nwu2015-06-04 - Physical Exam Data Dictionary

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Document Summary

Property	Value
Document Title	nwu2015-06-04 - Physical Exam: Data Dictionary
Date Created	10/27/2025
Sections	2
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nwu2015-06-04 - Physical Exam: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	**ptid**	Participant ID		Char

Section 2: Physical Exam

Class	Variable	Label	Description	Format Text
01. Principal	**pe_abd**	Abdomen Status		0="Normal" 1="Abnormal" 97="Not Examined"
01. Principal	**pe_abd_comments**	Abdomen: Comments (Required If Abnormal)		Char
01. Principal	**pe_abd_comments2**	Abdomen: Comments (Required If Abnormal)		Char
01. Principal	**pe_app_comments**	Appearance: Comments (Required If Abnormal)		Char
01. Principal	**pe_breast_comments**	Breasts: Comments (Required If Abnormal)		Char
01. Principal	**pe_breast_comments2**	Breasts: Comments (Required If Abnormal)		Char
01. Principal	**pe_breasts**	Breasts Status		0="Normal" 1="Abnormal" 97="Not Examined"
01. Principal	**pe_chest_comments**	Chest: Comments (Required If Abnormal)		Char
01. Principal	**pe_comments**	Comments		Char
01. Principal	**pe_date**	Visit Date		Char
01. Principal	**pe_date_time**	Visit Date And Time		Char
01. Principal	**pe_genita_comments**	Genitalia: Comments (Required If Abnormal)		Char
01. Principal	**pe_heart_comments**	Heart: Comments (Required If Abnormal)		Char
01. Principal	**pe_heent_comments**	H/E/E/N/T: Comments (Required If Abnormal)		Char
01. Principal	**pe_lungs_comments**	Lungs: Comments (Required If Abnormal)		Char
01. Principal	**pe_lymno_comments**	Lymph Nodes: Comments (Required If Abnormal)		Char
01. Principal	**pe_muscul_comments**	Musculoskeletal: Comments (Required If Abnormal)		Char
01. Principal	**pe_neurol_comments**	Neurological: Comments (Required If Abnormal)		Char
01. Principal	**pe_nodes**	Axillary Nodes: Status		0="Normal" 1="Abnormal" 97="Not Examined"

Class	Variable	Label	Description	Format Text
01. Principal	**pe_nodes_comments**	Axillary Nodes: Comments (Required If Abnormal)		Char
01. Principal	**pe_oth**	Specify Other Body System/Site (Required If Abnormal)		Char
01. Principal	**pe_oth_abnormal**	Were Any Other Systems/Sites Abnormal?		0="No" 1="Yes"
01. Principal	**pe_oth_comments**	Other Body System/Site: Comments (Required If Abnormal)		Char
01. Principal	**pe_pelvis_comments**	Pelvis: Comments (Required If Abnormal)		Char
01. Principal	**pe_rectal_comments**	Rectal: Comments (Required If Abnormal)		Char
01. Principal	**pe_skin_comments**	Skin: Comments (Required If Abnormal)		Char
01. Principal	**pe_thy_comments**	Thyroid: Comments (Required If Abnormal)		Char
01. Principal	**pe_vascul_comments**	Vascular: Comments (Required If Abnormal)		Char