

# NWU2013-01-03 - PHYSICAL EXAM

## TABLE OF CONTENTS

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Document Summary.....	2
NWU2013-01-03 - Physical Exam.....	3
Section 1: Identifiers .....	3
Section 2: PhysEx .....	4

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## Document Summary

Property	Value
Document Title	NWU2013-01-03 - Physical Exam
Date Created	01/17/2020
For Dataset	physex
Sections	2
Entries	38
Document Filename	dictionary_physex.01172020.rtf

NWU2013-01-03 - Physical Exam  
01/17/2020  
Dataset: physex

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## NWU2013-01-03 - Physical Exam

### Section 1: Identifiers

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Variable	Label	Description	Format Text
<b>Participant_Identifier</b>	Participant Identifier	Participant Identifier	Char
<b>Sheet_Name</b>	Sheet Name	Sheet Name	Char

## Section 2: PhysEx

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Variable	Label	Description	Format Text
<b>Abdomen</b>	Abdomen	Abdomen	Char
<b>Abdomen__Comments__required_if_a</b>	Abdomen: Comments (required if abnormal)	Abdomen: Comments (required if abnormal)	Char
<b>Appearance</b>	Appearance	Appearance	Char
<b>Appearance__Comments__required_i</b>	Appearance: Comments (required if abnormal)	Appearance: Comments (required if abnormal)	Char
<b>Breasts</b>	Breasts	Breasts	Char
<b>Breasts__Comments__required_if_a</b>	Breasts: Comments (required if abnormal)	Breasts: Comments (required if abnormal)	Char
<b>Chest</b>	Chest	Chest	Char
<b>Chest__Comments__required_if_abn</b>	Chest: Comments (required if abnormal)	Chest: Comments (required if abnormal)	Char
<b>Genitalia</b>	Genitalia	Genitalia	Char
<b>Genitalia__Comments__required_if</b>	Genitalia: Comments (required if abnormal)	Genitalia: Comments (required if abnormal)	Char
<b>H_E_E_N_T</b>	H/E/E/N/T	H/E/E/N/T	Char
<b>H_E_E_N_T__Comments__required_if</b>	H/E/E/N/T: Comments (required if abnormal)	H/E/E/N/T: Comments (required if abnormal)	Char
<b>Heart</b>	Heart	Heart	Char
<b>Heart__Comments__required_if_abn</b>	Heart: Comments (required if abnormal)	Heart: Comments (required if abnormal)	Char
<b>Lungs</b>	Lungs	Lungs	Char
<b>Lungs__Comments__required_if_abn</b>	Lungs: Comments (required if abnormal)	Lungs: Comments (required if abnormal)	Char
<b>Lymph_Nodes</b>	Lymph Nodes	Lymph Nodes	Char
<b>Lymph_Nodes__Comments__required_</b>	Lymph Nodes: Comments (required if abnormal)	Lymph Nodes: Comments (required if abnormal)	Char
<b>Musculoskeletal</b>	Musculoskeletal	Musculoskeletal	Char
<b>Musculoskeletal__Comments__requi</b>	Musculoskeletal: Comments (required if abnormal)	Musculoskeletal: Comments (required if abnormal)	Char
<b>Neurological</b>	Neurological	Neurological	Char
<b>Neurological__Comments__required</b>	Neurological: Comments (required if abnormal)	Neurological: Comments (required if abnormal)	Char
<b>Other_body_system_site</b>	Other body system/site	The text that describes the other specific organ system or body site.	Char
<b>Pelvis</b>	Pelvis	Pelvis	Char
<b>Pelvis__Comments__required_if_ab</b>	Pelvis: Comments (required if abnormal)	Pelvis: Comments (required if abnormal)	Char
<b>Rectal</b>	Rectal	Rectal	Char

Variable	Label	Description	Format Text
<b>Rectal_Comments_required_if_ab</b>	Rectal: Comments (required if abnormal)	Rectal: Comments (required if abnormal)	Char
<b>Skin</b>	Skin	Skin	Char
<b>Skin_Comments_required_if_abno</b>	Skin: Comments (required if abnormal)	Skin: Comments (required if abnormal)	Char
<b>Specify_other_body_system_site</b>	Specify other body system/site	Specify other body system/site	Char
<b>Specify_other_body_system_site__</b>	Specify other body system/site: Comments (required if abnormal)	Specify other body system/site: Comments (required if abnormal)	Char
<b>Thyroid</b>	Thyroid	Thyroid	Char
<b>Thyroid_Comments_required_if_a</b>	Thyroid: Comments (required if abnormal)	Thyroid: Comments (required if abnormal)	Char
<b>Vascular</b>	Vascular	Vascular	Char
<b>Vascular_Comments_required_if_</b>	Vascular: Comments (required if abnormal)	Vascular: Comments (required if abnormal)	Char
<b>Visit_date</b>	Visit date	Visit date	Char