

MAY2013-01-01 - Vaccine Report Card Data Dictionary

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Document Summary

Property	Value
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MAY2013-01-01 - Vaccine Report Card: Data Dictionary

Section 1: Identifiers

Variable	Label	Description	Format Text
DCNTR_ID	Data Center ID	Data Center ID	Char

Section 2: Study-wide

Variable	Label	Description	Format Text
ARM	Arm	Arm	"A"="MUC1" "B"="Placebo"
CASE	Case Number	Case Number	Numeric
CREATED	Created Date	Created Date	SAS Date
CYCLE	Cycle	Cycle	Numeric
DATE_MOD	Date Modified	Date Modified	SAS Date
DC_NUM	Data Center Assigned Protocol Number	Data Center Assigned Protocol Number	"MAY2013-01-01"="MAY2013-01-01"
FORMCOMP	Form Complete	Form Complete	Char
FORMNAME	Form Name	Form Name	"Vaccine Report Card Information"="Vaccine Report Card Information"
IGNORE	Nothing	Nothing	Numeric
NODE	Node	Node	Numeric
SEQUENCE	Sequence	Sequence	Numeric
STUDY	Ingres Study Number	Ingres Study Number	Numeric
VERSION	Version	Version	Numeric

Section 3: Vaccine Report Card

Variable	Label	Description	Format Text
COMCRA	CRA Comments	CRA comments. If not applicable leave blank. (200 available characters; if over 200 characters click on the Comment box to complete entry.)	Char
DAY	Day After Injection	Day after injection: (select one)	Numeric
FORM	Form	Form	Numeric
FORMTYPE	Form Type	Form Type	"data"="data"
INJECTDT	Date Of Injection	Date of injection (mm/dd/yyyy)	SAS Date
ITCAPPDT	Date Symptom Appeared	(If itching at site) , date symptom appeared (mm/dd/yyyy)	SAS Date
ITCH	Itching At Injection Site	Itching at site (No, Yes)	1="Yes" 2="No"
ITCHDT	Date Itching Stopped	(If itching at site) , date symptom disappeared (mm/dd/yyyy)	SAS Date
PAIN	Pain At Injection Site Without	Pain at the injection site without touching (select one)	1="None" 2="A little, but it didn't interfere with normal activity" 3="Some, required OTC medications for more than 24 hours or limited normal activity" 4="A lot, required prescription medications, interfered with normal activity"
PAINDT	Date Pain Disappeared	(If pain at the injection site without touching) , date symptom disappeared (mm/dd/yyyy)	SAS Date
PNAPPDT	Date Symptom Appeared	(If pain at the injection site without touching) , date symptom appeared (mm/dd/yyyy)	SAS Date
REDAPPDT	Date Redness Appeared	(If redness at the injection site) , date symptom appeared (mm/dd/yyyy)	SAS Date
REDDT	Date Redness Disappeared	(If redness at the injection site) , date symptom disappeared (mm/dd/yyyy)	SAS Date
REDMEAS	Measurement Of Redness (cm)	(If yes) , measurement: ___ ___ (cm)	Numeric
REDNESS	Redness At Injection Site	Redness at the injection site: (No, Yes)	1="Yes" 2="No"
SWEAPPDT	Date Symptom Appeared	(If swelling/induration) , date symptom appeared (mm/dd/yyyy)	SAS Date

Variable	Label	Description	Format Text
SWELL	Swelling/Induration	Swelling/induration (No, Yes)	1="Yes" 2="No"
SWELLCM	Swelling Measurement (cm)	(If yes) , measurement: ___ ___ (cm)	Numeric
SWELLDT	Date Swelling Disappeared	(If swelling/induration) , date symptom disappeared (mm/dd/yyyy)	SAS Date
TENAPPDT	Date Symptom Appeared	(If tenderness/pain at the injection site with touch) , date symptom appeared (mm/dd/yyyy)	SAS Date
TENDER	Tenderness At Injection Site With Touch	Tenderness (pain at the injection site with touch) (select one)	1="None" 2="A little, but it didn't interfere with normal activity" 3="Some, required OTC medications for more than 24 hours or limited normal activity" 4="A lot, required prescription medications, interfered with normal activity"
TENDERDT	Date Tenderness Disappeared	(If tenderness/pain at the injection site with touch) , date symptom disappeared (mm/dd/yyyy)	SAS Date
VACRPTDT	Date After Injection	Date after injection (mm/dd/yyyy)	SAS Date
WARAPPDT	Date Symptom Appeared	(If skin warmth at site) , date symptom appeared (mm/dd/yyyy)	SAS Date
WARMTH	Skin Warmth At Injection Site	Skin warmth at site (No, Yes)	1="Yes" 2="No"
WARMTHDT	Date Warmth Disappeared	(If skin warmth at site) , date symptom disappeared (mm/dd/yyyy)	SAS Date