

UAZ2013-02-01 - Registration Data Dictionary

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Document Summary

Property	Value
Document Title	UAZ2013-02-01 - Registration: Data Dictionary
Date Created	10/21/2021
Sections	3
Entries	19
Document Filename	dictionary_registration.rtf

UAZ2013-02-01 - Registration: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	ParticipantID	Participant ID		Char

Section 2: Study-wide

Class	Variable	Label	Description	Format Text
01. Principal	InstitutionCode	Institution Code		"AZ017"="AZ017"
01. Principal	VisitDate	Visit Date		SAS Date
01. Principal	VisitType	Visit Type		"Visit 1 Screening"="Visit 1 Screening"

Section 3: Registration

Class	Variable	Label	Description	Format Text
01. Principal	age	Age at Registration		Numeric
01. Principal	CountyCode	County Code		"USA"="USA"
01. Principal	DateInformedConsentSigned	Date Informed Consent Signed		SAS Date
01. Principal	DateofRegistration	Date of Registration		SAS Date
01. Principal	Ethnicity	Ethnicity		"Hispanic or Latino"="Hispanic or Latino" "Not Hispanic or Latino"="Not Hispanic or Latino"
01. Principal	GENDER	Gender		"Female"="Female" "Male"="Male"
01. Principal	ParticipantMethodofPayment	Participant Method of Payment		"Medicaid and Medicare"="Medicaid and Medicare" "Medicaid"="Medicaid" "Medicaid; Private Insurance"="Medicaid; Private Insurance" "Medicaid; State Supplemental Health Insurance"="Medicaid; State Supplemental Health Insurance" "Medicare and Private Insurance"="Medicare and Private Insurance" "Medicare"="Medicare" "Medicare; State Supplemental Health Insurance"="Medicare; State Supplemental Health Insurance" "No Means of Payment (No Insurance)"="No Means of Payment (No Insurance)" "Other"="Other" "Private Insurance"="Private Insurance" "Self-Pay (No Insurance)"="Self-Pay (No Insurance)" "State Supplemental Health Insurance"="State Supplemental Health Insurance" "State Supplemental Health Insurance; Medicaid"="State Supplemental Health Insurance; Medicaid" "State Supplemental Health Insurance; Medicare"="State Supplemental Health Insurance; Medicare" "Unknown"="Unknown" "Veterans Sponsored"="Veterans Sponsored"
01. Principal	ParticipantSatisfiesAllEligibilityCriteria	Participant Satisfies All Eligibility Criteria		"No"="No" "Yes"="Yes"

Class	Variable	Label	Description	Format Text
01. Principal	RACE	Race		"American Indian or Alaska Native; White"="American Indian or Alaska Native; White" "Asian"="Asian" "Black or African American"="Black or African American" "Not Reported"="Not Reported" "White"="White" "White; American Indian or Alaska Native"="White; American Indian or Alaska Native" "White; Black or African American"="White; Black or African American"
01. Principal	RegisteringConsortium	Registering Consortium		"UAZ University of Arizona"="UAZ University of Arizona"
01. Principal	ScreenDate1	Screen Date 1		SAS Date
01. Principal	ScreenDate2	Screen Date 2		Numeric
01. Principal	ScreenDate2NotApplicable	Screen Date 2 Not Applicable		"NA"="NA"
01. Principal	SpecifyOtherPaymentMethod	Specify Other Payment Method		Char
01. Principal	TAC	Treatment Assignment Code (TAC)		"TAC-0"="TAC-0"