	0	Never	1	Rarely	2	Sometimes	3	Often	4	Always
0	Never												
1	Rarely												
2	Sometimes												
3	Often												
4	Always												
400	inventory_of_complicated_grief_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Observation Arm: Mental Health Services (Brief) (observation_arm_mental_health_services_brief)													

401	obs_mhservices	For these next few questions, please consider if you've done these things since your loved one __[patient]__ died.	descriptive						
402	obs_mhserv_seek	Have you consulted with any kind of mental health specialist?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
403	obs_mhserv_seek_text Show the field ONLY if: [obs_mhserv_seek] = '1'	If YES, please provide details.	notes						
404	obs_mhserv_counsel	Have you received any counseling for your nerves, mood, or sleep?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
405	obs_mhserv_counsel_text Show the field ONLY if: [obs_mhserv_counsel] = '1'	If YES, please provide details	notes						
406	obs_mhserv_meds	Have you taken any medication for your nerves, mood, or sleep?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
407	obs_mhserv_meds_text Show the field ONLY if: [obs_mhserv_meds] = '1'	If YES, please provide details	notes						
408	observation_arm_mental_health_services_brief_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								

Instrument: **Subjective Units Of Distress Scale 2 Suds** (subjective_units_of_distress_scale_2_suds_)

409	suds_post_quest	<p>---- Please refer back to scale A, the first, light green section, to help answer this question. ---</p> <p>-</p> <p>Think back to that scale that we discussed earlier, with 0 being absolutely calm and 100 being the worst distress that you can imagine.</p> <p>How do you rate yourself at this moment?</p>	text						
410	subjective_units_of_distress_scale_2_suds_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <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								
Instrument: Baseline End (baseline_end)									
411	baseline_end_date	<p>Baseline Measures</p> <p>END Date:</p>	text (date_ymd)						
412	baseline_end_time	<p>Baseline Measures</p> <p>END Time:</p>	text (time)						
413	baseline_safety	<p>Did participant trigger Safety Protocol?</p> <p><i>Answer YES, if participant responded that s/he was having thoughts of suicide/self-harm, or harming others (PHQ-9, question i.)</i></p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
414	baseline_safety_notes	If Yes, describe actions taken:	notes						
415	wepay_cardnumber	WePay Card Number:	text (number)						
416	wepay_3dig	WePay Card 3-digit security number:	text (number)						
417	baseline_wepaycard	WePay Card sent?	text (date_ymd)						
418	baseline_payment	<p>WePay Card loaded?</p> <p>(\$20)</p>	text (date_ymd)						
419	baseline_end_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <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								
Instrument: Three Month Follow Up End (three_month_follow_up_end)									
420	threemo_end_date	<p>3 Month Follow Up</p> <p>END date:</p>	text (date_ymd)						

421	threemo_end_time	3 Month Follow Up END time:	text (time)						
422	threemo_safety	Did participant trigger Safety Protocol? <i>Answer YES, if participant responded that s/he was having thoughts of suicide/self-harm, or harming others (PHQ-9, question i.)</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
423	threemo_safety_note s	If Yes, describe actions taken:	notes						
424	threemo_wepay_new	New WePay card needed?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
425	threemo_wepay_card number Show the field ONLY if: [threemo_wepay_new] = '1'	WePay Card Number:	text (number)						
426	threemo_wepay_3dig Show the field ONLY if: [threemo_wepay_new] = '1'	WePay Card 3-digit security number:	text (number)						
427	threemo_wepaycard Show the field ONLY if: [threemo_wepay_new] = '1'	WePay Card sent?	text (date_ymd)						
428	threemo_payment	WePay Card loaded? (\$20)	text (date_ymd)						
429	three_month_follow_up_end_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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								
Instrument: Six Month Follow Up End (six_month_follow_up_end)									
430	sixmo_end_date	6 Month Follow Up END date:	text (date_ymd)						
431	sixmo_end_time	6 Month Follow Up END time:	text (time)						

432	sixmo_safety	Did participant trigger Safety Protocol? <i>Answer YES, if participant responded that s/he was having thoughts of suicide/self-harm, or harming others (PHQ-9, question 1.)</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
433	sixmo_safety_notes	If Yes, describe actions taken:	notes								
434	sixmo_wepay_new	New WePay card needed?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
435	sixmo_wepay_cardnumber Show the field ONLY if: [sixmo_wepay_new] = '1'	WePay Card Number:	text (number)								
436	sixmo_wepay_3dig Show the field ONLY if: [sixmo_wepay_new] = '1'	WePay Card 3-digit security number:	text (number)								
437	sixmo_wepaycard Show the field ONLY if: [sixmo_wepay_new] = '1'	WePay Card sent?	text (date_ymd)								
438	sixmo_payment	WePay Card loaded? (\$20)	text (date_ymd)								
439	six_month_follow_up_end_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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										
Instrument: RANDOMIZE (randomize)											
440	randomize_staff	Staff member randomizing participant:	dropdown <table border="1"> <tr> <td>1</td> <td><div></div></td> </tr> <tr> <td>2</td> <td><div></div></td> </tr> <tr> <td>3</td> <td><div></div></td> </tr> <tr> <td>4</td> <td><div></div></td> </tr> </table>	1	<div></div>	2	<div></div>	3	<div></div>	4	<div></div>
1	<div></div>										
2	<div></div>										
3	<div></div>										
4	<div></div>										

441	randomize_staff_other Show the field ONLY if: [randomize_staff] = '4'	If Other selected, please note name here:	text										
442	randomize	Randomization	radio <table><tr><td>1</td><td>Storytelling Intervention</td></tr><tr><td>2</td><td>Monitoring of Well-being (Control)</td></tr></table>	1	Storytelling Intervention	2	Monitoring of Well-being (Control)						
1	Storytelling Intervention												
2	Monitoring of Well-being (Control)												
443	randomize_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												
Instrument: End Of Study Feedback (end_of_study_feedback)													
444	feedback_1	Section Header: <i>Now that your participation in the study is over, we'd like to ask you some questions about the experience of participation. We'd like you to be as honest as possible. Your feedback can help us to improve the study before we expand it to a larger group of surrogate decision makers.</i> ----- PLEASE REFER to the BRIGHT GREEN scale, where your choices range from Much better to Much worse, to help answer this next question. ----- 1. How did participation in this study make you feel?	radio <table><tr><td>1</td><td>Much better</td></tr><tr><td>2</td><td>Better</td></tr><tr><td>3</td><td>Neither better nor worse</td></tr><tr><td>4</td><td>Worse</td></tr><tr><td>5</td><td>Much worse</td></tr></table>	1	Much better	2	Better	3	Neither better nor worse	4	Worse	5	Much worse
1	Much better												
2	Better												
3	Neither better nor worse												
4	Worse												
5	Much worse												
445	feedback_1com	1a. Tell me more about why you feel that way.	notes										
446	feedback_2	Section Header: ---- PLEASE REFER to the LAVENDER scale, where your choices range from Strongly Disagree to Strongly Agree, for this next section. ---- For the next 2 questions, I'm going to read you several statements and I want you to tell me whether you agree strongly, agree, neither agree nor disagree, disagree, disagree strongly with the statement. 2. Participating in this study was burdensome.	radio <table><tr><td>1</td><td>Strongly Disagree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Neither Agree nor Disagree</td></tr><tr><td>4</td><td>Agree</td></tr><tr><td>5</td><td>Strongly Agree</td></tr></table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
447	feedback_2com	2a. Tell me more about why you feel that way.	notes										

448	feedback_3	3. I wish I hadn't agreed to participate in the study.	radio <table border="1"> <tr><td>1</td><td>Strongly Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Strongly Agree</td></tr> </table>	1	Strongly Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Strongly Agree
1	Strongly Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Strongly Agree												
449	feedback_3com	3a. Tell me more about why you feel that way.	notes										
450	feedback_4	4. Is there anything else you'd like us to know about your experience of participating in this study?	notes										
451	end_of_study_feedback_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												
Instrument: Observation Arm: Feedback / WePay (observation_arm_feedback)													
452	obs_feedback	Section Header: <i>Observation Arm: Study Feedback</i> Is there anything that we could have done to make you more likely to have agreed to participate in the full intervention study when we called you within the first few weeks after your loved one's death?	notes										
453	obs_addl_comments	Any other comments for the study team?	notes										
454	obs_wepay	Thank you very much for completing this final survey. Would you like us to send you a WePay gift card that can be loaded for \$20? (This card will need to be activated upon receipt by calling the study staff. Instructions will be included in the mailing.)	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
455	obs_wepay_sent	WePay card mailed to participant?	text (date_dmy)										
456	obs_wepay_card	WePay card number:	text										
457	obs_wepay_3dig	WePay 3-digit	text										
458	obs_wepay_load	WePay card loaded? (\$20)	text (date_dmy)										
459	observation_arm_feedback_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <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												

Instrument: End of Study - Procedures (after_study_recontact)									
460	end	Participant has completed 6-month questionnaire and End of Study feedback?	<div>yesno</div> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
461	end_group Show the field ONLY if: [end] = '1'	Study assignment group	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Storytelling Intervention</td> </tr> <tr> <td>2</td> <td>Monitoring of Well-being (Control)</td> </tr> </table>	1	Storytelling Intervention	2	Monitoring of Well-being (Control)		
1	Storytelling Intervention								
2	Monitoring of Well-being (Control)								
462	end_info_storytelling Show the field ONLY if: [end_group] = '2'	<p>At this time, I'd like to offer you the opportunity to participate in the 'talking treatment' that this research project is studying. This additional session is completely optional and is being offered to give you the opportunity to participate in a Storytelling interview, even though you were not randomly assigned to that study group.</p> <p>If you would like to take part, this session would be scheduled with a clinician from our team - with expertise in bereavement - who would [come to your home/call you] to conduct the session.</p> <ul style="list-style-type: none"> o Alternatively, s/he could meet you at a University of Pittsburgh office, if that is more convenient for you. o This would take approximately 1 hour. <p>Do you have any questions about this optional session?</p>	descriptive						
463	end_opt_storytelling Show the field ONLY if: [end_group] = '2'	Would you like to participate?	<div>yesno</div> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
464	end_futurecontact	Would you be willing to be contacted again in the future about related research studies?	<div>yesno</div> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
465	after_study_recontact_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <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								