

NWU2013-01-03 - MEDICAL HISTORY

TABLE OF CONTENTS

Document Summary.....	2
NWU2013-01-03 - Medical History	3
Section 1: Identifiers	3
Section 2: MedHx	4

Document Summary

Property	Value
Document Title	NWU2013-01-03 - Medical History
Date Created	01/17/2020
For Dataset	medhx
Sections	2
Entries	27
Document Filename	dictionary_medhx.01172020.rtf

NWU2013-01-03 - Medical History
01/17/2020
Dataset: medhx

NWU2013-01-03 - Medical History

Section 1: Identifiers

Variable	Label	Description	Format Text
Participant_Identifier	Participant Identifier	Participant Identifier	Char
Sheet_Name	Sheet Name	Sheet Name	Char

Section 2: MedHx

Variable	Label	Description	Format Text
Breasts	Breasts	Breasts	Char
Breasts__Comments__required_if_a	Breasts: Comments (required if abnormal)	Breasts: Comments (required if abnormal)	Char
Cardiovascular	Cardiovascular	Cardiovascular	Char
Cardiovascular__Comments__required	Cardiovascular: Comments (required if abnormal)	Cardiovascular: Comments (required if abnormal)	Char
Dermatologic	Dermatologic	Dermatologic	Char
Dermatologic__Comments__required	Dermatologic: Comments (required if abnormal)	Dermatologic: Comments (required if abnormal)	Char
Endocrine_Metabolic	Endocrine/Metabolic	Endocrine/Metabolic	Char
Endocrine_Metabolic__Comments__	Endocrine/Metabolic: Comments (required if abnormal)	Endocrine/Metabolic: Comments (required if abnormal)	Char
Gastrointestinal	Gastrointestinal	Gastrointestinal	Char
Gastrointestinal__Comments__required	Gastrointestinal: Comments (required if abnormal)	Gastrointestinal: Comments (required if abnormal)	Char
Genitourinary	Genitourinary	Genitourinary	Char
Genitourinary__Comments__required	Genitourinary: Comments (required if abnormal)	Genitourinary: Comments (required if abnormal)	Char
H_E_E_N_T	H/E/E/N/T	H/E/E/N/T	Char
H_E_E_N_T__Comments__required_if	H/E/E/N/T: Comments (required if abnormal)	H/E/E/N/T: Comments (required if abnormal)	Char
Hematopoietic_Lymph	Hematopoietic/Lymph	Hematopoietic/Lymph	Char
Hematopoietic_Lymph__Comments__r	Hematopoietic/Lymph: Comments (required if abnormal)	Hematopoietic/Lymph: Comments (required if abnormal)	Char
Musculoskeletal	Musculoskeletal	Musculoskeletal	Char
Musculoskeletal__Comments__required	Musculoskeletal: Comments (required if abnormal)	Musculoskeletal: Comments (required if abnormal)	Char
Neck	Neck	Neck	Char
Neck__Comments__required_if_abno	Neck: Comments (required if abnormal)	Neck: Comments (required if abnormal)	Char
Neurologic	Neurologic	Neurologic	Char
Neurologic__Comments__required_i	Neurologic: Comments (required if abnormal)	Neurologic: Comments (required if abnormal)	Char
Respiratory	Respiratory	Respiratory	Char
Respiratory__Comments__required_	Respiratory: Comments (required if abnormal)	Respiratory: Comments (required if abnormal)	Char
Visit_Date	Visit Date	The date of the visit.	Char