

NWU2015-06-04 - Physical Exam Data Dictionary

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Document Summary

| Property | Value |
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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 3: 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 | Physical Exam Abdomen: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_abd_comments2 | Physical Exam Abdomen: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_app_comments | Physical Exam Appearance: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_breast_comments | Physical Exam Breasts: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_breast_comments2 | Physical Exam Breasts: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_breasts | Breasts Status | | 0="Normal" 1="Abnormal" 97="Not Examined" |
| 01. Principal | pe_chest_comments | Physical Exam Chest: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_comments | Physical Exam: Comments | | Char |
| 01. Principal | pe_date | Visit Date | | Char |
| 01. Principal | pe_date_time | Visit Date And Time | | Char |
| 01. Principal | pe_genita_comments | Physical Exam Genitalia: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_heart_comments | Physical Exam Heart: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_heent_comments | Physical Exam H/E/E/N/T: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_lungs_comments | Physical Exam Lungs: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_lymno_comments | Physical Exam Lymph Nodes: Comments (Required If Abnormal) | | Char |

| Class | Variable | Label | Description | Format Text |
|---------------|---------------------------|---|-------------|---|
| 01. Principal | pe_muscul_comments | Physical Exam Musculoskeletal: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_neurol_comments | Physical Exam Neurological: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_nodes | Axillary Nodes: Status | | 0="Normal" 1="Abnormal" 97="Not Examined" |
| 01. Principal | pe_nodes_comments | Physical Exam 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 | Physical Exam Other Body System/Site: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_pelvis_comments | Physical Exam Pelvis: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_rectal_comments | Physical Exam Rectal: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_skin_comments | Physical Exam Skin: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_thy_comments | Physical Exam Thyroid: Comments (Required If Abnormal) | | Char |
| 01. Principal | pe_vascul_comments | Physical Exam Vascular: Comments (Required If Abnormal) | | Char |