[1] Site Name

[2] "Appy ID" (Patient)

[3] "Time 1st Abd Pain"

[4] "@1st Abd Pain to 1st US"

[5] "@1st Abd Pain to 2nd US"

[6] "@1st US and 2nd US"

[7] "@1st Abx to 2nd US"

[8] "@1st Abx to Surgery"

[9] "@1st US to Surgery"

[10] "@2nd US to Surgery"

[11] "Change Staging"

[12] "Initial Staging"

[13] "Initial appearance of the normally echo genic submucosal SM layer"

[14] "Sequential Staging"

[15] "Sequential appearance of the normally echo genic submucosal SM layer"

[16] "Had Surgery"

[17] "Surgery performed"

[18] "Surgery performed complete at final chart review if yes what type of surgery"

[19] "VAR00006"

[20] "Surg Path Findings"

[21] "Any of the findings mentioned in the surgery and/or pathology report"

[22] "If surgery performed Please select any of the findings mentioned in the surg"

[23] "Patient Age"

[24] "Gender"

[25] "Patient Height and Weight Height in"

[26] "Patient Height and Weight Weight kg"

[27] "How is the patient diagnosed with appendicitis Check all that apply. Select"

[28] "How is the patient diagnosed with appendicitis Check all that apply. Ultras"

[29] "How is the patient diagnosed with appendicitis Check all that apply. Ultr\_A"

[30] "How is the patient diagnosed with appendicitis Check all that apply. CTrepo"

[31] "How is the patient diagnosed with appendicitis Check all that apply. MRIrep"

[32] "Time To Do US"

[33] "Which department performed the ultrasound for this form"

[34] "Ultrasound operator Selected Choice"

[35] "Ultrasound operator Attending Text"

[36] "Ultrasound operator Other Text"

[37] "Brand model of ultrasound machine Brand Model"

[38] "Largest diameter of appendix measured anterior to posterior with compress"

[39] "Maximal mural thickness distance from hyperechoic luminal interface to ou"

[40] "Please estimate the degree of appendiceal enlargement"

[41] "Presence of fecalith"

[42] "Presence of surrounding free fluid"

[43] "Presence of surrounding inflammation"

[44] "Is there a focal ileus absent peristalsis near the appendix"

[45] "Describe the appearance of the normally echogenic submucosal SM layer uset"

[46] "Any gross perforation obvious wall defects seen Example below black arrow"

[47] "Mural color doppler signal seen Example below"

[48] "Peri appendiceal Doppler signal seen"

[49] "Any signs of phlegmon abscess Selected Choice"

[50] "Any signs of phlegmon abscess Yessize if measured Text"

[51] "Location of appendix Selected Choice"

[52] "Location of appendix Other Text"

[53] "Appendix tender under pressure with probe sono graphic tenderness"

[54] "Any other notable features of the appendix e.g. kinked sharp turns etc"

[55] "Antibiotics given check all that apply Selected Choice"

[56] "Antibiotics given check all that apply Other Text"

[57] "Narcotics given"

[58] "Initial white blood cell count WBC. If multiple refer to first WBC doneinEDv"

[59] "Time To Do US2"

[60] "Which department performed the ultrasound for this form A"

[61] "Ultrasound operator Selected Choice A"

[62] "Ultrasound operator Attending Text\_A"

[63] "Ultrasound operator OtherText\_A"

[64] "Brand model of ultrasound machine Brand Model A"

[65] "Largest diameter of appendix measured anterior to posterior with compre\_A"

[66] "Maximal mural thickness distance from hyperechoic luminal interface to A"

[67] "Please estimate the degree of appendiceal enlargement A"

[68] "Presence of fecalith A"

[69] "Presence of surrounding free fluid A"

[70] "Presence of surrounding inflammation A"

[71] "Is there a focal ileus absent peristalsis near the appendix A"

[72] "Describe the appearance of the normally echo genic submucosal SM layerus\_A"

[73] "Any gross perforation obvious wall defects seen Example below black arro\_A"

[74] "Mural color doppler signal seen Example below A"

[75] "Peri appendiceal Doppler signal seen A"

[76] "Any signs of phlegmon abscess Selected choice A"

[77] "Any signs of phlegmon abscess Yessize if measured Text\_A"

[78] "Location of appendix Selected choice A"

[79] "Location of appendix Other Text\_A"

[80] "Appendix tender under pressure with probe sono graphic tenderness A"

[81] "Any other notable features of the appendix e.g. kinkedsharpturnsetc\_A"

[82] "Antibiotics given Selected Choice"

[83] "Antibiotics given Other Text"

[84] "Narcotics given\_A"

[85] "Surgery performed complete at final charter view if yes what type of surge\_A"

[86] "Surgery performed complete at final charter view if yes what type of surge\_B"

[87] "If surgery performed Please select any of the findings mentioned in the su\_A"

[88] "If surgery performed Please select any of the findings mentioned in the su\_B"

[89] "Please rate how much you agree with the following statements for the ultraso"

[90] "Please rate how much you agree with the following statements for the ultra A"

[91] "Please rate how much you agree with the following statements for the ultra B"

[92] "Were you able to obtain all of the views measurements If no please answer next"

[93] "What barriers did you encounter today to efficiently obtaining optimal ult"

[94] "What barriers did you encounter today to efficiently obtaining optimal u\_A"