

# MAY2013-01-01 - Physical Exam Registration Data Dictionary

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## Document Summary

Property	Value
Document Title	MAY2013-01-01 - Physical Exam Registration: Data Dictionary
Date Created	10/23/2020
Sections	3
Entries	54
Document Filename	dictionary_physexam_reg.rtf

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# MAY2013-01-01 - Physical Exam Registration: Data Dictionary

## Section 1: Identifiers

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Variable	Label	Description	Format Text
<b>DCNTR_ID</b>	Data Center Id	Data Center Id	Char

## Section 2: Study-wide

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Variable	Label	Description	Format Text
<b>ARM</b>	Arm	Arm	"A"="MUC1" "B"="Placebo"
<b>CASE</b>	Case Number	Case Number	Numeric
<b>CREATED</b>	Created Date	Created Date	SAS Date
<b>CYCLE</b>	Cycle	Cycle	Numeric
<b>DATE_MOD</b>	Date Modified	Date Modified	SAS Date
<b>DC_NUM</b>	Data Center Assigned Protocol Number	Data Center Assigned Protocol Number	"MAY2013-01-01"="MAY2013-01-01"
<b>FORMCOMP</b>	Form Complete	Form Complete	Char
<b>FORMNAME</b>	Form Name	Form Name	"Physical Exam"="Physical Exam"
<b>IGNORE</b>	Nothing	Nothing	Numeric
<b>NODE</b>	Node	Node	Numeric
<b>SEQUENCE</b>	Sequence	Sequence	Numeric
<b>STUDY</b>	Ingres Study Number	Ingres Study Number	Numeric
<b>VERSION</b>	Version	Version	Numeric
<b>VISIT</b>	Evaluation Visit Number	Evaluation Visit Number	Numeric

## Section 3: Physical Exam Registration

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Variable	Label	Description	Format Text
<b>ALGYSPEC</b>	Specify Allergies	If Yes, specify (allergies): (200 available characters)	Char
<b>ALLERGY</b>	Does Patient Have Any Allergies?	Does the participant have any allergies? 1=Yes 2=No	1="Yes" 2="No"
<b>COM1</b>	Comments: Appearance	Comments: Appearance	Char
<b>COM10</b>	Comments: Inguinal Lymph Nodes	Comments: Inguinal Lymph Nodes	Char
<b>COM11</b>	Comments: Other Body Site 1	Comments: Other Body Site 1	Char
<b>COM12</b>	Comments: Other Body Site 2	Comments: Other Body Site 2	Char
<b>COM2</b>	Comments: Skin	Comments: Skin	Char
<b>COM3</b>	Comments: H/E/E/N/T	Comments: H/E/E/N/T	Char
<b>COM4</b>	Comments: Thyroid	Comments: Thyroid	Char
<b>COM5</b>	Comments: Cervical Lymph Nodes	Comments: Cervical Lymph Nodes	Char
<b>COM6</b>	Comments: Respiratory	Comments: Respiratory	Char
<b>COM7</b>	Comments: Cardiovascular	Comments: Cardiovascular	Char
<b>COM8</b>	Comments: Abdomen	Comments: Abdomen	Char
<b>COM9</b>	Comments: Musculoskeletal	Comments: Musculoskeletal	Char
<b>DIA_PRES</b>	Diastolic Pressure	Diastolic: ___ ___ ___ (mm Hg)	Numeric
<b>EXAM_DT</b>	Physical Exam Date	Evaluation Date: (mm/dd/yyyy)	SAS Date
<b>FORM</b>	Form	Form	Numeric
<b>FORMTYPE</b>	Form Type	Form Type	"physexam"="physexam"
<b>HEIGHT</b>	Height	Height (cm) ____ ____ ____.____ The range for height is 135 to 210. If study participants height is notwithin this range and has been verified to be correct, Click on the validated button. If "Not Obtained" select the "Not Done" radio button.	Numeric
<b>OTHSITE1</b>	Other Site 1	Specify Other Body System/Site (40 available characters)	Char
<b>OTHSITE2</b>	Other Site 2	Specify Other Body System/Site (40 available characters)	Char

Variable	Label	Description	Format Text
<b>PHYSEXAM</b>	Physical Exam Performed?	Overall Physical Exam Performed: (select one) 1=Yes 2=No	1="Yes" 2="No"
<b>PHYXAM1</b>	Appearance Status	Appearance 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal"
<b>PHYXAM10</b>	Inguinal Lymph Nodes Status	Inguinal Lymph Nodes 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "3"="Not Assessed"
<b>PHYXAM11</b>	Other Site 1 Status	Other Site 1 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "3"="Not Assessed"
<b>PHYXAM12</b>	Other Site 2 Status	Other Site 2 1=Normal 2=Abnormal 3=Not Assessed	
<b>PHYXAM2</b>	Skin Status	Skin 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal"
<b>PHYXAM3</b>	H/E/E/N/T Status	H/E/E/N/T 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal"
<b>PHYXAM4</b>	Thyroid Status	Thyroid 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "3"="Not Assessed"
<b>PHYXAM5</b>	Cervical Lymph Nodes Status	Cervical Lymph Nodes 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal"
<b>PHYXAM6</b>	Respiratory Status	Respiratory 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal" "3"="Not Assessed"
<b>PHYXAM7</b>	Cardiovascular Status	Cardiovascular 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal" "3"="Not Assessed"
<b>PHYXAM8</b>	Abdomen Status	Abdomen 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal"
<b>PHYXAM9</b>	Musculoskeletal Status	Musculoskeletal 1=Normal 2=Abnormal 3=Not Assessed	"1"="Normal" "2"="Abnormal"
<b>PS</b>	Performance Score	Performance Status (ECOG) (Pre-Intervention only): (0, 1, 2, 3, 4)	Numeric
<b>PULSE</b>	Pulse	Pulse: _ _ _ _	Numeric
<b>SYS_PRES</b>	Systolic Pressure	Blood Pressure: Systolic: _ _ _ (mm Hg)	Numeric
<b>TEMPERAT</b>	Temperature Celsius	Body temperature _ _ _ . _ _ ^0C	Numeric

Variable	Label	Description	Format Text
<b>WEIGHT</b>	Weight	Weight (kg) __ __ __. __ __ The range for weight is 36.3 to 136.1. If study participants weight is not within this range and has been verified to be correct Click on the validated button.	Numeric