MAY2017-09-01 - ALCOHOL QUESTIONNAIRE: DATA DICTIONARY

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Document Summary

Property	Value
Document Title	MAY2017-09-01 - Alcohol Questionnaire: Data Dictionary
Date Created	02/26/2020
Sections	3
Entries	20
Document Filename	dictionary_alcohol.rtf

MAY2017-09-01 - Alcohol Questionnaire: Data Dictionary
Section 1: Identifiers

Variable	Label	Description	Format Text
SUBJECT	Participant ID	Participant ID	Char

Section 2: Study-wide

Variable	Label	Description	Format Text
CYCLE	Visit	Visit	Numeric
FOLDERINSTANCE NAME	Folder Name	Folder Name	"Day 21/Early Termination"="Day 21/Early Termination"
MAXUPDATED	Last Updated	Last Updated	Numeric
MINCREATED	Time Created	Time Created	Numeric
PAGEREPEATNUM BER	Page Repeat Number	Page Repeat Number	Numeric
PROJECT	Protocol	Protocol	"MAY2017-09-01"="MAY2017-09-01"
RAVEID	Rave ID	Rave ID	Numeric
RECORDPOSITION	Record Position	Record Position	Numeric
SITE	Study Institution	Study Institution	"Thomas Jefferson University Hospital"="Thomas Jefferson University Hospital"
SITENUMBER	Study Institution ID Number	Study Institution ID Number	"PA121"="PA121"
TARGETDAYS	Target Days From Randomization	Target Days From Randomization	Numeric

Section 3: Alcohol Questionnaire

Variable	Label	Description	Format Text
BINGEDAYS	In The Past 30 Days, On How Many Days Did You Have 5 Or More Drinks Per Day?	In The Past 30 Days, On How Many Days Did You Have 5 Or More Drinks Per Day?	Numeric
BINGEDAYSSP	In The Past 30 Days, On How Many Days Did You Have 5 Or More Drinks Per Day? (If No Answer, Check One)	In The Past 30 Days, On How Many Days Did You Have 5 Or More Drinks Per Day? (If No Answer, Check One)	
COM	Comments	Comments	Char
DRINK30D	During The Past 30 Days, Did You Drink Any Alcoholic Beverages?	During The Past 30 Days, Did You Drink Any Alcoholic Beverages?	1="Yes" 2="No"
DRINKDAYS	During The Past 30 Days, How Many Days Per Week Or Per Month Did You Drink Any Alcoholic Beverages?	During The Past 30 Days, How Many Days Per Week Or Per Month Did You Drink Any Alcoholic Beverages?	Numeric
DRINKDAYSSP	During The Past 30 Days, How Many Days Per Week Or Per Month Did You Drink Any Alcoholic Beverages? (If More Than 0)	During The Past 30 Days, How Many Days Per Week Or Per Month Did You Drink Any Alcoholic Beverages? (If More Than 0)	1="Week" 2="Month"
DRINKPERDAYFU	On The Days When You Drank, On Average, About How Many Drinks Did You Have?	On The Days When You Drank, On Average, About How Many Drinks Did You Have?	Numeric
DRINKSPERDAYSPFU	On The Days When You Drank, On Average, About How Many Drinks Did You Have? (If No Answer, Check One)	On The Days When You Drank, On Average, About How Many Drinks Did You Have? (If No Answer, Check One)	