

# NWU2014-04-01 - Physical Activity Data Dictionary

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## Document Summary

Property	Value
Document Title	NWU2014-04-01 - Physical Activity: Data Dictionary
Date Created	04/26/2021
Sections	2
Entries	24
Document Filename	dictionary_physex.rtf

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# NWU2014-04-01 - Physical Activity: Data Dictionary

## Section 1: Identifiers

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Class	Variable	Label	Description	Format Text
01. Principal	<b>Participant_ID</b>	Participant ID		Char

## Section 2: Physical Activity

Class	Variable	Label	Description	Format Text
01. Principal	<b>Abdomen</b>	Abdomen		"Abnormal"="Abnormal" "Normal"="Normal"
01. Principal	<b>Abdomen_Comments_required_if_a</b>	Abdomen: Comments (Required If Abnormal)		Char
01. Principal	<b>Appearance_Comments_required_d_i</b>	Appearance: Comments (Required If Abnormal)		Char
01. Principal	<b>Breasts_Comments_required_if_a</b>	Breasts: Comments (Required If Abnormal)		Char
01. Principal	<b>Chest_Comments_required_if_a_bn</b>	Chest: Comments (Required If Abnormal)		Char
01. Principal	<b>Comments</b>	Comments		Char
01. Principal	<b>Genitalia_Comments_required_if</b>	Genitalia: Comments (Required If Abnormal)		Char
01. Principal	<b>H_E_E_N_T_Comments_required_if</b>	H/E/E/N/T: Comments (Required If Abnormal)		Char
01. Principal	<b>Heart_Comments_required_if_a_bn</b>	Heart: Comments (Required If Abnormal)		Char
01. Principal	<b>Lungs_Comments_required_if_a_bn</b>	Lungs: Comments (Required If Abnormal)		Char
01. Principal	<b>Lymph_Nodes_Comments_required_</b>	Lymph Nodes: Comments (Required If Abnormal)		Char
01. Principal	<b>Musculoskeletal_Comments_required</b>	Musculoskeletal: Comments (Required If Abnormal)		Char
01. Principal	<b>Neurological_Comments_required</b>	Neurological: Comments (Required If Abnormal)		Char
01. Principal	<b>Other_body_system_site_Comments</b>	Other Body System/Site: Comments (Required If Abnormal)		Char
01. Principal	<b>Pelvis_Comments_required_if_a_b</b>	Pelvis: Comments (Required If Abnormal)		Char
01. Principal	<b>Prostate_Comments_required_if_</b>	Prostate: Comments (Required If Abnormal)		Char

Class	Variable	Label	Description	Format Text
01. Principal	<b>Rectal_Comments_required_if_ab</b>	Rectal: Comments (Required If Abnormal)		Char
01. Principal	<b>Skin_Comments_required_if_abno</b>	Skin: Comments (Required If Abnormal)		Char
01. Principal	<b>Specify_other_body_system_site</b>	Specify Other Body System/Site		Char
01. Principal	<b>Thyroid_Comments_required_if_a</b>	Thyroid: Comments (Required If Abnormal)		Char
01. Principal	<b>Vascular_Comments_required_if_</b>	Vascular: Comments (Required If Abnormal)		Char
01. Principal	<b>Visit_date</b>	Visit Date		Char
01. Principal	<b>Were_any_other_systems_sites_abn</b>	Were Any Other Systems/Sites Abnormal?		"No"="No" "Yes"="Yes"