Form	Item No	Description	Field Name	limits/variables	length	type
WADRC IVA4		WADRC Initial Visit Form A4: Supplemental Subject Allergies	SV_CDI_WADRC_IVA4			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	1	Does the subject have any known allergies?	ALLRG	0=No,1=Yes,9=Unknown	1	numeric
	2	Drugs/Medications?	RXALLRG	0=No,1=Yes	1	numeric
	2.1	Agent 1	RXALRAGNT1		50	character
	2.1.1	Agent 1 Reaction 1	RXALRG1RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.2	Agent 1 Reaction 2	RXALRG1RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.3	Agent 1 Reaction 3	RXALRG1RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.4	Agent 1 Reaction 4	RXALRG1RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.5	Other reaction	RXALRG1RXNOTH		50	character
	2.2	Agent 2	RXALRAGNT2		50	character
	2.2.1	Agent 2 Reaction 1	RXALRG2RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.2	Agent 2 Reaction 2	RXALRG2RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.3	Agent 2 Reaction 3	RXALRG2RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.4	Agent 2 Reaction 4	RXALRG2RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.5	Other reaction	RXALRG2RXNOTH		50	character
	2.3	Agent 3	RXALRAGNT3		50	character
	2.3.1	Agent 3 Reaction 1	RXALRG3RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.2	Agent 3 Reaction 2	RXALRG3RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.3	Agent 3 Reaction 3	RXALRG3RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.4	Agent 3 Reaction 4	RXALRG3RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.5	Other reaction	RXALRG3RXNOTH		50	character

Form	Item No	Description	Field Name	limits/variables	length	type
	3	Foods	FDALLRG	0=No,1=Yes	1	numeric
	3.1	Shellfish	SHLFSH	0=No,1=Yes	1	numeric
	3.1.1	Shellfish Reaction 1	SHLFSHRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.2	Shellfish Reaction 2	SHLFSHRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.3	Shellfish Reaction 3	SHLFSHRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.4	Shellfish Reaction 4	SHLFSHRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.5	Shellfish other reaction	SHLFSHRXNOTH		50	character
	3.2	Other food	OTRFD	0=No,1=Yes	1	numeric
	3.2.a	Specify Other food	OTRFDDAGT		50	character
	3.2.1	Other food Reaction 1	OTRFDRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.2	Other food Reaction 2	OTRFDRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.3	Other food Reaction 3	OTRFDRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.4	Other food Reaction 4	OTRFDRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.5	Other reaction	OTRFDRXNOTH		50	character
	4	Chemicals	CHALLRG	0=No,1=Yes	1	numeric
	4.1	Latex	LTXALL	0=No,1=Yes	1	numeric
	4.1.1	Latex Reaction 1	LTXRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.2	Latex Reaction 2	LTXRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.3	Latex Reaction 3	LTXRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.4	Latex Reaction 4	LTXRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.5	Latex Other Reaction	LTXRXNOTH		50	character
	4.2	Gadolinium	GADALL	0=No,1=Yes	1	numeric
	4.2.1	Gadolinium Reaction 1	GADRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.2	Gadolinium Reaction 2	GADRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.3	Gadolinium Reaction 3	GADRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric

Form	Item No	Description	Field Name	limits/variables	length	type
	4.2.4	Gadolinium Reaction 4	GADRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.5	Gadolinium Other Reaction	GADRXNOTH		50	character
	4.3	Other chemical	OTRCH	0=No,1=Yes	1	numeric
	4.3.a	Specify Other chemical	OTRCHAGT		50	character
	4.3.1	Other chemical Reaction 1	OTRCHRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.2	Other chemical Reaction 2	OTRCHRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.3	Other chemical Reaction 3	OTRCHRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.4	Other chemical Reaction 4	OTRCHRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.5	Other chemical Other Reaction	OTRCHRXNOTH		50	character
	5	Comments on subject allergies	ALLRGCOM		60	character

Form	Item No	Description	Field Name	limits/variables	length	type
WADRC FVA4		WADRC Follow-Up Visit Form A4: Supplemental Subject Allergies	SV_CDI_WADRC_FVA4			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	G1	Have there been changes since last visit?	WA4CHG	0=No,1=Yes,9=Unknown	1	numeric
	1	Does the subject have any known allergies?	ALLRG	0=No,1=Yes,9=Unknown	1	numeric
	2	Drugs/Medications?	RXALLRG	0=No,1=Yes	1	numeric
	2.1	Agent 1	RXALRAGNT1		50	character
	2.1.1	Agent 1 Reaction 1	RXALRG1RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.2	Agent 1 Reaction 2	RXALRG1RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.3	Agent 1 Reaction 3	RXALRG1RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.4	Agent 1 Reaction 4	RXALRG1RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.1.5	Other reaction	RXALRG1RXNOTH		50	character
	2.2	Agent 2	RXALRAGNT2		50	character
	2.2.1	Agent 2 Reaction 1	RXALRG2RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.2	Agent 2 Reaction 2	RXALRG2RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.3	Agent 2 Reaction 3	RXALRG2RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.4	Agent 2 Reaction 4	RXALRG2RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.2.5	Other reaction	RXALRG2RXNOTH		50	character
	2.3	Agent 3	RXALRAGNT3		50	character
	2.3.1	Agent 3 Reaction 1	RXALRG3RXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.2	Agent 3 Reaction 2	RXALRG3RXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.3	Agent 3 Reaction 3	RXALRG3RXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.4	Agent 3 Reaction 4	RXALRG3RXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	2.3.5	Other reaction	RXALRG3RXNOTH		50	character

Form	Item No	Description	Field Name	limits/variables	length	type
	3	Foods	FDALLRG	0=No,1=Yes	1	numeric
	3.1	Shellfish	SHLFSH	0=No,1=Yes	1	numeric
	3.1.1	Shellfish Reaction 1	SHLFSHRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.2	Shellfish Reaction 2	SHLFSHRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.3	Shellfish Reaction 3	SHLFSHRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.4	Shellfish Reaction 4	SHLFSHRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.1.5	Shellfish other reaction	SHLFSHRXNOTH		50	character
	3.2	Other food	OTRFD	0=No,1=Yes	1	numeric
	3.2.a	Specify Other food	OTRFDDAGT		50	character
	3.2.1	Other food Reaction 1	OTRFDRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.2	Other food Reaction 2	OTRFDRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.3	Other food Reaction 3	OTRFDRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.4	Other food Reaction 4	OTRFDRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	3.2.5	Other reaction	OTRFDRXNOTH		50	character
	4	Chemicals	CHALLRG	0=No,1=Yes	1	numeric
	4.1	Latex	LTXALL	0=No,1=Yes	1	numeric
	4.1.1	Latex Reaction 1	LTXRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.2	Latex Reaction 2	LTXRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.3	Latex Reaction 3	LTXRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.4	Latex Reaction 4	LTXRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.1.5	Latex Other Reaction	LTXRXNOTH		50	character
	4.2	Gadolinium	GADALL	0=No,1=Yes	1	numeric
	4.2.1	Gadolinium Reaction 1	GADRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.2	Gadolinium Reaction 2	GADRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.3	Gadolinium Reaction 3	GADRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.2.4	Gadolinium Reaction 4	GADRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric

Form	Item No	Description	Field Name	limits/variables	length	type
	4.2.5	Gadolinium Other Reaction	GADRXNOTH		50	character
	4.3	Other chemical	OTRCH	0=No,1=Yes	1	numeric
	4.3.a	Specify Other chemical	OTRCHAGT		50	character
	4.3.1	Other chemical Reaction 1	OTRCHRXN1	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.2	Other chemical Reaction 2	OTRCHRXN2	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.3	Other chemical Reaction 3	OTRCHRXN3	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.4	Other chemical Reaction 4	OTRCHRXN4	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other	1	numeric
	4.3.5	Other chemical Other Reaction	OTRCHRXNOTH		50	character
	5	Comments on subject allergies	ALLRGCOM		60	character

Form	Item No	Description	Field Name	limits/variables	length	type
WADRC IVA5-1		WADRC Initial Visit Form A5-1: Supplemental Subject Medical/Surgical History	SV_CDI_WADRC_IVA5_1			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	1	Subject ever had any medical/metabolic conditions?	MEDCND	0=No,1=Yes,9=Unknown	1	numeric
	1.1	Condition 1	MEDCND1		50	character
	1.1.1	Year	MEDCND1YR	yyyy 9999=year unknown	4	numeric
	1.2	Condition 2	MEDCND2		50	character
	1.2.1	Year	MEDCND2YR	yyyy 9999=year unknown	4	numeric
	1.3	Condition 3	MEDCND3		50	character
	1.3.1	Year	MEDCND3YR	yyyy 9999=year unknown	4	numeric
	1.4	Condition 4	MEDCND4		50	character
	1.4.1	Year	MEDCND4YR	yyyy 9999=year unknown	4	numeric
	1.5	Condition 5	MEDCND5		50	character
	1.5.1	Year	MEDCND5YR	yyyy 9999=year unknown	4	numeric
	1.6	Condition 6	MEDCND6		50	character
	1.6.1	Year	MEDCND6YR	yyyy 9999=year unknown	4	numeric
	1.7	Condition 7	MEDCND7		50	character
	1.7.1	Year	MEDCND7YR	yyyy 9999=year unknown	4	numeric
	1.8	Condition 8	MEDCND8		50	character
	1.8.1	Year	MEDCND8YR	yyyy 9999=year unknown	4	numeric
	2	Subject ever had any major surgeries or procedures?	SURG	0=No,1=Yes,9=Unknown	1	numeric
	2.1	Tonsillectomy	TON	0=No,1=Yes	1	numeric
	2.1.1	Year	TONYR	yyyy 9999=year unknown	4	numeric
	2.2	Prostate surgery	PROST	0=No,1=Yes	1	numeric
	2.2.1	Year	PROSTYR	yyyy 9999=year unknown	4	numeric
	2.3	Appendectomy	APPY	0=No,1=Yes	1	numeric
	2.3.1	Year	APPYYR	yyyy 9999=year unknown	4	numeric
	2.4	Gall Bladder surgery	GALL	0=No,1=Yes	1	numeric
	2.4.1	Year	GALLYR	yyyy 9999=year unknown	4	numeric
	2.5	Hysterectomy	HYSTMY	0=No,1=Yes	1	numeric
	2.5.1	Year	HYSTMYYR	yyyy 9999=year unknown	4	numeric
	2.6	Heart Bypass surgery	HRTBYS	0=No,1=Yes	1	numeric
	2.6.1	Year	HRTBYSYR	yyyy 9999=year unknown	4	numeric
	2.7	Heart valve replacement surgery	HRTVLV	0=No,1=Yes	1	numeric

Form	Item No	Description	Field Name	limits/variables	length	type
	2.7.1	Year	HRTVLVYR	yyyy 9999=year unknown	4	numeric
	2.8	Carotid artery endarterectomy	CAE	0=No,1=Yes	1	numeric
	2.8.1	Year	CAEYR	yyyy 9999=year unknown	4	numeric
	2.8.2	specify Side	CAEST	1=Left, 2=Right, 3=Both	1	numeric
	2.9	Carpal Tunnel surgery	CARP	0=No,1=Yes	1	numeric
	2.9.1	Year	CARPYR	yyyy 9999=year unknown	4	numeric
	2.10.	Hernia repair	HERN	0=No,1=Yes	1	numeric
	2.10.1	Year	HERNYR	yyyy 9999=year unknown	4	numeric
	2.11	Abdominal Aortic Aneurysm repair	AAA	0=No,1=Yes	1	numeric
	2.11.1	Year	AAAYR	yyyy 9999=year unknown	4	numeric
	2.12	Total Joint replacement	JTRPL	0=No,1=Yes	1	numeric
	2.12.1	Year	JTRPLYR	yyyy 9999=year unknown	4	numeric
	2.13	Knee surgery	KNEE	0=No,1=Yes	1	numeric
	2.13.1	Year	KNEEYR	yyyy 9999=year unknown	4	numeric
	2.14	Shoulder surgery	SHOULD	0=No,1=Yes	1	numeric
	2.14.1	Year	SHOULDYR	yyyy 9999=year unknown	4	numeric
	2.15	Other Bone/Joint	BNJT	0=No,1=Yes	1	numeric
	2.15.1	Year	BNJTYR	yyyy 9999=year unknown	4	numeric
	2.15.2	specify bone/joint	BNJTTXT		50	character
	2.16	Other surgery (1)	OTHRSURG1		50	character
	2.16.1	Year	OTHRSURG1YR	yyyy 9999=year unknown	4	numeric
	2.17	Other surgery (2)	OTHRSURG2		50	character
	2.17.1	Year	OTHRSURG2YR	yyyy 9999=year unknown	4	numeric
	2.18	Other surgery (3)	OTHRSURG3		50	character
	2.18.1	Year	OTHRSURG3YR	yyyy 9999=year unknown	4	numeric
	2.19	Other surgery (4)	OTHRSURG4		50	character
	2.19.1	Year	OTHRSURG4YR	yyyy 9999=year unknown	4	numeric
	3	Comments on health and surgery history	MEDSURGCOM		60	character

Form	Item No	Description	Field Name	limits/variables	length	type
WADRC FVA5-1		WADRC Follow-Up Visit Form A5-1: Subject Medical/Surgical History	SV_CDI_WADRC_FVA5_1			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	1	Subject had any medical/metabolic conditions diagnosed since last visit?	NEWMEDCND	0=No,1=Yes,9=Unknown	1	numeric
	1.1	Condition 1	MEDCND1		50	character
	1.2	Condition 2	MEDCND2		50	character
	1.3	Condition 3	MEDCND3		50	character
	1.4	Condition 4	MEDCND4		50	character
	1.5	Condition 5	MEDCND5		50	character
	1.6	Condition 6	MEDCND6		50	character
	1.7	Condition 7	MEDCND7		50	character
	1.8	Condition 8	MEDCND8		50	character
	2	Subject had any major surgeries or procedures in past 12 months?	NEWSURG	0=No,1=Yes,9=Unknown	1	numeric
	2.1	Tonsillectomy	TON	0=No,1=Yes	1	numeric
	2.2	Prostate surgery	PROST	0=No,1=Yes	1	numeric
	2.3	Appendectomy	APPY	0=No,1=Yes	1	numeric
	2.4	Gall Bladder surgery	GALL	0=No,1=Yes	1	numeric
	2.5	Hysterectomy	HYSTMY	0=No,1=Yes	1	numeric
	2.6	Heart Bypass surgery	HRTBYS	0=No,1=Yes	1	numeric
	2.7	Heart valve replacement surgery	HRTVLV	0=No,1=Yes	1	numeric
	2.8	Carotid artery endarterectomy	CAE	0=No,1=Yes	1	numeric
	2.8.1	specify Side	CAEST	1=Left, 2=Right, 3=Both	1	numeric
	2.9	Carpal Tunnel surgery	CARP	0=No,1=Yes	1	numeric
	2.10.	Hernia repair	HERN	0=No,1=Yes	1	numeric
	2.11	Abdominal Aortic Aneurysm repair	AAA	0=No,1=Yes	1	numeric
	2.12	Total Joint replacement	JTRPL	0=No,1=Yes	1	numeric
	2.13	Knee surgery	KNEE	0=No,1=Yes	1	numeric
	2.14	Shoulder surgery	SHOULD	0=No,1=Yes	1	numeric
	2.15	Other Bone/Joint	BNJT	0=No,1=Yes	1	numeric
	2.15.1	specify bone/joint	BNJTTXT		50	character
	2.16	Other surgery	OTHRSURG	0=No,1=Yes	1	numeric
	2.16.1	Other surgery (1)	OTHRSURG1		50	character
	2.16.2	Other surgery (2)	OTHRSURG2		50	character
	2.16.3	Other surgery (3)	OTHRSURG3		50	character
	3	Comments on health and surgery history	MEDSURGCOM		60	character

Form	Item No	Description	Field Name	limits/variables	length	type
WADRC IVA5-2		WADRC Initial Visit Form A5-2: Supplemental Subject Health History	SV_CDI_WADRC_IVA5_2			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	1	Fever / chills	FEVER	0=No,1=Yes,9=Not sure	1	numeric
	2	Extreme tiredness / fatigue	FATGUE	0=No,1=Yes,9=Not sure	1	numeric
	3	Trouble sleeping	TRBLSLP	0=No,1=Yes,9=Not sure	1	numeric
	4	Trouble swallowing (choking/coughing during or after eating or drinking)	TRBLSWL	0=No,1=Yes,9=Not sure	1	numeric
	5	Changes in taste or smell	CHGTAST	0=No,1=Yes,9=Not sure	1	numeric
	6	Falls in past 12 months	FALLS	0=No,1=Yes,9=Not sure	1	numeric
	6.1	If yes, how many falls?	FALLSNUM	1-999	3	numeric
	7	Balance problems	BALPRB	0=No,1=Yes,9=Not sure	1	numeric
	8	Use walking assistive device (walker, cane, wheelchair)	WLKAST	0=No,1=Yes,9=Not sure	1	numeric
	8.1	If yes, which types?	WLKASTTYP		30	character
	9	Joint pain / arthritis	JNTPAIN	0=No,1=Yes,9=Not sure	1	numeric
	10	Headaches	HDACH	0=No,1=Yes,9=Not sure	1	numeric
	11	Loss of consciousness	LOC	0=No,1=Yes,9=Not sure	1	numeric
	11.1	If yes, year	LOCYR	yyyy 9999=year unknown	4	numeric
	12	Fainting spells (syncope)	FAINT	0=No,1=Yes,9=Not sure	1	numeric
	13	Tremors	TREM	0=No,1=Yes,9=Not sure	1	numeric
	14	Localized numbness or weakness	NUMWK	0=No,1=Yes,9=Not sure	1	numeric
	15	Heart valve problems	HRTVLVPRB	0=No,1=Yes,9=Not sure	1	numeric
	16	Chest pain	CHSTPN	0=No,1=Yes,9=Not sure	1	numeric
	17	Shortness of breath	SHRTBREATH	0=No,1=Yes,9=Not sure	1	numeric
	18	Ankle swelling / edema	SWLNG	0=No,1=Yes,9=Not sure	1	numeric
	19	Cough	COUGH	0=No,1=Yes,9=Not sure	1	numeric
	20	COPD / emphysema / asthma	COPD	0=No,1=Yes,9=Not sure	1	numeric
	21	Other lung disease	LUNGDIS	0=No,1=Yes,9=Not sure	1	numeric
	22	Liver disease (jaundice, hepatitis)	LIVDIS	0=No,1=Yes,9=Not sure	1	numeric
	23	Kidney problems	KIDPRB	0=No,1=Yes,9=Not sure	1	numeric
	24	Cancer	CADX	0=No,1=Yes,9=Not sure	1	numeric
	24.1	Cancer type (1)	CADX1		30	character
	24.1.1	Year	CADXYR1	yyyy 9999=year unknown	4	numeric
	24.2	Cancer type (2)	CADX2		30	character
	24.2.1	Year	CADXYR2	yyyy 9999=year unknown	4	numeric
	24.3	Cancer type (3)	CADX3		30	character

Form	Item No	Description	Field Name	limits/variables	length	type
	24.3.1	Year	CADXYR3	yyyy 9999=year unknown	4	numeric
	24.4	Cancer type (4)	CADX4		30	character
	24.4.1	Year	CADXYR4	yyyy 9999=year unknown	4	numeric
	25	Blood clots	BLDCLT	0=No,1=Yes,9=Not sure	1	numeric
	26	Sleep apnea	APNEA	0=No,1=Yes,9=Not sure	1	numeric
	27	Chronic pain	CHRPN	0=No,1=Yes,9=Not sure	1	numeric
	28	Infection in the brain (meningitis, encephalitis)	BRAININF	0=No,1=Yes,9=Not sure	1	numeric
	28.1	If yes, year	BRAININFYR	yyyy 9999=year unknown	4	numeric
	29	Syphilis	SYPH	0=No,1=Yes,9=Not sure	1	numeric
	30	Tuberculosis	TB	0=No,1=Yes,9=Not sure	1	numeric
	31	Problems with immune system	IMMPRB	0=No,1=Yes,9=Not sure	1	numeric
	32	Other condition (1)	OTHCOND1	0=No,1=Yes	1	numeric
	32.1	specify	OTHCOND1TXT		30	character
	33	Other condition (2)	OTHCOND2	0=No,1=Yes	1	numeric
	33.1	specify	OTHCOND2TXT		30	character
	34	Health history comments	HLTHHISTCOM		60	character
	35	Charlson Co-morbidity index	CHARLSON	0-33	2	numeric

Form	Item No	Description	Field Name	limits/variables	length	type
WADRC FVA5-2		WADRC Follow-Up Visit Form A5-2: Supplemental Subject Health History	SV_CDI_WADRC_FVA5_2			
	Header	Subject ID	SUBJID	adrc*nnnnnn*	9	character/ numeric
	Header	Form Date	FORMDATE	mmddyyyy	8	numeric
	Header	ADRC Visit #	ADRCVISITNUMB	1-999	3	numeric
	Header	Examiner Initials	EXAMINERINITIALS		3	character
	1	Extreme tiredness / fatigue	FATGUE	0=No,1=Yes,9=Not sure	1	numeric
	2	Trouble sleeping	TRBLSLP	0=No,1=Yes,9=Not sure	1	numeric
	3	Trouble swallowing (choking/coughing during or after eating or drinking)	TRBLSWL	0=No,1=Yes,9=Not sure	1	numeric
	4	Changes in taste or smell	CHGTAST	0=No,1=Yes,9=Not sure	1	numeric
	5	Falls in past 12 months	FALLS	0=No,1=Yes,9=Not sure	1	numeric
	5.1	If yes, how many falls?	FALLSNUM	1-999	3	numeric
	6	Balance problems	BALPRB	0=No,1=Yes,9=Not sure	1	numeric
	7	Use walking assistive device (walker, cane, wheelchair)	WLKAST	0=No,1=Yes,9=Not sure	1	numeric
	7.1	If yes, which types?	WLKASTTYP		30	character
	8	Joint pain / arthritis	JNTPAIN	0=No,1=Yes,9=Not sure	1	numeric
	9	Loss of consciousness	LOC	0=No,1=Yes,9=Not sure	1	numeric
	10	Fainting spells (syncope)	FAINT	0=No,1=Yes,9=Not sure	1	numeric
	11	Tremors	TREM	0=No,1=Yes,9=Not sure	1	numeric
	12	Localized numbness or weakness	NUMWK	0=No,1=Yes,9=Not sure	1	numeric
	13	Kidney problems	KIDPRB	0=No,1=Yes,9=Not sure	1	numeric
	14	Sleep apnea	APNEA	0=No,1=Yes,9=Not sure	1	numeric
	15	Infection in the brain (meningitis, encephalitis)	BRAININF	0=No,1=Yes,9=Not sure	1	numeric
	16	Syphilis	SYPH	0=No,1=Yes,9=Not sure	1	numeric
	17	Problems with immune system	IMMPRB	0=No,1=Yes,9=Not sure	1	numeric
	18	Other condition (1)	OTHCOND1	0=No,1=Yes	1	numeric
	18.1	specify	OTHCOND1TXT		30	character
	19	Other condition (2)	OTHCOND2	0=No,1=Yes	1	numeric
	19.1	specify	OTHCOND2TXT		30	character
	20	Health history comments	HLTHHISTCOM		60	character
	21	Charlson Co-morbidity index	CHARLSON	0-33	2	numeric