

Variable	Field Label	Field Attributes (Filed Type, Validation, Choices, Calculations, etc.
Lay Health Advisor Assessment (EOLCareIntervention_DATA_2017-09-13_0833_LHA v2)		
lah_ptid	Patient ID:	text
lah_ivw_id	Interviewer ID:	text
lah_ivw_date	Interview Date:	text (date_mdy)
lah_ivw_stime	Interview Start Time:	text (time, Min: 00:00, Max:23:59)
lah_ivw_etime	Interview End Time:	text (time, Min: 00:00, Max: 23:59)
lah_icco_adlw	Section Header: Intent to Consider Care Options 1. Advance directive/Living Will: Do you intend to complete an advance directive or living will? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = No, but I intend to in the next six months 2 = No, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
lah_icco_adlw_pi		checkbox 1 lah_icco_adlw_pi__1 Patient would like to discuss with primary team during this hospitalization. Notify PI.
lah_icco_mpa	2. Medical Power of Attorney: Do you intend to name someone as your medical power of attorney? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = No, but I intend to in the next six months 2 = No, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
lah_icco_pc	2. Palliative Care: Do you intend to discuss palliative care with your doctor or health care team? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = No, but I intend to in the next six months 2 = No, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 99 = Patient does not know what this is
lah_icco_pc_pi		checkbox

		1 lah_icco_pc_pi____1 Patient would like to discuss with primary team during this hospitalization. Notify PI.
Medical Chart Abstraction (EOLCareIntervention_DATA_2017-09-13-0838_MC)		
med_date	Section Header: End-of-Life Care for Seriously Ill African Americans Medical Chart Abstraction Form Date of Chart Abstraction:	text (date_mdy)
med_assess	Assessment:	radio, Required 1 Month 3 Month 6 Month
med_primcare	Section Header: For 1 Month Chart Abstraction, use TIME OF STUDY INITIATION For the Applicable Questions Below 1. Patient's Primary Cancer	radio 0 = Colon/Colorectal 1 = Breast 2 = Lung
med_curstage	2. Current Stage?	radio 0 = Stage 1 1 = Stage 2 2 = Stage 3 3 = Stage 4 99 = Unknown
med_alive	3. Is patient living or deceased?	radio 0 0 = Living (if living, go to question 5) 1 1 = Deceased (if deceased, go to question 4) 99 99 = Unknown (if unknown, go to question 5)
med_dead_loc Show the field ONLY if: [med_alive]=1	Section Header: <i>4. If yes, please cite the following (if available):</i> a. Location of death:	radio 0 0 = Home 1 1 = Hospital 2 2 = Nursing Home 3 3 = Inpatient Hospice 99 99 = Unknown/Unavailable
med_dead_date Show the field ONLY if: [med_alive]=1	b. Date of death:	text (date_mdy)
med_dead_hospice Show the field ONLY if: [med_alive]=1	c. Was the patient on hospice?	radio 2 = Yes 1 = No
med_er_been	Section Header: <i>Healthcare Utilization</i>	radio 2 = Yes (if yes, go to question 6) 1 = No (if no, go to question 7)

	5. Patient has/had been to Parkland ER since time of study initiation/last assessment?	
med_er_times	6. If yes, how many times to Parkland ER since time of study initiation/last assessment?	text
med_pmh_admit	7. Has/had patient been admitted to Parkland Hospital since time of study initiation/last assessment?	radio 2 = Yes (if yes, go to question 8) 1 = No (if no, go to question 9)
med_pmh_admit_times	8. If yes, how many times been hospitalized at Parkland since time of study initiation/last assessment?	text
med_pmh_pcc	9. Has/had patient been seen in Parkland Palliative Care Clinic since time of study initiation/last assessment?	radio 2 = Yes 1 = No
med_hospice	10. Has/had patient enrolled in hospice since time of study initiation/last assessment ?	radio, Required 2 = Yes (if yes, go to question 11) 1 = No (if no, go to question 12)
med_hospice_date Show the field ONLY if: [med_hospice] = '2'	11. Date of hospice enrollment, if available:	text (date_mdy)
med_ad_mpa	Section Header: <i>Advance directives</i> 12. Specify which advance directives appear in patient's medical record? a. Medical Power of Attorney	radio, Required 2= Yes 1 = No
med_ad_mpa_date Show the field ONLY if: [med_ad_mpa] = '2'	Date Medical Power of Attorney uploaded to medical record:	text (date_mdy)
med_ad_lwad	b. Living Will/Advance Directive	radio, Required 2 = Yes 1 = No
med_ad_lwad_date Show the field ONLY if: [med_ad_lwad] = '2'	Date Living Will/Advance Directive uploaded to medical record:	text (date_mdy)
med_ad_oohdnr	c. Out of Hospital Do Not Resuscitate Order (OOH-DNR):	radio, Required 2 = Yes 1 = No
med_ad_oohdnr_date Show the field ONLY if: [med_ad_oohdnr] = '2'	Date OOH-DNR uploaded to medical record:	text (date_mdy)
med_ad_pcc	13. Patient is seen in Palliative Care Clinic?:	radio, Required 2 = Yes 1 = No

med_ad_pcc_last_date Show the field ONLY if: [med_ad_pcc] = '2'	14. Date of last completed Palliative Care Clinic visit prior to study initiation:	text (date_mdy)
medical_chart_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Patient Pre-Assessment (EOLCareIntervention_DATA_2017-09-13_0840_PatPre v2)		
ppra_ivw_id	Section Header: <i>End-of-Life Care for Seriously Ill African Americans Patient Pre-Assessment</i> Interviewer ID:	text, Required
ppra_ivw_date	Interview Date:	text (date_mdy), Required
ppra_ivw_stime	Interview Start Time:	text (time, Min: 00:00, Max: 23:59), Required
ppra_ivw_etime	Interview End Time:	text (time, Min: 00:00, Max: 23:59), Required
ppra_hispanic	Section Header: <i>Baseline Demographic Information</i> A. Do you consider yourself to be Hispanic or Latino/Latina?	dropdown 1 = No 2 = Yes 98 = REF 99 = DK
ppra_ethnicity	B. What race or ethnicity do you consider yourself to be?	dropdown 1 = White 2 = African American 5 = Other 98 = REF 99 = DK
ppra_gender	Gender	1 = female 2 = male
ppra_ethnicity_txt Show the field ONLY if: [ppra_ethnicity]=5	Please specify if other ethnicity:	text
ppra_religion	1. What is your religion?	dropdown 1 = Catholic 2 = Protestant 3 = Jewish 4 = Muslim

		5 = Other 6 = None 7 = Pentecostal 8 = Baptist 98 = REF 99 = KD
ppra_religion_txt Show the field ONLY if: [ppra_religion]=5	Please specify if other religion:	text
ppra_dob	2. When were you born?	text (date_mdy), Identifier
ppra_age	3. How old are you? (998 = REF, 999 = DK)	text
ppra_born_us	4. Were you born in the U.S.?	dropdown 1 = No 2 = Yes 98 = REF 99 = DK
ppra_born_us_txt Show the field ONLY if: [ppra_born_us]=1	If no, where were you born?	text
ppra_marital	5. What is your marital status?	dropdown 1 = Married 2 = Divorced 3 = Separated 4 = Never Married 5 = Widowed 98 = REF 99 = DK
ppra_total_income	Total before tax dropdown household combined income: 1 - \$0 - \$10,999	Total before tax dropdown household combined income: 1 - \$0 - \$10,999 2 - \$11,000 - \$20,999

	2 - \$11,000 - \$20,999 3 - \$21,000 - \$30,999 4 - \$31,000 - \$50,999 5 - \$51,999 - \$99,999 6 - \$100,000 or more 98 - REF 99 - DK	3 - \$21,000 - \$30,999 4 - \$31,000 - \$50,999 5 - \$51,999 - \$99,999 6 - \$100,000 or more 98 - REF 99 - DK
ppra_insurance	Do you have health insurance coverage now?	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_trmtpay_mcaid	Section Header: <i>10. How do you pay for treatment?</i> Medicaid:	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_trmtpay_mcare_parta	Medicare Part A (hospital insurance):	dropdown 1 = No 2 = Yes 98 = REF

		99 = DK Custom alignment: RH
ppra_trmtpay_mcare_partb	Medicare Part B (medical insurance-monthly):	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_trmtpay_mcare_partd	Medicare Part D (prescription):	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_trmtpay_phplus	Tax Supported (Parkland Health Plus) (full/partial subsidization):	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_trmtpay_hmo	Health Maintenance Organization (HMO):	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_tramtpay_other	Other private health insurance:	dropdown 1 = No 2 = Yes 98 = REF

		99 = DK Custom alignment: RH
ppra_trmtpay_self	Self-Pay:	dropdown 1 = No 2 = Yes 98 = REF 99 = DK Custom alignment: RH
ppra_mcg_parta	Section Header: <i>MCGILL Quality of Life Questionnaire (MCG)</i> A. Consider all parts of life, over the past two(2) days, the quality of life has been: <i>(0 = Very Bad, 10 = Excellent)</i>	radio 0 1 2 3 4 5 6 7 8 9 10 98 - REF 99 = DK Custom alignment: LH
ppra_mcg_partb_pain	Section Header: <i>1A. Which of the following Physical Symptoms bothered you OVER THE PAST TWO (2) DAYS:</i> Pain:	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_tiredness	Tiredness	radio (Matrix) 1 = No

		2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_weakness	Weakness	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_nausea	Nausea	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_vomit	Vomiting	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_appetite	Lack of appetite	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_sleep	Trouble sleeping	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_breath	Shortness of breath	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_constipate	Constipation	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_diarrhea	Diarrhea	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_sweat	Sweating	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_other	Other	radio (Matrix) 1 = No 2 = Yes 98 = REF 99 = DK
ppra_mcg_partb_othertxt	Please specify if other:	Text

ppra_mcg_aprtb_1b	Section Header: 1B. OVER THE PAST TWO (2) DAYS, PHYSICAL Symptoms: In General, physical symptoms: (0 = Do not bother me at all, 10 = Bothered me tremendously)	
ppra_mcg_aprtb_1b_2	I have felt: (0 = <i>Physically terrible</i> , 10 = <i>Physically well</i>)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_3	I have been depressed: (0 = <i>Not at all</i> , 10 = <i>Extremely</i>)	radio 0 1 2 3 4 5 6 7 8

		9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_4	I have been nervous or worried: <i>(0 = Not at all, 10 = Extremely)</i>	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_5	I felt sad: <i>(0 = Never, 10 = Always)</i>	radio 0 1 2 3 4 5 6 7 8

		9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_6	When I thought of the future, I was: (0 = Not afraid, 10 = Always)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_7	My life has been: (0 = Utterly meaningless and without purpose, 10 = Very purposedful and meaningful)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_8	When thought about life, in achieving life goals he/she has: (0 =Made no progress whatsoever, 10 = Progressed to complete fulfillment)	radio 0 1 2 3 4

		5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_9	When thought of life, felt life to this point has been: (0 =Completely worthless, 10 = Very worthwhile)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_10	Has felt that I have: (0 =No control over my life, 10 = Complete control over my life)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_11	Felt good about myself as a person: (0 =Completely disagree, 10 = Completely agree)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_12	The past two (2) days were: (0 =A burden, 10 = A gift)	radio 0 1 2 3 4

		5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_13	The world has been: (0 =An impersonal, and unfeeling place, 10 = A place caring and responsive to my needs)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_14	I have felt supported: (0 =Not at all, 10 = Completely)	radio 0 1 2 3 4 5 6 7 8 9 10 98 = REF 99 = DK
ppra_mcg_aprtb_1b_15	List/Describe things with greatest effect that made quality of life better or worse:	Notes
ppra_adlw	Section Header: Intent to Consider Care Options 1. Advance directive/Living Will: Do you intend to complete an advance directive or living will? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
ppra_mpa	Medical Power of Attorney: Do you intend to name someone as your medical power of attorney?	radio 0 = No, and I do not intend to in the next six months

	(0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
ppra_pc	Palliative Care: Do you intend to discuss palliative care with your doctor or health care team? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
ppra_hs	Hospice: Do you intend to get more information about hospice from your doctor or health care team? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is
patient_preassessment_complete	Complete?	0 = Incomplete 1 = Unverified 2 = Complete
Patient Post-Assessment (EOLCareIntervention_DATA_2017-09-13_0841_PatFUv2)		
ppoa_ivw_id	Section Header: <i>End-of-Life Care for Seriously Ill African Americans Patient Post-Assessment</i> Interviewer ID:	text, Required
ppoa_ivw_date	Interview Date:	text (date_mdy), Required
ppoa_ivw_stime	Interview Start Time:	text (time, Min: 00:00, Max: 23:59), Required
ppoa_ivw_etime	Interview End Time:	text (time, Min: 00:00, Max: 23:59), Required
ppoa_assess	Assessment:	radio, Required 1 1 Month 2 3 Month 3 6 Month

		Custom alignment: RH
ppoa_attempt	Number of attempts to reach patient:	text
ppoa_declines		checkbox 1 ppoa_declines____ Patient declines participation
ppoa_dead		checkbox 1 ppoa_dead____1 Patient is deceased
ppoa_dod Show the field ONLY if: [ppoa_dead(1)]="1"	Date of Death:	text (date_mdy), Identifier
ppoa_loc Show the field ONLY if: [ppoa_dead(1)]="1"	Location of Death:	radio 1 Home 2 Hospital 3 Nursing Home 4 Hospice 5 Other
ppoa_loctxt Show the field ONLY if: [ppoa_loc]=5	Specify if other location:	text
ppoa_dcause Show the field ONLY if: [ppoa_dead(1)]="1"	Cause of death (if known):	text Custom alignment: RH
ppoa_adlw	Section Header: <i>Intent to Consider Care Options</i> 1. Advance directive/Living Will: Do you intend to complete an advance directive or living will? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months 4 = Yes, and I did more than 6 months ago 99 = Patient does not know what this is Custom alignment: LV
ppoa_mpa	2. Medical Power of Attorney: Do you intend to name someone as your medical power of attorney? (0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)	radio 0 = No, and I do not intend to in the next six months 1 = Not right now, but I intend to in the next six months 2 = Not right now, but I intend to in the next 30 days 3 = Yes, and I have within the past 6 months

		<p>4 = Yes, and I did more than 6 months ago</p> <p>99 = Patient does not know what this is</p> <p>Custom alignment: LV</p>
ppoa_pc	<p>3. Palliative Care: Do you intend to discuss palliative care with your doctor or health care team?</p> <p>(0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)</p>	<p>radio</p> <p>0 = No, and I do not intend to in the next six months</p> <p>1 = Not right now, but I intend to in the next six months</p> <p>2 = Not right now, but I intend to in the next 30 days</p> <p>3 = Yes, and I have within the past 6 months</p> <p>4 = Yes, and I did more than 6 months ago</p> <p>99 = Patient does not know what this is</p> <p>Custom alignment: LV</p>
ppoa_hs	<p>4. Hospice: Do you intend to get more information about hospice from your doctor or health care team?</p> <p>(0=Precontemplation, 1=Contemplation, 2=Preparation, 3=Action, 4=Maintenance, 99=DK)</p>	<p>radio</p> <p>0 = No, and I do not intend to in the next six months</p> <p>1 = Not right now, but I intend to in the next six months</p> <p>2 = Not right now, but I intend to in the next 30 days</p> <p>3 = Yes, and I have within the past 6 months</p> <p>4 = Yes, and I did more than 6 months ago</p> <p>99 = Patient does not know what this is</p> <p>Custom alignment: LV</p>
patient_postassessment_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <p>0 Incomplete</p> <p>1 Unverified</p> <p>2 Complete</p>