



Data Dictionary Codebook

08-02-2024 15:53

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | |
|--|--|--|---|---|---|---|---|---|----------|
| Instrument: Form 1 (form_1)  Enabled as survey | | | | | | | | | |
| 1 | [record_id] | Record ID | text | | | | | | |
| 2 | [form_1_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |
| Instrument: Experience Log (experience_log)  Enabled as survey | | | | | | | | | |
| 3 | [explog_instr] | Here you can report your positive and negative experiences associated with wearing the light glasses during your daily activities. | descriptive | | | | | | |
| 4 | [exp_time] | The experience you would like to report is | radio, Required <table><tr><td>1</td><td>Current (happened in the last 10 minutes)</td></tr><tr><td>2</td><td>Past (happened in the past and I forgot to report it)</td></tr></table> | 1 | Current (happened in the last 10 minutes) | 2 | Past (happened in the past and I forgot to report it) | | |
| 1 | Current (happened in the last 10 minutes) | | | | | | | | |
| 2 | Past (happened in the past and I forgot to report it) | | | | | | | | |
| 5 | [current] Show the field ONLY if: [exp_time] = '1' | Current time | text (datetime_dmy), Required | | | | | | |
| 6 | [past] Show the field ONLY if: [exp_time] = '2' | Please try to remember or estimate when the experience happened | text (datetime_dmy), Required | | | | | | |
| 7 | [type] | The experience I would like to report is | radio, Required <table><tr><td>1</td><td>Positive</td></tr><tr><td>2</td><td>Neutral</td></tr><tr><td>3</td><td>Negative</td></tr></table> | 1 | Positive | 2 | Neutral | 3 | Negative |
| 1 | Positive | | | | | | | | |
| 2 | Neutral | | | | | | | | |
| 3 | Negative | | | | | | | | |
| 8 | [location] | Please select the option which describes the location where you made the experience | radio, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Office or work-related space (e.g.: canteen)</td></tr></table> | 1 | Home | 2 | Office or work-related space (e.g.: canteen) | | |
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| | | | | | | | | | | | | | | | | | | |
|----|--|--|--|---|--|----------------------------------|-------|----------------|-----------------------------------|---|----------------|--------------------------------|---|----------------|----------------------------------|---|-------------|-------|
| | | | <table border="1"> <tr> <td>3</td><td>Public spaces (e.g.: supermarket, restaurant, shop, park etc.)</td></tr> <tr> <td>4</td><td>Other</td></tr> </table> | 3 | Public spaces (e.g.: supermarket, restaurant, shop, park etc.) | 4 | Other | | | | | | | | | | | |
| 3 | Public spaces (e.g.: supermarket, restaurant, shop, park etc.) | | | | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | | | | |
| 9 | <p>[loc_spec]</p> <p>Show the field ONLY if: [location] = '4'</p> | Please specify | text, Required | | | | | | | | | | | | | | | |
| 10 | [descr] | Please provide a brief description of your experience, including the location, the activity you were performing and what feelings it triggered for you | notes, Required | | | | | | | | | | | | | | | |
| 11 | [feedback] | <p>Did this experience involve verbal or non-verbal feedback from others?</p> <p>Example: comments or questions from people</p> | <p>yesno, Required</p> <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 12 | <p>[identity]</p> <p>Show the field ONLY if: [feedback] = '1'</p> | Who provided this feedback? | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td><td>identity__1</td><td>Friend or family member</td></tr> <tr> <td>2</td><td>identity__2</td><td>Colleague</td></tr> <tr> <td>3</td><td>identity__3</td><td>Acquaintance</td></tr> <tr> <td>4</td><td>identity__4</td><td>Stranger</td></tr> <tr> <td>5</td><td>identity__5</td><td>Other</td></tr> </table> | 1 | identity__1 | Friend or family member | 2 | identity__2 | Colleague | 3 | identity__3 | Acquaintance | 4 | identity__4 | Stranger | 5 | identity__5 | Other |
| 1 | identity__1 | Friend or family member | | | | | | | | | | | | | | | | |
| 2 | identity__2 | Colleague | | | | | | | | | | | | | | | | |
| 3 | identity__3 | Acquaintance | | | | | | | | | | | | | | | | |
| 4 | identity__4 | Stranger | | | | | | | | | | | | | | | | |
| 5 | identity__5 | Other | | | | | | | | | | | | | | | | |
| 13 | <p>[identity_spec]</p> <p>Show the field ONLY if: [identity(5)] = '1'</p> | Please specify | text, Required | | | | | | | | | | | | | | | |
| 14 | <p>[social_type]</p> <p>Show the field ONLY if: [feedback] = '1'</p> | Please select the options that best describes the type feedback you received about the light glasses | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td><td>social_type__1</td><td>Comments about the light glasses</td></tr> <tr> <td>2</td><td>social_type__2</td><td>Questions about the light glasses</td></tr> <tr> <td>3</td><td>social_type__3</td><td>Looks due to the light glasses</td></tr> <tr> <td>4</td><td>social_type__4</td><td>Concerns about the light glasses</td></tr> </table> | 1 | social_type__1 | Comments about the light glasses | 2 | social_type__2 | Questions about the light glasses | 3 | social_type__3 | Looks due to the light glasses | 4 | social_type__4 | Concerns about the light glasses | | | |
| 1 | social_type__1 | Comments about the light glasses | | | | | | | | | | | | | | | | |
| 2 | social_type__2 | Questions about the light glasses | | | | | | | | | | | | | | | | |
| 3 | social_type__3 | Looks due to the light glasses | | | | | | | | | | | | | | | | |
| 4 | social_type__4 | Concerns about the light glasses | | | | | | | | | | | | | | | | |
| 15 | [removal] | Did this experience prompt you to remove the light glasses? | <p>yesno, Required</p> <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 16 | [future_use] | Explain how this experience will influence your future use of the light glasses, if at all | notes, Required | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|----|------------------------------------|---|--|---|------------|---|------------|---|------------|
| 17 | [uuid_2] | Section Header: <i>MyCap App Fields - Do Not Modify</i> UUID | text Field Annotation: @MC-TASK-UUID | | | | | | |
| 18 | [startdate_2] | Start Date | text Field Annotation: @MC-TASK-STARTDATE | | | | | | |
| 19 | [enddate_2] | End Date | text Field Annotation: @MC-TASK-ENDDATE | | | | | | |
| 20 | [scheduledate_2] | Schedule Date | text Field Annotation: @MC-TASK-SCHEDULEDATE | | | | | | |
| 21 | [status_2] | Status | dropdown <table border="1"><tr><td>0</td><td>Deleted</td></tr><tr><td>1</td><td>Completed</td></tr><tr><td>2</td><td>Incomplete</td></tr></table> Field Annotation: @MC-TASK-STATUS | 0 | Deleted | 1 | Completed | 2 | Incomplete |
| 0 | Deleted | | | | | | | | |
| 1 | Completed | | | | | | | | |
| 2 | Incomplete | | | | | | | | |
| 22 | [supplementaldata_2] | Supplemental Data (JSON) | notes Field Annotation: @MC-TASK-SUPPLEMENTALDATA | | | | | | |
| 23 | [serializedresult_2] | Serialized Result | file Field Annotation: @MC-TASK-SERIALIZEDRESULT | | | | | | |
| 24 | [experience_log_complete] | Section Header: <i>Form Status</i> Complete? | dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
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