

# NWU2014-03-01 - PHYSICAL EXAMINATION: DATA DICTIONARY

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## Document Summary

| Property          | Value                                                 |
|-------------------|-------------------------------------------------------|
| Document Title    | NWU2014-03-01 - Physical Examination: Data Dictionary |
| Date Created      | 11/14/2019                                            |
| Sections          | 3                                                     |
| Entries           | 25                                                    |
| Document Filename | dictionary_pe.rtf                                     |

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## NWU2014-03-01 - Physical Examination: Data Dictionary

### Section 1: Identifiers

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| Variable                      | Label                  | Description | Format Text |
|-------------------------------|------------------------|-------------|-------------|
| <b>Participant_Identifier</b> | Participant Identifier |             | Char        |

## Section 2: Study-wide

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| Variable          | Label      | Description | Format Text |
|-------------------|------------|-------------|-------------|
| <b>Sheet_Name</b> | Sheet Name |             | Char        |
| <b>Visit_date</b> | Visit Date |             | Char        |

## Section 3: Physical Examination

| Variable                                 | Label                                      | Description | Format Text                                |
|------------------------------------------|--------------------------------------------|-------------|--------------------------------------------|
| <b>Abdomen</b>                           | Abdominal System Found Normal or Abnormal? |             | "Abnormal"="Abnormal"<br>"Normal"="Normal" |
| <b>Abdomen__Comments__required_if_a</b>  | Abdominal System Comments                  |             | Char                                       |
| <b>Appearance__Comments__required_i</b>  | Appearance Comments                        |             | Char                                       |
| <b>Breasts__Comments__required_if_a</b>  | Breast Comments                            |             | Char                                       |
| <b>Chest__Comments__required_if_abn</b>  | Chest Comments                             |             | Char                                       |
| <b>Genitalia__Comments__required_if</b>  | Genitalia Comments                         |             | Char                                       |
| <b>H_E_E_N_T__Comments__required_if</b>  | H/E/E/N/T Comments                         |             | Char                                       |
| <b>Heart__Comments__required_if_abn</b>  | Heart Comments                             |             | Char                                       |
| <b>Lungs__Comments__required_if_abn</b>  | Lung Comments                              |             | Char                                       |
| <b>Lymph_Nodes__Comments__required_</b>  | Lymph Node Comments                        |             | Char                                       |
| <b>Musculoskeletal__Comments__requi</b>  | Musculoskeletal System Comments            |             | Char                                       |
| <b>Neurological__Comments__required</b>  | Neurological System Comments               |             | Char                                       |
| <b>Other_body_system__site__Comments</b> | Other Body System Comments                 |             | Char                                       |
| <b>Pelvis__Comments__required_if_ab</b>  | Pelvis Comments                            |             | Char                                       |
| <b>Prostate__Comments__required_if_</b>  | Prostate Comments                          |             | Char                                       |
| <b>Rectal</b>                            | Rectum Found Normal or Abnormal?           |             | "Normal"="Normal"                          |
| <b>Rectal__Comments__required_if_ab</b>  | Rectum Comments                            |             | Char                                       |
| <b>Skin__Comments__required_if_abno</b>  | Skin Comments                              |             | Char                                       |
| <b>Specify_other_body__system__site</b>  | Other Body System                          |             | Char                                       |
| <b>Thyroid__Comments__required_if_a</b>  | Thyroid Comments                           |             | Char                                       |
| <b>Vascular__Comments__required_if_</b>  | Vascular Comments                          |             | Char                                       |

| Variable                                     | Label                               | Description | Format Text |
|----------------------------------------------|-------------------------------------|-------------|-------------|
| <b>Were_any_other_sy<br/>stems_sites_abn</b> | Any Other Body Systems<br>Abnormal? |             | "No"="No"   |