

Improving Critical Care Outcomes for Older Patients

Data Dictionary Codebook

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Screening Questionnaire			
1	record_id	Record ID	text
2	mrn	Patient MRN	text (integer, Min: 0, Max: 9999999), Required, Identifier
3	firstname	First Name	text (alpha_only), Required, Identifier
4	lastname	Last Name	text (alpha_only), Required, Identifier
5	dob	Date of Birth	text (date_mdy, Min: , Max:), Identifier
6	age	Age at Enrollment	text (integer, Min: 64, Max: 105)
7	gender	Gender	dropdown, Required <div> <div>1</div>Male </div> <div> <div>2</div>Female </div>
8	icu	MICU	dropdown <div> <div>1</div>MICU A </div> <div> <div>2</div>MICU B </div> <div> <div>3</div>Allen ICU </div>
9	codescreen	Code Status at Screening	dropdown <div> <div>1</div>Full Code </div> <div> <div>2</div>DNR only </div> <div> <div>3</div>DNR+DNI </div> <div> <div>4</div>DNI only </div>
10	admission_date	ER/Hospital Transfer Admission Date and Time <i>use 24:00 time</i>	text (datetime_mdy, Min:)
11	floor	Was the patient admitted to the floor prior to the ICU admission?	yesno <div> <div>1</div>Yes </div> <div> <div>0</div>No </div>
12	icu1_admission_date	First MICU Admission Date and Time <i>use 24:00 time</i>	text (datetime_mdy, Min:)
13	icu1_discharge_date	First MICU Discharge Date and Time	text (datetime_mdy, Min:)
14	icu2_admission_date	Second MICU Admission Date and Time <i>leave blank if no second ICU admission</i>	text (datetime_mdy, Min:)
15	icu2_discharge_date	Second MICU Discharge Date and Time <i>leave blank if no second ICU admission</i>	text (datetime_mdy, Min:)
16	micu_admission_screened	Which MICU Admission Screened?	dropdown <div> <div>1</div>1 </div> <div> <div>2</div>2 </div>
17	mvstart1	First Mechanical Ventilation Start Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min:)

18	mvstop1	FIRST Mechanical Ventilation STOP Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
19	mvstart2	SECOND Mechanical Ventilation START Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
20	mvstop2	SECOND Mechanical Ventilation STOP Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
21	mvstart3	THIRD Mechanical Ventilation START Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
22	mvstop3	THIRD Mechanical Ventilation STOP Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
23	mvstart4	FOURTH Mechanical Ventilation START Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
24	mvstop4	FOURTH Mechanical Ventilation STOP Date and Time <i>if no time recorded, enter 00:00</i>	text (datetime_mdy, Min: <div></div>)				
25	bipapstart1	FIRST NIPPV START Date and Time <i>if no time recorded put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
26	bipapstop1	FIRST NIPPV STOP Date and Time <i>if no time recorded put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
27	bipapstart2	SECOND NIPPV START Date and Time <i>if no time recorded put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
28	bipapstop2	SECOND NIPPV STOP Date and Time <i>if no time recorded, put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
29	bipapstart3	THIRD NIPPV START Date and Time <i>if no time recorded, put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
30	bipapstop3	THIRD NIPPV STOP Date and Time <i>if no time recorded, put 00:00. CPAP or BIPAP for respiratory failure (do not record if for sleep apnea only)</i>	text (datetime_mdy, Min: <div></div>)				
31	hfnstart1	FIRST HIGH FLOW NASAL CANULA START Date and Time <i>If no time recorded enter 00:00</i>	text (datetime_mdy)				
32	hfnstop1	FIRST HIGH FLOW NASAL CANULA STOP Date and Time <i>If no time recorded,enter 00:00</i>	text (datetime_mdy)				
33	hfnstart2	SECOND HIGH NASAL FLOW CANULA START Date and Time <i>If no time recorded, enter 00:00</i>	text (datetime_mdy)				
34	hfnstop2	Second High Flow Nasal Canula Stop Date and Time <i>If no time recorded, enter 00:00</i>	text (datetime_mdy)				
35	hfnstart3	Third High Flow Nasal Cannula Start Date and Time <i>If no time recorded, enter 00:00</i>	text (datetime_mdy)				
36	hfnstop3	Third High Flow Nasal Cannula Stop Date and Time <i>If no time recorded, enter 00:00</i>	text (datetime_mdy)				
37	hosp_transfer	Outside Hospital Transfer <i>Was patient transferred in directly from another acute care hospital?</i>	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						
38	osh_admit_date Show the field ONLY if: [hosp_transfer] = '1'	Date of Outside Hospital Admission <i>Leave blank if not transferred in from another acute care hospital</i>	text (date_mdy, Min: <div></div>)				
39	pre_residence	Residence Prior to Hospitalization	dropdown <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Assisted Living or Retirement Facility</td></tr></table>	1	Home	2	Assisted Living or Retirement Facility
1	Home						
2	Assisted Living or Retirement Facility						

			<table border="1"> <tr><td>3</td><td colspan="2">Subacute Rehabilitation</td></tr> <tr><td>4</td><td colspan="2">Skilled-Nursing Facility (Nursing Home)</td></tr> <tr><td>5</td><td colspan="2">LTAC</td></tr> <tr><td>6</td><td colspan="2">Inpatient Hospice</td></tr> <tr><td>7</td><td colspan="2">Home Hospice</td></tr> </table>	3	Subacute Rehabilitation		4	Skilled-Nursing Facility (Nursing Home)		5	LTAC		6	Inpatient Hospice		7	Home Hospice																			
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40	resp_failure	Respiratory Failure from (Check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>resp_failure__1</td><td>Pneumonia</td></tr> <tr><td>2</td><td>resp_failure__2</td><td>COPD</td></tr> <tr><td>3</td><td>resp_failure__3</td><td>Septic Shock</td></tr> <tr><td>4</td><td>resp_failure__4</td><td>Asthma</td></tr> <tr><td>5</td><td>resp_failure__5</td><td>Neoplasm</td></tr> <tr><td>6</td><td>resp_failure__6</td><td>Pulmonary Embolus</td></tr> <tr><td>7</td><td>resp_failure__7</td><td>Pulmonary Edema (noncardiogenic)</td></tr> <tr><td>8</td><td>resp_failure__8</td><td>Pulmonary Edema (cardiogenic)</td></tr> <tr><td>9</td><td>resp_failure__9</td><td>Poisoning or Toxic Ingestion</td></tr> <tr><td>10</td><td>resp_failure__10</td><td>Post-respiratory or cardiac arrest</td></tr> <tr><td>11</td><td>resp_failure__11</td><td>Other</td></tr> </table>	1	resp_failure__1	Pneumonia	2	resp_failure__2	COPD	3	resp_failure__3	Septic Shock	4	resp_failure__4	Asthma	5	resp_failure__5	Neoplasm	6	resp_failure__6	Pulmonary Embolus	7	resp_failure__7	Pulmonary Edema (noncardiogenic)	8	resp_failure__8	Pulmonary Edema (cardiogenic)	9	resp_failure__9	Poisoning or Toxic Ingestion	10	resp_failure__10	Post-respiratory or cardiac arrest	11	resp_failure__11	Other
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11	resp_failure__11	Other																																		
41	other Show the field ONLY if: [resp_failure(11)] = '1'	Other (If applicable): <i>otherresp_fail</i>	text																																	
42	ph	Worst pH for APACHE <i>Worst pH is furthest from 7.40</i>	text (number, Min: 6.7, Max: 7.7)																																	
43	paco2	PaCO2 of ABG with lowest PaO2	text (number, Min: 10, Max: 95)																																	
44	pao2	PaO2 (lowest partial pressure of oxygen) for APACHE <i>Select lowest PaO2 linked with FiO2</i>	text (integer, Min: 20, Max: 800)																																	
45	fio2	FiO2 (highest fraction of inspired oxygen) for APACHE <i>(0.21-1.0) Select FiO2 linked with PaO2</i>	text (number, Min: 0.21, Max: 1)																																	
46	na	Sodium (Na) for APACHE	text (integer, Min: 95, Max: 175)																																	
47	k	Potassium (K) for APACHE	text (number, Min: 1, Max: 10)																																	
48	hco3	Bicarbonate (HCO3) for APACHE <i>only if ABG not done</i>	text (number, Min: 2, Max: 60)																																	
49	creatinine	Creatinine (mg/dl) for APACHE	text (number, Min: 0.1, Max: 25)																																	
50	renalfailure	Acute Renal Failure present? (for APACHE) <i>Acute Renal Failure is >25% increase from baseline creatinine</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																																			
51	wbc	WBC x10^3/mm^3 (White Blood Cell Count) for APACHE <i>Enter 12.0, not 12,000</i>	text																																	
52	hct	Hematocrit (%) for APACHE <i>Hematocrit, NOT hemoglobin</i>	text (number, Min: 6, Max: 56)																																	
53	platelets	Lowest Platelets for SOFA <i>Enter 150, not 150,000</i>	text (integer, Min: 1, Max: 1000)																																	
54	bilirubin	Highest Bilirubin for SOFA	text (number, Min: 0.1, Max: 60)																																	
55	temp	Temperature (C) for APACHE <i>Temperature in Celsius</i>	text (number, Min: 28, Max: 43)																																	

56	sbp	Systolic Blood Pressure (mm Hg) for APACHE	text (number, Min: 0, Max: 300)																						
57	dbp	Diastolic Blood Pressure (mm Hg) for APACHE	text (number, Min: 0, Max: 200)																						
58	pulse	Worst Pulse for APACHE	text (number, Min: 0, Max: 220)																						
59	resprate	Worst Respiratory Rate for APACHE <i>breaths/minute</i>	text (number, Min: 0, Max: 55)																						
60	sofa_bp	Blood Pressure for SOFA <i>sofa_bp</i>	radio <table><tr><td>1</td><td>MAP > 70</td></tr><tr><td>2</td><td>MAP < 70 or Vasopressin only</td></tr><tr><td>3</td><td>Dopa/Dobutamine < 5mcg/kg/min</td></tr><tr><td>4</td><td>Dopa 5-14.9 or Norepi < 0.1 mcg/kg/min</td></tr><tr><td>5</td><td>Dopa > 15 or Norepi < 0.1 mcg/min</td></tr></table>	1	MAP > 70	2	MAP < 70 or Vasopressin only	3	Dopa/Dobutamine < 5mcg/kg/min	4	Dopa 5-14.9 or Norepi < 0.1 mcg/kg/min	5	Dopa > 15 or Norepi < 0.1 mcg/min												
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61	sofa_renal	Renal Function for SOFA <i>low UOP takes priority over creatinine</i>	radio <table><tr><td>1</td><td>Cr < 1.2</td></tr><tr><td>2</td><td>Cr 1.2-1.9</td></tr><tr><td>3</td><td>Cr 2.0-3.4</td></tr><tr><td>4</td><td>Cr 3.5-4.9 or < 500ml/24hr</td></tr><tr><td>5</td><td>Cr > 5.0 or < 200ml/24h</td></tr></table>	1	Cr < 1.2	2	Cr 1.2-1.9	3	Cr 2.0-3.4	4	Cr 3.5-4.9 or < 500ml/24hr	5	Cr > 5.0 or < 200ml/24h												
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62	gcs	Glasgow Coma Scale <i>1 point for each checked box and for every box BELOW checked boxes</i>	text (integer, Min: 3, Max: 15)																						
63	ards1	Lung Injury < 1 week duration (ARDS criteria 1)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																		
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64	ards2	Respiratory failure NOT explained by CHF or volume overload (ARDS criteria 2)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																		
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65	ards3	Bilateral alveolar opacities not explained by other pulmonary pathology (ARDS criteria 3)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																		
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0	No																								
66	mtprhosp	Within 6-months prior to this hospital admission, does the patient have? <i>6mtprhosp</i>	dropdown <table><tr><td>1</td><td>Biopsy proven cirrhosis</td></tr><tr><td>2</td><td>Previous episodes of variceal bleeding</td></tr><tr><td>3</td><td>Cirrhosis on ultrasound and/or ascites due to cirrhosis</td></tr><tr><td>4</td><td>Class IV NYHA Heart Failure</td></tr><tr><td>5</td><td>COPD and any of the following</td></tr><tr><td>6</td><td>Chronic Hemodialysis</td></tr><tr><td>7</td><td>Receiving chemotherapy</td></tr><tr><td>8</td><td>Current Metastatic disease</td></tr><tr><td>9</td><td>Current Lymphoma or Leukemia</td></tr><tr><td>10</td><td>AIDS</td></tr><tr><td>11</td><td>Prednisone or other steroid</td></tr></table>	1	Biopsy proven cirrhosis	2	Previous episodes of variceal bleeding	3	Cirrhosis on ultrasound and/or ascites due to cirrhosis	4	Class IV NYHA Heart Failure	5	COPD and any of the following	6	Chronic Hemodialysis	7	Receiving chemotherapy	8	Current Metastatic disease	9	Current Lymphoma or Leukemia	10	AIDS	11	Prednisone or other steroid
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67	pttype	APACHE Patient Type: <i>pttype</i>	dropdown <table><tr><td>1</td><td>Medical or emergency post-operative</td></tr></table>	1	Medical or emergency post-operative																				
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			2 Elective post-operative patient																																																										
68	immunosup	Immunosuppressed by APACHE criteria <i>Yes if any characteristics checked for having in past 6 months</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																																																						
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69	apachedx	APACHE Diagnosis	dropdown <table border="1"> <tr><td>1</td><td>Asthma/allergy</td></tr> <tr><td>2</td><td>COPD</td></tr> <tr><td>3</td><td>Pulmonary Edema (noncardiogenic)</td></tr> <tr><td>4</td><td>Postrespiratory Arrest</td></tr> <tr><td>5</td><td>Apiration/poisoning/toxic</td></tr> <tr><td>6</td><td>Pulmonary Embolus</td></tr> <tr><td>7</td><td>Infection</td></tr> <tr><td>8</td><td>Neoplasm</td></tr> <tr><td>9</td><td>Hypertension</td></tr> <tr><td>10</td><td>Rhythm Disturbance</td></tr> <tr><td>11</td><td>Congestive Heart Failure</td></tr> <tr><td>12</td><td>Hemorrhagic shock/hypovolemia</td></tr> <tr><td>13</td><td>Coronary Artery Disease</td></tr> <tr><td>14</td><td>Sepsis</td></tr> <tr><td>15</td><td>Postcardiac Arrest</td></tr> <tr><td>16</td><td>Cardiogenic Shock</td></tr> <tr><td>17</td><td>Dissecting thoracic/abdominal aneurysm</td></tr> <tr><td>18</td><td>Multiple Trauma</td></tr> <tr><td>19</td><td>Head Trauma</td></tr> <tr><td>20</td><td>Seizure Disorder</td></tr> <tr><td>21</td><td>ICH/SDH/SAH</td></tr> <tr><td>22</td><td>Drug Overdose</td></tr> <tr><td>23</td><td>Diabetic Ketoacidosis</td></tr> <tr><td>24</td><td>GI Bleeding</td></tr> <tr><td>25</td><td>Metabolic/renal</td></tr> <tr><td>26</td><td>Respiratory</td></tr> <tr><td>27</td><td>Neurologic</td></tr> <tr><td>28</td><td>Cardiovascular</td></tr> <tr><td>29</td><td>Gastrointestinal</td></tr> </table>	1	Asthma/allergy	2	COPD	3	Pulmonary Edema (noncardiogenic)	4	Postrespiratory Arrest	5	Apiration/poisoning/toxic	6	Pulmonary Embolus	7	Infection	8	Neoplasm	9	Hypertension	10	Rhythm Disturbance	11	Congestive Heart Failure	12	Hemorrhagic shock/hypovolemia	13	Coronary Artery Disease	14	Sepsis	15	Postcardiac Arrest	16	Cardiogenic Shock	17	Dissecting thoracic/abdominal aneurysm	18	Multiple Trauma	19	Head Trauma	20	Seizure Disorder	21	ICH/SDH/SAH	22	Drug Overdose	23	Diabetic Ketoacidosis	24	GI Bleeding	25	Metabolic/renal	26	Respiratory	27	Neurologic	28	Cardiovascular	29	Gastrointestinal
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70	charlson	Charlson Comorbidity Index	text																																																										
71	mets	Metastatic Solid Tumor?	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																																																						
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72	screening_questionnaire_c complete	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																																																				
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Instrument: Initial Assessment															
73	datehospcdc	Date of Hospital Discharge <i>DateHospdc</i>	text (date_mdy), Required												
74	dclocation	Discharge Location	dropdown, Required <table border="1"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Acute Rehabilitation</td></tr> <tr><td>3</td><td>Sub-Acute Rehabilitation</td></tr> <tr><td>4</td><td>Skilled-Nursing Facility</td></tr> <tr><td>5</td><td>LTAC</td></tr> <tr><td>6</td><td>Home Hospice</td></tr> </table>	1	Home	2	Acute Rehabilitation	3	Sub-Acute Rehabilitation	4	Skilled-Nursing Facility	5	LTAC	6	Home Hospice
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75	namedc Show the field ONLY if: [dclocation] = '2' or [dclocation] = '3' or [dclocation] = '4' or [dclocation] = '5'	Name of Discharge Facility:	text, Identifier												
76	dcaddress Show the field ONLY if: [dclocation] = '2' or [dclocation] = '3' or [dclocation] = '4' or [dclocation] = '5'	Skilled-Care Facility (Hospital Discharge) Address <i>enter the mailing address here</i>	text, Required, Identifier												
77	dcfacility Show the field ONLY if: [dclocation] = '2' or [dclocation] = '3' or [dclocation] = '4' or [dclocation] = '5'	Discharge Facility Phone:	text												
78	hmaddress Show the field ONLY if: [dclocation] = '1' or [dclocation] = '2' or [dclocation] = '3' or [dclocation] = '4' or [dclocation] = '5'	Home address <i>enter mailing address</i>	text, Required, Identifier												
79	subjhmphone	Subject Home Phone (if applicable) <i>subjhmphone</i>	text (phone), Identifier												
80	subjbusphone	Subject Business Phone (if applicable)	text (phone), Identifier												
81	subjcellphone	Subject Cell Phone (if applicable) <i>subjcellphone</i>	text (phone), Identifier												
82	surrogatename	Surrogate Name <i>surrogatenm</i>	text, Required, Identifier												
83	relationship	Relationship <i>relationship</i>	dropdown, Required <table border="1"> <tr><td>0</td><td>Spouse</td></tr> <tr><td>1</td><td>Child</td></tr> <tr><td>2</td><td>Parent</td></tr> <tr><td>3</td><td>Other Family Member</td></tr> <tr><td>4</td><td>Home attendant or Aide</td></tr> <tr><td>5</td><td>Friend</td></tr> </table>	0	Spouse	1	Child	2	Parent	3	Other Family Member	4	Home attendant or Aide	5	Friend
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4	Home attendant or Aide														
5	Friend														
84	surhmphone	Surrogate Home Phone (if applicable) <i>surhmphone</i>	text (phone), Identifier												
85	surcellph	Surrogate Cell Phone (if applicable) <i>surcellph</i>	text (phone), Identifier												
86	subsuremail	Subject/ Surrogate email (if applicable)	text, Identifier												

		<i>subsuremail</i>																									
87	education	Education <i>education</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Elementary</td></tr> <tr><td>2</td><td>Junior High</td></tr> <tr><td>3</td><td>High School</td></tr> <tr><td>4</td><td>Associates</td></tr> <tr><td>5</td><td>College</td></tr> <tr><td>6</td><td>Graduate school</td></tr> </table>	1	Elementary	2	Junior High	3	High School	4	Associates	5	College	6	Graduate school												
1	Elementary																										
2	Junior High																										
3	High School																										
4	Associates																										
5	College																										
6	Graduate school																										
88	race	Race (Please mark all that applies) <i>race</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>race__1</td><td>American Indian</td></tr> <tr><td>2</td><td>race__2</td><td>Alaska Native</td></tr> <tr><td>3</td><td>race__3</td><td>Asian</td></tr> <tr><td>4</td><td>race__4</td><td>Black or African American</td></tr> <tr><td>5</td><td>race__5</td><td>Native Hawaiian</td></tr> <tr><td>6</td><td>race__6</td><td>Other Pacific Islander</td></tr> <tr><td>7</td><td>race__7</td><td>White</td></tr> <tr><td>8</td><td>race__8</td><td>Multiracial (specify)</td></tr> </table> Custom alignment: LH	1	race__1	American Indian	2	race__2	Alaska Native	3	race__3	Asian	4	race__4	Black or African American	5	race__5	Native Hawaiian	6	race__6	Other Pacific Islander	7	race__7	White	8	race__8	Multiracial (specify)
1	race__1	American Indian																									
2	race__2	Alaska Native																									
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5	race__5	Native Hawaiian																									
6	race__6	Other Pacific Islander																									
7	race__7	White																									
8	race__8	Multiracial (specify)																									
89	multirace Show the field ONLY if: [race(8)] = '1'	Write in type of multiracial background:	text																								
90	ethnicity	Ethnicity (Please mark one) <i>ethnic</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Hispanic</td></tr> <tr><td>2</td><td>Non- Hispanic</td></tr> </table>	1	Hispanic	2	Non- Hispanic																				
1	Hispanic																										
2	Non- Hispanic																										
91	insstatus	Insurance status (obtain from Eclipsis, mark all that apply): <i>insstatus</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>insstatus__1</td><td>Medicare</td></tr> <tr><td>2</td><td>insstatus__2</td><td>Medicaid Private</td></tr> <tr><td>3</td><td>insstatus__3</td><td>Private Insurance</td></tr> <tr><td>4</td><td>insstatus__4</td><td>None</td></tr> </table>	1	insstatus__1	Medicare	2	insstatus__2	Medicaid Private	3	insstatus__3	Private Insurance	4	insstatus__4	None												
1	insstatus__1	Medicare																									
2	insstatus__2	Medicaid Private																									
3	insstatus__3	Private Insurance																									
4	insstatus__4	None																									
92	smokhist	Smoking History (check one) <i>smokhist</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>smokhist__1</td><td>Never Smoked</td></tr> <tr><td>2</td><td>smokhist__2</td><td>Quit Smoking</td></tr> <tr><td>3</td><td>smokhist__3</td><td>Current Smoker</td></tr> </table>	1	smokhist__1	Never Smoked	2	smokhist__2	Quit Smoking	3	smokhist__3	Current Smoker															
1	smokhist__1	Never Smoked																									
2	smokhist__2	Quit Smoking																									
3	smokhist__3	Current Smoker																									
93	quityear Show the field ONLY if: [smokhist(2)] = '1' or [smokhist(3)] = '1'	If applicable, year quit smoking <i>If quit smoking, enter year that the subject quit smoking. Otherwise leave blank</i>	text																								
94	smokerys Show the field ONLY if: [smokhist(2)] = '1' or [smokhist(3)] = '1'	If applicable, total years smoked <i>Blank if never smoked. Number of years smoked</i>	text																								
95	packyrs Show the field ONLY if:	If applicable, average packs per day smoked <i>Blank if never smoked. 20 cigs/pack</i>	text																								

	[smokhist(2)] = '1' or [smokhist(3)] = '1'																																						
96	relig	Religion: <i>relig</i>	checkbox <table border="1"> <tr><td>1</td><td>relig__1</td><td>Protestant</td></tr> <tr><td>2</td><td>relig__2</td><td>Jewish</td></tr> <tr><td>3</td><td>relig__3</td><td>Agnostic</td></tr> <tr><td>4</td><td>relig__4</td><td>Catholic</td></tr> <tr><td>5</td><td>relig__5</td><td>Orthodox Jewish</td></tr> <tr><td>6</td><td>relig__6</td><td>Atheist</td></tr> <tr><td>7</td><td>relig__7</td><td>Jehovah Witness</td></tr> <tr><td>8</td><td>relig__8</td><td>Muslim</td></tr> <tr><td>9</td><td>relig__9</td><td>Mormon</td></tr> <tr><td>10</td><td>relig__10</td><td>None</td></tr> <tr><td>11</td><td>relig__11</td><td>Unknown</td></tr> <tr><td>12</td><td>relig__12</td><td>Other: _____</td></tr> </table> Custom alignment: LH	1	relig__1	Protestant	2	relig__2	Jewish	3	relig__3	Agnostic	4	relig__4	Catholic	5	relig__5	Orthodox Jewish	6	relig__6	Atheist	7	relig__7	Jehovah Witness	8	relig__8	Muslim	9	relig__9	Mormon	10	relig__10	None	11	relig__11	Unknown	12	relig__12	Other: _____
1	relig__1	Protestant																																					
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4	relig__4	Catholic																																					
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8	relig__8	Muslim																																					
9	relig__9	Mormon																																					
10	relig__10	None																																					
11	relig__11	Unknown																																					
12	relig__12	Other: _____																																					
97	other_religion Show the field ONLY if: [relig(12)] = '1'	Write in 'Other' type of religion:	text																																				
98	codestatus	Code status on Discharge <i>codestatus</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>codestatus__1</td><td>Full code</td></tr> <tr><td>2</td><td>codestatus__2</td><td>DNR/DNI</td></tr> <tr><td>3</td><td>codestatus__3</td><td>DNR</td></tr> </table>	1	codestatus__1	Full code	2	codestatus__2	DNR/DNI	3	codestatus__3	DNR																											
1	codestatus__1	Full code																																					
2	codestatus__2	DNR/DNI																																					
3	codestatus__3	DNR																																					
99	carelimits	Limitations of Care at Study Enrollment (Check all that apply): <i>All blank if no care limits.</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>carelimits__1</td><td>Comfort Care</td></tr> <tr><td>2</td><td>carelimits__2</td><td>No Escalation of Care</td></tr> <tr><td>3</td><td>carelimits__3</td><td>No Hemodialysis</td></tr> <tr><td>4</td><td>carelimits__4</td><td>No ant biotics</td></tr> <tr><td>5</td><td>carelimits__5</td><td>No Vasopressors</td></tr> <tr><td>6</td><td>carelimits__6</td><td>No return to ICU</td></tr> <tr><td>7</td><td>carelimits__7</td><td>No return to Hospital</td></tr> <tr><td>8</td><td>carelimits__8</td><td>None</td></tr> </table> Custom alignment: LH	1	carelimits__1	Comfort Care	2	carelimits__2	No Escalation of Care	3	carelimits__3	No Hemodialysis	4	carelimits__4	No ant biotics	5	carelimits__5	No Vasopressors	6	carelimits__6	No return to ICU	7	carelimits__7	No return to Hospital	8	carelimits__8	None												
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6	carelimits__6	No return to ICU																																					
7	carelimits__7	No return to Hospital																																					
8	carelimits__8	None																																					
100	trach	Received mechanical ventilation on ward via tracheostomy	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																																						
101	icuinterv	Other ICU Interventions (check all that apply): <i>icuinterv</i>	checkbox <table border="1"> <tr><td>1</td><td>icuinterv__1</td><td>ACLS</td></tr> <tr><td>2</td><td>icuinterv__2</td><td>Hemodialysis</td></tr> <tr><td>3</td><td>icuinterv__3</td><td>ECMO</td></tr> <tr><td>4</td><td>icuinterv__4</td><td>Other</td></tr> </table>	1	icuinterv__1	ACLS	2	icuinterv__2	Hemodialysis	3	icuinterv__3	ECMO	4	icuinterv__4	Other																								
1	icuinterv__1	ACLS																																					
2	icuinterv__2	Hemodialysis																																					
3	icuinterv__3	ECMO																																					
4	icuinterv__4	Other																																					
102	other_interv_type Show the field ONLY if:	If applicable, list the 'Other' ICU intervention <i>type in the type of intervention received</i>	text																																				

	[jcuinterv(4)] = '1'																																																														
103	diet	Current Diet (Check all that apply): <i>diet</i>	checkbox, Required <table border="1"> <tr> <td>1</td><td>diet__1</td><td>Regular solid food diet</td></tr> <tr> <td>2</td><td>diet__2</td><td>Dysphagia soft diet</td></tr> <tr> <td>3</td><td>diet__3</td><td>Dysphagia thick liquids only diet</td></tr> <tr> <td>4</td><td>diet__4</td><td>Tube Feeds</td></tr> <tr> <td>5</td><td>diet__5</td><td>Ensure or other supplement shakes in addition to meals</td></tr> </table>	1	diet__1	Regular solid food diet	2	diet__2	Dysphagia soft diet	3	diet__3	Dysphagia thick liquids only diet	4	diet__4	Tube Feeds	5	diet__5	Ensure or other supplement shakes in addition to meals																																													
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104	feed	Can patient feed him or herself? <i>feed</i>	yesno, Required <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																																																														
105	comorbdc	Co-Morbidities on Discharge (Check all that apply): <i>comorbdc</i>	checkbox, Required <table border="1"> <tr> <td>1</td><td>comorbdc__1</td><td>Myocardial Infarction</td></tr> <tr> <td>2</td><td>comorbdc__2</td><td>CHF</td></tr> <tr> <td>3</td><td>comorbdc__3</td><td>Peripheral Vascular Disease</td></tr> <tr> <td>4</td><td>comorbdc__4</td><td>Cerebrovascular Disease</td></tr> <tr> <td>5</td><td>comorbdc__5</td><td>Dementia</td></tr> <tr> <td>6</td><td>comorbdc__6</td><td>Chronic Pulmonary Disease</td></tr> <tr> <td>7</td><td>comorbdc__7</td><td>Rheumatologic Disease</td></tr> <tr> <td>8</td><td>comorbdc__8</td><td>Mild Liver Disease</td></tr> <tr> <td>9</td><td>comorbdc__9</td><td>Moderate or Severe Liver Dis</td></tr> <tr> <td>10</td><td>comorbdc__10</td><td>Diabetes (mild to moderate)</td></tr> <tr> <td>11</td><td>comorbdc__11</td><td>Diabetes with chronic compli</td></tr> <tr> <td>12</td><td>comorbdc__12</td><td>Hemiplegia or paraplegia</td></tr> <tr> <td>13</td><td>comorbdc__13</td><td>Ulcer Disease</td></tr> <tr> <td>14</td><td>comorbdc__14</td><td>Moderate or Severe Renal D</td></tr> <tr> <td>15</td><td>comorbdc__15</td><td>Any tumor</td></tr> <tr> <td>16</td><td>comorbdc__16</td><td>Leukemia</td></tr> <tr> <td>17</td><td>comorbdc__17</td><td>Lymphoma</td></tr> <tr> <td>18</td><td>comorbdc__18</td><td>Metastatic Solid Tumor</td></tr> <tr> <td>19</td><td>comorbdc__19</td><td>AIDS</td></tr> <tr> <td>20</td><td>comorbdc__20</td><td>Other</td></tr> </table> Custom alignment: LH	1	comorbdc__1	Myocardial Infarction	2	comorbdc__2	CHF	3	comorbdc__3	Peripheral Vascular Disease	4	comorbdc__4	Cerebrovascular Disease	5	comorbdc__5	Dementia	6	comorbdc__6	Chronic Pulmonary Disease	7	comorbdc__7	Rheumatologic Disease	8	comorbdc__8	Mild Liver Disease	9	comorbdc__9	Moderate or Severe Liver Dis	10	comorbdc__10	Diabetes (mild to moderate)	11	comorbdc__11	Diabetes with chronic compli	12	comorbdc__12	Hemiplegia or paraplegia	13	comorbdc__13	Ulcer Disease	14	comorbdc__14	Moderate or Severe Renal D	15	comorbdc__15	Any tumor	16	comorbdc__16	Leukemia	17	comorbdc__17	Lymphoma	18	comorbdc__18	Metastatic Solid Tumor	19	comorbdc__19	AIDS	20	comorbdc__20	Other
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19	comorbdc__19	AIDS																																																													
20	comorbdc__20	Other																																																													
106	other_comorbid Show the field ONLY if: [comorbdc(20)] = '1'	If applicable, descr be 'Other' Comorbidity	text																																																												
107	a_o	Alert & Orientated	checkbox, Required <table border="1"> <tr> <td>1</td><td>a_o__1</td><td>Person</td></tr> <tr> <td>2</td><td>a_o__2</td><td>Place</td></tr> <tr> <td>3</td><td>a_o__3</td><td>Time</td></tr> <tr> <td>7</td><td>a_o__7</td><td>None of the above</td></tr> </table>	1	a_o__1	Person	2	a_o__2	Place	3	a_o__3	Time	7	a_o__7	None of the above																																																
1	a_o__1	Person																																																													
2	a_o__2	Place																																																													
3	a_o__3	Time																																																													
7	a_o__7	None of the above																																																													
108	orienttime	Time Orientation	checkbox																																																												

	Show the field ONLY if: [a_o(3)] = '1'	check whether or not oriented to each	<table border="1"> <tr> <td>1</td><td>orienttime__1</td><td>Day</td></tr> <tr> <td>2</td><td>orienttime__2</td><td>Month</td></tr> <tr> <td>3</td><td>orienttime__3</td><td>Year</td></tr> </table>	1	orienttime__1	Day	2	orienttime__2	Month	3	orienttime__3	Year	
1	orienttime__1	Day											
2	orienttime__2	Month											
3	orienttime__3	Year											
109	hosp6	How many times have you been hospitalized in the past 6 months?	text										
110	hosp	Were you hospitalized during the month prior to hospital admission (< 30 days)? <i>hosp</i>	checkbox, Required <table border="1"> <tr> <td>1</td><td>hosp__1</td><td>Yes</td></tr> <tr> <td>2</td><td>hosp__2</td><td>No</td></tr> </table>	1	hosp__1	Yes	2	hosp__2	No				
1	hosp__1	Yes											
2	hosp__2	No											
111	pallcare	Palliative care consulted after ICU discharge?	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												
112	initial_assessment_complete	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: SOFA score (based on the last 24h)													
113	sofa_gcs_scor	GCS Score	text, Required										
114	pressinf	Circle worst 1 present past 24hrs (better-> worse) -At least 1 hr of vasopresor therapy to count -For NE, must divide : mcg/weight in kg -Epi/NE are considered the same for SOFA score calculation <i>pressinf</i>	radio, Required <table border="1"> <tr> <td>1</td><td>MAP > 70</td></tr> <tr> <td>2</td><td>MAP < 70 or vasopresin only</td></tr> <tr> <td>3</td><td>Dopa/Dobuta < 5 mcg/kg/min</td></tr> <tr> <td>4</td><td>Dopa 5-14.9 or NE < 0.1 mcg/kg/min</td></tr> <tr> <td>5</td><td>Dopa >15 or NE > 0.1 mcg/kg/min</td></tr> </table>	1	MAP > 70	2	MAP < 70 or vasopresin only	3	Dopa/Dobuta < 5 mcg/kg/min	4	Dopa 5-14.9 or NE < 0.1 mcg/kg/min	5	Dopa >15 or NE > 0.1 mcg/kg/min
1	MAP > 70												
2	MAP < 70 or vasopresin only												
3	Dopa/Dobuta < 5 mcg/kg/min												
4	Dopa 5-14.9 or NE < 0.1 mcg/kg/min												
5	Dopa >15 or NE > 0.1 mcg/kg/min												
115	supoxy	Is the patient using supplementary oxygen? <i>supoxy</i>	checkbox, Required <table border="1"> <tr> <td>1</td><td>supoxy__1</td><td>Yes</td></tr> <tr> <td>2</td><td>supoxy__2</td><td>No</td></tr> </table>	1	supoxy__1	Yes	2	supoxy__2	No				
1	supoxy__1	Yes											
2	supoxy__2	No											
116	nco2 Show the field ONLY if: [supoxy(1)] = '1'	If applicable, Nasal Cannula O2 (L/min) <i>L/min</i>	text, Required										
117	ward_mv_fio2 Show the field ONLY if: [supoxy(1)] = '1'	If applicable, Mechanical Ventilator, FiO2 % <i>0.21-1.0</i>	text, Required										
118	ward_nippv_fio2 Show the field ONLY if: [supoxy(1)] = '1'	If applicable, NIPPV, FiO2 <i>0.21-1.0</i>	text, Required										
119	ventimask Show the field ONLY if: [supoxy(1)] = '1'	If applicable, Non-rebreather mask <i>Assume an FiO2 1.0</i>	yesno, Required <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												
120	venti Show the field ONLY if: [supoxy(1)] = '1'	If applicable, Venti-Mask FiO2 <i>0.30-1.0</i>	text										
121	highflow Show the field ONLY if: [supoxy(1)] = '1'	If applicable, High Flow NC O2 FiO2 <i>also enter L/min in variable below</i>	text, Required										

122	hflow_lmin Show the field ONLY if: [supoxy(1)] = '1'	If applicable, HighFlow NC O2, L/min <i>Enter liters per minute (usually 20-60 L/min)</i>	text										
123	trachcol Show the field ONLY if: [supoxy(1)] = '1'	If applicable, Trach Collar: <i>Enter %</i>	text										
124	lowplt	lowest platelets in past 24 hrs <i>lowplt</i>	text										
125	hbil	highest bilirubin in past 24hrs <i>leave blank if no LFTs in past 24h</i>	text										
126	creatur24hrs	Worst Creatinine or Urine output present in past 24hrs <i>creatur</i>	dropdown <table border="1"> <tr><td>1</td><td>Cr< 1.2</td></tr> <tr><td>2</td><td>1.2-1.9</td></tr> <tr><td>3</td><td>2.0-3.4</td></tr> <tr><td>4</td><td>3.5-4.9 or < 500ml/24h</td></tr> <tr><td>5</td><td>5.0 or < 200ml/24h</td></tr> </table>	1	Cr< 1.2	2	1.2-1.9	3	2.0-3.4	4	3.5-4.9 or < 500ml/24h	5	5.0 or < 200ml/24h
1	Cr< 1.2												
2	1.2-1.9												
3	2.0-3.4												
4	3.5-4.9 or < 500ml/24h												
5	5.0 or < 200ml/24h												
127	sofa_score_based_on_the_last_24h_complete	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: CAM-ICU													
128	cam1	Is there an acute change from mental status baseline? OR Has the patient's mental status fluctuated during the past 24h? <i>If No, then patient does not have delirium</i>	yesno, Required <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												
129	cam2	Number of hand squeeze errors during SAVE A HAART <i>Leave blank if not done. Error is no squeeze on 'A' or squeeze on letter other than 'A'</i>	text										
130	cam3	Current RASS <i>Leave blank if not done. Integer from -5 up to 4 acceptable</i>	text										
131	cam4	Number of disorganized thinking errors <i>Blank if not done.</i>	text										
132	delirium	Does the subject have delirium?	yesno, Required <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												
133	camicu_date	CAM-ICU assessed	text (date_mdy)										
134	camicu_complete	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: Mini-COG													
135	recall	3-item Recall	radio <table border="1"> <tr><td>1</td><td>Recall = 0</td></tr> <tr><td>2</td><td>Recall = 1-2</td></tr> <tr><td>3</td><td>Recall = 3</td></tr> </table>	1	Recall = 0	2	Recall = 1-2	3	Recall = 3				
1	Recall = 0												
2	Recall = 1-2												
3	Recall = 3												

136	cdt	Clock Drawing Test (CDT)	radio <table border="1"> <tr> <td>1</td> <td>Abnormal</td> </tr> <tr> <td>2</td> <td>Normal</td> </tr> </table>	1	Abnormal	2	Normal					
1	Abnormal											
2	Normal											
137	demented	Is the patient demented?	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											
138	minicog_date	Mini-Cog assessed	text (date_mdy)									
139	minicog_complete	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											
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2	Complete											
Instrument: Barthel index (Month prior to hospitalization)												
140	ansbart1	Completed by:	checkbox <table border="1"> <tr> <td>1</td> <td>ansbart1__1</td> <td>Patient</td> </tr> <tr> <td>2</td> <td>ansbart1__2</td> <td>Surrogate</td> </tr> <tr> <td>3</td> <td>ansbart1__3</td> <td>Both</td> </tr> </table>	1	ansbart1__1	Patient	2	ansbart1__2	Surrogate	3	ansbart1__3	Both
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141	feed1	Feeding	checkbox <table border="1"> <tr> <td>1</td> <td>feed1__1</td> <td>0 = unable</td> </tr> <tr> <td>2</td> <td>feed1__2</td> <td>5 = needs help cutting, spreading butter, etc, or requires modified diet</td> </tr> <tr> <td>3</td> <td>feed1__3</td> <td>10 = independent</td> </tr> </table>	1	feed1__1	0 = unable	2	feed1__2	5 = needs help cutting, spreading butter, etc, or requires modified diet	3	feed1__3	10 = independent
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142	bath1	Bathing	checkbox <table border="1"> <tr> <td>1</td> <td>bath1__1</td> <td>0= dependent</td> </tr> <tr> <td>2</td> <td>bath1__2</td> <td>5 = independent (or in shower)</td> </tr> </table>	1	bath1__1	0= dependent	2	bath1__2	5 = independent (or in shower)			
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143	groom1	Grooming <i>groomind</i>	checkbox <table border="1"> <tr> <td>1</td> <td>groom1__1</td> <td>0 = needs help with personal care</td> </tr> <tr> <td>2</td> <td>groom1__2</td> <td>5 = independent face/hair/teeth/shaving (implements provided)</td> </tr> </table>	1	groom1__1	0 = needs help with personal care	2	groom1__2	5 = independent face/hair/teeth/shaving (implements provided)			
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144	dress1	Dressing <i>dressind</i>	checkbox <table border="1"> <tr> <td>1</td> <td>dress1__1</td> <td>0 = dependent</td> </tr> <tr> <td>2</td> <td>dress1__2</td> <td>5 = needs help but can do about half unaided</td> </tr> <tr> <td>3</td> <td>dress1__3</td> <td>10 = independent (including bottoms, zips, laces, etc.)</td> </tr> </table>	1	dress1__1	0 = dependent	2	dress1__2	5 = needs help but can do about half unaided	3	dress1__3	10 = independent (including bottoms, zips, laces, etc.)
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145	bowel1	Bowels	checkbox <table border="1"> <tr> <td>1</td> <td>bowel1__1</td> <td>0 = dependent</td> </tr> <tr> <td>2</td> <td>bowel1__2</td> <td>5 = occasional accident</td> </tr> <tr> <td>3</td> <td>bowel1__3</td> <td>10 = continent</td> </tr> </table>	1	bowel1__1	0 = dependent	2	bowel1__2	5 = occasional accident	3	bowel1__3	10 = continent
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146	bladder1	Bladder	checkbox <table border="1"> <tr> <td>1</td> <td>bladder1__1</td> <td>0 = incontinent, or catheterized and unable to manage alone</td> </tr> </table>	1	bladder1__1	0 = incontinent, or catheterized and unable to manage alone						
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			<table border="1"> <tr> <td>2</td><td>bladder1__2</td><td>5 = occasional accident</td></tr> <tr> <td>3</td><td>bladder1__3</td><td>10 = continent</td></tr> </table>	2	bladder1__2	5 = occasional accident	3	bladder1__3	10 = continent						
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3	bladder1__3	10 = continent													
147	toilet1	Toilet use	checkbox <table border="1"> <tr> <td>1</td><td>toilet1__1</td><td>0 = dependent</td></tr> <tr> <td>2</td><td>toilet1__2</td><td>5 = needs some help, but can do something alone</td></tr> <tr> <td>3</td><td>toilet1__3</td><td>10 = independent (on and off, dressing, wiping)</td></tr> </table>	1	toilet1__1	0 = dependent	2	toilet1__2	5 = needs some help, but can do something alone	3	toilet1__3	10 = independent (on and off, dressing, wiping)			
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148	transfer1	Transfers (Bed to chair and back)	checkbox <table border="1"> <tr> <td>1</td><td>transfer1__1</td><td>0 = unable, no sitting balance</td></tr> <tr> <td>2</td><td>transfer1__2</td><td>5 = major help (one or two people, physical), can sit</td></tr> <tr> <td>3</td><td>transfer1__3</td><td>10 = minor help (verbal or physical)</td></tr> <tr> <td>4</td><td>transfer1__4</td><td>15 = independent</td></tr> </table>	1	transfer1__1	0 = unable, no sitting balance	2	transfer1__2	5 = major help (one or two people, physical), can sit	3	transfer1__3	10 = minor help (verbal or physical)	4	transfer1__4	15 = independent
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149	mobility1	Mobility (on level surfaces) <i>mobind</i>	checkbox <table border="1"> <tr> <td>1</td><td>mobility1__1</td><td>0 = immobile or < 50 yards</td></tr> <tr> <td>2</td><td>mobility1__2</td><td>5 = wheelchair independent, including corners, > 50 yards</td></tr> <tr> <td>3</td><td>mobility1__3</td><td>10 = walks with help of one person (verbal or physical) > 50 yards</td></tr> <tr> <td>4</td><td>mobility1__4</td><td>15 = independent (but may use any aid; for example, stick) > 50 yards</td></tr> </table>	1	mobility1__1	0 = immobile or < 50 yards	2	mobility1__2	5 = wheelchair independent, including corners, > 50 yards	3	mobility1__3	10 = walks with help of one person (verbal or physical) > 50 yards	4	mobility1__4	15 = independent (but may use any aid; for example, stick) > 50 yards
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150	stairs1	Stairs <i>staird</i>	checkbox <table border="1"> <tr> <td>1</td><td>stairs1__1</td><td>0 = unable</td></tr> <tr> <td>2</td><td>stairs1__2</td><td>5 = needs help (verbal, physical, carrying aid)</td></tr> <tr> <td>3</td><td>stairs1__3</td><td>10 = independent</td></tr> </table>	1	stairs1__1	0 = unable	2	stairs1__2	5 = needs help (verbal, physical, carrying aid)	3	stairs1__3	10 = independent			
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151	barthel_index_month_prior_to_hospitalization_complete	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: Katz index (Month prior to hospitalization)															
152	katans1	Completed by:	checkbox <table border="1"> <tr> <td>1</td><td>katans1__1</td><td>Patient</td></tr> <tr> <td>2</td><td>katans1__2</td><td>Surrogate</td></tr> <tr> <td>3</td><td>katans1__3</td><td>Both</td></tr> </table>	1	katans1__1	Patient	2	katans1__2	Surrogate	3	katans1__3	Both			
1	katans1__1	Patient													
2	katans1__2	Surrogate													
3	katans1__3	Both													
153	katbath1	Bathing (sponge bath,tub bath, or shower)	checkbox <table border="1"> <tr> <td>1</td><td>katbath1__1</td><td>Independent</td></tr> <tr> <td>2</td><td>katbath1__2</td><td>Dependent</td></tr> </table>	1	katbath1__1	Independent	2	katbath1__2	Dependent						
1	katbath1__1	Independent													
2	katbath1__2	Dependent													
154	katdress1		checkbox <table border="1"> <tr> <td>1</td><td>katdress1__1</td><td>Independent</td></tr> </table>	1	katdress1__1	Independent									
1	katdress1__1	Independent													

		Dressing	2 katdress1__2 Dependent
155	kattoilet1	Toileting	checkbox 1 kattoilet1__1 Independent 2 kattoilet1__2 Dependent
156	kattrans1	Transferring	checkbox 1 kattrans1__1 Independent 2 kattrans1__2 Dependent
157	katcont1	Continence	checkbox 1 katcont1__1 Independent 2 katcont1__2 Dependent
158	katfeed1	Feeding	checkbox 1 katfeed1__1 Independent 2 katfeed1__2 Dependent
159	katz_index_month_prior_to_hospitalization_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Follow-up Page 1 Questions			
160	followupdate	Date Interview Done	text (date_mdy, Min: , Max:), Required
161	interviewer	Interview done:	radio 1 In-person 2 By telephone with subject 3 By telephone with subject & surrogate 4 By telephone with surrogate only
162	followupnote1	Notes: <i>copy text of notes made from original survey</i>	text
163	rehosp	Was the patient re-hospitalized?	yesno 1 Yes 0 No
164	rehosptimes Show the field ONLY if: [rehosp] = '1'	How many times was the subject re-hospitalized?	text (integer, Min: 1, Max: 5)
165	rehospnotes Show the field ONLY if: [rehosp] = '1'	Where re-hospitalized and why? <i>copy text of notes made from original survey</i>	text
166	followup_page_1_questions_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Patient Death Info			

167	death	Patient died	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											
168	deathdate	Death Date:	text (date_mdy, Min:)									
169	deathlocal	Location of death	dropdown <table border="1"> <tr> <td>1</td> <td>Home</td> </tr> <tr> <td>2</td> <td>Hospital</td> </tr> <tr> <td>3</td> <td>Skilled-care facility</td> </tr> <tr> <td>4</td> <td>Hospice or Home Hospice</td> </tr> </table>	1	Home	2	Hospital	3	Skilled-care facility	4	Hospice or Home Hospice	
1	Home											
2	Hospital											
3	Skilled-care facility											
4	Hospice or Home Hospice											
170	dnrorder	Did the patient have a DNR order at the time of death?	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											
171	patient_death_info_complete	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			
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Instrument: Barthel index (currently prior to hospital d/c)												
172	ansbar2	Completed by:	checkbox <table border="1"> <tr> <td>1</td> <td>ansbar2__1</td> <td>Patient</td> </tr> <tr> <td>2</td> <td>ansbar2__2</td> <td>Surrogate</td> </tr> <tr> <td>3</td> <td>ansbar2__3</td> <td>Both</td> </tr> </table>	1	ansbar2__1	Patient	2	ansbar2__2	Surrogate	3	ansbar2__3	Both
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173	feed2	Feeding	checkbox <table border="1"> <tr> <td>1</td> <td>feed2__1</td> <td>0 = unable</td> </tr> <tr> <td>2</td> <td>feed2__2</td> <td>5 = needs help cutting, spreading butter, etc., req.modified diet</td> </tr> <tr> <td>3</td> <td>feed2__3</td> <td>10 = independent</td> </tr> </table>	1	feed2__1	0 = unable	2	feed2__2	5 = needs help cutting, spreading butter, etc., req.modified diet	3	feed2__3	10 = independent
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174	bath2	Bathing <i>barind</i>	checkbox <table border="1"> <tr> <td>1</td> <td>bath2__1</td> <td>0 = dependent</td> </tr> <tr> <td>2</td> <td>bath2__2</td> <td>5 = independent (or in shower)</td> </tr> </table>	1	bath2__1	0 = dependent	2	bath2__2	5 = independent (or in shower)			
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175	groom2	Grooming	checkbox <table border="1"> <tr> <td>1</td> <td>groom2__1</td> <td>0 = needs to help with personal care</td> </tr> <tr> <td>2</td> <td>groom2__2</td> <td>5 = Independent face/hair/teeth/shaving (implements provided)</td> </tr> </table>	1	groom2__1	0 = needs to help with personal care	2	groom2__2	5 = Independent face/hair/teeth/shaving (implements provided)			
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176	dress2	Dressing	checkbox <table border="1"> <tr> <td>1</td> <td>dress2__1</td> <td>0 = dependent</td> </tr> <tr> <td>2</td> <td>dress2__2</td> <td>5 = needs help but can do about half unaided</td> </tr> <tr> <td>3</td> <td>dress2__3</td> <td>10 = independent (including buttons, zips, laces,etc.)</td> </tr> </table>	1	dress2__1	0 = dependent	2	dress2__2	5 = needs help but can do about half unaided	3	dress2__3	10 = independent (including buttons, zips, laces,etc.)
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177	bowel2	Bowels	checkbox <table border="1"> <tr> <td>1</td> <td>bowel2__1</td> <td>0 = incontinent</td> </tr> </table>	1	bowel2__1	0 = incontinent						
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178	bladder2	Bladder	checkbox <table border="1"> <tr> <td>1</td><td>bladder2__1</td><td>0 = incontinent, or catheterized and unable to manage alone</td></tr> <tr> <td>2</td><td>bladder2__2</td><td>5 = occasional accident</td></tr> <tr> <td>3</td><td>bladder2__3</td><td>10 = continent</td></tr> </table>	1	bladder2__1	0 = incontinent, or catheterized and unable to manage alone	2	bladder2__2	5 = occasional accident	3	bladder2__3	10 = continent			
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181	mobility2	Mobility (On level Surfaces)	checkbox <table border="1"> <tr> <td>1</td><td>mobility2__1</td><td>0 = immobile or < 50 yards)</td></tr> <tr> <td>2</td><td>mobility2__2</td><td>5 = wheelchair independent, including corners, > 50 yards</td></tr> <tr> <td>3</td><td>mobility2__3</td><td>10 = walks with help of one person (verbal or physical) > 50 yards</td></tr> <tr> <td>4</td><td>mobility2__4</td><td>15 = independent (but may use any aid; for example, stick) > 50 yards</td></tr> </table>	1	mobility2__1	0 = immobile or < 50 yards)	2	mobility2__2	5 = wheelchair independent, including corners, > 50 yards	3	mobility2__3	10 = walks with help of one person (verbal or physical) > 50 yards	4	mobility2__4	15 = independent (but may use any aid; for example, stick) > 50 yards
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182	stairs2	Stairs	checkbox <table border="1"> <tr> <td>1</td><td>stairs2__1</td><td>0 = unable</td></tr> <tr> <td>2</td><td>stairs2__2</td><td>5 = needs help (verbal, physical , carrying aid)</td></tr> <tr> <td>3</td><td>stairs2__3</td><td>10 = independent</td></tr> </table>	1	stairs2__1	0 = unable	2	stairs2__2	5 = needs help (verbal, physical , carrying aid)	3	stairs2__3	10 = independent			
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183	barthel_index_currently_prior_to_hospital_dc_complete	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						
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184	katans2	Completed by:	checkbox <table border="1"> <tr> <td>1</td><td>katans2__1</td><td>Patient</td></tr> <tr> <td>2</td><td>katans2__2</td><td>Surrogate</td></tr> <tr> <td>3</td><td>katans2__3</td><td>Both</td></tr> </table>	1	katans2__1	Patient	2	katans2__2	Surrogate	3	katans2__3	Both			
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185	katbath2	Bathing	checkbox <table border="1"> <tr> <td>1</td> <td>katbath2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>katbath2__2</td> <td>Dependent</td> </tr> </table>	1	katbath2__1	Independent	2	katbath2__2	Dependent
1	katbath2__1	Independent							
2	katbath2__2	Dependent							
186	katdress2	Dressing	checkbox <table border="1"> <tr> <td>1</td> <td>katdress2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>katdress2__2</td> <td>Dependent</td> </tr> </table>	1	katdress2__1	Independent	2	katdress2__2	Dependent
1	katdress2__1	Independent							
2	katdress2__2	Dependent							
187	kattoilet2	Toileting	checkbox <table border="1"> <tr> <td>1</td> <td>kattoilet2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>kattoilet2__2</td> <td>Dependent</td> </tr> </table>	1	kattoilet2__1	Independent	2	kattoilet2__2	Dependent
1	kattoilet2__1	Independent							
2	kattoilet2__2	Dependent							
188	kattrans2	Transferring	checkbox <table border="1"> <tr> <td>1</td> <td>kattrans2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>kattrans2__2</td> <td>Dependent</td> </tr> </table>	1	kattrans2__1	Independent	2	kattrans2__2	Dependent
1	kattrans2__1	Independent							
2	kattrans2__2	Dependent							
189	katcont2	Continence	checkbox <table border="1"> <tr> <td>1</td> <td>katcont2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>katcont2__2</td> <td>Dependent</td> </tr> </table>	1	katcont2__1	Independent	2	katcont2__2	Dependent
1	katcont2__1	Independent							
2	katcont2__2	Dependent							
190	katfeed2	Feeding	checkbox <table border="1"> <tr> <td>1</td> <td>katfeed2__1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>katfeed2__2</td> <td>Dependent</td> </tr> </table>	1	katfeed2__1	Independent	2	katfeed2__2	Dependent
1	katfeed2__1	Independent							
2	katfeed2__2	Dependent							
191	katz_index_currently_prior_to_hospital_dc_complete	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: Euro-QOL Health Related Quality Of Life									
192	euroqol_surr	Surrogate assisted or answered questions for the subject	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								
193	euro_mob1	Mobility	dropdown <table border="1"> <tr> <td>1</td> <td>I have no problem in walking about</td> </tr> <tr> <td>2</td> <td>I have some problems walking about</td> </tr> <tr> <td>3</td> <td>I am confined to Bed</td> </tr> </table>	1	I have no problem in walking about	2	I have some problems walking about	3	I am confined to Bed
1	I have no problem in walking about								
2	I have some problems walking about								
3	I am confined to Bed								
194	euro_selfcare1	Self-Care	dropdown <table border="1"> <tr> <td>1</td> <td>,I have no problem with self-care</td> </tr> <tr> <td>2</td> <td>I have some problems washing and dressing myself</td> </tr> <tr> <td>3</td> <td>I am unable to wash or dress myself</td> </tr> </table>	1	,I have no problem with self-care	2	I have some problems washing and dressing myself	3	I am unable to wash or dress myself
1	,I have no problem with self-care								
2	I have some problems washing and dressing myself								
3	I am unable to wash or dress myself								
195	euro_act1	Usual Activities (work, study, housework, family or leisure activities)	dropdown <table border="1"> <tr> <td>1</td> <td>I have no problems with performing my usual activities</td> </tr> <tr> <td>2</td> <td>I have some problems with performing my usual activities\</td> </tr> <tr> <td>3</td> <td>I am unable to perform my usual activities</td> </tr> </table>	1	I have no problems with performing my usual activities	2	I have some problems with performing my usual activities\	3	I am unable to perform my usual activities
1	I have no problems with performing my usual activities								
2	I have some problems with performing my usual activities\								
3	I am unable to perform my usual activities								

196	euro_pain1	Pain/Discomfort <i>pain</i>	dropdown <table border="1"> <tr> <td>1</td> <td>I have no pain or discomfort</td> </tr> <tr> <td>2</td> <td>I have moderate pain or discomfort</td> </tr> <tr> <td>3</td> <td>I have extreme pain or discomfort</td> </tr> </table>	1	I have no pain or discomfort	2	I have moderate pain or discomfort	3	I have extreme pain or discomfort			
1	I have no pain or discomfort											
2	I have moderate pain or discomfort											
3	I have extreme pain or discomfort											
197	euro_anxdep1	Anxiety/ Depression	dropdown <table border="1"> <tr> <td>1</td> <td>I am not anxious or depressed</td> </tr> <tr> <td>2</td> <td>I am moderately anxious or depressed</td> </tr> <tr> <td>3</td> <td>I am extremely anxious or depressed</td> </tr> </table>	1	I am not anxious or depressed	2	I am moderately anxious or depressed	3	I am extremely anxious or depressed			
1	I am not anxious or depressed											
2	I am moderately anxious or depressed											
3	I am extremely anxious or depressed											
198	euroqol_health_related_quality_of_life_complete	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: EOL Care Questions												
199	eolq0	Completed by:	checkbox <table border="1"> <tr> <td>0</td> <td>eolq0__0</td> <td>Patient only if not delirious</td> </tr> <tr> <td>1</td> <td>eolq0__1</td> <td>Surrogate</td> </tr> <tr> <td>2</td> <td>eolq0__2</td> <td>Both</td> </tr> </table>	0	eolq0__0	Patient only if not delirious	1	eolq0__1	Surrogate	2	eolq0__2	Both
0	eolq0__0	Patient only if not delirious										
1	eolq0__1	Surrogate										
2	eolq0__2	Both										
200	eolq1	Do you prefer your goal of care to be made comfortable? <i>if comments noted, copy into comments icon</i>	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Unsure</td> </tr> <tr> <td>4</td> <td>We did not ask</td> </tr> </table>	1	Yes	2	No	3	Unsure	4	We did not ask	
1	Yes											
2	No											
3	Unsure											
4	We did not ask											
201	eolq2	Do you desire chest compressions or mechanical ventilation? <i>if comments noted, copy into comments icon</i>	dropdown <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>3</td> <td>Unsure</td> </tr> <tr> <td>4</td> <td>We did not ask</td> </tr> </table>	1	Yes	2	No	3	Unsure	4	We did not ask	
1	Yes											
2	No											
3	Unsure											
4	We did not ask											
202	eol_care_questions_complete	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: Edmonton Symptom Assessment Scale												
203	edsym	Completed by :	checkbox <table border="1"> <tr> <td>1</td> <td>edsym__1</td> <td>Patient</td> </tr> <tr> <td>2</td> <td>edsym__2</td> <td>Surrogate</td> </tr> <tr> <td>3</td> <td>edsym__3</td> <td>Both</td> </tr> </table>	1	edsym__1	Patient	2	edsym__2	Surrogate	3	edsym__3	Both
1	edsym__1	Patient										
2	edsym__2	Surrogate										
3	edsym__3	Both										
204	pained	Pain	text									

		Integer 0 to 10	
205	tireded	Tired Integer 0 to 10	text
206	naued	Nauseated Integer 0 to 10	text
207	depreed	Depressed Integer 0 to 10	text
208	anxed	Anxious Integer 0 to 10	text
209	drowed	Drowsy Integer 0 to 10	text
210	appeted	Appetite Integer 0 to 10	text
211	welled	Wellbeing Integer 0 to 10	text
212	sobed	Shortness of breath Integer 0 to 10	text
213	other_yn	Is there an 'Other' symptom that is scored?	yesno 1 Yes 0 No
214	othersymp Show the field ONLY if: [other_yn] = '1'	What is the other symptom type in the name of the 'other' symptom noted by the subject	text
215	othered Show the field ONLY if: [other_yn] = '1'	Other Integer 0 to 10	text (integer, Min: 0, Max: 10)
216	edmonton_symptom_asses sment_scale_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Brief Fatigue Inventory			
217	bficompletedby	Completed by:	checkbox 0 bficompletedby__0 Patient only if not delirious 1 bficompletedby__1 Surrogate 2 bficompletedby__2 Both
218	bfi_tired	Have you felt unusually tired or fatigued in the last week?	dropdown 1 Yes 2 No
219	bfi_tirednow	Rate your fatigue right now Integer 0 to 10	text
220	bfi_tiredusual	Usual level of fatigue over last 24 hours Integer 0 to 10	text
221	bfi_tiredworst	Worst fatigue over last 24 hours Integer 0 to 10	text
222	fatigue_activity	Level of fatigue interfering with general activity Integer 0 - 10	text (integer, Min: 0, Max: 10)
223	fatigue_mood	Level of fatigue interfering with mood Integer 0 - 10	text (integer, Min: 0, Max: 10)

224	fatigue_walking_ability	Level of fatigue interfering with wa king ability <i>Integer 0 - 10</i>	text (integer, Min: 0, Max: 10)
225	fatigue_work	Level of fatigue interfering with normal work <i>Integer 0 - 10</i>	text (integer, Min: 0, Max: 10)
226	fatigue_relations	Level of fatigue interfering with relations with other people <i>Integer 0 - 10</i>	text (integer, Min: 0, Max: 10)
227	fatigue_enjoylife	Level of fatigue interfering with enjoyment of life <i>Integer 0 - 10</i>	text (integer, Min: 0, Max: 10)
228	bfi_complete	Complete?	dropdown <div> <div>0</div>Incomplete <div>1</div>Unverified <div>2</div>Complete </div>
Instrument: Insomnia Severity Index			
229	insomnia_falling	Difficulty falling asleep	dropdown (autocomplete) <div> <div>1</div>0 None <div>2</div>1 Mild <div>3</div>2 Moderate <div>4</div>3 Severe <div>5</div>4 Very Severe </div>
230	insomnia_staying	Difficulty staying asleep	dropdown (autocomplete) <div> <div>1</div>0 None <div>2</div>1 Mild <div>3</div>2 Moderate <div>4</div>3 Severe <div>5</div>4 Very Severe </div>
231	insomnia_early	Problems waking up too early	dropdown (autocomplete) <div> <div>1</div>0 None <div>2</div>1 Mild <div>3</div>2 Moderate <div>4</div>3 Severe <div>5</div>4 Very Severe </div>
232	insomnia_satisfied	How satisfied are you with your current sleep pattern?	dropdown (autocomplete) <div> <div>1</div>0 Very Satisfied <div>2</div>1 Satisfied <div>3</div>2 Moderately Satisfied <div>4</div>3 Dissatisfied <div>5</div>4 Very dissatisfied </div>
233	insomnia_noticeable	Now noticeable to others do you think your sleep problem is in terms of impairing your quality of life?	dropdown (autocomplete) <div> <div>1</div>0 Not at all noticeable <div>2</div>1 A little <div>3</div>2 Somewhat <div>4</div>3 Much <div>5</div>4 Very noticeable </div>
234	insomnia_worried	How worried/distressed are you about your current	dropdown (autocomplete)

		problem?	<table border="1"> <tr><td>1</td><td>0 Not at all worried</td></tr> <tr><td>2</td><td>1 A little</td></tr> <tr><td>3</td><td>2 Somewhat</td></tr> <tr><td>4</td><td>3 Much</td></tr> <tr><td>5</td><td>4 Very much worried</td></tr> </table>	1	0 Not at all worried	2	1 A little	3	2 Somewhat	4	3 Much	5	4 Very much worried
1	0 Not at all worried												
2	1 A little												
3	2 Somewhat												
4	3 Much												
5	4 Very much worried												
235	insomnia_interfere	To what extent do you consider your sleep problem to interfere with your daily functioning?	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 A little</td></tr> <tr><td>3</td><td>2 Somewhat</td></tr> <tr><td>4</td><td>3 Much</td></tr> <tr><td>5</td><td>4 Not very much intefering</td></tr> </table>	1	0 Not at all	2	1 A little	3	2 Somewhat	4	3 Much	5	4 Not very much intefering
1	0 Not at all												
2	1 A little												
3	2 Somewhat												
4	3 Much												
5	4 Not very much intefering												
236	insomnia_severity_index_complete	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: PHQ-9													
237	phq9_1	1. Little interest or pleasure in doing things	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
238	phq9_2	2. Feeling down, depressed, or hopeless	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
239	phq9_3	3. Trouble falling asleep or staying asleep, or sleeping too much	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
240	phq9_4	4. Feeling tired or having little energy	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
241	phq9_5	5. Poor appetite or overeating	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												

242	phq9_6	6. Feeling bad about yourself	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
243	phq9_7	7. Trouble concentrating on things	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
244	phq9_8	8. Moving or speaking so slowly	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
2	1 Several days												
3	2 More than half the days												
4	3 Nearly every day												
245	phq9_9	9. Thoughts that you would be better of dead	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>0 Not at all</td></tr> <tr><td>2</td><td>1 Several days</td></tr> <tr><td>3</td><td>2 More than half the days</td></tr> <tr><td>4</td><td>3 Nearly every day</td></tr> </table>	1	0 Not at all	2	1 Several days	3	2 More than half the days	4	3 Nearly every day		
1	0 Not at all												
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246	phq9_complete	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: 8- Item MOS Social Support Survey													
247	item	Completed by:	checkbox <table border="1"> <tr><td>1</td><td>item__1</td><td>Patient if not delirious</td></tr> <tr><td>2</td><td>item__2</td><td>Surrogate</td></tr> <tr><td>3</td><td>item__3</td><td>Both</td></tr> </table>	1	item__1	Patient if not delirious	2	item__2	Surrogate	3	item__3	Both	
1	item__1	Patient if not delirious											
2	item__2	Surrogate											
3	item__3	Both											
248	suged	Someone to turn to for suggestions about how to deal with a personal problem <i>suged</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
249	probed	Someone who understands your problems <i>probed</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
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3	Some of the time												
4	Most of the time												
5	All of the time												
250	conbed	Someone to help you if you were confined to bed	dropdown										

		<i>conbed</i>	<table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
251	appoint	Someone to take you to the doctor if you needed it <i>appoint</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
252	meals	Someone to prepare your meals if you were unable to do it yourself <i>meals</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
253	chores	Someone to help with daily chores if you were sick <i>chores</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
254	love	Someone to love and make you feel wanted <i>love</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
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4	Most of the time												
5	All of the time												
255	goodtime	Someone to have a good time with <i>goodtime</i>	dropdown <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All of the time												
256	item_mos_social_support_survey_complete	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: Clinical Frailty Scale													
257	clfrailscale	Clinical Frailty Scale	dropdown <table border="1"> <tr><td></td><td></td></tr> </table>										

			<table border="1"> <tr><td>1</td><td>1 Very Fit</td></tr> <tr><td>2</td><td>2 Well</td></tr> <tr><td>3</td><td>3 Managing Well</td></tr> <tr><td>4</td><td>4 Vulnerable</td></tr> <tr><td>5</td><td>5 Mildly Frail</td></tr> <tr><td>6</td><td>6 Moderately Frail</td></tr> <tr><td>7</td><td>7 Severely Frail</td></tr> <tr><td>8</td><td>8 Very Severely Frail</td></tr> <tr><td>9</td><td>9 Terminally Ill</td></tr> </table>	1	1 Very Fit	2	2 Well	3	3 Managing Well	4	4 Vulnerable	5	5 Mildly Frail	6	6 Moderately Frail	7	7 Severely Frail	8	8 Very Severely Frail	9	9 Terminally Ill
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6	6 Moderately Frail																				
7	7 Severely Frail																				
8	8 Very Severely Frail																				
9	9 Terminally Ill																				
258	clinical_frailty_scale_complete	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: The Duke Activity Status Index 4 weeks before Hospital Admission																					
259	care	Can you take care of yourself, that is, eating, dressing, bathing or using the toilet? <i>care</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																				
260	walk	Can you walk indoors, such as around your house? <i>walk</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																				
261	walkbl	Can you walk a block or 2 on level ground? <i>walkbl</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																				
262	climb	Can you climb a flight of stairs or walk up a hill? <i>climb</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																				
263	run	Can you run a short distance? <i>run</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																				
264	lightwk	Can you do light work around the house like dusting or washing? <i>lightwk</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																				
265	modwk	Can you do moderate work around the house like vacuuming, sweeping floors, or carrying in groceries? <i>modwk</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																				
266	heavwk	Can you do heavy work around the house like scrubbing floors, or lifting or moving heavy furniture? <i>heavwk</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																				
267	garden	Can you do yardwork like raking leaves, weeding or pushing a lawn mower? <i>garden</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																				

268	sexrel	Can you have sexual relations? <i>sexrel</i>	yesno 1 Yes 0 No
269	activ	Can you participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a baseball or football? <i>activ</i>	yesno 1 Yes 0 No
270	strenspot	Can you participate in strenuous sports like swimming, singles tennis, football, basketball or skiing? <i>strenspot</i>	yesno 1 Yes 0 No
271	the_duke_activity_status_in_dex_4_weeks_before_hosp_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Fried Questions on physical activity			
272	walkexer	Walking for exercise <i>walkexer</i>	yesno 1 Yes 0 No
273	walkexer_wktimes Show the field ONLY if: [walkexer] = '1'	# of times in the past 4 weeks	text (integer, Min: 0, Max: 28)
274	walkexer_minsession Show the field ONLY if: [walkexer] = '1'	# of minutes per session	text (integer, Min: 1, Max: 240)
275	walkexer_months Show the field ONLY if: [walkexer] = '1'	# of months spent per year on activity	text (number, Min: 0, Max: 12)
276	strenhouse	Moderately strenuous household chores: scrubbing, etc. <i>strenhouse</i>	yesno 1 Yes 0 No
277	strenhouse_wktimes Show the field ONLY if: [strenhouse] = '1'	# of times in the past 4 weeks	text (integer, Min: 0, Max: 28)
278	strenhouse_minsession Show the field ONLY if: [strenhouse] = '1'	# of minutes per session	text (integer, Min: 0, Max: 240)
279	strenhouse_months Show the field ONLY if: [strenhouse] = '1'	# of months per year	text (number, Min: 0, Max: 12)
280	mow	Mow the lawn <i>mow</i>	yesno 1 Yes 0 No
281	mow_wktimes Show the field ONLY if: [mow] = '1'	# of times in the past 4 weeks	text (integer, Min: 0, Max: 5)

282	mow_minsession Show the field ONLY if: [mow] = '1'	# of minutes per session	text (integer, Min: 0, Max: 4)
283	mow_months Show the field ONLY if: [mow] = '1'	# of months per year	text (number, Min: 0, Max: 12)
284	rake Show the field ONLY if: [rake] = '1'	Rake the lawn <i>rake</i>	yesno 1 Yes 0 No
285	rake_wktimes Show the field ONLY if: [rake] = '1'	# of times in the past 4 weeks	text (integer, Min: 0, Max: 8)
286	rake_minsession Show the field ONLY if: [rake] = '1'	# of minutes per session	text
287	rake_months Show the field ONLY if: [rake] = '1'	# of months per year	text (number, Min: 0, Max: 12)
288	gard Show the field ONLY if: [gard] = '1'	Gardening <i>gard</i>	yesno 1 Yes 0 No
289	gard_wktimes Show the field ONLY if: [gard] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 28)
290	gard_minsession Show the field ONLY if: [gard] = '1'	# of minutes per session	text (integer)
291	gard_months Show the field ONLY if: [gard] = '1'	# of months per year	text (integer, Min: 1, Max: 12)
292	hike Show the field ONLY if: [hike] = '1'	Hiking <i>hike</i>	yesno 1 Yes 0 No
293	hike_wktimes Show the field ONLY if: [hike] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
294	hike_minsession Show the field ONLY if: [hike] = '1'	# of minutes per session	text (integer)
295	hike_months Show the field ONLY if: [hike] = '1'	# of months per year	text (number, Min: 0, Max: 12)
296	jog Show the field ONLY if: [jog] = '1'	Jogging <i>jog</i>	yesno 1 Yes 0 No
297	jog_wktimes Show the field ONLY if: [jog] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)

	Show the field ONLY if: [jog] = '1'		
298	jog_minsession Show the field ONLY if: [jog] = '1'	# of minutes per session	text (integer)
299	jog_months Show the field ONLY if: [jog] = '1'	# of months per year	text (number, Min: 0, Max: 12)
300	bike	Biking <i>bike</i>	yesno 1 Yes 0 No
301	bike_wktimes Show the field ONLY if: [bike] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
302	bike_minsession Show the field ONLY if: [bike] = '1'	# of minutes per session	text (integer)
303	bike_months Show the field ONLY if: [bike] = '1'	# of months per year	text (number, Min: 0, Max: 12)
304	exercycle	Exercise cycle <i>exercycle</i>	yesno 1 Yes 0 No
305	exercycle_wktimes Show the field ONLY if: [exercycle] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
306	exercycle_minsession Show the field ONLY if: [exercycle] = '1'	# of minutes per session	text (integer)
307	exercycle_months Show the field ONLY if: [exercycle] = '1'	# of months per year	text (number, Min: 0, Max: 12)
308	dancing	Dancing <i>dance</i>	yesno 1 Yes 0 No
309	dancing_wktimes Show the field ONLY if: [dancing] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
310	dancing_minsession Show the field ONLY if: [dancing] = '1'	# of minutes per session	text (integer)
311	dancing_months Show the field ONLY if: [dancing] = '1'	# of months per year	text (number, Min: 0, Max: 12)
312	aero	Aerobics <i>aero</i>	yesno 1 Yes 0 No

			0 No
313	aero_wktimes Show the field ONLY if: [aero] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
314	aero_minsession Show the field ONLY if: [aero] = '1'	# of minutes per session	text (integer)
315	aero_months Show the field ONLY if: [aero] = '1'	# of months per year	text (number, Min: 0, Max: 12)
316	bowl	Bowling <i>bowl</i>	yesno 1 Yes 0 No
317	bowl_wktimes Show the field ONLY if: [bowl] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
318	bowl_minsession Show the field ONLY if: [bowl] = '1'	# of minutes per session	text (integer)
319	bowl_months Show the field ONLY if: [bowl] = '1'	# of months per year	text (number, Min: 0, Max: 12)
320	golf	Golf <i>golf</i>	yesno 1 Yes 0 No
321	golf_wktimes Show the field ONLY if: [golf] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
322	golf_minsession Show the field ONLY if: [golf] = '1'	# of minutes per session	text (integer)
323	golf_months Show the field ONLY if: [golf] = '1'	# of months per year	text (number, Min: 0, Max: 12)
324	tennis	Singles tennis <i>tennis</i>	yesno 1 Yes 0 No
325	tennis_wktimes Show the field ONLY if: [tennis] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
326	tennis_minsession Show the field ONLY if: [tennis] = '1'	# of minutes per session	text (integer)
327	tennis_months Show the field ONLY if: [tennis] = '1'	# of months per year	text (number, Min: 0, Max: 12)

328	tennis2	Doubles tennis <i>tennis2</i>	yesno 1 Yes 0 No
329	tennis2_wktimes Show the field ONLY if: [tennis2] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
330	tennis2_minsession Show the field ONLY if: [tennis2] = '1'	# of minutes per session	text (integer)
331	tennis2_months Show the field ONLY if: [tennis2] = '1'	# of months per year	text (number, Min: 0, Max: 12)
332	calisth	Calisthenics/general exercise <i>calisth</i>	yesno 1 Yes 0 No
333	calisth_wktimes Show the field ONLY if: [calisth] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
334	calisth_minsession Show the field ONLY if: [calisth] = '1'	# of minutes per session	text (integer)
335	calisth_months Show the field ONLY if: [calisth] = '1'	# of months per year	text (number, Min: 0, Max: 12)
336	swim	Swimming <i>swim</i>	yesno 1 Yes 0 No
337	swim_wktimes Show the field ONLY if: [swim] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
338	swim_minsession Show the field ONLY if: [swim] = '1'	# of minutes per session	text (integer)
339	swim_months Show the field ONLY if: [swim] = '1'	# of months per year	text (number, Min: 0, Max: 12)
340	racquet	Racquetball <i>raquet</i>	yesno 1 Yes 0 No
341	racquet_wktimes Show the field ONLY if: [racquet] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)
342	racquet_minsession Show the field ONLY if: [racquet] = '1'	# of minutes per session	text (integer)
343	racquet_months	# of months per year	text (number, Min: 0, Max: 12)

	Show the field ONLY if: [racquet] = '1'										
344	grocery Show the field ONLY if: [grocery] = '1'	Grocery or other shopping <i>grocery</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										
345	grocery_wktimes Show the field ONLY if: [grocery] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)								
346	grocery_minsession Show the field ONLY if: [grocery] = '1'	# of minutes per session	text (integer)								
347	grocery_months Show the field ONLY if: [grocery] = '1'	# of months per year	text (number, Min: 0, Max: 12)								
348	physact Show the field ONLY if: [physact] = '1'	Other Activity	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										
349	otheract	Describe Other Activity	text								
350	physact_wktimes Show the field ONLY if: [physact] = '1'	# of times in the past 4 weeks	text (integer, Min: 1, Max: 7)								
351	physact_minsession Show the field ONLY if: [physact] = '1'	# of minutes per session	text (integer)								
352	physact_months Show the field ONLY if: [physact] = '1'	# of months per year	text (number, Min: 0, Max: 12)								
353	fried_questions_on_physical_activity_complete	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: Exhaustion											
354	effort Show the field ONLY if: [effort] = '1'	How often in the last 3 days did you feel this way? I felt everything I did was an effort <i>effort</i>	dropdown <table border="1"> <tr> <td>1</td><td>Rarely or none of the time (< 1 day)</td></tr> <tr> <td>2</td><td>Some or a little of the time (1-2 days)</td></tr> <tr> <td>3</td><td>Occasionally or a moderate amount of the time (3-4 days)</td></tr> <tr> <td>4</td><td>Most of the time</td></tr> </table>	1	Rarely or none of the time (< 1 day)	2	Some or a little of the time (1-2 days)	3	Occasionally or a moderate amount of the time (3-4 days)	4	Most of the time
1	Rarely or none of the time (< 1 day)										
2	Some or a little of the time (1-2 days)										
3	Occasionally or a moderate amount of the time (3-4 days)										
4	Most of the time										
355	going Show the field ONLY if: [going] = '1'	How often in the last 3 days did you feel this way? I could not get "going" <i>going</i>	dropdown <table border="1"> <tr> <td>1</td><td>Rarely or none of the time (< 1 day)</td></tr> <tr> <td>2</td><td>Some or a little (1-2 days)</td></tr> <tr> <td>3</td><td>Occasionally or a moderate amount of the time (3-4 days)</td></tr> <tr> <td>4</td><td>Most of the time</td></tr> </table>	1	Rarely or none of the time (< 1 day)	2	Some or a little (1-2 days)	3	Occasionally or a moderate amount of the time (3-4 days)	4	Most of the time
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2	Some or a little (1-2 days)										
3	Occasionally or a moderate amount of the time (3-4 days)										
4	Most of the time										

356	exhaust_date	Enter the date these questions were assessed	text (date_mdy)									
357	exhaustion_complete	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: Ensrud Frailty Questions												
358	energymtadm	Did you feel full of energy month prior to admission? <i>Leave blank if question not asked</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											
359	fullenergy	Do you feel full of energy right now? <i>Leave blank if question not asked</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											
360	ensrud_frailty_questions_complete	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: Physical Assessments (Height and Weight)												
361	height	Height Measured (cm) <i>Enter in centimeters</i>	text									
362	hgt_measure_type	How was the height measured?	radio <table border="1"> <tr> <td>1</td> <td>Supine</td> </tr> <tr> <td>2</td> <td>Standing</td> </tr> <tr> <td>3</td> <td>Recorded from Eclypsis</td> </tr> </table>	1	Supine	2	Standing	3	Recorded from Eclypsis			
1	Supine											
2	Standing											
3	Recorded from Eclypsis											
363	weight	Weight Measured (kg) <i>KILOGRAMS</i>	text									
364	wgt_measure_type	How was the weight measured? <i>Pick one</i>	radio <table border="1"> <tr> <td>1</td> <td>Scale Weight</td> </tr> <tr> <td>2</td> <td>Bed Weight</td> </tr> <tr> <td>3</td> <td>Dry Weight Recorded in Eclypsis</td> </tr> </table>	1	Scale Weight	2	Bed Weight	3	Dry Weight Recorded in Eclypsis			
1	Scale Weight											
2	Bed Weight											
3	Dry Weight Recorded in Eclypsis											
365	wgtlossinfo	Weight loss information obtained from:	checkbox <table border="1"> <tr> <td>1</td> <td>wgtlossinfo__1</td> <td>Patient</td> </tr> <tr> <td>2</td> <td>wgtlossinfo__2</td> <td>Surrogate</td> </tr> <tr> <td>3</td> <td>wgtlossinfo__3</td> <td>Both</td> </tr> </table>	1	wgtlossinfo__1	Patient	2	wgtlossinfo__2	Surrogate	3	wgtlossinfo__3	Both
1	wgtlossinfo__1	Patient										
2	wgtlossinfo__2	Surrogate										
3	wgtlossinfo__3	Both										
366	wgtchange	During the past year PRIOR to being hospitalized has your weight changed? <i>Record weight loss in POUNDS</i>	radio <table border="1"> <tr> <td>1</td> <td>No (Unchanged)</td> </tr> <tr> <td>2</td> <td>Gained weight</td> </tr> <tr> <td>3</td> <td>Lost weight</td> </tr> </table>	1	No (Unchanged)	2	Gained weight	3	Lost weight			
1	No (Unchanged)											
2	Gained weight											
3	Lost weight											
367	wgtgain Show the field ONLY if: [wgtchange] = '2'	How many pounds did you GAIN in the past year PRIOR to being hospitalized?	text (number, Min: 0, Max: 100)									
368	wgtgain1 Show the field ONLY if: [wgtchange] = '2'	Was the weight GAIN: <i>Mark one only if weight loss noted by subject</i>	radio <table border="1"> <tr> <td>1</td> <td>Intentional</td> </tr> <tr> <td>2</td> <td>Unintentional</td> </tr> </table>	1	Intentional	2	Unintentional					
1	Intentional											
2	Unintentional											

			<table><tr><td>3</td><td>Unsure</td></tr></table>	3	Unsure				
3	Unsure								
369	wtgloss Show the field ONLY if: [wgtchange] = '3'	How many pounds did you LOSE in the past year PRIOR to being hospitalized?	text (number, Min: 0, Max: 100)						
370	wtgloss1 Show the field ONLY if: [wgtchange] = '3'	Was the weight LOSS:	radio <table><tr><td>1</td><td>Intentional</td></tr><tr><td>2</td><td>Unintentional</td></tr><tr><td>3</td><td>Unsure</td></tr></table>	1	Intentional	2	Unintentional	3	Unsure
1	Intentional								
2	Unintentional								
3	Unsure								
371	lose10wgt	Did you lose more than 10 lbs, in the past year (before being admitted to the hospital and ICU)? <i>Pick one</i>	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unsure</td></tr></table>	1	Yes	2	No	3	Unsure
1	Yes								
2	No								
3	Unsure								
372	physical_assessments_height_and_weight_complete	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: **Medical Research Council (MRC) Manuel Muscle Strength Test**

373	shouldabd	Shoulder abduction : R <i>shouldabd</i>	text (integer, Min: 0, Max: 5)						
374	abd	Shoulder abduction: L <i>abd</i>	text (integer, Min: 0, Max: 5)						
375	elbflex	Elbow flexion: R <i>elbflex</i>	text (integer, Min: 0, Max: 5)						
376	elbflexl	Elbow flexion: L <i>elbflexL</i>	text (integer, Min: 0, Max: 5)						
377	wristext	Wrist extension:R <i>wristext</i>	text (integer, Min: 0, Max: 5)						
378	wristextl	Wrist extension: L <i>wristextL</i>	text (integer, Min: 0, Max: 5)						
379	hipflex	Hip flexion: R <i>hipflex</i>	text (integer, Min: 0, Max: 5)						
380	hipflexl	Hip flexion:L <i>hipflexL</i>	text (integer, Min: 0, Max: 5)						
381	kneeext	Knee extension: R <i>kneeext</i>	text (integer, Min: 0, Max: 5)						
382	kneeextl	Knee extension: L <i>kneeextL</i>	text (integer, Min: 0, Max: 5)						
383	footdorsi	Foot dorsiflexion: R <i>footdorsi</i>	text (integer, Min: 0, Max: 5)						
384	dorsiflexl	Foot Dorsiflexion: L <i>dorsiflexl</i>	text (integer, Min: 0, Max: 5)						
385	mrc_date	Enter the date the MRC was assessed	text (date_mdy)						
386	medical_research_council_mrc_manuel_muscle_stren gt_complete	Complete?	<div>dropdown</div> <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: **Grip Strength using Dynamometer**

387	painwrist	Have you had any recent pain in your wrist or any acute flare-up in your hand or wrist from conditions like arthristis, tendonitis or carpal tunnel syndrome? <i>painwri</i>	dropdown <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes, Right wrist or hand</td> </tr> <tr> <td>3</td> <td>Yes, Left wrist or hand</td> </tr> <tr> <td>4</td> <td>Both wrists or hands</td> </tr> </table>	1	No	2	Yes, Right wrist or hand	3	Yes, Left wrist or hand	4	Both wrists or hands
1	No										
2	Yes, Right wrist or hand										
3	Yes, Left wrist or hand										
4	Both wrists or hands										
388	sxue	Did participant have surgery on hand or arms in the last 3 months? (Mark only one answer) <i>sxue</i>	dropdown <table border="1"> <tr> <td>1</td> <td>No</td> </tr> <tr> <td>2</td> <td>Yes, Right hand or arm.(Do not test on this hand or arm)</td> </tr> <tr> <td>3</td> <td>Yes, Left hand or arm. (Do not test on this hand or arm)</td> </tr> <tr> <td>4</td> <td>Yes, Both hands and arms. (Do not proceed with the test)</td> </tr> </table>	1	No	2	Yes, Right hand or arm.(Do not test on this hand or arm)	3	Yes, Left hand or arm. (Do not test on this hand or arm)	4	Yes, Both hands and arms. (Do not proceed with the test)
1	No										
2	Yes, Right hand or arm.(Do not test on this hand or arm)										
3	Yes, Left hand or arm. (Do not test on this hand or arm)										
4	Yes, Both hands and arms. (Do not proceed with the test)										
389	dyna	Dynamometer Test Which is the Dominant Hand? <i>dyna</i>	dropdown <table border="1"> <tr> <td>1</td> <td>Right</td> </tr> <tr> <td>2</td> <td>Left</td> </tr> </table>	1	Right	2	Left				
1	Right										
2	Left										
390	handtest	Which hand was used for test? <i>handtest</i>	dropdown <table border="1"> <tr> <td>1</td> <td>Right</td> </tr> <tr> <td>2</td> <td>Left</td> </tr> </table>	1	Right	2	Left				
1	Right										
2	Left										
391	dynares	1st Try <i>Leave blank if not done</i>	text								
392	dynares2	2nd Try <i>Leave blank if not done</i>	text								
393	dynares3	3rd Try <i>Leave blank if not done</i>	text								
394	grip_date	Enter the date hand-grip assessed:	text (date_mdy)								
395	grip_strength_using_dyna mometer_complete	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: Negative Inspiratory Pressure (Trach Patients Only)											
396	nip_need	Patient has tracheostomy and needs manometry tested via the mechanical ventilator	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										
397	neginsp Show the field ONLY if: [nip_need] = '1'	Negative inspiratory pressure from the mechanical ventilator <i>Cm H20</i>	text								
398	neginsp2 Show the field ONLY if: [nip_need] = '1'	Negative inspiratory pressure from the mechanical ventilator <i>Cm H20</i>	text								
399	neginsp3 Show the field ONLY if: [nip_need] = '1'	Negative inspiratory pressure from mechanical ventilator <i>Cm H20</i>	text								
400	neginsp4 Show the field ONLY if:	Negative inspiratory pressure from mechanical ventilator <i>Cm H20</i>	text								

	[nip_need] = '1'										
401	neginsp5 Show the field ONLY if: [nip_need] = '1'	Negative inspiratory pressure from mechanical ventilator <i>Cm H2O</i>	text								
402	mip	Degree of effort that participant expended during the MIP maneuvers: <i>mip</i>	dropdown <table border="1"> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Maximal</td></tr> </table>	1	Poor	2	Fair	3	Good	4	Maximal
1	Poor										
2	Fair										
3	Good										
4	Maximal										
403	mano_reason	Reason deferred or not done <i>Describe why not done</i>	notes								
404	nip_date	Enter the date NIP assessed:	text (date_mdy)								
405	manometry_maximum_inspiratory_pressure_complete	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: Manometry (Sniff test)											
406	snif1	1. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
407	snif2	2. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
408	snif3	3. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
409	snif4	4. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
410	snif5	5. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
411	snif6	6. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
412	snif7	7. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
413	snif9	9. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
414	snif10	10. Measurement (cmH2O) <i>Leave blank if not done</i>	text								
415	degmip	Degree of Effort during MIP maneuvers:	dropdown <table border="1"> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Maximal</td></tr> </table>	1	Poor	2	Fair	3	Good	4	Maximal
1	Poor										
2	Fair										
3	Good										
4	Maximal										
416	mip_date	Enter the date MIP assessed:	text (date_mdy)								
417	manometry_sniff_test_complete	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: Category that best describes the patient											

418	catpt	Description of patient <i>catpt</i>	dropdown <table border="1"> <tr><td>1</td><td>Needs assistance to sit up in bed</td></tr> <tr><td>2</td><td>Patient can sit up in bed independently</td></tr> <tr><td>3</td><td>Stand with other person assisting</td></tr> <tr><td>4</td><td>Stand with own arm assistance</td></tr> <tr><td>5</td><td>Stand independently</td></tr> <tr><td>6</td><td>Walk in Place</td></tr> <tr><td>7</td><td>Walk with cane or walker</td></tr> <tr><td>8</td><td>Walk independently</td></tr> </table>	1	Needs assistance to sit up in bed	2	Patient can sit up in bed independently	3	Stand with other person assisting	4	Stand with own arm assistance	5	Stand independently	6	Walk in Place	7	Walk with cane or walker	8	Walk independently		
1	Needs assistance to sit up in bed																				
2	Patient can sit up in bed independently																				
3	Stand with other person assisting																				
4	Stand with own arm assistance																				
5	Stand independently																				
6	Walk in Place																				
7	Walk with cane or walker																				
8	Walk independently																				
419	category_that_best_describes_the_patient_complete	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: 15 feet (4.57m) Hallway Walk Test																					
420	friedwalk	Did the patient walk for the walk test?	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																				
421	walk_date Show the field ONLY if: [friedwalk] = '1'	Enter the date walked speed tested	text (date_mdy)																		
422	walkreason Show the field ONLY if: [friedwalk] = '0'	Mark why the wa k test was deferred	checkbox <table border="1"> <tr> <th>tried</th> <th>walkreason__tried</th> <th>but unable</th> </tr> <tr> <td>1</td> <td>walkreason__1</td> <td>examiner felt unsafe</td> </tr> <tr> <td>2</td> <td>walkreason__2</td> <td>participant felt unsafe</td> </tr> <tr> <td>3</td> <td>walkreason__3</td> <td>participant cannot walk even with support</td> </tr> <tr> <td>4</td> <td>walkreason__4</td> <td>participant unable to understand instructions</td> </tr> <tr> <td>5</td> <td>walkreason__5</td> <td>participant refused</td> </tr> </table>	tried	walkreason__tried	but unable	1	walkreason__1	examiner felt unsafe	2	walkreason__2	participant felt unsafe	3	walkreason__3	participant cannot walk even with support	4	walkreason__4	participant unable to understand instructions	5	walkreason__5	participant refused
tried	walkreason__tried	but unable																			
1	walkreason__1	examiner felt unsafe																			
2	walkreason__2	participant felt unsafe																			
3	walkreason__3	participant cannot walk even with support																			
4	walkreason__4	participant unable to understand instructions																			
5	walkreason__5	participant refused																			
423	spo2_before	SpO2% prior to walk test <i>mark oxygenation saturation before walk test. Leave blank if not recorded</i>	text (integer, Min: 80, Max: 100)																		
424	friedwalk1	1st usual pace walk time (round to the 1st or 2nd decimal place) <i>Leave blank if not done</i>	text																		
425	friedwalk2	2nd usual pace wa k time (round to the 1st or 2nd decimal place) <i>Leave blank if not done</i>	text																		
426	friedwalk3	3rd usual pace walk time (round to 1st or 2nd decimal place) <i>Leave blank if not done</i>	text																		
427	spo2_after	SpO2% after walk test <i>Leave blank if not done</i>	text (integer, Max: 100)																		
428	o2use	Did the participant use oxygen for the walk?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes																
1	Yes																				

			0 No
429	lmino2use Show the field ONLY if: [o2use] = '1'	If yes, how many liters per minute?	text
430	o2device Show the field ONLY if: [o2use] = '1'	If yes, what device was used?	radio 1 nasal cannula 2 facemask 3 nonrebreather 4 high-flow nasal cannula
431	walk_assist	Did the participant use an assistive device for walking?	yesno 1 Yes 0 No
432	walkdevice Show the field ONLY if: [walk_assist] = '1'	What type of device was used during walk test?	radio 1 walker 2 cane 3 quad cane 4 wheelchair
433	feet_457m_halfway_walk_test_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Bio-impedance Measurement: Body Composition			
434	bioexercise	Did the patient participate in exercise in the past 12 hours before the test?	yesno 1 Yes 0 No
435	bioeat	Did the patient eat or drink in the past 4 hours?	yesno 1 Yes 0 No
436	biocaff	Did the subject consume a caffeinated product in the past 4 hours?	yesno 1 Yes 0 No
437	biodiurese	Is the participant taking diuretics	yesno 1 Yes 0 No
438	bioimetal	Do you have a metallic plate or implant anywhere on your body?	yesno 1 Yes 0 No
439	awaketime	Time participant awake morning of test: <i>enter as 24:00 time</i>	text (time, Min: 00:00, Max: 12:00)
440	testtime	Time of test: <i>enter as 24:00 time</i>	text (time, Min: 00:00, Max: 23:59)
441	rtrial1	R (Resistance) Trial 1 <i>trial1</i>	text

442	rttrial2	R (Resistance) Trial 2 <i>trial 2</i>	text						
443	xtrial1	X (Reactance) Trial 1 <i>xtrial1</i>	text						
444	xtrial2	X (Reactance) Trial 2 <i>xtrial2</i>	text						
445	ztrial1	Z (Impedance) Trial 1 <i>ztrial1</i>	text						
446	ztrial2	Z (Impedance) Trial 1 <i>ztrial2</i>	text						
447	phtrial1	Phase Trial 1 <i>phtrial1</i>	text						
448	phtrial2	Phase Trial 2 <i>phtrial2</i>	text						
449	ffm1	Fat Free Mass (FFM) Trial 1 (kg) <i>Convert all data to KILOGRAMS</i>	text						
450	ffm2	Fat Free Mass (FFM) Trial 2 <i>Convert all data to KILOGRAMS</i>	text						
451	fatmass1	Fat Mass (FM) Trial 1 <i>Convert all data to KILOGRAMS</i>	text						
452	fatmass2	Fat Mass Trial 2 <i>Convert all data to KILOGRAMS</i>	text						
453	tbw1	Total Body Water (TBW) Trial 1 (L)	text						
454	tbw2	Total Body Water (TBW) Trial 2 (L) <i>Convert all data to KILOGRAMS</i>	text						
455	ecw1	Extracellular Water (ECW): Trial 1 (L) <i>Convert all data to KILOGRAMS</i>	text						
456	ecw2	Extracellular Water (ECW): Trial 2 (L) <i>ecwtrial2</i>	text						
457	icw1	Intracellular Water (ICW) Trial 1 (L) <i>icwtrial1</i>	text						
458	icw2	Intracellular Water (ICW) Trial 2 (L) <i>icwtrial2</i>	text						
459	bioimp_date	Bio-imp date assessed	text (date_mdy)						
460	bioimpedance_measurement_body_composition_complete	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: Blood Sample									
461	protocol	<i>proto</i>	dropdown (autocomplete) <table><tr><td>1</td><td>IBL-3287</td></tr><tr><td>2</td><td>IBL-2617</td></tr></table>	1	IBL-3287	2	IBL-2617		
1	IBL-3287								
2	IBL-2617								
462	blood	Was a blood sample sent to the CTSA lab?	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								
463	blooddate Show the field ONLY if: [blood] = '1'	What date was the blood drawn?	text (date_mdy, Min: <div></div> , Max: <div></div>)						
464	blood_id	What was the patient ID number written on the test tube? <i>write the number written on the test tube sticker</i>	text (integer, Min: 1, Max: 200)						

	Show the field ONLY if: [blood] = '1'		
465	quantity_microliter	Serum vial 1 μL	text
466	quantity_microliter2	Serum vial 2 μL	text
467	quantity_microliter3	Serum vial 3 μL	text
468	quantity_microliter4	Serum vial 4 μL	text
469	quantity_microliter5	Serum vial 5 μL	text
470	quantity_microliter6	Serum vial 6 μL	text
471	quantity_microliter7	Serum vial 7 μL	text
472	quantity_microliter8	Serum vial 8 μL	text
473	quantity_microliter9	Serum vial 9 μL	text
474	quantity_microliter10	Serum vial 10 μL	text
475	quantity_microliter11	Serum vial 11 μL	text
476	quantity_microliter12	Serum vial 12 μL	text
477	quantity_microliter13	Serum vial 13 μL	text
478	quantity_microliter14	Serum vial 14 μL	text
479	aliquot_microliter1	Plasma vial 1 μL	text
480	aliquot_microliter2	Plasma vial 2 μL	text
481	aliquot_microliter3	Plasma vial 3 μL	text
482	aliquot_microliter4	Plasma vial 4 μL	text
483	aliquot_microliter5	Plasma vial 5 μL	text
484	aliquot_microliter6	Plasma vial 6 μL	text
485	aliquot_microliter7	Plasma vial 7 μL	text
486	aliquot_microliter8	Plasma vial 8 μL	text
487	aliquot_microliter9	Plasma vial 9 μL	text
488	aliquot_microliter10	Plasma vial 10 μL	text
489	blood_sample_complete	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: Nerve & Muscle Conduction Studies																									
490	nmstudy	Did the patient undergo nerve or muscle conduction studies?	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																								
491	nmc_date	NMC test date	text (date_mdy)																						
492	nerve_muscle_conduction_studies_complete	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: Health State																									
493	healthstate	Scale <i>healthscal</i>	dropdown <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>3</td><td>30</td></tr> <tr><td>4</td><td>40</td></tr> <tr><td>5</td><td>50</td></tr> <tr><td>6</td><td>60</td></tr> <tr><td>7</td><td>70</td></tr> <tr><td>8</td><td>80</td></tr> <tr><td>9</td><td>90</td></tr> <tr><td>10</td><td>100</td></tr> </table>	0	0	1	10	2	20	3	30	4	40	5	50	6	60	7	70	8	80	9	90	10	100
0	0																								
1	10																								
2	20																								
3	30																								
4	40																								
5	50																								
6	60																								
7	70																								
8	80																								
9	90																								
10	100																								
494	health_state_complete	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: Fate-S																									
495	relation_prmsvy	1. Relation with Patient	dropdown <table border="1"> <tr><td>0</td><td>Spouse</td></tr> <tr><td>1</td><td>Parent</td></tr> <tr><td>2</td><td>Child</td></tr> <tr><td>3</td><td>Sibling</td></tr> <tr><td>4</td><td>Other Relative</td></tr> <tr><td>5</td><td>Ex-spouse</td></tr> <tr><td>6</td><td>Friend</td></tr> <tr><td>7</td><td>Partner</td></tr> <tr><td>8</td><td>POA/Legal Guardian/Caretaker</td></tr> <tr><td>9</td><td>Other</td></tr> </table>	0	Spouse	1	Parent	2	Child	3	Sibling	4	Other Relative	5	Ex-spouse	6	Friend	7	Partner	8	POA/Legal Guardian/Caretaker	9	Other		
0	Spouse																								
1	Parent																								
2	Child																								
3	Sibling																								
4	Other Relative																								
5	Ex-spouse																								
6	Friend																								
7	Partner																								
8	POA/Legal Guardian/Caretaker																								
9	Other																								
496	time_prmsvy	2. Staff time to listen	dropdown <table border="1"> <tr><td>0</td><td>Always</td></tr> <tr><td>1</td><td>Usually</td></tr> </table>	0	Always	1	Usually																		
0	Always																								
1	Usually																								

			<table><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Never</td></tr><tr><td>4</td><td>I did not speak to the staff who take care of him</td></tr></table>	2	Sometimes	3	Never	4	I did not speak to the staff who take care of him								
2	Sometimes																
3	Never																
4	I did not speak to the staff who take care of him																
497	med_prmsvy	3. Staff provide medication and med tx to pt	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Always</td></tr><tr><td>1</td><td>Usually</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Never</td></tr><tr><td>4</td><td>Unsure</td></tr><tr><td>5</td><td>He/She did not receive any kind of tx</td></tr></table>	dropdown		0	Always	1	Usually	2	Sometimes	3	Never	4	Unsure	5	He/She did not receive any kind of tx
dropdown																	
0	Always																
1	Usually																
2	Sometimes																
3	Never																
4	Unsure																
5	He/She did not receive any kind of tx																
498	treat_prmsvy	4. Staff caring for pt kind, caring and respectful	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Always</td></tr><tr><td>1</td><td>Usually</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Never</td></tr><tr><td>4</td><td>Unsure</td></tr></table>	dropdown		0	Always	1	Usually	2	Sometimes	3	Never	4	Unsure		
dropdown																	
0	Always																
1	Usually																
2	Sometimes																
3	Never																
4	Unsure																
499	inf_prmsvy	5. Staff inform pt condition and tx	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Always</td></tr><tr><td>1</td><td>Usually</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Never</td></tr><tr><td>4</td><td>Unsure</td></tr></table>	dropdown		0	Always	1	Usually	2	Sometimes	3	Never	4	Unsure		
dropdown																	
0	Always																
1	Usually																
2	Sometimes																
3	Never																
4	Unsure																
500	alert_prmsvy	6. Alert family prior to pt dying	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Yes</td></tr><tr><td>1</td><td>No</td></tr><tr><td>2</td><td>Unsure</td></tr><tr><td>3</td><td>His Death was unexpected</td></tr></table>	dropdown		0	Yes	1	No	2	Unsure	3	His Death was unexpected				
dropdown																	
0	Yes																
1	No																
2	Unsure																
3	His Death was unexpected																
501	personalcare_prmsvy	7. Pt personal care needs met as an inpatient.	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Always</td></tr><tr><td>1</td><td>Usually</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Never</td></tr><tr><td>4</td><td>Unsure</td></tr><tr><td>5</td><td>We did not want or need help with personal care.</td></tr></table>	dropdown		0	Always	1	Usually	2	Sometimes	3	Never	4	Unsure	5	We did not want or need help with personal care.
dropdown																	
0	Always																
1	Usually																
2	Sometimes																
3	Never																
4	Unsure																
5	We did not want or need help with personal care.																
502	painmgmt_prmsvy	8. Pain management	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Yes</td></tr><tr><td>1</td><td>No</td></tr><tr><td>2</td><td>Unsure</td></tr></table>	dropdown		0	Yes	1	No	2	Unsure						
dropdown																	
0	Yes																
1	No																
2	Unsure																
503	paincomp_prmsvy	9. Pain complains	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Always</td></tr><tr><td>1</td><td>Usually</td></tr></table>	dropdown		0	Always	1	Usually								
dropdown																	
0	Always																
1	Usually																

			<table border="1"> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>Unsure</td></tr> <tr><td>5</td><td>He/she did not have any pain</td></tr> </table>	2	Sometimes	3	Never	4	Unsure	5	He/she did not have any pain		
2	Sometimes												
3	Never												
4	Unsure												
5	He/she did not have any pain												
504	spirit_prmsvy	10. Staff provide spiritual support	dropdown <table border="1"> <tr><td>0</td><td>Always</td></tr> <tr><td>1</td><td>Usually</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>He/she did not want or need any spiritual support</td></tr> </table>	0	Always	1	Usually	2	Sometimes	3	Never	4	He/she did not want or need any spiritual support
0	Always												
1	Usually												
2	Sometimes												
3	Never												
4	He/she did not want or need any spiritual support												
505	emot_prmsvy	11. Staff provide emotional support	dropdown <table border="1"> <tr><td>0</td><td>Always</td></tr> <tr><td>1</td><td>Usually</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I did not want or need any emotional support</td></tr> </table>	0	Always	1	Usually	2	Sometimes	3	Never	4	I did not want or need any emotional support
0	Always												
1	Usually												
2	Sometimes												
3	Never												
4	I did not want or need any emotional support												
506	afterdeathemot_prmsvy	12. After death emotional support	dropdown <table border="1"> <tr><td>0</td><td>Always</td></tr> <tr><td>1</td><td>Usually</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>I did not want or need any emotional support</td></tr> </table>	0	Always	1	Usually	2	Sometimes	3	Never	4	I did not want or need any emotional support
0	Always												
1	Usually												
2	Sometimes												
3	Never												
4	I did not want or need any emotional support												
507	funeral_prmsvy	13. Funeral arrangements	dropdown <table border="1"> <tr><td>0</td><td>Yes</td></tr> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Unsure</td></tr> </table>	0	Yes	1	No	2	Unsure				
0	Yes												
1	No												
2	Unsure												
508	care_prmsvy	14. Rate of care	dropdown <table border="1"> <tr><td>0</td><td>Excellent</td></tr> <tr><td>1</td><td>Very Good</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Poor</td></tr> </table>	0	Excellent	1	Very Good	2	Good	3	Fair	4	Poor
0	Excellent												
1	Very Good												
2	Good												
3	Fair												
4	Poor												
509	ptcare_prmsvy	Anything to share about pt's care during the last mt	text										
510	imp_prmsvy	Care Improvements	text										
511	fates_complete	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: DEXA													
512	id	Study ID	text										
513	dos	Date of Scan	text										

514	hgt	Height (cm)	text
515	wgt	Weight (kg)	text
516	arms	Arms	text
517	legs	Legs	text
518	trunk	Trunk	text
519	and	Android	text
520	gyn	Gynoid	text
521	total	Total	text
522	arms1	Arms	text
523	legs1	Legs	text
524	trunk1	Trunk	text
525	and1	Android	text
526	gyn1	Gynoid	text
527	ttl1	Total	text
528	arms2	Arms	text
529	legs2	Legs	text
530	trunk2	Trunk	text
531	and2	Android	text
532	gyn2	Gynoid	text
533	ttl2	Total	text
534	arms3	Arms	text
535	legs3	Legs	text
536	trunk3	Trunk	text
537	and3	Android	text
538	gyn3	Gynoid	text
539	ttl3	Total	text
540	la	Left Arm (g)	text
541	lleg	Left Leg (g)	text
542	ra	Right Arm	text
543	rleg	Right Leg (g)	text
544	arms4	Arms	text
545	legs4	Legs	text
546	trunk4	Trunk	text
547	and4	Android	text
548	gyn4	Gynoid	text
549	ttl4	Total	text
550	arms5	Arms	text
551	legs5	Legs	text
552	trunk5	Trunk	text
553	and5	Android	text
554	gyn5	Gynoid	text
555	ttl5	Total	text

556	ttlm	Total Mass (kg) (From DEXA output)	text						
557	alt	ALT at DEXA (Pre-tx only)	text						
558	dress	Was the patient dressed in gown?	radio <table border="1"> <tr> <td>1</td> <td>Gown</td> </tr> <tr> <td>2</td> <td>Other</td> </tr> </table>	1	Gown	2	Other		
1	Gown								
2	Other								
559	cloth	Specify clothing if not gown.	text						
560	waist	Waist Circumference (to nearest 0.1 centimeter)	text						
561	hip	Hip Circumference (to nearest 0.1 centimeter)	text						
562	rual	Right Upper arm length (nearest 0.1 cm)	text						
563	rmua	Right Mid-upper arm circumference (to nearest 0.1 cm)	text						
564	rsgt	Right Skin Fold Thickness: (triceps skin fold) (TSF) (mm)	text						
565	antro	Comments on Anthropometric measurements.	notes						
566	dexa_complete	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: AM-PAC									
567	physthermicu	Did patient receive physical therapy prior to ICU discharge?	dropdown (autocomplete), Required <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								
568	datephysthermicu Show the field ONLY if: [physthermicu]=1	Date of last PT session prior to ICU d/c	text (date_mdy), Required						
569	ampacmicu Show the field ONLY if: [physthermicu]=1	Was AM-PAC Score recorded?	dropdown (autocomplete), Required <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								
570	ampacrawmicu Show the field ONLY if: [ampacmicu]=1	AM-PAC Raw Score	text, Required						
571	ampacscalemicu Show the field ONLY if: [ampacmicu]=1	AM-PAC Scale Score	text, Required						
572	ampacerrormicu Show the field ONLY if: [ampacmicu]=1	AM-PAC Scale Score Error	text, Required						
573	physthermicudc	Did patient receive physical therapy after ICU d/c?	dropdown (autocomplete), Required <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								
574	datephysthermicudc Show the field ONLY if: [physthermicudc]=1	Date of first PT session after ICU d/c, ward admission	text (date_mdy), Required						
575	ampacmicudc Show the field ONLY if:	Was AM-PAC score recorded?	dropdown (autocomplete), Required <table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table>	0	No				
0	No								

	[physthermicudc]=1		1 Yes
576	ampacrawmicudc Show the field ONLY if: [ampacmicudc]=1	AM-PAC Raw Score	text, Required
577	ampacscalemicudc Show the field ONLY if: [ampacmicudc]=1	AM-PAC Scale Score	text, Required
578	ampacerrormicudc Show the field ONLY if: [ampacmicudc]=1	AM-PAC Scale Score Error	text, Required
579	phystherhospdc	Did patient receive physical therapy prior to hospital discharge?	dropdown (autocomplete), Required 0 No 1 Yes
580	datephystherhospdc Show the field ONLY if: [phystherhospdc]=1	Date of last PT session prior to hospital d/c	text (date_mdy), Required
581	ampachospdc Show the field ONLY if: [phystherhospdc]=1	Was AM-PAC score recorded?	dropdown (autocomplete), Required 0 no 1 yes
582	ampacrawhospdc Show the field ONLY if: [ampachospdc]=1	AM-PAC Raw Score	text, Required
583	ampacscalehospdc Show the field ONLY if: [ampachospdc]=1	AM-PAC Scale Score	text, Required
584	ampacerrorhospdc Show the field ONLY if: [ampachospdc]=1	AM-PAC Scale Score Error	text, Required
585	ampac_complete	Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete