

# MAY2013-01-01 - Concomitant Medication Data Dictionary

## TABLE OF CONTENTS

---

---

|   |   |
|---|---|
| Document Summary.....   | 2 |
| MAY2013-01-01 - Concomitant Medication: Data Dictionary ..... | 3 |
| Section 1: Identifiers .....                                  | 3 |
| Section 2: Study-wide .....                                   | 4 |
| Section 3: Concomitant Medication .....                       | 5 |

---

## Document Summary

| Property          | Value   |
|-------------------|---|
| Document Title    | MAY2013-01-01 - Concomitant Medication: Data Dictionary |
| Date Created      | 10/23/2020  |
| Sections          | 3   |
| Entries           | 27  |
| Document Filename | dictionary_conmed_prereg.rtf                            |

---

## MAY2013-01-01 - Concomitant Medication: Data Dictionary

### Section 1: Identifiers

---

| Variable        | Label          | Description    | Format Text |
|-----------------|----------------|----------------|-------------|
| <b>DCNTR_ID</b> | Data Center ID | Data Center ID | Char        |

## Section 2: Study-wide

---

| Variable        | Label                                | Description                          | Format Text   |
|-----------------|--------------------------------------|--------------------------------------|---|
| <b>ARM</b>      | Arm                                  | Arm                                  |   |
| <b>CASE</b>     | Case Number                          | Case Number                          | Numeric   |
| <b>CREATED</b>  | Created Date                         | Created Date                         | SAS Date  |
| <b>CYCLE</b>    | Cycle                                | Cycle                                | Numeric   |
| <b>DATE_MOD</b> | Date Modified                        | Date Modified                        | SAS Date  |
| <b>DC_NUM</b>   | Data Center Assigned Protocol Number | Data Center Assigned Protocol Number | "MAY2013-01-01"="MAY2013-01-01"                     |
| <b>FORMCOMP</b> | Form Complete                        | Form Complete                        | Char  |
| <b>FORMNAME</b> | Form Name                            | Form Name                            | "Concomitant Medications"="Concomitant Medications" |
| <b>IGNORE</b>   | Nothing                              | Nothing                              | Numeric   |
| <b>NODE</b>     | Node                                 | Node                                 | Numeric   |
| <b>SEQUENCE</b> | Sequence                             | Sequence                             | Numeric   |
| <b>STUDY</b>    | Ingres Study Number                  | Ingres Study Number                  | Numeric   |
| <b>VERSION</b>  | Version                              | Version                              | Numeric   |

## Section 3: Concomitant Medication

---

| Variable           | Label                              | Description  | Format Text         |
|--------------------|------------------------------------|--|---------------------|
| <b>CONCNT1-15</b>  | Concomitant Medication Continuing? | Continuing 1=Yes 2=No  | 1="Yes"<br>2="No"   |
| <b>CONDT1-15</b>   | Concomitant Medication Start Date  | Start Date (mm/dd/yyyy)  | SAS Date            |
| <b>CONMED</b>      | Concurrent Medication              | Is the participant taking any concomitant medications?<br>1=Yes If Yes, enter all medications (including prescription, over-the-counter, alternative medications, vitamins and supplements) 2=No | 1="Yes"<br>2="No"   |
| <b>CONMED1-15</b>  | Concomitant Medication             | Concomitant agent name (1) (40 available characters.)  | Char                |
| <b>CONSTP1-15</b>  | Conmed Stop Date                   | Stop Date (mm/dd/yyyy)   | SAS Date            |
| <b>DOSE1-15</b>    | Total Dose                         | Dose (Enter numeric value only.)   | Numeric             |
| <b>DSCD1-15</b>    | Drug Schedule                      | Frequency (24 available characters.)   | Char                |
| <b>FORM</b>        | Form                               | Form   | Numeric             |
| <b>FORMTYPE</b>    | Form Type                          | Form Type  | "con-med"="con-med" |
| <b>REASCM10-15</b> | Reason For Use Comment             | Indication (200 available characters)  | Char                |
| <b>REASCOM1-9</b>  | Reason For Use Comment             | Indication (200 available characters)  | Char                |
| <b>RXUNIT10-15</b> | Units Of Measure                   | Units of measure (15 available characters)   | Char                |
| <b>RXUNITS1-9</b>  | Units Of Measure                   | Units of measure (15 available characters)   | Char                |