

| Section | Field Name | Type | Description |
|---------|---------------------------|---------|---|
| | report_id | integer | 7-digit ICSR number (no spaces). |
| | submission_date | string | Date of Original Receipt to FDA. |
| | reported_product_problems | array | Text reflecting the SRP categorical list of values. |
| | reported_health_problems | array | Text reflecting the MedDRA terms selected by the reporter. |
| | product_type | array | Text reflecting the SRP tobacco Product Type selected by the reporter. |
| | number_tobacco_products | integer | System-calculated number of Tobacco Product Problems reported, displayed as a whole number, ≥ 0 . |
| | number_product_problems | integer | System-calculated number of categorical Product Problems reported, displayed as a whole number, ≥ 0 . |
| | number_health_problems | integer | system-calculated number of Health Problems (i.e., MedDRA terms selected from a standardized list of symptoms, signs, diagnoses and outcomes) reported, displayed as a whole number, ≥ 0 . |
| | nonuser_affected | string | Displays text reflecting the response to this optional question as "No information provided" if not answered, or Yes/No. |