Open Wound Master Study

Data Dictionary Codebook

02/09/2025 01:17 PM

#	Variable / Field name	Field label *Field Note*	Field Attributes (Field type, Validation, Choices, Calculation, etc.)
Instrument: **OWM_INFORMED CONSENT** Version: **(original)**			
1	DSDECOD_IC	Section Header: *INFORMED CONSENT* 1. Did the participant sign informed consent?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	DSSDAT_IC	1a. Informed Consent Date:	Date Box, Required, Branching logic expression: [DSDECOD_IC] =1, Display as: n
Instrument: **OWM_INFORMED CONSENT** Version: **2**			
1	DSDECOD_IC	Section Header: *INFORMED CONSENT* 1. Did the participant sign informed consent?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	DSSDAT_IC	1a. Informed Consent Date:	Date Box, Required, Branching logic expression: [DSDECOD_IC] =1, Display as: n
3	DSDECOD_CONSAMPLEREP	2. Did the participant provide consent to donate any remaining samples after the Open Wound Master Study to the NIDDK Central Repositories?	Radio Buttons, Required, Branching logic expression: [DSDECOD_IC]=1 1, Yes 0, No
Instrument: **OWM_PROTOCOL DEVIATION** Version: **(original)**			
1	Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Section Header: *PROTOCOL DEVATION* Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Rich Text, Display as: n

2	DVYN	1. Were there any protocol deviations?	Radio Buttons, Required, Display as: n 1 Yes 0 No
3		Protocol Deviations	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [DVYN]=1
4	DVTERM_VISIT	2. At which visit did the deviation occur?	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Informed Consent 2 Eligibility 3 Demographics 4 Biospecimen collection 8 SDB-Short survey 9 PROMIS 4a 10 SF-12 Health Survey 11 Diabetic Foot Ulcer Short form 12 Medical History 13 Concomitant medications 14 Social Factors 15 Focused physical exam 16 Wound assessment 18 Imaging 19 Lab values 20 PRO administration 22 Michigan Neuropathy Screening Instrument - Patient 23 Michigan Neuropathy Screening Instrument_Physician
5	DVTERM	3. Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n Missed visit (Specify in

			1 Additional Comment field) 2 Informed Consent (Specify in Additional Comment field) 3 Study procedure not completed 4 Study procedure performed incorrectly 7 Out of window visit 8 Other (specify)
6	DVTERM_OTHER	3a. If other deviation, specify:	Group: Protocol Deviations Text Box, Required, Display as: n
7	DVTERM_PROC	4. Study Procedure:	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Informed Consent 2 Eligibility 3 Demographics 4 Biospecimen collection 8 SDB-Short survey 9 PROMIS 4a 10 SF-12 Health Survey 11 Diabetic Foot Ulcer Short form 12 Medical History 13 Concomitant medications 14 Social Factors 15 Focused physical exam 16 Wound assessment 18 Imaging 19 Lab values 20 PRO administration 22 Michigan Neuropathy Screening Instrument - Patient 23 Michigan Neuropathy Screening

			Instrument_Physician
8	DVTERM_PROCOTH	4a. If Other study procedure, specify:	Group: Protocol Deviations Text Box, Required, Display as: n
9	DVREA	5. Reason for Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n 1, Site error 2, Subject refused 3, Subject too ill 4, Other (specify)
10	DVREASP	5a. Other reason for deviation, specify:	Group: Protocol Deviations Text Box, Required, Display as: n
11	DVCMNT	6. Additional Comments:	Group: Protocol Deviations Notes Box, Display as: n
12	DVIRB	7. Was the deviation reported to the IRB?	Group: Protocol Deviations Radio Buttons, Required, Display as: n 1, Yes 0, No 3, Not required
Instrument: **OWM_ADVERSE EVENTS** Version: **(original)**			
1	AEYN	Section Header: *Adverse Events* 1. Were any adverse events experienced?	Yes - No, Required, Display as: n
2		Adverse Event	Repeating Group of Fields, Fixed Rows: No, Max allowed rows: 10, Branching logic expression: [AES_AEYN]=1
3	AETERM	2. Adverse event:	Group: Adverse Event Drop-down, Required, Display as: n 1, Abdominal distension 2, Abdominal pain , Acute Coronary

3	Syndrome (ACS)
4	Agranulocytosis
5	Alkaline phosphatase increased
6	Allergic reaction
7	Allergic rhinitis
8	Alopecia
9	ALT increased
10	Altered taste
11	Anemia
12	Angina
13	Angioedema
14	Anorexia
15	Anxiety
16	AST increased
17	Atrial fibrillation
18	Back pain
19	Bilirubin increased
20	Bloating
21	Blurred vision
22	Bradycardia
23	Bronchitis
24	Bruising
25	Bursitis
26	Carpal tunnel syndrome
27	Cerebral Vascular Accident (CVA)
28	Chest pain (cardiac)
29	Chest pain (non-cardiac)
30	Chills
31	Cholecystitis
32	Cirrhosis
33	Colitis
	Congestive Heart Failure

34	(CHF)
35	Conjunctivitis
36	Constipation
37	Coronary Artery Disease (CAD)
38	Decreased creatinine clearance
39	Decreased platelets
40	Diarrhea
41	Dizziness
42	Dry Cough
43	Dry Mouth
44	Dyspepsia
45	Dysphagia
46	Dyspnea
47	Ear infection
48	Eczema
49	Epistaxis
50	Facial swelling
51	Fainting
52	Fatigue
53	FEV1 decreased
54	Fever
55	FVC decreased
56	Gastro-esophageal Reflux Disease (GERD)
57	Gastrointestinal infection
58	GGT increased
59	GI bleed
60	Gout
61	Headache
62	Hematuria
63	Hemoptysis
64	Hemorrhoids

65	Hepatic neoplasm malignant
66	Hepatitis
67	Hiatal hernia
68	Hyperglycemia
69	Hyperkalemia
70	Hypertension
71	Hypoglycemia
72	Hypotension
73	Hypothyroidism
74	Impotence
75	Incontinence
76	Influenza
77	Insomnia
78	Jaundice
79	Joint pain
80	Joint swelling
81	Kidney infection
82	Laryngitis
83	Lower Respiratory Tract Infection
84	Malaise
85	Migraine
86	Mucositis
87	Myocardial infarction
88	Nasal congestion
89	Nausea
90	Neuropathy
91	Osteoarthritis
92	Osteomyelitis
93	Osteopenia
94	Osteoporosis
95	Ovarian cyst
96	Palpitations

97	Pancreatitis
98	Pericardial effusions
99	Peripheral edema
100	Peripheral Vascular Disease (PVD)
101	Photosensitivity reaction /erythema
102	Pleural effusions
103	Pneumonia
104	Pneumonitis
105	Productive cough
106	Prolonged QTc interval
107	Pruritus
108	Psoriasis
109	Pulmonary fibrosis
110	Pulmonary hypertension
111	Rash
112	Renal calculi
113	Restless leg syndrome
114	Sinusitis
115	Skin ulcer
116	Sleep apnea
117	Sore throat
118	Syncope
119	Tachycardia
120	Thrush
121	Tinnitus
122	Tooth abscess
123	Transient Ischemic Attack (TIA)
124	Tremors
125	Ulcer
126	Upper Respiratory Tract Infection (URI)
	Urinary Tract Infection

			127 (UTI) 128 Vertigo 129 Vomiting 130 Weight loss 131 Wheezing 132 Yeast infection 133 Other (Specify)
4	AETERM_SP	2a. Adverse event Other, specify:	Group: Adverse Event Text Box, Required, Branching logic expression: [AETERM] =133, Display as: n
5	AESTDAT	3. Start date:	Group: Adverse Event Date Box, Required, Display as: n
6	AESEV	4. Severity:	Group: Adverse Event Drop-down, Required, Display as: n 1 Mild 2 Moderate 3 Severe
7	AEREL	5. Relationship to study treatment:	Group: Adverse Event Drop-down, Required, Display as: n 1 Not Related 2 Unlikely Related 3 Possibly Related 4 Related
8	AEACN	6. Action taken with study treatment:	Group: Adverse Event Drop-down, Required, Display as: n 1 Drug withdrawn 2 Drug interrupted 3 Dose reduced 14 Not Applicable - Not yet started drug Not Applicable - No

			15 action take 16 Not Applicable - drug previously stopped
9	AEACNOTH	7. Other action taken: (not treatment related)	Group: Adverse Event Text Box, Display as: n
10	AEENDAT	8. End date:	Group: Adverse Event Date Box, Required, Display as: n
11	AES_AEOUT	10. Outcome:	Group: Adverse Event Radio Buttons, Required, Display as: n 1 Recovered or Resolved 2 Recovering or Resolving 3 Not Recovered or Not Resolved 4 Recovered or Resolved With Sequelae 77 Unknown
12	AEDIS	11. Caused study discontinuation:	Group: Adverse Event Yes - No, Required, Display as: n
Instrument: **OWM_PROTOCOL DEVIATION** Version: **2**			
1	Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Section Header: *PROTOCOL DEVIATION* Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Rich Text, Display as: n
2	DVYN	1. Were there any protocol deviations?	Radio Buttons, Required, Display as: n 1 Yes 0 No
3		Protocol Deviations	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [DVYN]=1
4	DVTERM_VISIT	2. At which visit did the deviation occur?	Group: Protocol Deviations Drop-down, Required, Display as: n

			0 None (not visit related) 1 Screening_Baseline 2 Visit 1 3 Visit 2 4 Visit 3 5 Visit 4 6 Visit 5 7 Visit 6 8 Visit 7 9 Visit 8 10 Visit 9 11 Visit 10 12 Visit 11 13 Visit 12 14 Visit 13 15 Visit 14 16 Visit 15 17 Wound Healing Confirmation Visit 18 Visit 16 (6 Month Follow Up call)
5	DVTERM	3. Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Missed visit (Specify in Additional Comment field) 2 Informed Consent (Specify in Additional Comment field) 3 Study procedure not completed 4 Study procedure performed incorrectly 7 Out of window visit 8 Other (specify)
6	DVTERM_OTHER	3a. If other deviation, specify:	Group: Protocol Deviations

			Text Box, Required, Branching logic expression: [DVTERM]=8, Display as: n
7	DVTERM_PROC	4. Study Procedure:	Group: Protocol Deviations Drop-down, Required, Branching logic expression: [DVTERM]=3 or [DVTERM]=4, Display as: n 1 Informed Consent 2 Eligibility 3 Demographics 4 Biospecimen collection 8 SDB-Short survey 9 PROMIS 4a 10 SF-12 Health Survey 11 Diabetic Foot Ulcer Short form 12 Medical History 13 Concomitant medications 14 Social Factors 15 Focused physical exam 16 Wound assessment 18 Imaging 19 Lab values 20 PRO administration 22 Michigan Neuropathy Screening Instrument - Patient 23 Michigan Neuropathy Screening Instrument_Physician
8	DVTERM_PROCOTH	4a. If Other study procedure, specify:	Group: Protocol Deviations Text Box, Required, Branching logic expression: [DVTERM_PROC]=24, Display as: n
9	DVREA	5. Reason for Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Site error

			2 Subject refused 3 Subject too ill 4 Other (specify)
10	DVREASP	5a. Other reason for deviation, specify:	Group: Protocol Deviations Text Box, Required, Branching logic expression: [DVREA]=4, Display as: n
11	DVCMNT	6. Additional Comments:	Group: Protocol Deviations Notes Box, Display as: n
12	DVIRB	7. Was the deviation reported to the IRB?	Group: Protocol Deviations Radio Buttons, Required, Display as: n 1 Yes 0 No 3 Not required
Instrument: **OWM_PROTOCOL DEVIATION** Version: **3**			
1	Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Section Header: *PROTOCOL DEVIATION* Instructions: Please complete one row for each protocol deviation. Click “Add” to enter additional deviations. Additional Comments are not required and should be entered only as necessary.	Rich Text, Display as: n
2	DVYN	1. Were there any protocol deviations?	Radio Buttons, Required, Display as: n 1 Yes 0 No
3		Protocol Deviations	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [DVYN]=1
4	DVTERM_VISIT_V3	2. At which visit did the deviation occur?	Group: Protocol Deviations Drop-down, Required 0 None (not visit related) 1 Screening_Baseline Visit 1

			3 Visit 2 4 Visit 3 5 Visit 4 6 Visit 5 7 Visit 6 8 Visit 7 9 Visit 8 10 Visit 9 11 Visit 10 12 Visit 11 13 Visit 12 14 Visit 13 15 Visit 14 16 Visit 15 17 Confirmation Visit 18 6 Month Follow Up call
5	DVTERM	3. Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Missed visit (Specify in Additional Comment field) 2 Informed Consent (Specify in Additional Comment field) 3 Study procedure not completed 4 Study procedure performed incorrectly 7 Out of window visit 8 Other (specify)
6	DVTERM_OTHER	3a. If other deviation, specify:	Group: Protocol Deviations Text Box, Required, Branching logic expression: [DVTERM]=8, Display as: n
7	DVTERM_PROC	4. Study Procedure:	Group: Protocol Deviations

			Drop-down, Required, Branching logic expression: [DVTERM]=3 or [DVTERM]=4, Display as: n 1 Informed Consent 2 Eligibility 3 Demographics 4 Biospecimen collection 8 SDB-Short survey 9 PROMIS 4a 10 SF-12 Health Survey 11 Diabetic Foot Ulcer Short form 12 Medical History 13 Concomitant medications 14 Social Factors 15 Focused physical exam 16 Wound assessment 18 Imaging 19 Lab values 20 PRO administration 22 Michigan Neuropathy Screening Instrument - Patient 23 Michigan Neuropathy Screening Instrument_Physician 24 Other (specify)
8	DVTERM_PROCOTH	4a. If Other study procedure, specify:	Group: Protocol Deviations Text Box, Required, Branching logic expression: [DVTERM_PROC]=24, Display as: n
9	DVREA	5. Reason for Deviation:	Group: Protocol Deviations Drop-down, Required, Display as: n 1 Site error 2 Subject refused

			3 Subject too ill 4 Other (specify)
10	DVREASP	5a. Other reason for deviation, specify:	Group: Protocol Deviations Text Box, Required, Branching logic expression: [DVREA]=4, Display as: n
11	DVCMNT	6. Additional Comments:	Group: Protocol Deviations Notes Box, Display as: n
12	DVIRB	7. Was the deviation reported to the IRB?	Group: Protocol Deviations Radio Buttons, Required, Display as: n 1 Yes 0 No 3 Not required
13	DVTERM_VISIT	(HIDDEN)	Group: Protocol Deviations Drop-down, Display as: n 0 None (not visit related) 1 Screening_Baseline 2 Visit 1 3 Visit 2 4 Visit 3 5 Visit 4 6 Visit 5 7 Visit 6 8 Visit 7 9 Visit 8 10 Visit 9 11 Visit 10 12 Visit 11 13 Visit 12 14 Visit 13 15 Visit 14 16 Visit 15

			17 Wound Healing Confirmation Visit 18 Visit 16 (6 Month Follow Up call)
Instrument: **OWM_ADVERSE EVENTS** Version: **2**			
1	AEYN	Section Header: *Adverse Events* 1. Were any adverse events experienced?	Yes - No, Required, Display as: n
2		Adverse Event	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [AEYN]=1
3	AETERM	2. Adverse event:	Group: Adverse Event Drop-down, Required, Display as: n 1 Abdominal distension 2 Abdominal pain 3 Acute Coronary Syndrome (ACS) 4 Agranulocytosis 5 Alkaline phosphatase increased 6 Allergic reaction 7 Allergic rhinitis 8 Alopecia 9 ALT increased 10 Altered taste 11 Anemia 12 Angina 13 Angioedema 14 Anorexia 15 Anxiety 16 AST increased 17 Atrial fibrillation 18 Back pain 19 Bilirubin increased 20 Bloating

21	Blurred vision
22	Bradycardia
23	Bronchitis
24	Bruising
25	Bursitis
26	Carpal tunnel syndrome
27	Cerebral Vascular Accident (CVA)
28	Chest pain (cardiac)
29	Chest pain (non-cardiac)
30	Chills
31	Cholecystitis
32	Cirrhosis
33	Colitis
34	Congestive Heart Failure (CHF)
35	Conjunctivitis
36	Constipation
37	Coronary Artery Disease (CAD)
38	Decreased creatinine clearance
39	Decreased platelets
40	Diarrhea
41	Dizziness
42	Dry Cough
43	Dry Mouth
44	Dyspepsia
45	Dysphagia
46	Dyspnea
47	Ear infection
48	Eczema
49	Epistaxis
50	Facial swelling
51	Fainting

52	Fatigue
53	FEV1 decreased
54	Fever
55	FVC decreased
56	Gastro-esophageal Reflux Disease (GERD)
57	Gastrointestinal infection
58	GGT increased
59	GI bleed
60	Gout
61	Headache
62	Hematuria
63	Hemoptysis
64	Hemorrhoids
65	Hepatic neoplasm malignant
66	Hepatitis
67	Hiatal hernia
68	Hyperglycemia
69	Hyperkalemia
70	Hypertension
71	Hypoglycemia
72	Hypotension
73	Hypothyroidism
74	Impotence
75	Incontinence
76	Influenza
77	Insomnia
78	Jaundice
79	Joint pain
80	Joint swelling
81	Kidney infection
82	Laryngitis
	Lower Respiratory Tract

83	Infection
84	Malaise
85	Migraine
86	Mucositis
87	Myocardial infarction
88	Nasal congestion
89	Nausea
90	Neuropathy
91	Osteoarthritis
92	Osteomyelitis
93	Osteopenia
94	Osteoporosis
95	Ovarian cyst
96	Palpitations
97	Pancreatitis
98	Pericardial effusions
99	Peripheral edema
100	Peripheral Vascular Disease (PVD)
101	Photosensitivity reaction /erythema
102	Pleural effusions
103	Pneumonia
104	Pneumonitis
105	Productive cough
106	Prolonged QTc interval
107	Pruritus
108	Psoriasis
109	Pulmonary fibrosis
110	Pulmonary hypertension
111	Rash
112	Renal calculi
113	Restless leg syndrome
114	Sinusitis

			115 Skin ulcer 116 Sleep apnea 117 Sore throat 118 Syncope 119 Tachycardia 120 Thrush 121 Tinnitus 122 Tooth abscess 123 Transient Ischemic Attack (TIA) 124 Tremors 125 Ulcer 126 Upper Respiratory Tract Infection (URI) 127 Urinary Tract Infection (UTI) 128 Vertigo 129 Vomiting 130 Weight loss 131 Wheezing 132 Yeast infection 133 Other (Specify)
4	AETERM_SP	2a. Adverse event Other, specify:	Group: Adverse Event Text Box, Required, Branching logic expression: [AETERM] =133, Display as: n
5	AESTDAT	3. Start date:	Group: Adverse Event Date Box, Required, Display as: n
6	AESEV	4. Severity:	Group: Adverse Event Drop-down, Required, Display as: n 1 Mild 2 Moderate 3 Severe
7	AEREL	5. Relationship to study treatment:	Group: Adverse Event

			Drop-down, Required, Display as: n 1 Not Related 2 Unlikely Related 3 Possibly Related 4 Related
8	AEACN	6. Action taken with study treatment:	Group: Adverse Event Drop-down, Required, Display as: n 1 Drug withdrawn 2 Drug interrupted 3 Dose reduced 14 Not Applicable - Not yet started drug 15 Not Applicable - No action take 16 Not Applicable - drug previously stopped
9	AEACNOTH	7. Other action taken: (not treatment related)	Group: Adverse Event Text Box, Display as: n
10	AEENDAT	8. End date:	Group: Adverse Event Date Box, Required, Display as: n
11	AES_AEOUT	9. Outcome:	Group: Adverse Event Radio Buttons, Display as: n 1 Recovered or Resolved 2 Recovering or Resolving 3 Not Recovered or Not Resolved 4 Recovered or Resolved With Sequelae 77 Unknown
12	AEDIS	10. Caused study discontinuation:	Group: Adverse Event Yes - No, Required, Display as: n
Instrument: **OWM_SERIOUS ADVERSE EVENT** Version: **(original)**			

1	SAEEXP	Section Header: *SERIOUS ADVERSE EVENT* 1. Was AE expected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
2	SAECAT	2. This AE fulfills the following criteria for being an SAE:	Checkboxes, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Death 2 Life-threatening 3 Hospitalization-initial or prolonged 4 Other serious (important medical event) 5 Disability or permanent damage 6 Congenital anomaly or birth defects
3	SAESDTH_DAT	2a. Date of death:	Date Box, Required, Branching logic expression: [SAE_CRITERIA(1)]=1, Display as: n
4	SAESTDAT	3. What was the date the adverse event started	Date Time Box, Required, Branching logic expression: [SAEEXP]=1, Display as: n
5	SAETERM	4. What is the adverse event term?	Text Box, Required, Branching logic expression: [SAEEXP]=1, Display as: n
6	SAEDESC	4a. General description of the adverse event (include presenting symptoms):	Notes Box, Required, Branching logic expression: [SAEEXP]=1, Display as: n
7	SAEDESCCONT	Description continued:	Notes Box, Branching logic expression: [SAEEXP]=1, Display as: n
8	SAETESTYN	5. Are there any relevant test or laboratory data?	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Yes 0 No

9	SAETEST	5a. Relevant tests and laboratory data (including test dates):	Notes Box, Required, Branching logic expression: [SAETESTYN] =1, Display as: n
10	SAETESTCONT	Test and lab continued:	Notes Box, Branching logic expression: [SAETESTYN]=1, Display as: n
11	SAEOTHERYN	6. Is there any medical history relevant to the adverse event, including pre-existing medical conditions?	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Yes 0 No
12	SAEOTHER	6a. Relevant medical history:	Notes Box, Required, Branching logic expression: [SAEOTHERYN]=1, Display as: n
13	SAEOTHERCONT	Other history continued:	Notes Box, Branching logic expression: [SAEOTHERYN]=1, Display as: n
14	SAESEV	7. Severity:	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Mild 2 Moderate 3 Severe
15	SAEREL	8. Related to study treatment:	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Not Related 2 Related
16	SAEACN	9. Action taken with study treatment:	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Drug withdrawn 2 Drug interrupted 3 Drug reduced 4 Not yet started drug 5 No action taken

17	EXENDAT_WTD_INT	9a. If drug was withdrawn, indicate stop date (date of last dose):	Date Box, Required, Branching logic expression: [SAEACN]=1, Display as: n
18	EXINTRP_SPDAT	9b. If drug was interrupted, indicate stop date (date of last dose):	Date Box, Required, Branching logic expression: [SAEACN]=2, Display as: n
19	EXINTRP_STDAT	9c. If drug was interrupted indicate drug re-start date:	Date Box, Branching logic expression: [SAEACN]=2, Display as: n
20	EXRED_STDAT	9d. If drug was reduced, indicate date of reduction (first dose at reduced amount):	Date Box, Branching logic expression: [SAEACN]=3, Display as: n
21	EXYN_RWTD	9e. Was drug withdrawn after being reduced?	Radio Buttons, Required, Branching logic expression: [SAEACN]=3, Display as: n 1 Yes 0 No
22	EXENDAT_RWTD	9e1. Stop date, after drug reduced:	Date Box, Required, Branching logic expression: [EXYN_RWTD] =1, Display as: n
23	SAE_WTHABATE	9f. If drug was withdrawn, did SAE abate?	Radio Buttons, Required, Branching logic expression: [SAEACN]=1, Display as: n 1 Yes 0 No
24	SAE_INTRABATE	9g. If drug was interrupted, did SAE abate?	Radio Buttons, Required, Branching logic expression: [SAEACN]=2, Display as: n 1 Yes 0 No
25	SAE_REDUCABATE	9h. If drug was reduced, did SAE abate?	Radio Buttons, Required, Branching logic expression: [SAEACN]=3, Display as: n 1 Yes 0 No
26	SAEREAP	9i. Did SAE reappear after drug reintroduction?	

			Radio Buttons, Required, Branching logic expression: [SAEACN]=2, Display as: n 1 Yes 0 No 3 Unknown
27	SAEACNOTH	10. What other action was taken in response to this adverse event?	Text Box, Required, Branching logic expression: [SAEEXP]=1, Display as: n
28	SAEOUT	11. Outcome of adverse event:	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Recovered/Resolved 2 Recovering/Resolving 3 No Recovered/Not Resolved 4 Recovered/Resolved with Sequelae 5 Fatal 6 Unknown
29	SAEDIS	12. Did the adverse event cause the subject to be discontinued from the study?	Radio Buttons, Required, Branching logic expression: [SAEEXP]=1, Display as: n 1 Yes 0 No
30	SAEENDAT	13. What date did the adverse event end?	Date Time Box, Required, Branching logic expression: [SAEEXP]=1, Display as: n
31	Instructions: Enter the drug information below, if it is known.	Section Header: *Product Reporter* Instructions: Enter the drug information below, if it is known.	Rich Text, Display as: n
32		Study Drug	Custom Table, Columns: Lot #, Expiration date:, Rows: 1. Study drug information (optional , if known)
33	SAE_LOTNUM		Custom Table: Study Drug Number Box (Integer), Display as: n

34	SAE_DRUGEXPDT		Custom Table: Study Drug Date Box, Display as: n
35	IRLNAME	2. Please complete the initial reporter information Last Name:	Text Box, Required, Display as: n
36	IRFNAME	First Name:	Text Box, Required, Display as: n
37	IRADSTRT	Street address:	Text Box, Required, Display as: n
38	IRADCITY	City:	Text Box, Required, Display as: n
39	IRADSTATE	State/Province/Region:	Text Box, Required, Display as: n
40	IRADCTRY	Country:	Text Box, Required, Display as: n
41	IRADZIP	ZIP/Postal code:	Text Box, Required, Display as: n
42	IRPHONE	Phone #:	Text Box, Required, Display as: n
43	IREMAIL	Email:	Text Box, Required, Display as: n
44	IRHTHPR	3. Is the initial reporter a health professional?	Radio Buttons, Required, Display as: n 1 Yes 0 No
45	IROCC	4. Occupation of initial reporter:	Radio Buttons, Required, Display as: n 1 Physician 2 Pharmacist 3 Nurse Practitioner 4 Nurse 5 Dentist 6 Physician Assistant 7 Other Healthcare Professional 8 Risk Manager 9 Biomedical Engineer 10 Administrator or Supervisor 11 Non-Healthcare Professional 12 Third party servicer

Instrument: **OWM_PROMIS 4a** Version: **(original)**			Enabled as Survey
1	Instructions: please respond to each question or statement by marking one box per row.	Section Header: *PROMIS 4a: Sleep Disturbance* Instructions: please respond to each question or statement by marking one box per row.	Rich Text, Display as: n
2	4a Sleep Disturbance	4a Sleep Disturbance	New Section, Display as: n
3		In the past 7 days:	Matrix Of Fields
4	P4A0101	My sleep quality was:	Matrix Of Fields: In the past ... Radio Buttons, Required, Display as: n 1 Very poor 2 Poor 3 Fair 4 Good 5 Very good
5		In the past 7 days :	Matrix Of Fields
6	P4A0102	My sleep was refreshing	Matrix Of Fields: In the past ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very Much
7	P4A0103	I had a problem with my sleep	Matrix Of Fields: In the past ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit Very

			5 Much
8	P4A0104	I had difficulty falling asleep	Matrix Of Fields: In the past ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very Much
Instrument: **OWM_DIABETIC FOOT ULCER SCALE SHORT FORM** Version: **(original)**			Enabled as Survey
1	INSTRUCTIONS: These questions ask about the effect foot ulcers may have on your daily life and well-being. Please read each question carefully and think about the effect of your foot ulcers. Answer every question by circling one number on each line. If you are unsure about how to answer a question, please give the best answer you can.	Section Header: *Diabetic Foot Ulcer Scale Short Form* INSTRUCTIONS: These questions ask about the effect foot ulcers may have on your daily life and well-being. Please read each question carefully and think about the effect of your foot ulcers. Answer every question by circling one number on each line. If you are unsure about how to answer a question, please give the best answer you can.	Rich Text, Display as: n
2		1. How much have your foot ulcers:	Matrix Of Fields
3	DFSS101A	1a) Stopped you from doing the hobbies and recreational activities that you enjoy	Matrix Of Fields: 1. How much ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 A great deal
4	DFSS101B	1b) Changed the kinds of hobbies and recreational activities that you enjoy doing	Matrix Of Fields: 1. How much ... Radio Buttons, Required, Display as: n 1 Not at all

			2 A little bit 3 Moderately 4 Quite a bit 5 A great deal
5	DFSS101C	1c) Stopped you from going away for a weekend, vacation, or holiday	Matrix Of Fields: 1. How much ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 A great deal
6	DFSS101D	1d) Made you chose a different kind of weekend, vacation, or holiday than you would have preferred	Matrix Of Fields: 1. How much ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 A great deal
7	DFSS101E	1e) Meant you had to spend more time planning and organizing leisure activities	Matrix Of Fields: 1. How much ... Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 A great deal
8		2. Because of your foot ulcers, how often have you felt:	Matrix Of Fields
9	DFSS102A	2a) Fatigued or Tired	Matrix Of Fields: 2. Because o...

			Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
10	DFSS102B	2b) Drained	Matrix Of Fields: 2. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
11	DFSS102C	2c) That you had difficulty sleeping	Matrix Of Fields: 2. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
12	DFSS102D	2d) Pain while walking or standing	Matrix Of Fields: 2. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
13	DFSS102E	2e) Pain during the night	Matrix Of Fields: 2. Because o...

			Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
14		3. Because of your foot ulcers, how often have you:	Matrix Of Fields
15	DFSS103A	3a) Had to depend on others to help you look after yourself (like washing and dressing)	Matrix Of Fields: 3. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
16	DFSS103B	3b) Had to depend on others to do chores (like cooking, cleaning or laundry)	Matrix Of Fields: 3. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
17	DFSS103C	3c) Had to depend on others for getting out of the house	Matrix Of Fields: 3. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time

18	DFSS103D	3d) Had to spend more time planning or organizing your daily life	Matrix Of Fields: 3. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
19	DFSS103E	3e) Felt that doing anything took longer than you would have liked	Matrix Of Fields: 3. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
20		4. Because of your foot ulcers, have you felt:	Matrix Of Fields
21	DFSS104A	4a) Angry that you were not able to do what you wanted	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
22	DFSS104B	4b) Frustrated by others doing things for you when you would rather do them yourself	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely

23	DFSS104C	4c) Frustrated because you were not able to do what you wanted	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
24	DFSS104D	4d) Worried your ulcer(s) will never heal	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
25	DFSS104E	4e) Worried you may have to have an amputation	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
26	DFSS104F	4f) Worried about injury to your feet	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
27	DFSS104G	4g) Depressed that you were not able to do what you wanted	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n

			1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
28	DFSS104H	4h) Worried about getting ulcers in the future	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
29	DFSS104I	4i) Angry this has happened to you	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
30	DFSS104J	4j) Frustrated because you have difficulty getting around	Matrix Of Fields: 4. Because o... Radio Buttons, Required, Display as: n 1 Not at all 2 Slightly 3 Moderately 4 Quite a bit 5 Extremely
31		5. Because of your foot ulcers, how often were you bothered by:	Matrix Of Fields
32	DFSS105A	5a) Having to keep weight off of your foot ulcer	Matrix Of Fields: 5. Because o... Radio Buttons, Required, Display as: n 1 None of the time

			2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
33	DFSS105B	5b) The amount of time involved in caring for your foot ulcer (including dressing changes, waiting for the home health care nurse, and keeping the ulcer clean)	Matrix Of Fields: 5. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
34	DFSS105C	5c) The appearance, odor or weeping of your ulcer	Matrix Of Fields: 5. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
35	DFSS105D	5d) Having to depend on others to help care for your foot ulcer	Matrix Of Fields: 5. Because o... Radio Buttons, Required, Display as: n 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time
36	THANK YOU FOR COMPLETING THIS QUESTIONNAIRE	THANK YOU FOR COMPLETING THIS QUESTIONNAIRE	Rich Text, Display as: n
Instrument: **OWM_OFFLOADING AND ADHERENCE** Version: **(original)**			

1	OFFLD_DONE	Section Header: *OFFLOADING AND ADHERENCE* 1. Are you using offloading?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	OFFLD_REAS	1a. Reason for not using or discontinuing TCC?	Text Box, Required, Branching logic expression: [OFFLD_DONE]=0, Display as: n
3	OFFLD_USETCC	2. Is the patient instructed to always use the device during ambulation?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1, Yes 0, No
4	OFFLDYN_HOME	3. Are you using offloading methods at home?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1, Yes 0, No
5	OFFLDYN_OUTSD	4. Are you using offloading methods when you are outside of the home?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1, Yes 0, No
Instrument: **OWM_OFFLOADING AND ADHERENCE** Version: **2**			
1	OFFLD_PRSB	Section Header: *OFFLOADING AND ADHERENCE* 1. Was the participant prescribed offloading?	Radio Buttons, Required 1, Yes 0, No
2	OFFLD_PRSBDVC	1a. What device was prescribed:	Radio Buttons, Required, Branching logic expression: [OFFLD_PRSB]=1 1, Total contract cast 2, Removable cast walker 3, Post operative shoe 4, Diabetic or extra depth shoe 5, Regular shoe

			6 Other, please specify
3	OFFLD_PRSBDVCSP	Please specify:	Text Box, Required, Branching logic expression: [OFFLD_PRSBDVC]=6
4	OFFLD_DONE	2. Are you using offloading?	Radio Buttons, Required, Display as: n 1 Yes 0 No
5	OFFLD_USEDVC	2a. What devices are being used for Offloading (if more than one, please select which is used the most):	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1 1 Total contract cast 2 Removable cast walker 3 Post operative shoe 4 Diabetic or extra depth shoe 5 Regular shoe 6 Other, please specify
6	OFFLD_USEDVCSP	Please specify:	Text Box, Required, Branching logic expression: [OFFLD_USEDVC]=6
7	OFFLD_USETCC	3. Is the patient instructed to always use the device during ambulation?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No
8	OFFLDYN_HOME	4. Are you using offloading methods at home?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No
9	OFFLDYN_OUTSD	5. Are you using offloading methods when you are outside of the home?	Radio Buttons, Required, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No

10	OFFLD_REAS	(HIDDEN)1a. Reason for not using or discontinuing TCC?	Text Box, Branching logic expression: [OFFLD_DONE]=0, Display as: n
Instrument: **OWM_MICHIGAN NEUROPATHY SCREENING INSTRUMENT PHYSICAN** Version: **(original)**			
1	Appearance of Feet	Section Header: *MICHIGAN NEUROPATHY SCREENING INSTRUMENT-PHYSICAN* Appearance of Feet	New Section, Display as: n
2		Right	Non Repeating Group of Fields
3	MNSI_APRT	1. Normal:	Group: Right Radio Buttons, Required, Display as: n 1 Yes 0 No
4	MNSI_RTNORMNO	1a. If No:	Group: Right Radio Buttons, Required, Branching logic expression: [MNSI_APRT]=0, Display as: n 1 Deformities 2 Dry skin, callus 3 Infection 4 Fissure 5 Other
5	MNSI_RTNORMSP	1a1. If other, please specify:	Group: Right Text Box, Required, Branching logic expression: [MNSI_RTNORMNO]=5, Display as: n
6		Left	Non Repeating Group of Fields
7	MNSI_APLT	2. Normal:	Group: Left Radio Buttons, Required, Display as: n 1 Yes 0 No
8	MNSI_LTNORMNO	2a. If No:	Group: Left

			Radio Buttons, Required, Branching logic expression: [MNSI_APLT]=0, Display as: n 1 Deformities 2 Dry skin, callus 3 Infection 4 Fissure 5 Other
9	MNSI_LTNORMSP	2a1. If other, please specify:	Group: Left Text Box, Required, Branching logic expression: [MNSI_LTNORMSP]=5, Display as: n
10	Ulceration	Ulceration	New Section, Display as: n
11	MNSI_ULCRT	3. Right:	Radio Buttons, Required, Display as: n 1 Absent 2 Present
12	MNSI_ULCLT	4.Left:	Radio Buttons, Required, Display as: n 1 Absent 2 Present
13	Ankle Reflexes	Ankle Reflexes	New Section, Display as: n
14	MNSI_ARRT	5. Right:	Radio Buttons, Required, Display as: n 1 Present 2 Present reinforcement 0 Absent
15	MNSI_ARLT	6. Left:	Radio Buttons, Required, Display as: n 1 Present 2 Present reinforcement 0 Absent

16	Vibration perception at great toe	Vibration perception at great toe	New Section, Display as: n
17	MNSI_VPRT	7. Right:	Radio Buttons, Required, Display as: n 1 Present 2 Decreased 3 Absent
18	MNSI_VPLT	8. Left:	Radio Buttons, Required, Display as: n 1 Present 2 Decreased 3 Absent
19	Monofilament	Monofilament	New Section, Display as: n
20	MNSI_MONORT	9. Right:	Radio Buttons, Required, Display as: n 1 Normal 2 Reduced 3 Absent
21	MNSI_MONOLT	10. Left:	Radio Buttons, Required, Display as: n 1 Normal 2 Reduced 3 Absent
Instrument: **OWM_MICHIGAN NEUROPATHY SCREENING INSTRUMENT PHYSICAN** Version: **2**			
1	Appearance of Feet	Section Header: *MICHIGAN NEUROPATHY SCREENING INSTRUMENT-PHYSICAN* Appearance of Feet	New Section, Display as: n
2		Right	Non Repeating Group of Fields
3	MNSI_APRT	1. Normal:	Group: Right Radio Buttons, Required, Display as: n 1 Yes 0 No

4	MNSI_RTNORMNO_V2	1a. If No:	Group: Right Checkboxes, Required, Branching logic expression: [MNSI_APRT] =0 1 Deformities 2 Dry skin, callus 3 Infection 4 Fissure 5 Other
5	MNSI_RTNORMSP	1a1. If other, please specify:	Group: Right Text Box, Required, Branching logic expression: [MNSI_RTNORMNO_V2(5)]=1, Display as: n
6		Left	Non Repeating Group of Fields
7	MNSI_APLT	2. Normal:	Group: Left Radio Buttons, Required, Display as: n 1 Yes 0 No
8	MNSI_LTNORMNO_V2	2a. If No:	Group: Left Checkboxes, Required, Branching logic expression: [MNSI_APLT] =0 1 Deformities 2 Dry skin, callus 3 Infection 4 Fissure 5 Other
9	MNSI_LTNORMSP	2a1. If other, please specify:	Group: Left Text Box, Required, Branching logic expression: [MNSI_LTNORMNO_V2(5)]=1, Display as: n
10	Ulceration	Ulceration	New Section, Display as: n

11	MNSI_ULCRT	3. Right:	Radio Buttons, Required, Display as: n 1 Absent 2 Present
12	MNSI_ULCLT	4.Left:	Radio Buttons, Required, Display as: n 1 Absent 2 Present
13	Ankle Reflexes	Ankle Reflexes	New Section, Display as: n
14	MNSI_ARRT	5. Right:	Radio Buttons, Required, Display as: n 1 Present 2 Present reinforcement 0 Absent
15	MNSI_ARLT	6. Left:	Radio Buttons, Required, Display as: n 1 Present 2 Present reinforcement 0 Absent
16	Vibration perception at great toe	Vibration perception at great toe	New Section, Display as: n
17	MNSI_VPRT	7. Right:	Radio Buttons, Required, Display as: n 1 Present 2 Decreased 3 Absent
18	MNSI_VPLT	8. Left:	Radio Buttons, Required, Display as: n 1 Present 2 Decreased 3 Absent
19	Monofilament	Monofilament	New Section, Display as: n

20	MNSI_MONORT	9. Right:	Radio Buttons, Required, Display as: n 1 Normal 2 Reduced 3 Absent
21	MNSI_MONOLT	10. Left:	Radio Buttons, Required, Display as: n 1 Normal 2 Reduced 3 Absent
22	MNSI_RTNORMNO	(HIDDEN) 1a. If No:	Radio Buttons, Required, Branching logic expression: [MNSI_APRT]=0, Display as: n 1 Deformities 2 Dry skin 3 Infection 4 Fissure 5 Other
23	MNSI_LTNORMNO	(HIDDEN) 2a. If No:	Radio Buttons, Required, Branching logic expression: [MNSI_APLT]=0, Display as: n 1 Deformities 2 Dry skin 3 Infection 4 Fissure 5 Other
Instrument: **OWM_OFFLOADING AND ADHERENCE** Version: **3**			
1	OFFLD_AMBULATORY	Section Header: *OFFLOADING AND ADHERENCE* 1. Is the participant ambulatory?	Radio Buttons, Required 1 Yes 0 No
2	OFFLD_PLANTAR	2. Is the index DFU on the plantar surface?	Radio Buttons, Required, Branching logic expression: [OFFLD_AMBULATORY]=1 1 Yes

			0 No
3	OFFLD_PRSBDVC	3a. What offloading device was prescribed for the index ulcer:	Radio Buttons, Required, Branching logic expression: [OFFLD_PLANTAR]=1 1 Total contact cast 7 Non-removable knee-high walker 8 CROW (Charcot Restraint Orthotic Walker) 9 DH Walker 10 CAM boot 11 Air cast 12 Half wedge shoe 13 Diabetic Shoe 14 Shoe modification (customized temporary footwear) 15 Felt and foam 16 Prefabricated walker 17 Healing sandal 18 MABAL shoe 6 Other, please specify 0 None
4	OFFLD_PRSBDVCSP	3a1. Please specify:	Text Box, Required, Branching logic expression: [OFFLD_PRSBDVC]=6
5	OFFLD_NTPRSREASON	3b. If total contact cast or non-removable knee-high walker was not prescribed, what was the reason?	Checkboxes, Required, Branching logic expression: [OFFLD_PLANTAR]=1 and ([OFFLD_PRSBDVC]=8 or [OFFLD_PRSBDVC]=9 or [OFFLD_PRSBDVC]=10 or [OFFLD_PRSBDVC]=11 or [OFFLD_PRSBDVC]=12 or [OFFLD_PRSBDVC]=13 or [OFFLD_PRSBDVC]=14 or [OFFLD_PRSBDVC]=15 or [OFFLD_PRSBDVC]=16 or [OFFLD_PRSBDVC]=17 or

			[OFFLD_PRSBDVC]=18 or [OFFLD_PRSBDVC]=6 or [OFFLD_PRSBDVC]=0) 1, Highly exudative wound 2, Device contraindicated because of DFU infection 3, Device contraindicated because of DFU ischemia 4, Balance issue/high fall risk 5, Not available in office /wound center 6, Excessive leg swelling 7, Fragile skin 8, Too costly/Insurance did not cover device 9, Patient refused - for employment reasons 10, Patient refused - Need to drive 11, Patient refused - Other 12, Other, please specify
6	OFFLD_NTPRSREASONSPPT	3b1. Patient refused - Other was selected. Please specify:	Text Box, Required, Branching logic expression: [OFFLD_NTPRSREASON(11)] =1
7	OFFLD_NTPRSREASONSP	3b2. Other was selected. Please specify:	Text Box, Required, Branching logic expression: [OFFLD_NTPRSREASON(12)] =1
8	OFFLD_DONEPER	4. Are you using the prescribed offloading?	Radio Buttons, Required, Branching logic expression: [OFFLD_PLANTAR]=1 100, Yes, all of the time 75, Yes, 75% to 99% of the time 50, Yes, 50% to 74% of the time 25, Yes, 25% to 49% of the time , Yes, 5% to 24% of the

			5 time 0 No or rarely (less than 5% of the time)
9	OFFLD_NTREASON	4a. If you are not using an off-loading device all the time , please indicate the factors contributing to that decision. (Select all that apply)	Checkboxes, Required, Branching logic expression: [OFFLD_DONEPER]=75 or [OFFLD_DONEPER]=50 or [OFFLD_DONEPER]=25 or [OFFLD_DONEPER]=5 or [OFFLD_DONEPER]=0 1 Prevents me from driving 2 Prevents me from working 3 Increases my risk for falling 4 I don't like the appearance 5 Too heavy 6 Too unsteady 7 Too difficult to walk 8 Other, please specify
10	OFFLD_NTREASONSP	4a1. Please specify:	Text Box, Required, Branching logic expression: [OFFLD_NTREASON(8)]=1
11	OFFLD_DONE	(HIDDEN) 2. Are you using offloading?	Radio Buttons, Display as: n 1 Yes 0 No
12	OFFLD_USEDVC	(HIDDEN) 2a. What devices are being used for Offloading (if more than one, please select which is used the most):	Radio Buttons 1 Total contract cast 2 Removable cast walker 3 Post operative shoe 4 Diabetic or extra depth shoe 5 Regular shoe 6 Other, please specify
13	OFFLD_USEDVCSP	(HIDDEN) Please specify:	Text Box, Branching logic expression: [OFFLD_USEDVC] =6

14	OFFLD_USETCC	(HIDDEN) 3. Is the patient instructed to always use the device during ambulation?	Radio Buttons, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No
15	OFFLDYN_HOME	(HIDDEN) 4. Are you using offloading methods at home?	Radio Buttons, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No
16	OFFLDYN_OUTSD	(HIDDEN) 5. Are you using offloading methods when you are outside of the home?	Radio Buttons, Branching logic expression: [OFFLD_DONE]=1, Display as: n 1 Yes 0 No
17	OFFLD_REAS	(HIDDEN)1a. Reason for not using or discontinuing TCC?	Text Box, Branching logic expression: [OFFLD_DONE]=0, Display as: n
Instrument: **OWM_MICHIGAN NEUROPATHY SCREENING INSTRUMENT PATIENT** Version: **(original)**			Enabled as Survey
1	MNSI101	Section Header: *Michigan Neuropathy Screening Instrument* 1. Are your legs and/or feet numb?	Radio Buttons, Required, Display as: n 1 Yes 0 No
2	MNSI102	2. Do you ever have any burning pain in your legs and/or feet?	Radio Buttons, Required, Display as: n 1 Yes 0 No
3	MNSI103	3. Are your feet too sensitive to touch?	Radio Buttons, Required, Display as: n 1 Yes 0 No
4	MNSI104	4. Do you get muscle cramps in your legs and/or feet?	Radio Buttons, Required, Display as: n 1 Yes 0 No

5	MNSI105	5. Do you ever have any prickling feelings in your legs or feet?	Radio Buttons, Required, Display as: n 1 Yes 0 No
6	MNSI106	6. Does it hurt when the bed covers touch your skin	Radio Buttons, Required, Display as: n 1 Yes 0 No
7	MNSI107	7. When you get into the tub or shower, are you able to tell the hot water from the cold water?	Radio Buttons, Required, Display as: n 1 Yes 0 No
8	MNSI108	8. Have you ever had an open sore on your foot?	Radio Buttons, Required, Display as: n 1 Yes 0 No
9	MNSI109	9. Has your doctor ever told you that you have diabetic neuropathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
10	MNSI110	10. Do you feel weak all over most of the time?	Radio Buttons, Required, Display as: n 1 Yes 0 No
11	MNSI111	11. Are your symptoms worse at night?	Radio Buttons, Required, Display as: n 1 Yes 0 No
12	MNSI112	12. Do your legs hurt when you walk?	Radio Buttons, Required, Display as: n 1 Yes 0 No

13	MNSI113	13. Are you able to sense your feet when you walk?	Radio Buttons, Required, Display as: n 1 Yes 0 No
14	MNSI114	14. Is the skin on your feet so dry that it cracks open?	Radio Buttons, Required, Display as: n 1 Yes 0 No
15	MNSI115	15. Have you ever had an amputation?	Radio Buttons, Required, Display as: n 1 Yes 0 No
Instrument: **OWM_MEDICAL HISTORY** Version: **(original)**			
1	Diabetes Complications History	Section Header: *Medical History* Diabetes Complications History	New Section, Display as: n
2	MHSTDAT_DBT	1. Year Diabetes Diagnosis:	Date Box, Required, Display as: n
3	MHTYP_DBT	2. Type:	Radio Buttons, Required, Display as: n 1 Type 1 2 Type 2 3 Other
4	MHTYP_DBTOTH	2a. If other, specify:	Text Box, Required, Branching logic expression: [MHTYP_DBT] =3, Display as: n
5	MH_RET	3. Does the patient have retinopathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
6	MHTYP_RET	3a. Type:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Non-proliferative diabetic retinopathy (NPDR)

			2 Proliferative diabetic retinopathy (PDR) 3 Unknown
7	MHSTG_RET	3b. Stage:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Unknown
8	MH_NEPH	4. Does the patient have Nephropathy/CKD?	Radio Buttons, Required, Display as: n 1 Yes 0 No
9	MHSTG_NEPH	4a.Stage:	Radio Buttons, Required, Branching logic expression: [MH_NEPH]=1, Display as: n 1 Stage 1 with normal or high GFR (GFR> 90 ml/min) 2 Stage 2 Mild CKD (GFR= 60-89 ml/min) 3 Stage 3A Moderate CKD (GFR =45-59 ml/min) 4 Stage 3B Moderate CKD (GFR = 30-44 ml/min) 5 Stage 4 Severe CKD (GFR= 15-29 ml/min) 6 Stage 5 End Stage CKD (GFR <15_tmplitem="I0" ml/min) 7 Unknown
10	MH_NEPHR	5. Does the patient have neuropathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
11	Cardiovascular System	Cardiovascular System	New Section, Display as: n

12	MH_REVAS	6. Has the participant had a revascularization procedure anywhere in the lower extremities other than the limb with the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No 2 Unknown
13	MHTYP_REVAS	7. Type of revascularization procedure anywhere in the lower extremities:	Checkboxes, Required, Branching logic expression: [MH_REVAS] =1, Display as: n 1 Open (Such as lower extremity open bypass) 2 Endovascular (Such as lower extremity angioplasty) 3 Unknown
14	MHLOC_REVASOPN	7a. If Open:	Checkboxes, Required, Branching logic expression: [MED_LEREVASCTYP(1)]=1, Display as: n 1 Right 2 Left 3 Unknown
15	MHLOC_ENDO	7b. If endovascular:	Checkboxes, Required, Branching logic expression: [MED_LEREVASCTYP(2)]=1, Display as: n 1 Right 2 Left 3 Unknown
16	MHSTS_CAD	8. CAD Status:	Radio Buttons, Required, Display as: n 1 Symptomatic CAD 2 Non-Symptomatic CAD
17	MH_CRREVAS	9. Has the participant had a cardiac revascularization?	Radio Buttons, Required, Display as: n 1 Yes 0 No

18	MHPROC_CRREVAS	10. Type of cardiac revascularization?	Checkboxes, Required, Display as: n 1 Open (such as CABG) 2 Endovascular (such as endoscopic stenting or balloon dilation)
19	MH_OTHER	11. Does the participant have a history of any of the following (select all that apply):	Checkboxes, Required, Display as: n 1 Hypertension 2 Hyperlipidemia 3 Myocardial infraction 4 Heart Failure 5 Angina 6 Other 7 None
20	MH_OTHERSP	11a. If other, specify:	Text Box, Required, Branching logic expression: [MH_OTHER (6)]=1, Display as: n
Instrument: **OWM_MEDICAL HISTORY** Version: **2**			
1	Diabetes Complications History	Section Header: *Medical History* Diabetes Complications History	New Section, Display as: n
2	MHSTDAT_DBT	1. Year Diabetes Diagnosis:	Date Box, Required, Display as: n
3	MHTYP_DBT	2. Type:	Radio Buttons, Required, Display as: n 1 Type 1 2 Type 2 3 Other
4	MHTYP_DBTOTH	2a. If other, specify:	Text Box, Required, Branching logic expression: [MHTYP_DBT] =3, Display as: n
5	MH_RET	3. Does the patient have retinopathy?	Radio Buttons, Required, Display as: n 1 Yes

			0 No
6	MHTYP_RET	3a. Type:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Non-proliferative diabetic retinopathy (NPDR) 2 Proliferative diabetic retinopathy (PDR) 3 Unknown
7	MHSTG_RET	3b. Stage:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Unknown
8	MH_NEPH	4. Does the patient have Nephropathy/CKD?	Radio Buttons, Required, Display as: n 1 Yes 0 No
9	MHSTG_NEPH	4a.Stage:	Radio Buttons, Required, Branching logic expression: [MH_NEPH]=1, Display as: n 1 Stage 1 with normal or high GFR (GFR> 90 ml/min) 2 Stage 2 Mild CKD (GFR= 60-89 ml/min) 3 Stage 3A Moderate CKD (GFR =45-59 ml/min) 4 Stage 3B Moderate CKD (GFR = 30-44 ml/min) 5 Stage 4 Severe CKD (GFR= 15-29 ml/min) 6 Stage 5 End Stage CKD (GFR <15_tmplitem="I0" ml/min) 7 Unknown
10	MH_NEPHR	5. Does the patient have	

		neuropathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
11	Cardiovascular System	Cardiovascular System	New Section, Display as: n
12	MH_REVAS	6. Has the participant had a revascularization procedure anywhere in the lower extremities other than the limb with the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No 2 Unknown
13	MHTYP_REVAS	7. Type of revascularization procedure anywhere in the lower extremities:	Checkboxes, Required, Branching logic expression: [MH_REVAS] =1, Display as: n 1 Open (Such as lower extremity open bypass) 2 Endovascular (Such as lower extremity angioplasty) 3 Unknown
14	MHLOC_REVASOPN	7a. If Open:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(1)]=1, Display as: n 1 Right 2 Left 3 Unknown
15	MHLOC_ENDO	7b. If endovascular:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(2)]=1, Display as: n 1 Right 2 Left 3 Unknown
16	MHOCCUR_CAD	8. CAD Status	Radio Buttons, Required 1 Yes 0 No

17	MHSTS_CAD	(HIDDEN) CAD Status:	Radio Buttons, Required, Display as: n 1, Symptomatic CAD 2, Non-Symptomatic CAD
18	MH_CRREVAS	9. Has the participant had a cardiac revascularization?	Radio Buttons, Required, Branching logic expression: [MHOCCUR_CAD]=1, Display as: n 1, Yes 0, No
19	MHPROC_CRREVAS	10. Type of cardiac revascularization?	Checkboxes, Required, Branching logic expression: [MHOCCUR_CAD]=1, Display as: n 1, Open (such as CABG) 2, Endovascular (such as endoscopic stenting or balloon dilation)
20	MH_OTHER	11. Does the participant have a history of any of the following (select all that apply):	Checkboxes, Required, Display as: n 1, Hypertension 2, Hyperlipidemia 3, Myocardial infraction 4, Heart Failure 5, Angina 6, Other 7, None
21	MH_OTHERSP	11a. If other, specify:	Text Box, Required, Branching logic expression: [MH_OTHER (6)]=1, Display as: n
Instrument: **OWM_MEDICAL HISTORY** Version: **3**			
1	Diabetes Complications History	Section Header: *Medical History* Diabetes Complications History	New Section, Display as: n
2	MHSTDAT_DBT	1. Year Diabetes Diagnosis:	Date Box, Required, Display as: n

3	MHTYP_DBT	2. Type:	Radio Buttons, Required, Display as: n 1 Type 1 2 Type 2 3 Other
4	MHTYP_DBTOTH	2a. If other, specify:	Text Box, Required, Branching logic expression: [MHTYP_DBT] =3, Display as: n
5	MH_RET	3. Does the patient have retinopathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
6	MHTYP_RET	3a. Type:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Non-proliferative diabetic retinopathy (NPDR) 2 Proliferative diabetic retinopathy (PDR) 3 Unknown
7	MHSTG_RET	3b. Stage:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Unknown
8	MH_NEPH	4. Does the patient have Nephropathy/CKD?	Radio Buttons, Required, Display as: n 1 Yes 0 No
9	MHSTG_NEPH	4a.Stage:	Radio Buttons, Required, Branching logic expression: [MH_NEPH]=1, Display as: n 1 Stage 1 with normal or high GFR (GFR> 90 ml/min)

			2 Stage 2 Mild CKD (GFR= 60-89 ml/min) 3 Stage 3A Moderate CKD (GFR =45-59 ml/min) 4 Stage 3B Moderate CKD (GFR = 30-44 ml/min) 5 Stage 4 Severe CKD (GFR= 15-29 ml/min) 6 Stage 5 End Stage CKD (GFR <15_tmplitem="I0" ml/min) 7 Unknown
10	MH_NEPHR	5. Does the patient have neuropathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
11	Cardiovascular System	Cardiovascular System	New Section, Display as: n
12	MH_REVAS	6. Has the participant had a revascularization procedure anywhere in the lower extremities other than the limb with the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No 2 Unknown
13	MHTYP_REVAS	7. Type of revascularization procedure anywhere in the lower extremities:	Checkboxes, Required, Branching logic expression: [MH_REVAS] =1, Display as: n 1 Open (Such as lower extremity open bypass) 2 Endovascular (Such as lower extremity angioplasty) 3 Unknown
14	MHLOC_REVASOPN	7a. If Open:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(1)]=1, Display as: n 1 Right 2 Left

			3 Unknown
15	MHLOC_ENDO	7b. If endovascular:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(2)]=1, Display as: n 1 Right 2 Left 3 Unknown
16	MHOCCUR_CAD	8. CAD Status	Radio Buttons, Required 1 Yes 0 No
17	MHSTS_CAD	(HIDDEN) CAD Status:	Radio Buttons, Required, Display as: n 1 Symptomatic CAD 2 Non-Symptomatic CAD
18	MH_CRREVAS	9. Has the participant had a cardiac revascularization?	Radio Buttons, Required, Branching logic expression: [MHOCCUR_CAD]=1, Display as: n 1 Yes 0 No
19	MHPROC_CRREVAS	10. Type of cardiac revascularization?	Checkboxes, Required, Branching logic expression: [MH_CRREVAS]=1, Display as: n 1 Open (such as CABG) 2 Endovascular (such as endoscopic stenting or balloon dilation)
20	MH_OTHER	11. Does the participant have a history of any of the following (select all that apply):	Checkboxes, Required, Display as: n 1 Hypertension 2 Hyperlipidemia 3 Myocardial infraction 4 Heart Failure

			5 Angina 6 Other 7 None
21	MH_OTHERSP	11a. If other, specify:	Text Box, Required, Branching logic expression: [MH_OTHER (6)]=1, Display as: n
Instrument: **OWM_SF12 HEALTH SURVEY** Version: **(original)**			Enabled as Survey
1	SF120101	Section Header: *SF-12 Health Survey* 1. In general, would you say your health is:	Radio Buttons, Required, Display as: n 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor
2		The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	Matrix Of Fields
3	SF120102	2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	Matrix Of Fields: The followin... Radio Buttons, Required, Display as: n 1 YES, limited a lot 2 YES, limited a little 3 NO, not limited at all
4	SF120103	3. Climbing several flights of stairs.	Matrix Of Fields: The followin... Radio Buttons, Required, Display as: n 1 YES, limited a lot 2 YES, limited a little 3 NO, not limited at all
5		During the past 4 weeks, have you had any of the following problems with your work or other	Matrix Of Fields

		regular daily activities as a result of your physical health?	
6	SF120104	4. Accomplished less than you would like.	Matrix Of Fields: During the p... Radio Buttons, Required, Display as: n 1 YES 0 NO
7	SF120105	5. Were limited in the kind of work or other activities.	Matrix Of Fields: During the p... Radio Buttons, Required, Display as: n 1 YES 0 NO
8		During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?	Matrix Of Fields
9	SF120106	6. Accomplished less than you would like.	Matrix Of Fields: During the p... Radio Buttons, Required, Display as: n 1 YES 0 NO
10	SF120107	7. Did work or activities less carefully than usual.	Matrix Of Fields: During the p... Radio Buttons, Required, Display as: n 1 YES 0 NO
11	SF120108	8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?	Radio Buttons, Required, Display as: n 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely
12	These questions are about how you have been feeling during the	These questions are about how you have been feeling during the	Rich Text, Display as: n

	past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.	past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.	
13		How much of the time during the past 4 weeks…	Matrix Of Fields
14	SF120109	9. Have you felt calm and peaceful?	Matrix Of Fields: How much of ... Radio Buttons, Required, Display as: n 1 All of the time 2 Most of the time 3 A good bit of the time 4 Some of the time 5 A little of the time 6 None of the time
15	SF120110	10. Did you have a lot of energy?	Matrix Of Fields: How much of ... Radio Buttons, Required, Display as: n 1 All of the time 2 Most of the time 3 A good bit of the time 4 Some of the time 5 A little of the time 6 None of the time
16	SF120111	11. Have you felt down-hearted and blue?	Matrix Of Fields: How much of ... Radio Buttons, Required, Display as: n 1 All of the time 2 Most of the time 3 A good bit of the time 4 Some of the time 5 A little of the time 6 None of the time
17	SF120112	12. During the past 4 weeks, how	

		much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	Radio Buttons, Required, Display as: n 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time
Instrument: **OWM_MEDICAL HISTORY** Version: **4**			
1	Diabetes Complications History	Section Header: *Medical History* Diabetes Complications History	New Section, Display as: n
2	MHSTDAT_DBT	1. Year Diabetes Diagnosis:	Date Box, Required, Display as: n
3	MHTYP_DBT	2. Type:	Radio Buttons, Required, Display as: n 1 Type 1 2 Type 2 3 Other
4	MHTYP_DBTOTH	2a. If other, specify:	Text Box, Required, Branching logic expression: [MHTYP_DBT] =3, Display as: n
5	MH_RET	3. Does the patient have retinopathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
6	MHTYP_RET	3a. Type:	Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Non-proliferative diabetic retinopathy (NPDR) 2 Proliferative diabetic retinopathy (PDR) 3 Unknown
7	MHSTG_RET	3b. Stage:	

			Radio Buttons, Required, Branching logic expression: [MH_RET]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Unknown
8	MH_NEPH	4. Does the patient have Nephropathy/CKD?	Radio Buttons, Required, Display as: n 1 Yes 0 No
9	MHSTG_NEPH	4a.Stage:	Radio Buttons, Required, Branching logic expression: [MH_NEPH]=1, Display as: n 1 Stage 1 with normal or high GFR (GFR> 90 ml/min) 2 Stage 2 Mild CKD (GFR= 60-89 ml/min) 3 Stage 3A Moderate CKD (GFR =45-59 ml/min) 4 Stage 3B Moderate CKD (GFR = 30-44 ml/min) 5 Stage 4 Severe CKD (GFR= 15-29 ml/min) 6 Stage 5 End Stage CKD (GFR <15_tmplitem="I0" ml/min) 7 Unknown
10	MH_NEPHR	5. Does the patient have neuropathy?	Radio Buttons, Required, Display as: n 1 Yes 0 No
11	Cardiovascular System	Cardiovascular System	New Section, Display as: n
12	MH_CALFEX	6. Does the patient experience pain in one or both calves with exercertion that resolves with rest?	Radio Buttons, Required 1 Yes 0 No

13	MH_CALFCON	7. Does this patient experience continuous calf pain?	Radio Buttons, Required 1 Yes 0 No
14	MH_REVAS	8. Has the participant had a revascularization procedure anywhere in the lower extremities other than the limb with the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No 2 Unknown
15	MHTYP_REVAS	9. Type of revascularization procedure anywhere in the lower extremities:	Checkboxes, Required, Branching logic expression: [MH_REVAS] =1, Display as: n 1 Open (Such as lower extremity open bypass) 2 Endovascular (Such as lower extremity angioplasty) 3 Unknown
16	MHLOC_REVASOPN	9a. If Open:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(1)]=1, Display as: n 1 Right 2 Left 3 Unknown
17	MHLOC_ENDO	9b. If endovascular:	Checkboxes, Required, Branching logic expression: [MHTYP_REVAS(2)]=1, Display as: n 1 Right 2 Left 3 Unknown
18	MHOCCUR_CAD	10. CAD Status	Radio Buttons, Required 1 Yes 0 No
19	MHSTS_CAD	(HIDDEN) CAD Status:	Radio Buttons, Required, Display as: n

			1 Symptomatic CAD 2 Non-Symptomatic CAD
20	MH_CRREVAS	11. Has the participant had a cardiac revascularization?	Radio Buttons, Required, Branching logic expression: [MHOCCUR_CAD]=1, Display as: n 1 Yes 0 No
21	MHPROC_CRREVAS	12. Type of cardiac revascularization?	Checkboxes, Required, Branching logic expression: [MH_CRREVAS]=1, Display as: n 1 Open (such as CABG) 2 Endovascular (such as endoscopic stenting or balloon dilation)
22	MH_OTHER	13. Does the participant have a history of any of the following (select all that apply):	Checkboxes, Required, Display as: n 1 Hypertension 2 Hyperlipidemia 3 Myocardial infraction 4 Heart Failure 5 Angina 6 Other 7 None
23	MH_OTHERSP	13a. If other, specify:	Text Box, Required, Branching logic expression: [MH_OTHER (6)]=1, Display as: n
Instrument: **OWM_LAB VALUES** Version: **(original)**			
1	LBYN	Section Header: *LAB VALUES* 1. Were lab values obtained?	Radio Buttons, Display as: n 1 Yes 0 No
2	Hemoglobin A1c	Hemoglobin A1c	New Section, Branching logic expression: [LBYN]=1, Display

			as: n
3	LBORRES_HEMO	2. Hemoglobin A1c:	Number Box (Decimal), Required, Branching logic expression: [LBYN]=1, Display as: n
4	LBDAT_HEMO	3. Date collected:	Date Box, Required, Branching logic expression: [LBYN]=1, Display as: n
5	Estimated GFR	Estimated GFR	New Section, Branching logic expression: [LBYN]=1, Display as: n
6	LBORRES_EGFR	4. Estimated GFR:	Number Box (Decimal), Required, Branching logic expression: [LBYN]=1, Display as: n
7	LBDAT_EGFR	5. Date collected:	Date Box, Required, Branching logic expression: [LBYN]=1, Display as: n
8	Urinary Albumin Creatinine Ratio	Urinary Albumin Creatinine Ratio	New Section, Branching logic expression: [LBYN]=1, Display as: n
9	LBORRES_UALB	6. Urinary albumin creatinine ratio:	Number Box (Decimal), Required, Branching logic expression: [LBYN]=1, Display as: n
10	LBDAT_UALB	7. Date collected:	Date Box, Required, Branching logic expression: [LBYN]=1, Display as: n
Instrument: **OWM_LAB VALUES** Version: **2**			
1	LBYN	Section Header: *LAB VALUES* 1. Were lab values obtained?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	Hemoglobin A1c	Hemoglobin A1c	New Section, Branching logic expression: [LBYN]=1, Display as: n
3	LBORRES_HEMO	2. Hemoglobin A1c:	Number Box (Decimal), Required, Branching logic expression: [LBYN]=1, Display

			as: n
4	LBDAT_HEMO	3. Date collected:	Date Box, Required, Branching logic expression: [LBYN]=1, Display as: n
5	Estimated GFR	Estimated GFR	New Section, Branching logic expression: [LBYN]=1, Display as: n
6	LBORRES_EGFR	4. Estimated GFR:	Number Box (Decimal), Branching logic expression: [LBYN]=1, Display as: n
7	LBDAT_EGFR	5. Date collected:	Date Box, Branching logic expression: [LBYN]=1, Display as: n
8	Urinary Albumin Creatinine Ratio	Urinary Albumin Creatinine Ratio	New Section, Branching logic expression: [LBYN]=1, Display as: n
9	LBORRES_UALB	6. Urinary albumin creatinine ratio:	Number Box (Decimal), Branching logic expression: [LBYN]=1, Display as: n
10	LBDAT_UALB	7. Date collected:	Date Box, Branching logic expression: [LBYN]=1, Display as: n
Instrument: **OWM_BIOSPECIMEN COLLECTION** Version: **2**			
1	LBCAT_SR_LEAD	Section Header: *Blood Serum* 1. Was serum collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	LBCAT_SR_NO	1a. Reason not collected (select all that apply):	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=0, Display as: n 1, Unable to get venous access 2, Participant refused 3, Site error 4, Other
3	LBCAT_SR_NOSP	1a1. If other, specify:	Text Box, Required, Branching

			logic expression: [LBCAT_SR_NO]=4, Display as: n
4	LBDAT_SR	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n
5	LBTMC_SR	3. Time whole blood was drawn from subject: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
6	LBTMP_SR	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
7	LBPRO_SR_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1, Yes 0, No
8	LBPRO_TUBE_SR_V2	5a. If yes, which vacutainer(s) had the problem?	Checkboxes, Required, Branching logic expression: [LBPRO_SR_LEAD]=1 1, 08 2, 09 3, 10
9	LBPRO_SRA	5b. Processing problem with vacutainer 08:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(1)]=1, Display as: n 1, Collection tube broken or spilled 2, Unable to process samples with recommended timeline 3, Hemolyzed 4, Lipemic 5, Icteric 6, Other
10	LBPRO_SRSPA	5b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRA]

			=6, Display as: n
11	LBPRO_SRB	5c. Processing problem with vacutainer 09:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(2)]=1, Display as: n 1, Collection tube broken or spilled 2, Unable to process samples with recommended timeline 3, Hemolyzed 4, Lipemic 5, Icteric 6, Other
12	LBPRO_SRSPB	5c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRB] =6, Display as: n
13	LBPRO_SRC	5d. Processing problem with vacutainer 10:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(3)]=1 1, Collection tube broken or spilled 2, Unable to process samples with recommended timeline 3, Hemolyzed 4, Lipemic 5, Icteric 6, Other
14	LBPRO_SRSPC	5d1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRC] =6
15	LBIFRZ_SR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1, Yes 0, No
16	LBTMPFI_SR	6a. How were samples initially frozen?	

			Radio Buttons, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
17	LBTMFI_SR	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n
18	LBDAT_FR_SR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n
19	LBTMF_SR	6d. Time placed in -80 C degree freezer? (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
20		Serum Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_SR_LEAD] =1
21	LBCON_SR	7a. Container size:	Group: Serum Sample (enter one... Radio Buttons, Required, Display as: n 1 0.5 mL 2 1mL
22	LBTUB_SR_V2	7b. Vacutainer:	Group: Serum Sample (enter one... Radio Buttons, Required 1 08 2 09 3 10
23	LBCODE_SR	7c. Barcode:	Group: Serum Sample (enter one... Text Box, Required, Display as: n
24	LBDS_SR	7d. Final Disposition:	Group: Serum Sample (enter one... Drop-down, Display as: n 1 Shipped to CLASS Lab 2 Analyzed Onsite

			3 Destroyed Onsite
25	LBSHPDAT_SR	7e. Date shipped	Group: Serum Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_SR]=1, Display as: n
26	LBCAT_SR_FAST	(DISCONTINUED) Did the participant eat today before the blood draw?	Radio Buttons, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n 1 Yes 0 No
27	LBTME_SR	(DISCONTINUED) What time did the participant last eat? (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_SR_FAST] =1, Display as: n
28	LBPRO_TUBE_SR	(DISCONTINUED) If yes, which tube(s) had the problem?	Checkboxes, Branching logic expression: [LBPRO_SR_LEAD] =1, Display as: n 1 A 2 B
29	LBCAT_PL_LEAD	Section Header: *Blood Plasma* 1. Was plasma collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
30	LBCAT_PL_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=0, Display as: n 1 Unable to get venous access 2 Participant refused 3 Site error 4 Other
31	LBCAT_PL_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_PL_NO]=4, Display as: n
32	LBDAT_PL	2. Date collected:	Date Box, Required, Branching logic expression:

			[LBCAT_PL_LEAD]=1, Display as: n
33	LBTMC_PL	3. Time whole blood was drawn from subject: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
34	LBTMP_PL	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
35	LBPRO_PL_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1, Yes 0, No
36	LBPRO_TUBE_PL_V2	5a. If yes, which plasma vacutainer(s) had the problem?	Checkboxes, Required, Branching logic expression: [LBPRO_PL_LEAD]=1 11, 11 12, 12 13, 13
37	LBPRO_PLA	5b. Processing problem with vacutainer 11:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(11)]=1, Display as: n 1, Collection tube broken or spilled 2, Unable to process samples with recommended timeline 3, Hemolyzed 4, Lipemic 5, Icteric 6, Other
38	LBPRO_PLSPA	5b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLA] =6, Display as: n
39	LBPRO_PLB	5c. Processing problem with vacutainer 12:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(12)]=1, Display as: n

			1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
40	LBPRO_PLSPB	5c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLB] =6, Display as: n
41	LBPRO_PLC	5d. Processing problem with vacutainer 13:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(13)]=1 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
42	LBPRO_PLSPC	5d1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLC] =6
43	LBIFRZ_PL	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
44	LBTMPFI_PL	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_PL]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer

45	LBTMFI_PL	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_PL]=1, Display as: n
46	LBDAT_FR_PL	6c. Date placed in -80 C degree freezer?	Date Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n
47	LBTMF_PL	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
48	LBTMWB_PL	7. Time whole blood was collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1
49	LBWBCR_PL_V2	7a. Sample Volume Size:	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
50	LBWBBC_PL	7b. Barcode	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
51	LBSHPDAT_WB_V2	7c. Date shipped to CLASS Lab:	Date Box, Branching logic expression: [LBCAT_PL_LEAD] =1
52		Plasma Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_PL_LEAD] =1
53	LBCON_PL	8a. Sample Volume:	Group: Plasma Sample (enter on... Radio Buttons, Required, Display as: n 1, 0.5 mL 2, 1mL
54	LBTUB_PL_V2	8b. Vacutainer:	Group: Plasma Sample (enter on... Radio Buttons, Required 11, 11 12, 12 13, 13
55	LBCODE_PL	8c. Barcode:	Group: Plasma Sample (enter on...

			Text Box, Required, Display as: n
56	LBDS_PL	8d. Final Disposition:	Group: Plasma Sample (enter on... Drop-down, Display as: n 1 Shipped to CLASS Lab 2 Analyzed Onsite 3 Destroyed Onsite
57	LBSHPDAT_PL	8e. Date shipped:	Group: Plasma Sample (enter on... Date Box, Required, Branching logic expression: [LBDS_PL]=1, Display as: n
58	LBCAT_PL_FAST	(DISCONTINUED) Did the participant eat today before the blood draw?	Radio Buttons, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n 1 Yes 0 No
59	LBTME_PL	(DISCONTINUED) What time did participant last eat? (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
60	LBPRO_TUBE_PL	(DISCONTINUED) If yes, which tube(s) had the problem?	Checkboxes, Branching logic expression: [LBPRO_PL_LEAD] =1, Display as: n 1 A 2 B
61	LBWBCR_PL	(DISCONTINUED)Cryovial size:	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
62	LBSHPDAT_WB	(DISCONTINUED)Date shipped	Date Box, Branching logic expression: [LBCAT_PL_LEAD] =1
63	LBTMWBPR_PL	(DISCONTINUED) Time whole blood processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1
64	LBCAT_WD_LEAD	Section Header: *Wound Dressing* 1. Was wound dressing collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No

65	LBCAT_WD_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=0, Display as: n 1 No dressing used for index ulcer 2 Participant refused 3 Site error 4 Other
66	LBCAT_WD_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_NO]=4, Display as: n
67	LBDAT_WD	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
68	LBTMC_WD	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
69	LBCAT_WD_MT	4. Dressing Material:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Collagen 2 Alginate 3 Hydrocolloid 4 Gelling Fiber 5 Foam 6 Enzymatic Creams 7 Gauze 8 Packing 9 Other
70	LBCAT_WD_MTOSP	4a. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_MT]=9, Display as: n

71	LB_MT_COLLAGE	Please select collagen brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=1, Display as: n 1 Fibracol 2 Promogran 3 Promogran Prisma 4 Other
72	LB_MT_COLLAGESP	If other for collagen brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_COLLAGE]=4, Display as: n
73	LB_MT_ALGINATE	Please select alginate brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=2, Display as: n 1 Fibracol 2 Calcium Alginate 3 Silvercel 4 Other
74	LB_MT_ALGINATESP	If other for alginate brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ALGINATE]=4, Display as: n
75	LB_MT_HYDROCOLLOID	Please select hydrocolloid brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=3, Display as: n 1 Elastoplast 2 Restore 3 Duoderm 4 Other
76	LB_MT_HYDROCOLLOIDSP	If other for hydrocolloid brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_HYDROCOLLOID]=4, Display as: n
77	LB_MT_GELLFIBER	Please select gelling fiber brand	

		name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=4, Display as: n 1 Exufiber 2 Exufiber Ag 3 Other
78	LB_MT_GELLFIBERSP	If other for gelling fiber brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GELLFIBER]=3, Display as: n
79	LB_MT_FOAM	Please select foam brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=5, Display as: n 1 Allevyn 2 Mepilex 3 Mepilex Border 4 Optifoam 5 Other
80	LB_MT_FOAMSP	If other for foam brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_FOAM]=5, Display as: n
81	LB_MT_ENZYMATIC	Please select enzymatic cream brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=6, Display as: n 1 Santyl (collagenase) 2 Other
82	LB_MT_ENZYMATICSP	If other for enzymatic cream, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ENZYMATIC]=2, Display as: n
83	LB_MT_GAUZE	Please select gauze brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=7, Display as: n

			1 Adaptic (petroleum impregnated gauze) 2 4X4 gauze 3 Kerlix 4 Other
84	LB_MT_GAUZESP	If other for gauze, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GAUZE]=4, Display as: n
85	LB_MT_PACKING	Please select packing brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=8, Display as: n 1 Iodoform 2 Nugauze 3 Other
86	LB_MT_PACKINGSP	If other for packing, please specify:	Text Box, Required, Branching logic expression: [LB_MT_PACKING]=3, Display as: n
87	LBIFRZ_WD	5. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Yes 0 No
88	LBTMPFI_WD	5a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
89	LBTMFI_WD	5b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n
90	LBDAT_FR_WD	5c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression:

			[LBCAT_WD_LEAD]=1, Display as: n
91	LBTMF_WD	5d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
92	Biohazard bag	Biohazard bag	New Section, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
93	LB_WNDBIOVOL	6. Number of dressings collected:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
94	LB_WNDBIOBARCD	6a. Barcode:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
95	LBDS_WD	6b. Final Disposition:	Drop-down, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
96	LBSHPDAT_WD	6c. Date shipped:	Date Box, Required, Branching logic expression: [LBDS_WD] =1, Display as: n
97	LBCAT_WT_LEAD	Section Header: *Wound Tissue* 1. Was wound tissue collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
98	LBCAT_WT_INF	1a. Was the wound tissue collected infected?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1, Yes 0, No

99	LBCAT_WT_NO	1b. Reason not collected for this visit?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=0, Display as: n 1 Insufficient tissue collected during debridement 2 Provider deemed debridement not necessary 3 Site error 4 Other
100	LBCAT_WT_NOSP	1b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WT_NO]=4, Display as: n
101	LBDAT_WT	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n
102	LBTMC_WT	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
103	LBPRO_WT_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
104	LBPRO_WT	4a. Processing problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_WT_LEAD]=1, Display as: n 1 Collection container broken of spilled 2 Unable to process samples within recommended timeline 3 Other
105	LBPRO_WTSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WT] =3, Display as: n

106	LBIFRZ_4WT	5. Was sample put in 4 C degree refrigerator overnight?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
107	LBDAT_FR_4WT	5a. Date placed in 4 C degree refrigerator:	Date Box, Required, Branching logic expression: [LBIFRZ_4WT] =1, Display as: n
108	LBTMFI_4WT	5b. Time placed in 4 C degree refrigerator: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_4WT]=1, Display as: n
109	LBIFRZ20_YN	6. Was sample placed in -20 C degree freezer?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1 1 Yes 0 No
110	LBDAT_FR_2080WT	6a. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n
111	LBTMF_2080WT	6b. Time place in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n
112	LBIFRZ80_YN	7. Was sample placed in -80 C degree freezer?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1 1 Yes 0 No
113	LBDAT_FR_80WT	7a. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ80_YN]=1
114	LBTMF_80WT	7b. Time place in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ80_YN]=1
115		Wound Tissue Sample	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_WT_LEAD] =1
116	LBVOL_WT_V2	8a. Volume estimate of tissue	Group: Wound Tissue Sample

		collected:	Text Box, Required
117	LBCODE_WT_V2	8b. Barcode:	Group: Wound Tissue Sample Text Box, Required
118	LBDS_WT_V2	8c. Final Disposition:	Group: Wound Tissue Sample Drop-down 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
119	LBSHPDAT_WT_V2	8d. Date Shipped:	Group: Wound Tissue Sample Date Box, Required, Branching logic expression: [LBDS_WT_V2]=1
120	LBTMP_WT	(HIDDEN). Time processed: (00: 00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
121	LBVOL_WT	(HIDDEN) 8a. Volume estimate:	Text Box, Display as: n
122	LBCODE_WT	(HIDDEN) 8b. Barcode:	Text Box, Display as: n
123	LBDS_WT	(HIDDEN) 8c. Final Disposition:	Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
124	LBSHPDAT_WT	(HIDDEN) 8d. Date Shipped:	Date Box, Branching logic expression: [LBDS_WT]=1, Display as: n
125	LBIFRZ_2080WT	(HIDDEN). Please indicate if the sample was place in -20 C or -80 C degree freezer:	Radio Buttons, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n 1, -20 C degree freezer 2, -80 C degree freezer
126	LBCAT_WF_LEAD	Section Header: *Wound Fluid* 1. Was wound fluid collected?	Radio Buttons, Required, Display as: n 1, Yes

			0 No
127	LBCAT_WF_NO	1a. Reason would fluid not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=0, Display as: n 1 Unable to fit 10 discs on wound 2 Participant refused 3 Site error 4 Other
128	LBCAT_WF_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WF_NO]=4, Display as: n
129	LBDAT_WF	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n
130	LBTMC_WF	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
131	LBPRB_WF_LEAD	4. Were there any problems with the collected samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
132	LBPRB_WF	4a. Problems with samples:	Radio Buttons, Required, Branching logic expression: [LBPRB_WF_LEAD]=1, Display as: n 1 At least one disc was contaminated with blood 2 At least one disc was dropped or mishandled during collection (i.e less than 10 discs will be shipped) 3 Other
133	LBSHPPRBSP_WF	4a1. If other, please specify:	Text Box, Required, Branching

			logic expression: [LBPRB_WF] =3, Display as: n
134	LBPRO_WF_LEAD	5. Were there problems processing samples after collection and during sample processing?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1, Yes 0, No
135	LBPRO_WF	5a. Processing problem	Radio Buttons, Required, Branching logic expression: [LBPRO_WF_LEAD]=1, Display as: n 1, Collection container broken or spilled 2, Unable to process samples within recommended 30 minute timeline 3, Other
136	LBPRO_WF_MIN	5a1. Please specify in minutes	Number Box (Integer), Required, Branching logic expression: [LBPRO_WF]=2, Display as: n
137	LBPROSP	5a2. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WF] =3, Display as: n
138	LBIFRZ_WF	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1, Yes 0, No
139	LBTMPFI_WF	6a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WF]=1, Display as: n 1, Dry Ice 2, 4 C degree refrigerator 3, -20 C degree freezer
140	LBTMFI_WF	6b. Time initially frozen on day of collection: (00:00 format 24 hr.	Time, Required, Branching logic expression: [LBIFRZ_WF]=1,

		clock)	Display as: n
141	LBDAT_FR_WF	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ_WF] =1, Display as: n
142	LBTMF_WF	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WF]=1, Display as: n
143		Fluid Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_WF_LEAD] =1
144	LB_WFCOLLTYP	7a. Type of sample collected?	Group: Fluid Sample (enter one... Radio Buttons, Required, Display as: n 1, Swabs collected 2, Discs collected 3, Both collected
145	LB_WFBARCD	7b. Barcode:	Group: Fluid Sample (enter one... Text Box, Required, Display as: n
146	LBDS_WF	7c. Final Disposition:	Group: Fluid Sample (enter one... Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
147	LBSHPDAT_WF	7d. Date shipped:	Group: Fluid Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_WF]=1, Display as: n
148	LBTMP_WF	(HIDDEN) 4. Time Processed: (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
149	LBCAT_UR_LEAD	Section Header: *Urine* 1. Was urine collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No

150	LBCAT_UR_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=0, Display as: n 1 Participant refused 2 Site error 3 Other
151	LBCAT_UR_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_UR_NO]=3, Display as: n
152	LBDAT_UR	2. Date Collected:	Date Box, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n
153	LBTMC_UR	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
154	LBPRO_UR_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n 1 Yes 0 No
155	LBPRO_UR	4a. Processing Problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_UR_LEAD]=1, Display as: n 1 Collection broken or spilled 2 Unable to process samples within recommended timeline 3 Other
156	LBPRO_URSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_UR] =3, Display as: n
157	LBTMPR_UR	5. Time processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n

158	LBIFRZ_UR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n 1 Yes 0 No
159	LBTMPFI_UR	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_UR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
160	LBTMFI_UR	6b. Time initially frozen on day of collection:(00:00 format 24 hr clock)	Time, Required, Branching logic expression: ([LBIFRZ_UR]=1 and [LBTMPFI_UR(1)]=1) or ([LBIFRZ_UR]=1 and [LBTMPFI_UR(2)]=1), Display as: n
161	LBDAT_FR_20UR	6b1. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [LBTMPFI_UR (3)]=1
162	LBTMF_20UR	6b2. Time placed in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBTMPFI_UR(3)]=1
163	LBDAT_FR_UR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ_UR] =0 or [LBIFRZ_UR]=1, Display as: n
164	LBTMF_UR	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr clock)	Time, Required, Branching logic expression: [LBIFRZ_UR]=0 or [LBIFRZ_UR]=1, Display as: n
165		Urine Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_UR_LEAD] =1
166	LBURCSMSZ_V2	7a. Sample:	Group: Urine Sample (enter one... Radio Buttons, Required 1 1mL 2 5mL

167	LB_URBARCD_V2	7b. Barcode:	Group: Urine Sample (enter one... Text Box, Required
168	LBDS_UR_V2	7c. Final Disposition:	Group: Urine Sample (enter one... Drop-down 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
169	LBSHPDAT_UR_V2	7d. Date sent to class lab?	Group: Urine Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_UR_V2] =1
170	LBURCSMSZ	(HIDDEN) Sample Size:	Radio Buttons, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n 1, 1mL 2, 5mL
171	LB_URBARCD	(HIDDEN) Barcode:	Text Box, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
172	LBDS_UR	(HIDDEN) Final Disposition:	Drop-down, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
173	LBSHPDAT_UR	(HIDDEN) Date sent to class lab?	Date Box, Branching logic expression: [LBDS_UR]=1, Display as: n
Instrument: **OWM_ELIGIBILITY** Version: **(original)**			
1	IEYN	Section Header: *Eligibility* 1. Did the subject meet all eligibility criteria?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	IEYN_RESCREEN	1a. Will the subject be rescreened?	

			Radio Buttons, Required, Branching logic expression: [IEYN]=0, Display as: n 1 Yes 0 No
3	Select all inclusion criteria not met and/or exclusion criteria met:	Select all inclusion criteria not met and/or exclusion criteria met:	Rich Text, Display as: n
4	Inclusion Criteria	Inclusion Criteria	New Section, Branching logic expression: [IEYN]=0, Display as: n
5	IETESTCD_INC	2. Select all inclusion criteria not met:	Checkboxes, Branching logic expression: [IEYN]=0, Display as: n 1 Provision of signed and dated informed consent form 2 Age 18 years or older 3 Clinically diagnosed with diabetes or meeting the American Diabetes Association (ADA) criteria 4 Open foot ulcer, defined as an open wound from malleolus down. This includes post-surgical wounds within this area left open to heal by secondary intention. In case of multiple ulcers, the largest ulcer will be considered the study index DFU. 5 Agreement to adhere to protocol visits and provide all required biospecimens and clinical data.
6	Exclusion Criteria	Exclusion Criteria	New Section, Branching logic expression: [IEYN]=0, Display as: n
7	IETESTCD_EXC	3. Select all exclusion criteria met:	Checkboxes, Branching logic expression: [IEYN]=0, Display as: n 1 Participation in an interventional clinical trial for DFU within 1 month of

			Visit 1. 2 — Currently receiving radiation to target area or chemotherapy 3 — Gangrene in any portion of the foot with the index ulcer. 4 — Planned revascularization or under evaluation for revascularization of the index limb for advanced ischemia within next 4 weeks of Week 0. 5 — Severe limb ischemia 6 — Any concomitant medical or psychiatric condition that, in the opinion of the investigator(s), would compromise the participant's ability to safely complete the study. 7 — Previous enrollment in this study
Instrument: **OWM_BIOSPECIMEN COLLECTION** Version: **(original)**			
1	LBCAT_SR_LEAD	Section Header: *Blood Serum* 1. Was serum collected?	Radio Buttons, Required, Display as: n 1 — Yes 0 — No
2	LBCAT_SR_NO	1a. Reason not collected (select all that apply):	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=0, Display as: n 1 — Unable to get venous access 2 — Participant refused 3 — Site error 4 — Other
3	LBCAT_SR_NOSP	1a1. If other, specify:	Text Box, Required, Branching logic expression: [LBCAT_SR_NO]=4, Display as: n

4	LBDAT_SR	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n
5	LBCAT_SR_FAST	3. Did the participant eat today before the blood draw?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
6	LBTME_SR	3a. What time did the participant last eat? (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
7	LBTMC_SR	4. Time whole blood collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
8	LBTMP_SR	5. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
9	LBPRO_SR_LEAD	6. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
10	LBPRO_TUBE_SR	6a. If yes, which tube(s) had the problem?	Checkboxes, Required, Branching logic expression: [LBPRO_SR_LEAD]=1, Display as: n 1 A 2 B
11	LBPRO_SRA	6b. Processing problem with Tube A:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR(1)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed

			4 Lipemic 5 Icteric 6 Other
12	LBPRO_SRSPA	6a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRA] =6, Display as: n
13	LBPRO_SRB	6c. Processing problem Tube B:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR(2)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
14	LBPRO_SRSPB	6c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRB] =6, Display as: n
15	LBIFRZ_SR	7. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
16	LBTMPFI_SR	7a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
17	LBTMFI_SR	7b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n

18	LBDAT_FR_SR	7c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n
19	LBTMF_SR	7d. Time placed in -80 C degree freezer? (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
20		Serum Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_SR_LEAD] =1
21	LBCON_SR	8a. Container size:	Group: Serum Sample (enter one... Radio Buttons, Required, Display as: n 1, 0.5 mL 2, 1mL
22	LBTUB_SR	8b. Parent tube:	Group: Serum Sample (enter one... Radio Buttons, Required, Display as: n 1, A 2, B
23	LBCODE_SR	8c. Barcode:	Group: Serum Sample (enter one... Text Box, Required, Display as: n
24	LBDS_SR	8d. Final Disposition:	Group: Serum Sample (enter one... Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
25	LBSHPDAT_SR	8e. Date shipped	Group: Serum Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_SR]=1, Display as: n
26	LBCAT_PL_LEAD	Section Header: *Blood Plasma* 1. Was plasma collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No

27	LBCAT_PL_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=0, Display as: n 1 Unable to get venous access 2 Participant refused 3 Site error 4 Other
28	LBCAT_PL_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_PL_NO]=4, Display as: n
29	LBDAT_PL	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n
30	LBCAT_PL_FAST	3. Did the participant eat today before the blood draw?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
31	LBTME_PL	3a. What time did participant last eat? (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
32	LBTMC_PL	4. Time whole blood collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
33	LBTMP_PL	5. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
34	LBPRO_PL_LEAD	6.Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
35	LBPRO_TUBE_PL	6a. If yes, which tube(s) had the problem?	Checkboxes, Required, Branching logic expression:

			[LBPRO_PL_LEAD]=1, Display as: n 1 A 2 B
36	LBPRO_PLA	6b. Processing problem with Tube A:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL(1)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
37	LBPRO_PLSPA	6b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLA] =6, Display as: n
38	LBPRO_PLB	6c. Processing problem with Tube B:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL(2)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
39	LBPRO_PLSPB	6c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLB] =6, Display as: n
40	LBIFRZ_PL	7. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1 Yes

			0 No
41	LBTMPFI_PL	7a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_PL]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
42	LBTMFI_PL	7b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_PL]=1, Display as: n
43	LBDAT_FR_PL	7c. Date placed in -80 C degree freezer?	Date Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n
44	LBTMF_PL	7d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
45		Plasma Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_PL_LEAD] =1
46	LBCON_PL	8a. Container size:	Group: Plasma Sample (enter on... Radio Buttons, Required, Display as: n 1 0.5 mL 2 1mL
47	LBTUB_PL	8b. Parent tube:	Group: Plasma Sample (enter on... Radio Buttons, Display as: n 1 A 2 B
48	LBCODE_PL	8c. Barcode:	Group: Plasma Sample (enter on... Text Box, Required, Display as: n
49	LBDS_PL	9d. Final Disposition:	Group: Plasma Sample (enter on... Drop-down, Display as: n 1 Shipped to CLASS Lab

			2 Analyzed Onsite 3 Destroyed Onsite
50	LBSHPDAT_PL	8e. Date shipped:	Group: Plasma Sample (enter on... Date Box, Required, Branching logic expression: [LBDS_PL]=1, Display as: n
51	LBCAT_WD_LEAD	Section Header: *Wound Dressing* 1. Was wound dressing collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
52	LBCAT_WD_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=0, Display as: n 1 No dressing used for index ulcer 2 Participant refused 3 Site error 4 Other
53	LBCAT_WD_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_NO]=4, Display as: n
54	LBDAT_WD	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
55	LBTMC_WD	3. Time Collected: (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
56	LBCAT_WD_MT	4. Dressing Material:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Collagen 2 Alginate 3 Hydrocolloid 4 Gelling Fiber

			5 Foam 6 Enzymatic Creams 7 Gauze 8 Packing 9 Other
57	LBCAT_WD_MTOSP	4a. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_MT]=9, Display as: n
58	LB_MT_COLLAGE	Please select collagen brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=1, Display as: n 1 Fibracol 2 Promogran 3 Promogran Prisma 4 Other
59	LB_MT_COLLAGESP	If other for collagen brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_COLLAGE]=4, Display as: n
60	LB_MT_ALGINATE	Please select alginate brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=2, Display as: n 1 Fibracol 2 Calcium Alginate 3 Silvercel 4 Other
61	LB_MT_ALGINATESP	If other for alginate brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ALGINATE]=4, Display as: n
62	LB_MT_HYDROCOLLOID	Please select hydrocolloid brand name:	

			Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=3, Display as: n 1 Elastoplast 2 Restore 3 Duoderm 4 Other
63	LB_MT_HYDROCOLLOIDSP	If other for hydrocolloid brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_HYDROCOLLOID]=4, Display as: n
64	LB_MT_GELLFIBER	Please select gelling fiber brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=4, Display as: n 1 Exufiber 2 Exufiber Ag 3 Other
65	LB_MT_GELLFIBERSP	If other for gelling fiber brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GELLFIBER]=3, Display as: n
66	LB_MT_FOAM	Please select foam brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=5, Display as: n 1 Allevyn 2 Mepilex 3 Mepilex Border 4 Optifoam 5 Other
67	LB_MT_FOAMSP	If other for foam brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_FOAM]=5, Display as: n
68	LB_MT_ENZYMATIC	Please select enzymatic cream	

		brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=6, Display as: n 1 Santyl (collagenase) 2 Other
69	LB_MT_ENZYMATICSP	If other for enzymatic cream, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ENZYMATIC]=2, Display as: n
70	LB_MT_GAUZE	Please select gauze brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=7, Display as: n 1 Adaptic (petroleum impregnated gauze) 2 4X4 gauze 3 Kerlix 4 Other
71	LB_MT_GAUZESP	If other for gauze, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GAUZE]=4, Display as: n
72	LB_MT_PACKING	Please select packing brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=8, Display as: n 1 Iodoform 2 Nugauze 3 Other
73	LB_MT_PACKINGSP	If other for packing, please specify:	Text Box, Required, Branching logic expression: [LB_MT_PACKING]=3, Display as: n
74	LBIFRZ_WD	5. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Yes

			0 No
75	LBTMPFI_WD	5a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
76	LBTMFI_WD	5b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n
77	LBDAT_FR_WD	5c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
78	LBTMF_WD	5d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
79	Biohazard bag	Biohazard bag	New Section, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
80	LB_WNDBIOVOL	6. Volume estimate:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
81	LB_WNDBIOBARCD	6a. Barcode:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
82	LBDS_WD	6b. Final Disposition:	Drop-down, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Shipped to CLASS Lab 2 Analyzed Onsite 3 Destroyed Onsite
83	LBSHPDAT_WD	6c. Date shipped:	Date Box, Required, Branching

			logic expression: [LBDS_WD] =1, Display as: n
84	LBCAT_WT_LEAD	Section Header: *Wound Tissue* 1. Was wound tissue collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
85	LBCAT_WT_INF	1a. Was the wound tissue collected infected?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1, Yes 0, No
86	LBCAT_WT_NO	1b. Reason not collected for this visit?	Radio Buttons, Branching logic expression: [LBCAT_WT_LEAD] =0, Display as: n 1, Insufficient tissue collected during debridement 2, Provider deemed debridement not necessary 3, Site error 4, Other
87	LBCAT_WT_NOSP	1b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WT_NO]=4, Display as: n
88	LBDAT_WT	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n
89	LBTMC_WT	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
90	LBTMP_WT	4. Time processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
91	LBPRO_WT_LEAD	5. Were there problems processing samples?	Radio Buttons, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n 1, Yes

			0 No
92	LBPRO_WT	5a. Processing problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_WT_LEAD]=1, Display as: n 1 Collection container broken of spilled 2 Unable to process samples within recommended timeline 3 Other
93	LBPRO_WTSP	5a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WT] =3, Display as: n
94	LBIFRZ_4WT	6. Was sample put in 4 C degree refrigerator overnight?	Radio Buttons, Required, Branching logic expression: [LBPRO_WT_LEAD]=0, Display as: n 1 Yes 0 No
95	LBDAT_FR_4WT	6a. Date placed in 4 C degree refrigerator:	Date Box, Required, Branching logic expression: [LBIFRZ_4WT] =1, Display as: n
96	LBTMFI_4WT	6b. Time placed in 4 C degree refrigerator: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_4WT]=1, Display as: n
97	LBIFRZ_2080WT	7. Please indicate if the sample was placed in -20 C degree or -80 C degree freezer:	Radio Buttons, Required, Branching logic expression: [LBPRO_WT_LEAD]=0, Display as: n 1 -20 C degree freezer 2 -80 C degree freezer
98	LBDAT_FR_2080WT	7a. Date placed in -20 C or -80 C degree freezer:	Date Box, Branching logic expression: [LBPRO_WT_LEAD] =0, Display as: n
99	LBTMF_2080WT	7b. Time place in -20 C or -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBPRO_WT_LEAD] =0, Display as: n

100	Wound Tissue Sample	Wound Tissue Sample	New Section, Branching logic expression: [LBPRO_WT_LEAD] =0, Display as: n
101	LBVOL_WT	8a. Volume estimate:	Text Box, Required, Branching logic expression: [LBPRO_WT_LEAD]=0, Display as: n
102	LBCODE_WT	8b. Barcode:	Text Box, Required, Branching logic expression: [LBPRO_WT_LEAD]=0, Display as: n
103	LBDS_WT	8c. Final Disposition:	Drop-down, Branching logic expression: [LBPRO_WT_LEAD] =0, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
104	LBSHPDAT_WT	8d. Date Shipped:	Date Box, Required, Branching logic expression: [LBDS_WT]=1, Display as: n
105	LBCAT_WF_LEAD	Section Header: *Wound Fluid* 1. Was wound fluid collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
106	LBCAT_WF_NO	1a. Reason would fluid not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=0, Display as: n 1, Unable to fit 10 discs on wound 2, Participant refused 3, Site error 4, Other
107	LBCAT_WF_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WF_NO]=4, Display as: n

108	LBDAT_WF	2. Date collected:	Date Box, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
109	LBTMC_WF	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
110	LBTMP_WF	4. Time Processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
111	LBPRB_WF_LEAD	5. Were there any problems with the collected samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
112	LBPRB_WF	5a. Problems with samples:	Radio Buttons, Required, Branching logic expression: [LBPRB_WF_LEAD]=1, Display as: n 1 At least one disc was contaminated with blood 2 At least one disc was dropped or mishandled during collection (i.e less than 10 discs will be shipped) 3 Other
113	LBSHPPRBSP_WF	5a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRB_WF] =3, Display as: n
114	LBPRO_WF_LEAD	6. Were there problems processing samples after collection and during sample processing?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
115	LBPRO_WF	6a. Processing problem	Radio Buttons, Required, Branching logic expression: [LBPRO_WF_LEAD]=1, Display as: n Collection container broken

			1 or spilled 2 Unable to process samples within recommended 30 minute timeline 3 Other
116	LBPRO_WF_MIN	6a1. Please specify in minutes	Number Box (Integer), Required, Branching logic expression: [LBPRO_WF]=2, Display as: n
117	LBPROSP	6a2. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WF] =3, Display as: n
118	LBIFRZ_WF	7. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [LBPRO_WF_LEAD]=0 or [LBPRO_WF]=2 or [LBPRO_WF]=3, Display as: n 1 Yes 0 No
119	LBTMPFI_WF	7a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WF]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
120	LBTMFI_WF	7b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WF]=1, Display as: n
121	LBDAT_FR_WF	7c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBPRO_WF_LEAD]=0 or [LBPRO_WF]=2 or [LBPRO_WF]=3, Display as: n
122	LBTMF_WF	7d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBPRO_WF_LEAD] =0 or [LBPRO_WF]=2 or [LBPRO_WF]=3, Display as: n
123		Fluid Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBPRO_WF_LEAD]

			=0 or [LBPRO_WF]=2 or [LBPRO_WF]=3
124	LB_WFCOLLTYP	8a. Type of sample collected?	Group: Fluid Sample (enter one... Radio Buttons, Required, Display as: n 1, Swabs collected 2, Discs collected 3, Both collected
125	LB_WFCONSZ	8b. Container size:	Group: Fluid Sample (enter one... Radio Buttons, Required, Display as: n 1, 2mL tube containing 300uL of RNA/DNA Shield 2, 2mL Cryovial
126	LB_WFBARCD	8c. Barcode:	Group: Fluid Sample (enter one... Text Box, Required, Display as: n
127	LBDS_WF	8d. Final Disposition:	Group: Fluid Sample (enter one... Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
128	LBSHPDAT_WF	8e. Date shipped:	Group: Fluid Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_WF]=1, Display as: n
129	LBCAT_UR_LEAD	Section Header: *Urine* 1. Was urine collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
130	LBCAT_UR_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=0, Display as: n 1, Participant refused 2, Site error

			3 Other
131	LBCAT_UR_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_UR_NO]=3, Display as: n
132	LBDAT_UR	2. Date Collected:	Date Box, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
133	LBTMC_UR	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
134	LBPRO_UR_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n 1 Yes 0 No
135	LBPRO_UR	4a. Processing Problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_UR_LEAD]=1, Display as: n 1 Collection broken or spilled 2 Unable to process samples within recommended timeline 3 Other
136	LBPRO_URSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_UR] =3, Display as: n
137	LBTMPR_UR	5. Time processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBPRO_UR_LEAD] =0, Display as: n
138	LBIFRZ_UR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBPRO_UR_LEAD]=0, Display as: n 1 Yes 0 No
139	LBTMPFI_UR	6a. How were samples initially	

		frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_UR]=1, Display as: n 1, Dry Ice 2, 4 C degree refrigerator 3, -20 C degree freezer
140	LBTMFI_UR	6b. Time initially frozen on day of collection:(00:00 format 24 hr clock)	Time, Required, Branching logic expression: [LBIFRZ_UR]=1, Display as: n
141	LBDAT_FR_UR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBPRO_UR_LEAD]=0, Display as: n
142	LBTMF_UR	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr clock)	Time, Required, Branching logic expression: [LBPRO_UR_LEAD] =0, Display as: n
143	Urine Sample	Urine Sample	New Section, Branching logic expression: [LBPRO_UR_LEAD] =0, Display as: n
144	LBURCSMSZ	7a. Sample Size:	Radio Buttons, Required, Branching logic expression: [LBPRO_UR_LEAD]=0, Display as: n 1, 1mL 2, 5mL
145	LB_URBARCD	7b. Barcode:	Text Box, Required, Branching logic expression: [LBPRO_UR_LEAD]=0, Display as: n
146	LBDS_UR	7c. Final Disposition:	Drop-down, Branching logic expression: [LBPRO_UR_LEAD] =0, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
147	LBSHPDAT_UR	7d. Date sent to class lab?	Date Box, Required, Branching logic expression: [LBDS_UR]=1, Display as: n

Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **(original)**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT	2. Weight:	Number Box (Integer), Required, Measurement unit: kilograms, Display as: n
4	VSORRES_HEIGHT	3. Height:	Number Box (Integer), Required, Measurement unit: meters, Display as: n
5	VSORRES_BMI	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2 * 703, Display as: n
6	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Measurement unit: beats/min, Display as: n
7	Vascular	Vascular	New Section, Display as: n
8	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
9		Right:	Non Repeating Group of Fields
10	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
11	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
12	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
13	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n

14	VASORRES_RTABI	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Integer), Required, Display as: n
15		Left:	Non Repeating Group of Fields
16	PEFORRES_LTBBP	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
17	PEFORRES_LTDPBP	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Required, Display as: n
18	PEFORRES_LTPTBP	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
19	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Required, Display as: n
20	PEFORRES_LTABI	15. ABI(DP or PT)/ Brachial:	Group: Left: Number Box (Integer), Required, Display as: n
21		Other Modalities	Non Repeating Group of Fields
22	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
23	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
24	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
25	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
26	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities

			Radio Buttons, Required, Display as: n 1 Present 2 Absent
27	PEF_PALDORPEDSEV	20a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
28	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
29	PEF_PALPOSTIBSEV	21a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
30	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
31	PEF_EDEMAPITSEV	22a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1, Display as: n 1 Mild

			2 Moderate 3 Severe 4 Absent
32	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
33	PEF_NONPITSEV	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
34		24. Foot deformities described as absence or presence of:	Matrix Of Fields
35	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
36	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
37	PEFTEST_HAM	24c. Hammetoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
38	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n

			1 Yes 0 No
39	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
40	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
41	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
Instrument: **OWM_BIOSPECIMEN COLLECTION** Version: **3**			
1	LBCAT_SR_LEAD	Section Header: *Blood Serum* 1. Was serum collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
2	LBCAT_SR_NO	1a. Reason not collected (select all that apply):	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=0, Display as: n 1 Unable to get venous access 2 Participant refused 3 Site error 4 Other
3	LBCAT_SR_NOSP	1a1. If other, specify:	Text Box, Required, Branching logic expression: [LBCAT_SR_NO]=4, Display as: n
4	LBDAT_SR	2. Date collected:	Date Box, Required, Branching

			logic expression: [LBCAT_SR_LEAD]=1, Display as: n
5	LBTMC_SR	3. Time whole blood was drawn from subject: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
6	LBTMP_SR	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
7	LBPRO_SR_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
8	LBPRO_TUBE_SR_V2	5a. If yes, which vacutainer(s) had the problem?	Checkboxes, Required, Branching logic expression: [LBPRO_SR_LEAD]=1 1 08 2 09 3 10
9	LBPRO_SRA	5b. Processing problem with vacutainer 08:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(1)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
10	LBPRO_SRSPA	5b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRA] =6, Display as: n
11	LBPRO_SRB	5c. Processing problem with vacutainer 09:	

			Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(2)]=1, Display as: n 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
12	LBPRO_SRSPB	5c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRB] =6, Display as: n
13	LBPRO_SRC	5d. Processing problem with vacutainer 10:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_SR_V2(3)]=1 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
14	LBPRO_SRSPC	5d1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_SRC] =6
15	LBIFRZ_SR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
16	LBTMPFI_SR	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n 1 Dry Ice

			2 | 4 C degree refrigerator 3 | -20 C degree freezer
17	LBTMFI_SR	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_SR]=1, Display as: n
18	LBDAT_FR_SR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBCAT_SR_LEAD]=1, Display as: n
19	LBTMF_SR	6d. Time placed in -80 C degree freezer? (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n
20		Serum Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_SR_LEAD] =1
21	LBCON_SR	7a. Container size:	Group: Serum Sample (enter one... Radio Buttons, Required, Display as: n 1 | 0.5 mL 2 | 1mL
22	LBTUB_SR_V2	7b. Vacutainer:	Group: Serum Sample (enter one... Radio Buttons, Required 1 | 08 2 | 09 3 | 10
23	LBCODE_SR	7c. Barcode:	Group: Serum Sample (enter one... Text Box, Required, Display as: n
24	LBDS_SR	7d. Final Disposition:	Group: Serum Sample (enter one... Drop-down, Display as: n 1 | Shipped to CLASS Lab 2 | Analyzed Onsite 3 | Destroyed Onsite
25	LBSHPDAT_SR	7e. Date shipped	Group: Serum Sample (enter one...

			Date Box, Required, Branching logic expression: [LBDS_SR]=1, Display as: n
26	LBCAT_SR_FAST	(DISCONTINUED) Did the participant eat today before the blood draw?	Radio Buttons, Branching logic expression: [LBCAT_SR_LEAD] =1, Display as: n 1, Yes 0, No
27	LBTME_SR	(DISCONTINUED) What time did the participant last eat? (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_SR_FAST] =1, Display as: n
28	LBPRO_TUBE_SR	(DISCONTINUED) If yes, which tube(s) had the problem?	Checkboxes, Branching logic expression: [LBPRO_SR_LEAD] =1, Display as: n 1, A 2, B
29	LBCAT_PL_LEAD	Section Header: *Blood Plasma* 1. Was plasma collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
30	LBCAT_PL_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=0, Display as: n 1, Unable to get venous access 2, Participant refused 3, Site error 4, Other
31	LBCAT_PL_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_PL_NO]=4, Display as: n
32	LBDAT_PL	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n
33	LBTMC_PL	3. Time whole blood was drawn	Time, Required, Branching logic

		from subject: (00:00 format 24 hr. clock)	expression: [LBCAT_PL_LEAD] =1, Display as: n
34	LBTMP_PL	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
35	LBPRO_PL_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1, Yes 0, No
36	LBPRO_TUBE_PL_V2	5a. If yes, which plasma vacutainer(s) had the problem?	Checkboxes, Required, Branching logic expression: [LBPRO_PL_LEAD]=1 11, 11 12, 12 13, 13
37	LBPRO_PLA	5b. Processing problem with vacutainer 11:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(11)]=1, Display as: n 1, Collection tube broken or spilled 2, Unable to process samples with recommended timeline 3, Hemolyzed 4, Lipemic 5, Icteric 6, Other
38	LBPRO_PLSPA	5b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLA] =6, Display as: n
39	LBPRO_PLB	5c. Processing problem with vacutainer 12:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(12)]=1, Display as: n 1, Collection tube broken or spilled , Unable to process samples

			2 with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
40	LBPRO_PLSPB	5c1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLB] =6, Display as: n
41	LBPRO_PLC	5d. Processing problem with vacutainer 13:	Radio Buttons, Required, Branching logic expression: [LBPRO_TUBE_PL_V2(13)]=1 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
42	LBPRO_PLSPC	5d1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_PLC] =6
43	LBIFRZ_PL	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
44	LBTMPFI_PL	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_PL]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
45	LBTMFI_PL	6b. Time initially frozen on day of collection: (00:00 format 24 hr.	Time, Required, Branching logic expression: [LBIFRZ_PL]=1,

		clock)	Display as: n
46	LBDAT_FR_PL	6c. Date placed in -80 C degree freezer?	Date Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1, Display as: n
47	LBTMF_PL	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
48	LBTMWB_PL	7. Time whole blood was collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1
49	LBWBCR_PL_V2	7a. Sample Volume Size:	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
50	LBWBBC_PL	7b. Barcode	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
51	LBSHPDAT_WB_V2	7c. Date shipped to CLASS Lab:	Date Box, Branching logic expression: [LBCAT_PL_LEAD] =1
52		Plasma Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_PL_LEAD] =1
53	LBCON_PL	8a. Sample Volume:	Group: Plasma Sample (enter on... Radio Buttons, Required, Display as: n 1, 0.5 mL 2, 1mL
54	LBTUB_PL_V2	8b. Vacutainer:	Group: Plasma Sample (enter on... Radio Buttons, Required 11, 11 12, 12 13, 13
55	LBCODE_PL	8c. Barcode:	Group: Plasma Sample (enter on... Text Box, Required, Display as: n
56	LBDS_PL	8d. Final Disposition:	Group: Plasma Sample (enter on...

			Drop-down, Display as: n 1 Shipped to CLASS Lab 2 Analyzed Onsite 3 Destroyed Onsite
57	LBSHPDAT_PL	8e. Date shipped:	Group: Plasma Sample (enter on... Date Box, Required, Branching logic expression: [LBDS_PL]=1, Display as: n
58	LBCAT_PL_FAST	(DISCONTINUED) Did the participant eat today before the blood draw?	Radio Buttons, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n 1 Yes 0 No
59	LBTME_PL	(DISCONTINUED) What time did participant last eat? (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_PL_LEAD] =1, Display as: n
60	LBPRO_TUBE_PL	(DISCONTINUED) If yes, which tube(s) had the problem?	Checkboxes, Branching logic expression: [LBPRO_PL_LEAD] =1, Display as: n 1 A 2 B
61	LBWBCR_PL	(DISCONTINUED)Cryovial size:	Text Box, Required, Branching logic expression: [LBCAT_PL_LEAD]=1
62	LBSHPDAT_WB	(DISCONTINUED)Date shipped	Date Box, Branching logic expression: [LBCAT_PL_LEAD] =1
63	LBTMWBPR_PL	(DISCONTINUED) Time whole blood processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_PL_LEAD] =1
64	LBCAT_WD_LEAD	Section Header: *Wound Dressing* 1. Was wound dressing collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
65	LBCAT_WD_NO	1a. Reason not collected:	

			Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=0, Display as: n 1 No dressing used for index ulcer 2 Participant refused 3 Site error 4 Other
66	LBCAT_WD_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_NO]=4, Display as: n
67	LBDAT_WD	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
68	LBTMC_WD	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
69	LBCAT_WD_MT	4. Dressing Material:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Collagen 2 Alginate 3 Hydrocolloid 4 Gelling Fiber 5 Foam 6 Enzymatic Creams 7 Gauze 8 Packing 9 Other
70	LBCAT_WD_MTOSP	4a. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WD_MT]=9, Display as: n

71	LB_MT_COLLAGE	Please select collagen brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=1, Display as: n 1 Fibracol 2 Promogran 3 Promogran Prisma 4 Other
72	LB_MT_COLLAGESP	If other for collagen brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_COLLAGE]=4, Display as: n
73	LB_MT_ALGINATE	Please select alginate brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=2, Display as: n 1 Fibracol 2 Calcium Alginate 3 Silvercel 4 Other
74	LB_MT_ALGINATESP	If other for alginate brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ALGINATE]=4, Display as: n
75	LB_MT_HYDROCOLLOID	Please select hydrocolloid brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=3, Display as: n 1 Elastoplast 2 Restore 3 Duoderm 4 Other
76	LB_MT_HYDROCOLLOIDSP	If other for hydrocolloid brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_HYDROCOLLOID]=4, Display as: n
77	LB_MT_GELLFIBER	Please select gelling fiber brand	

		name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=4, Display as: n 1, Exufiber 2, Exufiber Ag 3, Other
78	LB_MT_GELLFIBERSP	If other for gelling fiber brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GELLFIBER]=3, Display as: n
79	LB_MT_FOAM	Please select foam brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=5, Display as: n 1, Allevyn 2, Mepilex 3, Mepilex Border 4, Optifoam 5, Other
80	LB_MT_FOAMSP	If other for foam brand name, please specify:	Text Box, Required, Branching logic expression: [LB_MT_FOAM]=5, Display as: n
81	LB_MT_ENZYMATIC	Please select enzymatic cream brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=6, Display as: n 1, Santyl (collagenase) 2, Other
82	LB_MT_ENZYMATICSP	If other for enzymatic cream, please specify:	Text Box, Required, Branching logic expression: [LB_MT_ENZYMATIC]=2, Display as: n
83	LB_MT_GAUZE	Please select gauze brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=7, Display as: n

			1 Adaptic (petroleum impregnated gauze) 2 4X4 gauze 3 Kerlix 4 Other
84	LB_MT_GAUZESP	If other for gauze, please specify:	Text Box, Required, Branching logic expression: [LB_MT_GAUZE]=4, Display as: n
85	LB_MT_PACKING	Please select packing brand name:	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_MT]=8, Display as: n 1 Iodoform 2 Nugauze 3 Other
86	LB_MT_PACKINGSP	If other for packing, please specify:	Text Box, Required, Branching logic expression: [LB_MT_PACKING]=3, Display as: n
87	LBIFRZ_WD	5. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1 Yes 0 No
88	LBTMPFI_WD	5a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
89	LBTMFI_WD	5b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WD]=1, Display as: n
90	LBDAT_FR_WD	5c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression:

			[LBCAT_WD_LEAD]=1, Display as: n
91	LBTMF_WD	5d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
92	Biohazard bag	Biohazard bag	New Section, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
93	LB_WNDBIOVOL	6. Number of dressings collected:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
94	LB_WNDBIOBARCD	6a. Barcode:	Text Box, Required, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n
95	LBDS_WD	6b. Final Disposition:	Drop-down, Branching logic expression: [LBCAT_WD_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
96	LBSHPDAT_WD	6c. Date shipped:	Date Box, Required, Branching logic expression: [LBDS_WD] =1, Display as: n
97	LBCAT_WT_LEAD	Section Header: *Wound Tissue* 1. Was wound tissue collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
98	LBCAT_WT_INF	1a. Was the wound tissue collected infected?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1, Yes 0, No

99	LBCAT_WT_NO	1b. Reason not collected for this visit?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=0, Display as: n 1 Insufficient tissue collected during debridement 2 Provider deemed debridement not necessary 3 Site error 4 Other
100	LBCAT_WT_NOSP	1b1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WT_NO]=4, Display as: n
101	LBDAT_WT	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n
102	LBTMC_WT	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
103	LBPRO_WT_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
104	LBPRO_WT	4a. Processing problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_WT_LEAD]=1, Display as: n 1 Collection container broken of spilled 2 Unable to process samples within recommended timeline 3 Other
105	LBPRO_WTSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WT] =3, Display as: n

106	LBIFRZ_4WT	5. Was sample put in 4 C degree refrigerator overnight?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
107	LBDAT_FR_4WT	5a. Date placed in 4 C degree refrigerator:	Date Box, Required, Branching logic expression: [LBIFRZ_4WT] =1, Display as: n
108	LBTMFI_4WT	5b. Time placed in 4 C degree refrigerator: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_4WT]=1, Display as: n
109	LBIFRZ20_YN	6. Was sample placed in -20 C degree freezer?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1 1 Yes 0 No
110	LBDAT_FR_2080WT	6a. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n
111	LBTMF_2080WT	6b. Time place in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n
112	LBIFRZ80_YN	7. Was sample placed in -80 C degree freezer?	Radio Buttons, Required, Branching logic expression: [LBCAT_WT_LEAD]=1 1 Yes 0 No
113	LBDAT_FR_80WT	7a. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ80_YN]=1
114	LBTMF_80WT	7b. Time place in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ80_YN]=1
115		Wound Tissue Sample	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_WT_LEAD] =1
116	LBVOL_WT_V2	8a. Volume estimate of tissue	Group: Wound Tissue Sample

		collected:	Text Box, Required
117	LBCODE_WT_V2	8b. Barcode:	Group: Wound Tissue Sample Text Box, Required
118	LBDS_WT_V2	8c. Final Disposition:	Group: Wound Tissue Sample Drop-down 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
119	LBSHPDAT_WT_V2	8d. Date Shipped:	Group: Wound Tissue Sample Date Box, Required, Branching logic expression: [LBDS_WT_V2]=1
120	LBTMP_WT	(HIDDEN). Time processed: (00: 00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_WT_LEAD] =1, Display as: n
121	LBVOL_WT	(HIDDEN) 8a. Volume estimate:	Text Box, Display as: n
122	LBCODE_WT	(HIDDEN) 8b. Barcode:	Text Box, Display as: n
123	LBDS_WT	(HIDDEN) 8c. Final Disposition:	Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
124	LBSHPDAT_WT	(HIDDEN) 8d. Date Shipped:	Date Box, Branching logic expression: [LBDS_WT]=1, Display as: n
125	LBIFRZ_2080WT	(HIDDEN). Please indicate if the sample was place in -20 C or -80 C degree freezer:	Radio Buttons, Branching logic expression: [LBIFRZ20_YN]=1, Display as: n 1, -20 C degree freezer 2, -80 C degree freezer
126	LBCAT_WF_LEAD	Section Header: *Wound Fluid* 1. Was wound fluid collected?	Radio Buttons, Required, Display as: n 1, Yes

			0 No
127	LBCAT_WF_NO	1a. Reason would fluid not collected:	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=0, Display as: n 1 Unable to fit 10 discs on wound 2 Participant refused 3 Site error 4 Other
128	LBCAT_WF_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_WF_NO]=4, Display as: n
129	LBDAT_WF	2. Date collected:	Date Box, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n
130	LBTMC_WF	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
131	LBPRB_WF_LEAD	4. Were there any problems with the collected samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
132	LBPRB_WF	4a. Problems with samples:	Radio Buttons, Required, Branching logic expression: [LBPRB_WF_LEAD]=1, Display as: n 1 At least one disc was contaminated with blood 2 At least one disc was dropped or mishandled during collection (i.e less than 10 discs will be shipped) 3 Other
133	LBSHPPRBSP_WF	4a1. If other, please specify:	Text Box, Required, Branching

			logic expression: [LBPRB_WF] =3, Display as: n
134	LBPRO_WF_LEAD	5. Were there problems processing samples after collection and during sample processing?	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1, Yes 0, No
135	LBPRO_WF	5a. Processing problem	Radio Buttons, Required, Branching logic expression: [LBPRO_WF_LEAD]=1, Display as: n 1, Collection container broken or spilled 2, Unable to process samples within recommended 30 minute timeline 3, Other
136	LBPRO_WF_MIN	5a1. Please specify in minutes	Number Box (Integer), Required, Branching logic expression: [LBPRO_WF]=2, Display as: n
137	LBPROSP	5a2. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_WF] =3, Display as: n
138	LBIFRZ_WF	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [LBCAT_WF_LEAD]=1, Display as: n 1, Yes 0, No
139	LBTMPFI_WF	6a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_WF]=1, Display as: n 1, Dry Ice 2, 4 C degree refrigerator 3, -20 C degree freezer
140	LBTMFI_WF	6b. Time initially frozen on day of collection: (00:00 format 24 hr.	Time, Required, Branching logic expression: [LBIFRZ_WF]=1,

		clock)	Display as: n
141	LBDAT_FR_WF	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ_WF] =1 or [LBIFRZ_WF]=0, Display as: n
142	LBTMF_WF	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBIFRZ_WF]=1 or [LBIFRZ_WF]=0, Display as: n
143		Fluid Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_WF_LEAD] =1
144	LB_WFCOLLTYP	7a. Type of sample collected?	Group: Fluid Sample (enter one... Radio Buttons, Required, Display as: n 1, Swabs collected 2, Discs collected
145	LB_WFBARCD	7b. Barcode:	Group: Fluid Sample (enter one... Text Box, Required, Display as: n
146	LBDS_WF	7c. Final Disposition:	Group: Fluid Sample (enter one... Drop-down, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
147	LBSHPDAT_WF	7d. Date shipped:	Group: Fluid Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_WF]=1, Display as: n
148	LBTMP_WF	(HIDDEN) 4. Time Processed: (00:00 format 24 hr. clock)	Time, Branching logic expression: [LBCAT_WF_LEAD] =1, Display as: n
149	LBCAT_UR_LEAD	Section Header: *Urine* 1. Was urine collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
150	LBCAT_UR_NO	1a. Reason not collected:	

			Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=0, Display as: n 1, Particiant refused 2, Site error 3, Other
151	LBCAT_UR_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBCAT_UR_NO]=3, Display as: n
152	LBDAT_UR	2. Date Collected:	Date Box, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n
153	LBTMC_UR	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
154	LBPRO_UR_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n 1, Yes 0, No
155	LBPRO_UR	4a. Processing Problem:	Radio Buttons, Required, Branching logic expression: [LBPRO_UR_LEAD]=1, Display as: n 1, Collection broken or spilled 2, Unable to process samples within recommended timeline 3, Other
156	LBPRO_URSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [LBPRO_UR] =3, Display as: n
157	LBTMPR_UR	5. Time processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n

158	LBIFRZ_UR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [LBCAT_UR_LEAD]=1, Display as: n 1 Yes 0 No
159	LBTMPFI_UR	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [LBIFRZ_UR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
160	LBTMFI_UR	6b. Time initially frozen on day of collection:(00:00 format 24 hr clock)	Time, Required, Branching logic expression: ([LBIFRZ_UR]=1 and [LBTMPFI_UR(1)]=1) or ([LBIFRZ_UR]=1 and [LBTMPFI_UR(2)]=1), Display as: n
161	LBDAT_FR_20UR	6b1. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [LBTMPFI_UR (3)]=1
162	LBTMF_20UR	6b2. Time placed in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [LBTMPFI_UR(3)]=1
163	LBDAT_FR_UR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [LBIFRZ_UR] =0 or [LBIFRZ_UR]=1, Display as: n
164	LBTMF_UR	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr clock)	Time, Required, Branching logic expression: [LBIFRZ_UR]=0 or [LBIFRZ_UR]=1, Display as: n
165		Urine Sample (enter one row for each sample)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [LBCAT_UR_LEAD] =1
166	LBURCSMSZ_V2	7a. Sample:	Group: Urine Sample (enter one... Radio Buttons, Required 1 1mL 2 5mL

167	LB_URBARCD_V2	7b. Barcode:	Group: Urine Sample (enter one... Text Box, Required
168	LBDS_UR_V2	7c. Final Disposition:	Group: Urine Sample (enter one... Drop-down 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
169	LBSHPDAT_UR_V2	7d. Date sent to class lab?	Group: Urine Sample (enter one... Date Box, Required, Branching logic expression: [LBDS_UR_V2] =1
170	LBURCSMSZ	(HIDDEN) Sample Size:	Radio Buttons, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n 1, 1mL 2, 5mL
171	LB_URBARCD	(HIDDEN) Barcode:	Text Box, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n
172	LBDS_UR	(HIDDEN) Final Disposition:	Drop-down, Branching logic expression: [LBCAT_UR_LEAD] =1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
173	LBSHPDAT_UR	(HIDDEN) Date sent to class lab?	Date Box, Branching logic expression: [LBDS_UR]=1, Display as: n
Instrument: **OWM_DEMOGRAPHICS** Version: **(original)**			
1	DMBRTHDAT	Section Header: *DEMOGRAPHICS* 1. Date of birth:	Date Box, Required, Display as: n
2	DMSEX	2. Sex:	Radio Buttons, Required, Display as: n 1, Female

			2 Male
3	DMETHNIC	3. Ethnicity:	Radio Buttons, Required, Display as: n 1 Hispanic 2 Non-Hispanic 3 Latino 99 Unknown or Not Reported
4	DMRACE	4. Race:	Radio Buttons, Required, Display as: n 1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White 99 Unknown or Not Reported
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **2**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT	2. Weight:	Number Box (Decimal), Required, Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
4	VSORRES_HEIGHT	3. Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
5	VSORRES_BMI	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
6		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows:

			Systolic, Diastolic
7	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer), Required
8	VSPOS_BP		Custom Table: Blood Pressure Drop-down, Required 1 Sitting 2 Standing 3 Supine
9	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done
10	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer), Required
11	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Min: 50, Max: 180, Measurement unit: beats/min, Display as: n
12	Vascular	Vascular	New Section, Display as: n
13	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
14		Right:	Non Repeating Group of Fields
15	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
16	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
17	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
18	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n

19	VASORRES_RTABI	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal), Required, Display as: n
20		Left:	Non Repeating Group of Fields
21	PEFORRES_LTBBP	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
22	PEFORRES_LTDPBP	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
23	PEFORRES_LTPTBP	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
24	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg, Display as: n
25	PEFORRES_LTABI	15. ABI(DP or PT)/ Brachial:	Group: Left: Number Box (Decimal), Required, Display as: n
26		Other Modalities	Non Repeating Group of Fields
27	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Required, Branching logic expression: [VASORRES_RTBBP]='' and [VASORRES_RTDPBP]='' and [VASORRES_RTPTBP]='' and [VASORRES_RTTOEBP]='' and [VASORRES_RTABI]='' and [PEFORRES_LTBBP]='' and [PEFORRES_LTDPBP]='' and [PEFORRES_LTPTBP]='' and [PEFORRES_LTTOEBP]='' and [PEFORRES_LTABI]='', Measurement unit: mm Hg, Display as: n
28	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Required, Branching logic expression: [VASORRES_RTBBP]='' and [VASORRES_RTDPBP]='' and

			[VASORRES_RTPTBP]='' and [VASORRES_RTTOEBP]='' and [VASORRES_RTABI]='' and [PEFORRES_LTBBP]='' and [PEFORRES_LTDPBP]='' and [PEFORRES_LTPTBP]='' and [PEFORRES_LTTOEBP]='' and [PEFORRES_LTABI]='', Measurement unit: mm Hg, Display as: n
29	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Required, Branching logic expression: [VASORRES_RTBBP]='' and [VASORRES_RTDPBP]='' and [VASORRES_RTPTBP]='' and [VASORRES_RTTOEBP]='' and [VASORRES_RTABI]='' and [PEFORRES_LTBBP]='' and [PEFORRES_LTDPBP]='' and [PEFORRES_LTPTBP]='' and [PEFORRES_LTTOEBP]='' and [PEFORRES_LTABI]='', Measurement unit: mm Hg, Display as: n
30	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Required, Branching logic expression: [VASORRES_RTBBP]='' and [VASORRES_RTDPBP]='' and [VASORRES_RTPTBP]='' and [VASORRES_RTTOEBP]='' and [VASORRES_RTABI]='' and [PEFORRES_LTBBP]='' and [PEFORRES_LTDPBP]='' and [PEFORRES_LTPTBP]='' and [PEFORRES_LTTOEBP]='' and [PEFORRES_LTABI]='', Measurement unit: mm Hg, Display as: n
31	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1, Present 2, Absent
32	PEF_PALDORPEDSEV	(DISCONTINUED)20a. If present:	Group: Other Modalities

			Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
33	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
34	PEF_PALPOSTIBSEV	(DISCONTINUED)21a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
35	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
36	PEF_EDEMAPITSEV	22a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
37	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities

			Radio Buttons, Required, Display as: n 1 Present 2 Absent
38	PEF_NONPITSEV	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
39		24. Foot deformities described as absence or presence of:	Matrix Of Fields
40	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
41	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
42	PEFTEST_HAM	24c. Hammetoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
43	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
44	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n

			1 Yes 0 No
45	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
46	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required, Display as: n 1 Yes 0 No
Instrument: **OWM_CONCOMITANT MEDICATIONS** Version: **(original)**			
1	CMYN	Section Header: *Concomitant Medication Log* A1. Were any medications taken?	Yes - No, Required, Display as: n
2	Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.	Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.	Rich Text, Branching logic expression: [CMYN]=1, Display as: n
3		Concomitant Medications	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [CMYN]=1
4	CMTRT	A2. Medication:	Group: Concomitant Medications Drop-down, Required, Display as: n 1 acenocoumarol (sintrom) 2 Admelog 3 Afrezza 5 alirocumab (Praluent) 6 aliskiren (Tekturna) 7 amiloride 8 amlodipine (Norvasc)

9	amlodipine and atorvastatin (Caduet)
10	amlodipine and benazepril
11	amoxicillin (Moxatag)
12	amoxicillin and clavulanate (Augmentin)
13	ampicillin (Omnipen or Amcill)
14	ampicillin/sulbactam (Unasyn)
15	anagrelide (Agrylin)
16	antidepressants
17	Apidra
18	apixaban (Eliquis)
19	argatroban
20	aspirin
21	atenolol (Tenormin)
22	atenolol and chlorthalidone
23	atorvastatin (Lipitor)
24	azilsartan (Edarbyclor)
25	azithromycin (Zithromax or Z Pak)
26	bacitracin
27	bacitracin and neomycin and polymyxin B (Neosporin)
28	Basaglar
29	benazepril (Lotensin)
30	Benazepril and HCTZ
31	bendroflumethiazide
32	betaxolol (Betoptic)
33	betrixaban (Bevyxxa)
34	bisoprolol
35	bisoprolol and HCTZ
36	Bivalirudin

37	bucindolol
38	buprenorphine transdermal (Butrans)
39	canagliflozin (Invokana)
40	candesartan (Atacand)
41	captopril
42	captopril and HCTZ
43	carteolol (Ocupress)
44	carvedilol (Coreg)
45	cefadroxil (Duricef)
46	cefdinir (Cefdiel)
47	cefepime (Maxipime)
48	cefprozil (Cefzil)
49	cefuroxime (Ceftin)
50	cephalexin (Keflex)
51	chlorothiazide
52	chlorthalidone
53	cilnidipine
54	cilostazol (Pletal)
55	ciprofloxacin (Cipro)
56	clarithromycin (Biaxin)
57	clevidipine (Cleviprex)
58	clindamycin (Cleocin)
59	clonidine
60	clonidine and chlorthalidone
61	clopidogrel (Plavix)
62	codeine and acetaminophen (Tylenol #3 and #4)
63	codeine and chlorpheniramine (Tuzistra XR)
65	dabigatran (Pradaxa)
66	dalteparin (Fragmin)
67	dapagliflozin (Farxiga)

68	desirudin
69	dicloxacillin
70	diltiazem
71	diltiazem and enalapril
72	dipyridamole (Persantine)
73	doxazosin (Cadura)
74	doxycycline (Vibramycin)
75	dulaglutide (Trulicity)
76	edoxaban (Savaysa)
77	empagliflozin (Jardiance)
78	enalapril (Vasotec)
79	enalapril and HCTZ
80	enoxaparin (Lovenox)
81	eplerenone (Inspra)
82	eprosartan (Teveten)
84	erythromycin (Erythrocin or Ery-Tab)
85	erythromyci and benzoyl peroxide (Benzamycin or Aktipak)
86	ethacrynic acid (Edecrin)
87	evolocumab (Repatha)
88	exenatide (Byetta, Bydureon)
90	ezetimibe and atorvastatin (Liptruzet)
91	ezetimibe and simvastatin (Vytorin)
92	felodipine
93	felodipine and enalapril
94	fentanyl transdermal (Duragesic)
95	fentanyl transmucosal (Abstral or Actiq)
96	Fiasp
	fimasartan (Fimanta and

97	Fimagen)
98	fluvastatin (Lescol)
99	fluvastatin ER (Lescol XL)
100	fondaparinux (Arixtra)
101	fosinopril (Monopril)
102	furosemide (Lasix)
103	gabapentin (Neurotin)
104	gentamicin (Garamycin)
105	glimepiride (Amaryl)
106	glipizide
107	glipizide and Metformin (Metaglip)
108	glyburide (Diabeta, Glycron)
109	glyburide and metformin (Glucovance)
110	guanabenz (Wytensin)
111	guanfacine (Tenex)
112	heparin
113	hirudin
114	Humalog
115	Humalog KwikPen
116	Humalog Mix 50/50
117	Humalog Mix 50/50 KwikPen
118	Humalog Mix 75/25
119	Humalog Mix 75/25 KwikPen
120	Humulin 50/50
121	Humulin 70/30 Pen
122	Humulin 70/30
123	Humulin L
124	Humulin N Pen
125	Humulin N
126	Humulin R

127	Humulin U
128	hydralazine and HCTZ
129	hydrochlorothiazide
130	hydrocodone (Hysingla ER or Zohydro ER)
131	hydrocodone and acetaminophen (Lortab or Norco)
132	hydrocodone and chlorpheniramine (Tussicaps or Tussionex)
133	hydrocodone and chlorpheniramine and pseudoephedrine (Zutripro)
134	hydrocodone and homatropine (Hydromet)
135	hydrocodone and ibuprofen (Ibudone or Reprexain)
136	hydrocodone and pseudoephedrine (Rezira)
137	hydromorphone (Dilaudid or Exalgo)
138	indapamide
139	indoramin
140	irbesartan
141	isradipine (Dynacirc)
142	labetalol
143	Lantus SoloStar
144	Lantus
145	lercanidipine (Zanidip)
146	Letaxaban
147	Levamlodipine
148	Levemir
149	levofloxacin (Levaquin)
150	linezolid (Zyvox)
151	liraglutide (Victoza or Saxenda)

152	lisinopril
153	lisinopril and HCTZ
154	lixisenatide (Lyxumia)
155	losartan
156	losartan and HCTZ
157	lovastatin (Mevacor)
158	lovastatin ER (Altoprev)
159	meperidine (Demerol)
160	metformin (Glucophage, Fortamet)
161	methadone (Dolophine, Methadose)
162	methyclothiazide
163	methyldopa
164	methyldopa and HCTZ
165	metolazone (Zaroxolyn)
166	metoprolol (Lopressor or Toprol XL)
167	metoprolol and HCTZ
168	metronidazole (Flagyl)
169	miloride and HCTZ
170	minocycline (Minocin)
171	moexipril (Univasc)
172	moexipril and HCTZ
173	morphine sulfate er (Avinza or Ms Contin)
174	morphine sulfate and naltrexone er (Embeda)
175	moxifloxacin (Avelox)
176	moxonidine
177	mupirocin (Bactroban)
178	nadolol
179	nadolol and bendroflumethazide
180	nebivolol (Bystolic)

181	neomycin sulfate (Neo-Fradin)
182	niacin er and lovastatin (Advicor)
183	niacin er and simvastatin (Simcor)
184	nicardipine (Cardene)
185	nifedipine
186	nimodipine (Nimotop)
187	nisoldipine
188	nitrendipine
189	nitrofurantoin (Macrobid or Macrodantin)
190	Novolin 70/30
191	Novolin N
192	Novolin R
193	NovoLog FlexPen
194	NovoLog Mix 70 / 30
195	NovoLog Mix 70 / 30 FlexPen
196	NovoLog PenFill
197	Novolog
198	ofloxacin (Ocuflox)
199	olmesartan (Benicar)
200	oxprenolol
201	oxycodone (Oxycontin or Oxaydo)
202	oxycodone and acetaminophen (Oxycet or PERcocet)
203	oxycodone and aspirin (Percodan)
204	oxycodone and naloxone (Targiniq ER)
205	oxymorphone hydrochloride er (Opana ER)
206	penbutolol

207	penicillin g
208	penicillin v (Veetides or Pen Vee K)
210	perindopril
211	phenindione (Dindevan)
212	phenoxybenzamine (Dibenzyline)
213	phenprocoumon (Marcoumar or Falithrom)
214	phentolamine
215	pindolol (Visken)
216	pioglitazone
217	pioglitazone and metformin (ACTOplus Met)
218	pitavastatin (Livalo)
219	plazomicin (Zemdri)
220	Polymyxin B
221	polythiazide
222	prasugrel (Effient)
223	pravastatin (Pravachol)
224	prazosin (Minipress)
225	prazosin and polythiazide
226	pregabalin (Lyrica)
227	propranolol
228	propranolol and HCTZ
229	quinapril (Accupril)
230	ramipril (Altace)
231	ReliOn and Novolin 70 /30
232	repaglinide and metformin (Prandimet)
233	rifaximin (Xifaxan)
234	rivaroxaban (Xarelto)
235	rosiglitazone (Avandia)

236	rosuvastatin (Crestor)
237	Ryzodeg 70/30
238	saxagliptin and metformin (Kombiglyze)
239	semaglutide (Ozempic)
240	simvastatin (Zocor)
241	sitagliptin and metformin (Janumet)
242	sitagliptin and simvastatin (Juvisync)
243	spectinomycin (Trobicin)
244	spironolactone
245	spironolactone and HCTZ
246	streptomycin
247	sulfamethoxazole and trimethoprim (Bactrim)
248	tapentadol ER (Nucynta ER)
249	telmisartan (Micardis)
250	terazosin
251	tetracycline (Sumycin)
252	ticagrelor (Brilinta)
253	ticlopidine
254	timolol
255	timolol and HCTZ
256	tinzaparin (Innohep)
257	tobramycin (Bethkis or Tobi)
258	Tolazoline
259	Torsemide
260	Toujeo Max SoloStar
261	Toujeo SoloStar
262	tramadol (Ultram)
263	trandolapril (Mavik)
264	Tresiba
265	triamterene (Dyazide)

			266 triamterene and HCTZ 267 Valsartan 268 Valsartan and HCTZ 269 vancomycin 270 verapamil 271 verapamil and trandolapril 272 vitamin supplements 273 vorapaxar (Zontivity) 274 warfarin (Coumadin) 888 Other
5	CMTRT_OTH	A2a. If A2 is other, specify:	Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMTRT]=888, Display as: n
6	CMDSTXT	A3. Dose:	Group: Concomitant Medications Text Box, Display as: n
7	CMDSTXT_UNK	A3a. Dose unknown:	Group: Concomitant Medications Checkboxes, Display as: n 0 Unknown
8	CMDOSFRM	A4. Dose Form:	Group: Concomitant Medications Drop-down, Required, Display as: n 1 Aerosol 2 Capsule 3 Cream 4 Gas 5 Gel 6 Ointment 7 Patch 8 Powder 9 Spray 10 Solution 11 Suppository 12 Suspension

			13 Tablet
9	CMDOSU	A5. Unit	Group: Concomitant Medications Drop-down, Required, Display as: n 1 cc 2 g 3 Drop 4 International unit (IU) 5 L/min 6 mcg 7 mEq 8 mg 9 mL 10 Oz 11 Unit (U) 77 Unknown 88 Other
10	CMDOSU_OTH	A5a. If A5 is other, specify:	Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMDOSU] =88, Display as: n
11	CMDOSFRQ	A6. Frequency	Group: Concomitant Medications Drop-down, Required, Display as: n 1 Once 2 Once a day (QD) 3 Twice a day (BID) 4 3 times a day (TID) 5 4 times a day (Q4H) 6 Every 6 hours (Q6H) 7 Every 8 hours (Q8H) 8 Every 12 hours (Q12H) 9 Every morning (QAM) 10 Every other day (QOD)

			11 As much as suffices (QS) 12 As needed (PRN) 88 Other
12	CMDOSFRQ_OTH	A6a. If A6 is other, specify:	Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMDOSFRQ] =88, Display as: n
13	CMROUTE	A7. Route:	Group: Concomitant Medications Drop-down, Required, Display as: n 1 Intralesional 2 Intramuscular 3 Intraocular 4 Intraperitoneal 5 Instrasinal 6 Intravenous 7 Nasal 8 Oral 9 Subcutaneous 10 Sublingual 11 Topical 12 Transdermal 77 Unknown 88 Other
14	CMROUTE_OTH	A7a. If A7 is other, specify:	Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMROUTE] =88, Display as: n
15	CMINDC	A8. Indication:	Group: Concomitant Medications Drop-down, Required, Display as: n 1 Anemia 2 Anxiety 3 CAD 4 CHF

			5 Depression 6 Diabetes 7 Edema 8 Embolism 9 Gastritis 10 Gastroparesis 11 GERD 12 Headache 13 Hormonal therapy 14 Hyperlipidemia 15 Hypertension 16 Hypoglycemia 17 ILD 18 Infection 19 Insomnia 20 Muscle spasms 21 Neuropathy 22 Nutritional supplement 23 PAH 24 Pain (back) 25 Pain (joint) 26 Pain (surgical) 27 Phlebitis 28 Pruritus 29 Raynauds 30 Retinopathy 31 Rheumatoid arthritis 32 UTI 77 Unknown 88 Other
16	CMINDC_OTH	A8a. If A7 is other, please specify:	Group: Concomitant Medications

			Text Box, Required, Branching logic expression: [CMINDC]=88, Display as: n
17	CMSTDAT	A9. Start Date:	Group: Concomitant Medications Date Box, Display as: n
18	CMSTDAT_UNK	A9a. Start date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 77 Date Unknown 1 Started prior to study
19	CMENDAT	A11. End Date:	Group: Concomitant Medications Date Box, Display as: n
20	CMENDAT_UNK	A11a. End date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 1 Date Unknown 2 Medication still being taken
Instrument: **OWM_DEMOGRAPHICS** Version: **2**			
1	DMBRTHDAT	Section Header: *DEMOGRAPHICS* 1. Date of birth:	Date Box, Required, Display as: n
2	DMSEX	2. Sex:	Radio Buttons, Required, Display as: n 1 Female 2 Male 3 Other 4 Unknown or Not reported
3	DMSEX_OTHER	2a. If other, please specify:	Text Box, Required, Branching logic expression: [DMSEX]=3
4	DMETHNIC_V2	3. Ethnicity:	Radio Buttons, Required 1 Hispanic or Latino/a/x 2 Non-Hispanic or Latino/a/x 99 Unknown or Not Reported

5	DMRACE_V2	4. Race	Checkboxes, Required 1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White 99 Unknown or Not Reported
6	DMZIP	5. What is the zip code for your current residence?	Text Box
7	DMZIP_NONE		Radio Buttons 1 I do not have a current residence
8	DMETHNIC	(HIDDEN) 3. Ethnicity:	Radio Buttons, Display as: n 1 Hispanic 2 Non-Hispanic 3 Latino 99 Unknown or Not Reported
9	DMRACE	(HIDDEN) 4. Race:	Radio Buttons, Display as: n 1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White 99 Unknown or Not Reported
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **3**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n

3	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
4	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Min: 36, Max: 160, Measurement unit: kilograms
5	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
6	VSORRES_HEIGHT_V3	3. Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
7	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
8	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2
9		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
10	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer), Required
11	VSPOS_BP		Custom Table: Blood Pressure Drop-down, Required 1 Sitting 2 Standing 3 Supine
12	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done
13	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer), Required
14	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Min: 50, Max: 180, Measurement unit: beats/min, Display as: n
15	Vascular	Vascular	New Section, Display as: n

16	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
17	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text
18		Right:	Non Repeating Group of Fields
19	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
20	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
21	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
22	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
23	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Group: Right: Number Box (Decimal), Display as: n
24	VASORRES_RTABI_V3	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal)
25		Left:	Non Repeating Group of Fields
26	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
27	PEFORRES_LTBBP_V3	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
28	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n

29	PEFORRES_LTPTBP_V3	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
30	PEFORRES_LTPTBP	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
31	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
32	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Group: Left: Number Box (Decimal), Display as: n
33	PEFORRES_LTABI_V3	15. ABI(DP or PT)/Brachial:	Group: Left: Number Box (Decimal)
34	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
35		Other Modalities	Non Repeating Group of Fields
36	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
37	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
38	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
39	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
40	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present

			2 Absent
41	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
42	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
43	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
44	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
45	PEF_EDEMAPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
46	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities

			Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
47	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
48	PEF_NONPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
49	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
50		24. Foot deformities described as absence or presence of:	Matrix Of Fields
51	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
52	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No

53	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
54	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
55	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
56	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
57	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **4**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
4	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Min: 36, Max: 160, Measurement unit: kilograms
5	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n

6	VSORRES_HEIGHT_V3	(HIDDEN) Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
7	VSORRES_HEIGHT_V4	3. Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5, Measurement unit: meters
8	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
9	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2
10		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
11	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer), Required
12	VSPOS_BP		Custom Table: Blood Pressure Drop-down, Required 1 Sitting 2 Standing 3 Supine
13	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done
14	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer), Required
15	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Min: 50, Max: 180, Measurement unit: beats/min, Display as: n
16	Vascular	Vascular	New Section, Display as: n
17	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
18	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text

19		Right:	Non Repeating Group of Fields
20	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
21	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
22	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
23	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
24	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Group: Right: Number Box (Decimal), Display as: n
25	VASORRES_RTABI_V3	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal)
26		Left:	Non Repeating Group of Fields
27	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
28	PEFORRES_LTBBP_V3	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
29	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
30	PEFORRES_LTPTBP_V3	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
31	PEFORRES_LTDPBP_V4	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg

32	PEFORRES_LTPTBP	(HIDDEN) Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
33	PEFORRES_LTPTBP_V4	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg
34	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
35	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Group: Left: Number Box (Decimal), Display as: n
36	PEFORRES_LTABI_V3	15. ABI(DP or PT)/Brachial:	Group: Left: Number Box (Decimal)
37	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
38		Other Modalities	Non Repeating Group of Fields
39	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
40	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
41	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
42	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
43	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present

			2 Absent
44	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
45	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
46	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
47	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
48	PEF_EDEMAPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
49	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities

			Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
50	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
51	PEF_NONPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
52	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
53		24. Foot deformities described as absence or presence of:	Matrix Of Fields
54	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
55	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No

56	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
57	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
58	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
59	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
60	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
Instrument: **OWM_SOCIAL FACTORS** Version: **(original)**			
1	SCMARISTAT	Section Header: *Substance Use* 1. Marital Status	Radio Buttons, Required, Display as: n 1 Single 2 Annulled 3 Divorced 4 Domestic Partner 5 Interlocutory 6 Legally Separated 7 Married 8 Never Married 9 Widowed

2	SCEMPSTAT	2. Employment Status	Radio Buttons, Required, Display as: n 1 Employed 2 Not Employed 3 Retired 4 Disabled 5 Other
3	SCEMPSTAT_SP	Specify Employment Status:	Text Box, Required, Branching logic expression: [SCEMPSTAT] =5, Display as: n
4	SCOCC	3. Occupation	Text Box, Required, Display as: n
5	SCOCC_FTHOURS	3a. Number of hours on feet:	Text Box, Display as: n
6	SCOCC_RECENT	3b. Most Recent Past:	Text Box, Display as: n
7	SCOCC_FTHOURSRECENT	3c. Number of hours on Feet	Text Box, Display as: n
8	SUYN	Tobacco Use History: 4. Is the participant a current user or does the participant have a history of tobacco use in the past 2 years?	Yes - No, Required, Display as: n
9	SUTRT_TB	5. Tobacco type: (select all that apply)	Checkboxes, Required, Branching logic expression: [SUYN]=1, Display as: n 1 Cigarettes 2 Cigars 3 Pipe 4 E Cigarettes 5 Chewing Tobacco
10		Cigarette Status	Custom Table, Branching logic expression: [SUTRT_TB(1)]=1, Columns: Cigarette status:, Cigarette date started: (partial dates acceptable), Cigarette packs per day:, Cigarette date stopped: (partial dates acceptable), Rows: Cigarettes

11	SUNCF_CIG		Custom Table: Cigarette Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
12	SUSTDAT_CIG		Custom Table: Cigarette Status Date Box, Required, Display as: n
13	SUDSTXT_CIG		Custom Table: Cigarette Status Radio Buttons, Required, Display as: n 1 Less than 1 2 1 3 1.5 4 2 5 Greater than 2 77 Unknown
14	SUENDAT_CIG		Custom Table: Cigarette Status Date Box, Required, Branching logic expression: [SUNCF_CIG] =1, Display as: n
15		Cigar Status	Custom Table, Branching logic expression: [SUTRT_TB(2)]=1, Columns: Cigar Status:, Cigar date started: (partial dates acceptable), Cigar date stopped: (partial dates acceptable), Rows: Cigars
16	SUNCF_CGR		Custom Table: Cigar Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
17	SUSTDAT_CGR		Custom Table: Cigar Status Date Box, Required, Display as: n
18	SUENDAT_CGR		Custom Table: Cigar Status Date Box, Required, Branching logic expression: [SUNCF_CGR] =1, Display as: n

19		Pipe Status	Custom Table, Branching logic expression: [SUTRT_TB(3)]=1, Columns: Pipe status:, Pipe date started: (partial dates acceptable), Pipe date stopped: (partial dates acceptable), Rows: Pipe
20	SUNCF_PIP		Custom Table: Pipe Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
21	SUSTDAT_PIP		Custom Table: Pipe Status Date Box, Required, Display as: n
22	SUENDAT_PIP		Custom Table: Pipe Status Date Box, Required, Branching logic expression: [SUNCF_PIP] =1, Display as: n
23		E Cigarette Status	Custom Table, Branching logic expression: [SUTRT_TB(4)]=1, Columns: E Cigarette status:, E cigarette date started: (partial dates acceptable), E Cigarette puffs per day:, Puffs Uknown, E Cigarette date stopped: (partial dates acceptable), Rows: E Cigarettes
24	SUNCF_ECIG		Custom Table: E Cigarette Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
25	SUSTDAT_ECIG		Custom Table: E Cigarette Status Date Box, Required, Display as: n
26	SUDSTXT_ECIGPUF		Custom Table: E Cigarette Status Number Box (Integer), Display as: n
27	SUDSTXT_ECIGPUFUNK		Custom Table: E Cigarette Status Checkboxes, Display as: n 77 Puffs unknown

28	SUENDAT_ECIG		Custom Table: E Cigarette Status Date Box, Required, Branching logic expression: [SUNCF_ECIG] =1, Display as: n
29		Chewing Tobacco Status	Custom Table, Branching logic expression: [SUTRT_TB(5)]=1, Columns: Chewing tobacco status:, Chewing tobacco date started: (partial dates acceptable), Chewing tobacco date stopped: (partial dates acceptable), Rows: Chewing Tobacco
30	SUNCF_CB		Custom Table: Chewing Tobacco . Radio Buttons, Required, Display as: n 1 Previous 2 Current
31	SUSTDAT_CB		Custom Table: Chewing Tobacco . Date Box, Required, Display as: n
32	SUENDAT_CB		Custom Table: Chewing Tobacco . Date Box, Required, Branching logic expression: [SUNCF_CB] =1, Display as: n
33	SUNCF_ALC	Alcohol and drug use history: 6. Have you drank alcoholic beverages in the past?	Yes - No, Required, Display as: n
34	SUFRQ_ALC	6a. How often do you have a drink containing alcohol?	Radio Buttons, Required, Branching logic expression: [SUNCF_ALC]=1, Display as: n 0 Never 1 Monthly or less 2 2 to 4 times a month 3 2 to 3 times a week 4 4 or more times a week
35	SUDOSU_ALC	6b. How many drinks containing alcohol do you have on a typical day when you are drinking?	Radio Buttons, Required, Branching logic expression: [SUNCF_ALC]=1, Display as: n 1 1 or 2 2 3 or 4

			3 | 5 or 6 4 | 7 to 9 5 | 10 or more
36	SUNCF_DRUG	7. Have you used drugs in the past year?	Yes - No, Display as: n
37	SUTRT_DRUG	7a. Type of drug used: (select all that apply)	Checkboxes, Required, Branching logic expression: [SUNCF_DRUG]=1, Display as: n 1 | Cannabis 2 | Cocaine 3 | Amphetamine type stimulants (speed/diet pills /ecstasy etc.) 4 | Inhalants (nitrous/glue /petrol/paint thinner etc.) 5 | Sedatives or Sleeping Pills (Valium/Serepax /Rohypnol etc.) 6 | Hallucinogens (LSD/acid /mushrooms/PCP/Special K etc.) 7 | Opioids (heroin/morphine /methadone/codeine etc.) 88 | Other
38	SUTRT_DRUGSP	Specify:	Text Box, Required, Branching logic expression: [SUTRT_DRUG (88)]=1, Display as: n
39	SUFRQ_DRUG	7b. How often have you used these substances you mentioned in past 3 months?	Radio Buttons, Required, Branching logic expression: [SUNCF_DRUG]=1, Display as: n 0 | Never 1 | Once or twice 2 | Monthly 3 | Weekly 4 | Daily or almost daily

<table>
<tr><td colspan="3">Instrument: OWM_CONCOMITANT MEDICATIONS Version: 2</td><td></td></tr>
<tr><td>1</td><td>CMYN</td><td>Section Header: Concomitant Medication Log
A1. Were any medications taken?</td><td>Radio Buttons, Required, Display as: n<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table></td></tr>
<tr><td>2</td><td>Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.</td><td>Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.</td><td>Rich Text, Branching logic expression: [CMYN]=1, Display as: n</td></tr>
<tr><td>3</td><td></td><td>Concomitant Medications</td><td>Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [CMYN]=1</td></tr>
<tr><td>4</td><td>CMTRT</td><td>A2. Medication:</td><td>Group: Concomitant Medications Drop-down, Required, Display as: n<table><tr><td>1</td><td>acenocoumarol (sintrom)</td></tr><tr><td>2</td><td>Admelog</td></tr><tr><td>3</td><td>Afrezza</td></tr><tr><td>5</td><td>alirocumab (Praluent)</td></tr><tr><td>6</td><td>aliskiren (Tekturna)</td></tr><tr><td>7</td><td>amiloride</td></tr><tr><td>8</td><td>amlodipine (Norvasc)</td></tr><tr><td>9</td><td>amlodipine and atorvastatin (Caduet)</td></tr><tr><td>10</td><td>amlodipine and benazepril</td></tr><tr><td>11</td><td>amoxicillin (Moxatag)</td></tr><tr><td>12</td><td>amoxicillin and clavulanate (Augmentin)</td></tr><tr><td>13</td><td>ampicillin (Omnipen or Amcill)</td></tr><tr><td>14</td><td>ampicillin/sulbactam (Unasyn)</td></tr><tr><td>15</td><td>anagrelide (Agrylin)</td></tr><tr><td>16</td><td>antidepressants</td></tr></table></td></tr>
</table>

17	Apidra
18	apixaban (Eliquis)
19	argatroban
20	aspirin
21	atenolol (Tenormin)
22	atenolol and chlorthalidone
23	atorvastatin (Lipitor)
24	azilsartan (Edarbyclor)
25	azithromycin (Zithromax or Z Pak)
26	bacitracin
27	bacitracin and neomycin and polymyxin B (Neosporin)
28	Basaglar
29	benazepril (Lotensin)
30	Benazepril and HCTZ
31	bendroflumethiazide
32	betaxolol (Betoptic)
33	betrixaban (Bevyxxa)
34	bisoprolol
35	bisoprolol and HCTZ
36	Bivalirudin
37	bucindolol
38	buprenorphine transdermal (Butrans)
39	canagliflozin (Invokana)
40	candesartan (Atacand)
41	captopril
42	captopril and HCTZ
43	carteolol (Ocupress)
44	carvedilol (Coreg)
45	cefadroxil (Duricef)
46	cefdinir (Cefdiel)

47	cefepime (Maxipime)
48	cefprozil (Cefzil)
49	cefuroxime (Ceftin)
50	cephalexin (Keflex)
51	chlorothiazide
52	chlorthalidone
53	cilnidipine
54	cilostazol (Pletal)
55	ciprofloxacin (Cipro)
56	clarithromycin (Biaxin)
57	clevidipine (Cleviprex)
58	clindamycin (Cleocin)
59	clonidine
60	clonidine and chlorthalidone
61	clopidogrel (Plavix)
62	codeine and acetaminophen (Tylenol #3 and #4)
63	codeine and chlorpheniramine (Tuzistra XR)
65	dabigatran (Pradaxa)
66	dalteparin (Fragmin)
67	dapagliflozin (Farxiga)
68	desirudin
69	dicloxacillin
70	diltiazem
71	diltiazem and enalapril
72	dipyridamole (Persantine)
73	doxazosin (Cadura)
74	doxycycline (Vibramycin)
75	dulaglutide (Trulicity)
76	edoxaban (Savaysa)
77	empagliflozin (Jardiance)

78	enalapril (Vasotec)
79	enalapril and HCTZ
80	enoxaparin (Lovenox)
81	eplerenone (Inspra)
82	eprosartan (Teveten)
84	erythromycin (Erythrocin or Ery-Tab)
85	erythromyci and benzoyl peroxide (Benzamycin or Aktipak)
86	ethacrynic acid (Edecrin)
87	evolocumab (Repatha)
88	exenatide (Byetta
90	ezetimibe and atorvastatin (Liptruzet)
91	ezetimibe and simvastatin (Vytorin)
92	felodipine
93	felodipine and enalapril
94	fentanyl transdermal (Duragesic)
95	fentanyl transmucosal (Abstral or Actiq)
96	Fiasp
97	fimasartan (Fimanta and Fimagen)
98	fluvastatin (Lescol)
99	fluvastatin ER (Lescol XL)
100	fondaparinux (Arixtra)
101	fosinopril (Monopril)
102	furosemide (Lasix)
103	gabapentin (Neurotin)
104	gentamicin (Garamycin)
105	glimepiride (Amaryl)
106	glipizide
	glipizide and Metformin

107	(Metaglip)
108	glyburide (Diabeta
109	glyburide and metformin (Glucovance)
110	guanabenz (Wytensin)
111	guanfacine (Tenex)
112	heparin
113	hirudin
114	Humalog
115	Humalog KwikPen
116	Humalog Mix 50/50
117	Humalog Mix 50/50 KwikPen
118	Humalog Mix 75/25
119	Humalog Mix 75/25 KwikPen
120	Humulin 50/50
121	Humulin 70/30 Pen
122	Humulin 70/30
123	Humulin L
124	Humulin N Pen
125	Humulin N
126	Humulin R
127	Humulin U
128	hydralazine and HCTZ
129	hydrochlorothiazide
130	hydrocodone (Hysingla ER or Zohydro ER)
131	hydrocodone and acetaminophen (Lortab or Norco)
132	hydrocodone and chlorpheniramine (Tussicaps or Tussionex)
133	hydrocodone and chlorpheniramine and pseudoephedrine (Zutripro)

134	hydrocodone and homatropine (Hydromet)
135	hydrocodone and ibuprofen (Ibudone or Reprexain)
136	hydrocodone and pseudoephedrine (Rezira)
137	hydromorphone (Dilaudid or Exalgo)
138	indapamide
139	indoramin
140	irbesartan
141	isradipine (Dynacirc)
142	labetalol
143	Lantus SoloStar
144	Lantus
145	lercanidipine (Zanidip)
146	Letaxaban
147	Levamlodipine
148	Levemir
149	levofloxacin (Levaquin)
150	linezolid (Zyvox)
151	liraglutide (Victoza or Saxenda)
152	lisinopril
153	lisinopril and HCTZ
154	lixisenatide (Lyxumia)
155	losartan
156	losartan and HCTZ
157	lovastatin (Mevacor)
158	lovastatin ER (Altoprev)
159	meperidine (Demerol)
160	metformin (Glucophage
161	methadone (Dolophine
162	methyclothiazide

163	methyldopa
164	methyldopa and HCTZ
165	metolazone (Zaroxolyn)
166	metoprolol (Lopressor or Toprol XL)
167	metoprolol and HCTZ
168	metronidazole (Flagyl)
169	miloride and HCTZ
170	minocycline (Minocin)
171	moexipril (Univasc)
172	moexipril and HCTZ
173	morphine sulfate er (Avinza or Ms Contin)
174	morphine sulfate and naltrexone er (Embeda)
175	moxifloxacin (Avelox)
176	moxonidine
177	mupirocin (Bactroban)
178	nadolol
179	nadolol and bendroflumethazide
180	nebivolol (Bystolic)
181	neomycin sulfate (Neo-Fradin)
182	niacin er and lovastatin (Advicor)
183	niacin er and simvastatin (Simcor)
184	nicardipine (Cardene)
185	nifedipine
186	nimodipine (Nimotop)
187	nisoldipine
188	nitrendipine
189	nitrofurantoin (Macrobid or Macrodantin)
190	Novolin 70/30

191	Novolin N
192	Novolin R
193	NovoLog FlexPen
194	NovoLog Mix 70 / 30
195	NovoLog Mix 70 / 30 FlexPen
196	NovoLog PenFill
197	Novolog
198	ofloxacin (Ocuflox)
199	olmesartan (Benicar)
200	oxprenolol
201	oxycodone (Oxycontin or Oxaydo)
202	oxycodone and acetaminophen (Oxycet or PERcocet)
203	oxycodone and aspirin (Percodan)
204	oxycodone and naloxone (Targiniq ER)
205	oxymorphone hydrochloride er (Opana ER)
206	penbutolol
207	penicillin g
208	penicillin v (Veetides or Pen Vee K)
210	perindopril
211	phenindione (Dindevan)
212	phenoxybenzamine (Dibenzyline)
213	phenprocoumon (Marcoumar or Falithrom)
214	phentolamine
215	pindolol (Visken)
216	pioglitazone
	pioglitazone and

217	metformin (ACTOplus Met)
218	pitavastatin (Livalo)
219	plazomicin (Zemdri)
220	Polymyxin B
221	polythiazide
222	prasugrel (Effient)
223	pravastatin (Pravachol)
224	prazosin (Minipress)
225	prazosin and polythiazide
226	pregabalin (Lyrica)
227	propranolol
228	propranolol and HCTZ
229	quinapril (Accupril)
230	ramipril (Altace)
231	ReliOn and Novolin 70 /30
232	repaglinide and metformin (Prandimet)
233	rifaximin (Xifaxan)
234	rivaroxaban (Xarelto)
235	rosiglitazone (Avandia)
236	rosuvastatin (Crestor)
237	Ryzodeg 70/30
238	saxagliptin and metformin (Kombiglyze)
239	semaglutide (Ozempic)
240	simvastatin (Zocor)
241	sitagliptin and metformin (Janumet)
242	sitagliptin and simvastatin (Juvisync)
243	spectinomycin (Trobicin)
244	spironolactone
245	spironolactone and HCTZ
246	streptomycin

			247 sulfamethoxazole and trimethoprim (Bactrim) 248 tapentadol ER (Nucynta ER) 249 telmisartan (Micardis) 250 terazosin 251 tetracycline (Sumycin) 252 ticagrelor (Brilinta) 253 ticlopidine 254 timolol 255 timolol and HCTZ 256 tinzaparin (Innohep) 257 tobramycin (Bethkis or Tobi) 258 Tolazoline 259 Torsemide 260 Toujeo Max SoloStar 261 Toujeo SoloStar 262 tramadol (Ultram) 263 trandolapril (Mavik) 264 Tresiba 265 triamterene (Dyazide) 266 triamterene and HCTZ 267 Valsartan 268 Valsartan and HCTZ 269 vancomycin 270 verapamil 271 verapamil and trandolapril 272 vitamin supplements 273 vorapaxar (Zontivity) 274 warfarin (Coumadin) 888 Other
5	CMTRT_OTH	A2a. If A2 is other, specify:	Group: Concomitant Medications

			Text Box, Required, Branching logic expression: [CMTRT]=888, Display as: n
6	CMSTDAT	A3. Start Date:	Group: Concomitant Medications Date Box, Display as: n
7	CMSTDAT_UNK	A3a. Start date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 77 Date Unknown 1 Started prior to study
8	CMENDAT	A4. End Date:	Group: Concomitant Medications Date Box, Display as: n
9	CMENDAT_UNK	A4a. End date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 1 Date Unknown 2 Medication still being taken
10	CMDSTXT		Group: Concomitant Medications Text Box, Display as: n
11	CMDSTXT_UNK		Group: Concomitant Medications Checkboxes, Display as: n 0 Unknown
12	CMDOSFRM		Group: Concomitant Medications Drop-down, Required, Display as: n 1 Aerosol 2 Capsule 3 Cream 4 Gas 5 Gel 6 Ointment 7 Patch 8 Powder 9 Spray 10 Solution 11 Suppository

			12 Suspension 13 Tablet
13	CMDOSU		Group: Concomitant Medications Drop-down, Required, Display as: n 1 cc 2 g 3 Drop 4 International unit (IU) 5 L/min 6 mcg 7 mEq 8 mg 9 mL 10 Oz 11 Unit (U) 77 Unknown 88 Other
14	CMDOSU_OTH		Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMDOSU] =88, Display as: n
15	CMDOSFRQ		Group: Concomitant Medications Drop-down, Required, Display as: n 1 Once 2 Once a day (QD) 3 Twice a day (BID) 4 3 times a day (TID) 5 4 times a day (Q4H) 6 Every 6 hours (Q6H) 7 Every 8 hours (Q8H) 8 Every 12 hours (Q12H) 9 Every morning (QAM)

			10 Every other day (QOD) 11 As much as suffices (QS) 12 As needed (PRN) 88 Other
16	CMDOSFRQ_OTH		Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMDOSFRQ] =88, Display as: n
17	CMROUTE		Group: Concomitant Medications Drop-down, Required, Display as: n 1 Intralesional 2 Intramuscular 3 Intraocular 4 Intraperitoneal 5 Instrasinal 6 Intravenous 7 Nasal 8 Oral 9 Subcutaneous 10 Sublingual 11 Topical 12 Transdermal 77 Unknown 88 Other
18	CMROUTE_OTH		Group: Concomitant Medications Text Box, Required, Branching logic expression: [CMROUTE] =88, Display as: n
19	CMINDC		Group: Concomitant Medications Drop-down, Required, Display as: n 1 Anemia 2 Anxiety 3 CAD

			4 CHF 5 Depression 6 Diabetes 7 Edema 8 Embolism 9 Gastritis 10 Gastroparesis 11 GERD 12 Headache 13 Hormonal therapy 14 Hyperlipidemia 15 Hypertension 16 Hypoglycemia 17 ILD 18 Infection 19 Insomnia 20 Muscle spasms 21 Neuropathy 22 Nutritional supplement 23 PAH 24 Pain (back) 25 Pain (joint) 26 Pain (surgical) 27 Phlebitis 28 Pruritus 29 Raynauds 30 Retinopathy 31 Rheumatoid arthritis 32 UTI 77 Unknown 88 Other
20	CMINDC_OTH		Group: Concomitant Medications

			Text Box, Required, Branching logic expression: [CMINDC]=88, Display as: n
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **6**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Min: 36, Max: 160, Measurement unit: kilograms
4	VSORRES_HEIGHT_V4	3. Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5, Measurement unit: meters
5	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT_V3] / [VSORRES_HEIGHT_V4]^2
6		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
7	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer)
8	VSPOS_BP		Custom Table: Blood Pressure Drop-down 1, Sitting 2, Standing 3, Supine
9	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1, Not Done
10	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer)
11	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Min: 50, Max: 180, Measurement unit: beats/min, Display as: n

12	Vascular	Vascular	New Section, Display as: n
13	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
14	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text
15		Right:	Non Repeating Group of Fields
16	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
17	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
18	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
19	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
20	VASORRES_RTABI_V3	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal)
21		Left:	Non Repeating Group of Fields
22	PEFORRES_LTBBP_V3	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
23	PEFORRES_LTDPBP_V4	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
24	PEFORRES_LTPTBP_V4	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
25	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n

26	PEFORRES_LTABI_V3	15. ABI(DP or PT)/Brachial:	Group: Left: Number Box (Decimal)
27	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
28		Other Modalities	Non Repeating Group of Fields
29	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
30	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
31	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
32	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
33	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
34	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
35	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
36	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities

			Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1 1, 1+ 2, 2+ 3, 3+ 4, 4+
37	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1, Present 2, Absent
38	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1, 1+ 2, 2+ 3, 3+ 4, 4+
39		24. Foot deformities described as absence or presence of:	Matrix Of Fields
40	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1, Yes 0, No
41	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1, Yes 0, No
42	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1, Yes 0, No
43	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def...

			Radio Buttons, Required 1 Yes 0 No
44	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
45	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
46	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
47	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
48	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
49	VSORRES_HEIGHT_V3	(HIDDEN) Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
50	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
51	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Number Box (Decimal), Display as: n
52	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
53	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
54	PEFORRES_LTPTBP_V3	(HIDDEN) Highest dorsalis pedis	Number Box (Integer),

		(DP) blood pressure:	Measurement unit: mm Hg
55	PEFORRES_LTPTBP	(HIDDEN) Highest tibialis (PT) blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
56	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Number Box (Decimal), Display as: n
57	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1, Mild 2, Moderate 3, Severe 4, Absent
58	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1, Mild 2, Moderate 3, Severe 4, Absent
59	PEF_EDEMAPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1, 1+ 2, 2+ 3, 3+ 4, 4+
60	PEF_NONPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1, 1+ 2, 2+ 3, 3+ 4, 4+
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **5**			
1	Vital Signs	Section Header: *Focused*	New Section, Display as: n

		Physical Exam Vital Signs	
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
4	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Min: 36, Max: 160, Measurement unit: kilograms
5	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
6	VSORRES_HEIGHT_V3	(HIDDEN) Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
7	VSORRES_HEIGHT_V4	3. Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5, Measurement unit: meters
8	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
9	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT_V3] / [VSORRES_HEIGHT_V4]^2
10		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
11	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer), Required
12	VSPOS_BP		Custom Table: Blood Pressure Drop-down, Required 1 Sitting 2 Standing 3 Supine
13	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done

14	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer), Required
15	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Min: 50, Max: 180, Measurement unit: beats/min, Display as: n
16	Vascular	Vascular	New Section, Display as: n
17	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
18	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text
19		Right:	Non Repeating Group of Fields
20	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
21	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
22	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
23	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
24	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Group: Right: Number Box (Decimal), Display as: n
25	VASORRES_RTABI_V3	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal)
26		Left:	Non Repeating Group of Fields
27	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n

28	PEFORRES_LTBBP_V3	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
29	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
30	PEFORRES_LTPTBP_V3	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
31	PEFORRES_LTDPBP_V4	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg
32	PEFORRES_LTPTBP	(HIDDEN) Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
33	PEFORRES_LTPTBP_V4	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Required, Measurement unit: mm Hg
34	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
35	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Group: Left: Number Box (Decimal), Display as: n
36	PEFORRES_LTABI_V3	15. ABI(DP or PT)/Brachial:	Group: Left: Number Box (Decimal)
37	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
38		Other Modalities	Non Repeating Group of Fields
39	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
40	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities

			Number Box (Integer), Measurement unit: mm Hg, Display as: n
41	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
42	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
43	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
44	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
45	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
46	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent

47	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
48	PEF_EDEMAPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
49	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
50	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
51	PEF_NONPITSEV	(HIDDEN) If present:	Group: Other Modalities Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
52	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1 1+ 2 2+

			3 3+ 4 4+
53		24. Foot deformities described as absence or presence of:	Matrix Of Fields
54	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
55	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
56	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
57	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
58	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
59	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
60	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
Instrument: **OWM_CONCOMITANT MEDICATIONS** Version: **3**			

1	Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.	Section Header: *Concomitant Medication Log* Instructions: List concomitant medications in the log below. Enter one row for each medication or change in dose or frequency of medication. Combination medications should be split and entered as separate medications.	Rich Text, Branching logic expression: [CMYN]=1, Display as: n
2	CMYN_V3	A1. Were any medications taken?	Radio Buttons, Required 1 Yes 0 No
3		Concomitant Medications	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [CMYN_V3]=1
4	CMTRT	A2. Medication:	Group: Concomitant Medications Drop-down, Required, Display as: n 1 acenocoumarol (sintrom) 2 Admelog 3 Afrezza 5 alirocumab (Praluent) 6 aliskiren (Tekturna) 7 amiloride 8 amlodipine (Norvasc) 9 amlodipine and atorvastatin (Caduet) 10 amlodipine and benazepril 11 amoxicillin (Moxatag) 12 amoxicillin and clavulanate (Augmentin) 13 ampicillin (Omnipen or Amcill) 14 ampicillin/sulbactam (Unasyn) 15 anagrelide (Agrylin) 16 antidepressants

17	Apidra
18	apixaban (Eliquis)
19	argatroban
20	aspirin
21	atenolol (Tenormin)
22	atenolol and chlorthalidone
23	atorvastatin (Lipitor)
24	azilsartan (Edarbyclor)
25	azithromycin (Zithromax or Z Pak)
26	bacitracin
27	bacitracin and neomycin and polymyxin B (Neosporin)
28	Basaglar
29	benazepril (Lotensin)
30	Benazepril and HCTZ
31	bendroflumethiazide
32	betaxolol (Betoptic)
33	betrixaban (Bevyxxa)
34	bisoprolol
35	bisoprolol and HCTZ
36	Bivalirudin
37	bucindolol
38	buprenorphine transdermal (Butrans)
39	canagliflozin (Invokana)
40	candesartan (Atacand)
41	captopril
42	captopril and HCTZ
43	carteolol (Ocupress)
44	carvedilol (Coreg)
45	cefadroxil (Duricef)
46	cefdinir (Cefdiel)

47	cefepime (Maxipime)
48	cefprozil (Cefzil)
49	cefuroxime (Ceftin)
50	cephalexin (Keflex)
51	chlorothiazide
52	chlorthalidone
53	cilnidipine
54	cilostazol (Pletal)
55	ciprofloxacin (Cipro)
56	clarithromycin (Biaxin)
57	clevidipine (Cleviprex)
58	clindamycin (Cleocin)
59	clonidine
60	clonidine and chlorthalidone
61	clopidogrel (Plavix)
62	codeine and acetaminophen (Tylenol #3 and #4)
63	codeine and chlorpheniramine (Tuzistra XR)
65	dabigatran (Pradaxa)
66	dalteparin (Fragmin)
67	dapagliflozin (Farxiga)
68	desirudin
69	dicloxacillin
70	diltiazem
71	diltiazem and enalapril
72	dipyridamole (Persantine)
73	doxazosin (Cadura)
74	doxycycline (Vibramycin)
75	dulaglutide (Trulicity)
76	edoxaban (Savaysa)
77	empagliflozin (Jardiance)

78	enalapril (Vasotec)
79	enalapril and HCTZ
80	enoxaparin (Lovenox)
81	eplerenone (Inspra)
82	eprosartan (Teveten)
84	erythromycin (Erythrocin or Ery-Tab)
85	erythromyci and benzoyl peroxide (Benzamycin or Aktipak)
86	ethacrynic acid (Edecrin)
87	evolocumab (Repatha)
88	exenatide (Byetta)
90	ezetimibe and atorvastatin (Liptruzet)
91	ezetimibe and simvastatin (Vytorin)
92	felodipine
93	felodipine and enalapril
94	fentanyl transdermal (Duragesic)
95	fentanyl transmucosal (Abstral or Actiq)
96	Fiasp
97	fimasartan (Fimanta and Fimagen)
98	fluvastatin (Lescol)
99	fluvastatin ER (Lescol XL)
100	fondaparinux (Arixtra)
101	fosinopril (Monopril)
102	furosemide (Lasix)
103	gabapentin (Neurotin)
104	gentamicin (Garamycin)
105	glimepiride (Amaryl)
106	glipizide
	glipizide and Metformin

107	(Metaglip)
108	glyburide (Diabeta)
109	glyburide and metformin (Glucovance)
110	guanabenz (Wytensin)
111	guanfacine (Tenex)
112	heparin
113	hirudin
114	Humalog
115	Humalog KwikPen
116	Humalog Mix 50/50
117	Humalog Mix 50/50 KwikPen
118	Humalog Mix 75/25
119	Humalog Mix 75/25 KwikPen
120	Humulin 50/50
121	Humulin 70/30 Pen
122	Humulin 70/30
123	Humulin L
124	Humulin N Pen
125	Humulin N
126	Humulin R
127	Humulin U
128	hydralazine and HCTZ
129	hydrochlorothiazide
130	hydrocodone (Hysingla ER or Zohydro ER)
131	hydrocodone and acetaminophen (Lortab or Norco)
132	hydrocodone and chlorpheniramine (Tussicaps or Tussionex)
133	hydrocodone and chlorpheniramine and pseudoephedrine (Zutripro)

134	hydrocodone and homatropine (Hydromet)
135	hydrocodone and ibuprofen (Ibudone or Reprexain)
136	hydrocodone and pseudoephedrine (Rezira)
137	hydromorphone (Dilaudid or Exalgo)
138	indapamide
139	indoramin
140	irbesartan
141	isradipine (Dynacirc)
142	labetalol
143	Lantus SoloStar
144	Lantus
145	lercanidipine (Zanidip)
146	Letaxaban
147	Levamlodipine
148	Levemir
149	levofloxacin (Levaquin)
150	linezolid (Zyvox)
151	liraglutide (Victoza or Saxenda)
152	lisinopril
153	lisinopril and HCTZ
154	lixisenatide (Lyxumia)
155	losartan
156	losartan and HCTZ
157	lovastatin (Mevacor)
158	lovastatin ER (Altoprev)
159	meperidine (Demerol)
160	metformin (Glucophage)
161	methadone (Dolophine)
162	methyclothiazide

163	methyldopa
164	methyldopa and HCTZ
165	metolazone (Zaroxolyn)
166	metoprolol (Lopressor or Toprol XL)
167	metoprolol and HCTZ
168	metronidazole (Flagyl)
169	miloride and HCTZ
170	minocycline (Minocin)
171	moexipril (Univasc)
172	moexipril and HCTZ
173	morphine sulfate er (Avinza or Ms Contin)
174	morphine sulfate and naltrexone er (Embeda)
175	moxifloxacin (Avelox)
176	moxonidine
177	mupirocin (Bactroban)
178	nadolol
179	nadolol and bendroflumethazide
180	nebivolol (Bystolic)
181	neomycin sulfate (Neo-Fradin)
182	niacin er and lovastatin (Advicor)
183	niacin er and simvastatin (Simcor)
184	nicardipine (Cardene)
185	nifedipine
186	nimodipine (Nimotop)
187	nisoldipine
188	nitrendipine
189	nitrofurantoin (Macrobid or Macrodantin)
190	Novolin 70/30

191	Novolin N
192	Novolin R
193	NovoLog FlexPen
194	NovoLog Mix 70 / 30
195	NovoLog Mix 70 / 30 FlexPen
196	NovoLog PenFill
197	Novolog
198	ofloxacin (Ocuflox)
199	olmesartan (Benicar)
200	oxprenolol
201	oxycodone (Oxycontin or Oxaydo)
202	oxycodone and acetaminophen (Oxycet or PERcocet)
203	oxycodone and aspirin (Percodan)
204	oxycodone and naloxone (Targiniq ER)
205	oxymorphone hydrochloride er (Opana ER)
206	penbutolol
207	penicillin g
208	penicillin v (Veetides or Pen Vee K)
210	perindopril
211	phenindione (Dindevan)
212	phenoxybenzamine (Dibenzyline)
213	phenprocoumon (Marcoumar or Falithrom)
214	phentolamine
215	pindolol (Visken)
216	pioglitazone
	pioglitazone and

217	metformin (ACTOplus Met)
218	pitavastatin (Livalo)
219	plazomicin (Zemdri)
220	Polymyxin B
221	polythiazide
222	prasugrel (Effient)
223	pravastatin (Pravachol)
224	prazosin (Minipress)
225	prazosin and polythiazide
226	pregabalin (Lyrica)
227	propranolol
228	propranolol and HCTZ
229	quinapril (Accupril)
230	ramipril (Altace)
231	ReliOn and Novolin 70 /30
232	repaglinide and metformin (Prandimet)
233	rifaximin (Xifaxan)
234	rivaroxaban (Xarelto)
235	rosiglitazone (Avandia)
236	rosuvastatin (Crestor)
237	Ryzodeg 70/30
238	saxagliptin and metformin (Kombiglyze)
239	semaglutide (Ozempic)
240	simvastatin (Zocor)
241	sitagliptin and metformin (Janumet)
242	sitagliptin and simvastatin (Juvisync)
243	spectinomycin (Trobicin)
244	spironolactone
245	spironolactone and HCTZ
246	streptomycin

			247 sulfamethoxazole and trimethoprim (Bactrim) 248 tapentadol ER (Nucynta ER) 249 telmisartan (Micardis) 250 terazosin 251 tetracycline (Sumycin) 252 ticagrelor (Brilinta) 253 ticlopidine 254 timolol 255 timolol and HCTZ 256 tinzaparin (Innohep) 257 tobramycin (Bethkis or Tobi) 258 Tolazoline 259 Torsemide 260 Toujeo Max SoloStar 261 Toujeo SoloStar 262 tramadol (Ultram) 263 trandolapril (Mavik) 264 Tresiba 265 triamterene (Dyazide) 266 triamterene and HCTZ 267 Valsartan 268 Valsartan and HCTZ 269 vancomycin 270 verapamil 271 verapamil and trandolapril 272 vitamin supplements 273 vorapaxar (Zontivity) 274 warfarin (Coumadin) 888 Other
5	CMTRT_OTH	A2a. If A2 is other, specify:	Group: Concomitant Medications

			Text Box, Required, Branching logic expression: [CMTRT]=888, Display as: n
6	CMSTDAT	A3. Start Date:	Group: Concomitant Medications Date Box, Display as: n
7	CMSTDAT_UNK	A3a. Start date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 77 Date Unknown 1 Started prior to study
8	CMENDAT	A4. End Date:	Group: Concomitant Medications Date Box, Display as: n
9	CMENDAT_UNK	A4a. End date unknown:	Group: Concomitant Medications Checkboxes, Display as: n 1 Date Unknown 2 Medication still being taken
10	CMDSTXT		Group: Concomitant Medications Text Box, Display as: n
11	CMDSTXT_UNK		Group: Concomitant Medications Checkboxes, Display as: n 0 Unknown
12	CMDOSFRM		Group: Concomitant Medications Drop-down, Display as: n 1 Aerosol 2 Capsule 3 Cream 4 Gas 5 Gel 6 Ointment 7 Patch 8 Powder 9 Spray 10 Solution 11 Suppository

			12 Suspension 13 Tablet
13	CMDOSU		Group: Concomitant Medications Drop-down, Display as: n 1 cc 2 g 3 Drop 4 International unit (IU) 5 L/min 6 mcg 7 mEq 8 mg 9 mL 10 Oz 11 Unit (U) 77 Unknown 88 Other
14	CMDOSU_OTH		Group: Concomitant Medications Text Box, Branching logic expression: [CMDOSU]=88, Display as: n
15	CMDOSFRQ		Group: Concomitant Medications Drop-down, Display as: n 1 Once 2 Once a day (QD) 3 Twice a day (BID) 4 3 times a day (TID) 5 4 times a day (Q4H) 6 Every 6 hours (Q6H) 7 Every 8 hours (Q8H) 8 Every 12 hours (Q12H) 9 Every morning (QAM) 10 Every other day (QOD) As much as suffices

			11 (QS) 12 As needed (PRN) 88 Other
16	CMDOSFRQ_OTH		Group: Concomitant Medications Text Box, Branching logic expression: [CMDOSFRQ]=88, Display as: n
17	CMROUTE		Group: Concomitant Medications Drop-down, Display as: n 1 Intralesional 2 Intramuscular 3 Intraocular 4 Intraperitoneal 5 Instrasinal 6 Intravenous 7 Nasal 8 Oral 9 Subcutaneous 10 Sublingual 11 Topical 12 Transdermal 77 Unknown 88 Other
18	CMROUTE_OTH		Group: Concomitant Medications Text Box, Branching logic expression: [CMROUTE]=88, Display as: n
19	CMINDC		Group: Concomitant Medications Drop-down, Display as: n 1 Anemia 2 Anxiety 3 CAD 4 CHF 5 Depression 6 Diabetes

			7 Edema 8 Embolism 9 Gastritis 10 Gastroparesis 11 GERD 12 Headache 13 Hormonal therapy 14 Hyperlipidemia 15 Hypertension 16 Hypoglycemia 17 ILD 18 Infection 19 Insomnia 20 Muscle spasms 21 Neuropathy 22 Nutritional supplement 23 PAH 24 Pain (back) 25 Pain (joint) 26 Pain (surgical) 27 Phlebitis 28 Pruritus 29 Raynauds 30 Retinopathy 31 Rheumatoid arthritis 32 UTI 77 Unknown 88 Other
20	CMINDC_OTH		Group: Concomitant Medications Text Box, Branching logic expression: [CMINDC]=88, Display as: n
21	CMYN	(DISCONTINUED)A1. Were any	Radio Buttons, Display as: n

		medications taken?	1, Yes 0, No
Instrument: **OWM_RESCREEN ELIGIBILITY** Version: **(original)**			
1	IEYN_RS	Section Header: *Rescreen Eligibility* 1. Did the subject meet all eligibility criteria after rescreening?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	Select all ReScreen inclusion criteria not met and/or exclusion criteria met	Select all ReScreen inclusion criteria not met and/or exclusion criteria met	Rich Text, Branching logic expression: [IEYN_RS]=0, Display as: n
3	Inclusion Criteria	Inclusion Criteria	New Section, Branching logic expression: [IEYN_RS]=0, Display as: n
4	IETESTCD_INCRS	2. Select all inclusion not met:	Checkboxes, Required, Branching logic expression: [IEYN_RS]=0, Display as: n 1, Provision of signed and dated informed consent 2, Age 18 years or older 3, Clinically diagnosed with diabetes or meeting the American Diabetes Association (ADA) criteria 4, Open foot ulcer, defined as an open wound from malleolus down. This includes post-surgical wounds within this area left open to heal by secondary intention. In case of multiple ulcers, the largest ulcer will be considered the study index DFU 5, Agreement to adhere to protocol visits and provide all required biospecimens and clinical data
5	Exclusion Criteria	Exclusion Criteria	New Section, Branching logic expression: [IEYN_RS]=0, Display as: n
6	IETESTCD_EXCRS	3.Select all exclusion criteria met:	

			Checkboxes, Required, Branching logic expression: [IEYN_RS]=0, Display as: n 1 Participation in an interventional clinical trial for DFU within 1 month of Visit 1 2 Currently receiving radiation to target area or chemotherapy 3 Gangrene in any portion of the foot with the index ulcer 4 Planned revascularization or under evaluation for revascularization of the index limb for advanced ischemia within next 4 weeks of Week 0 5 Severe limb ischemia 6 Any concomitant medical or psychiatric condition that, in the opinion of the investigator(s), would compromise the participant's ability to safely complete the study 7 Previous enrollment in this study
Instrument: **OWM_SOCIAL FACTORS** Version: **2**			
1	SCMARISTAT	Section Header: *Substance Use* 1. Marital Status	Radio Buttons, Required, Display as: n 1 Single 2 Annulled 3 Divorced 4 Domestic Partner 5 Interlocutory 6 Legally Separated 7 Married 8 Never Married 9 Widowed

2	SCEMPSTAT	2. Employment Status	Radio Buttons, Required, Display as: n 1 Employed 2 Not Employed 3 Retired 4 Disabled 5 Other
3	SCEMPSTAT_SP	Specify Employment Status:	Text Box, Required, Branching logic expression: [SCEMPSTAT] =5, Display as: n
4	SCOCC	3. Occupation	Text Box, Required, Display as: n
5	SCOCC_FTHOURS	3a. Number of hours on feet:	Text Box, Display as: n
6	SCOCC_RECENT	3b. Most Recent Past:	Text Box, Display as: n
7	SCOCC_FTHOURSRECENT	3c. Number of hours on Feet	Text Box, Display as: n
8	SUYN	Tobacco Use History: 4. Is the participant a current user or does the participant have a history of tobacco use in the past 2 years?	Yes - No, Required, Display as: n
9	SUTRT_TB	5. Tobacco type: (select all that apply)	Checkboxes, Required, Branching logic expression: [SUYN]=1, Display as: n 1 Cigarettes 2 Cigars 3 Pipe 4 E Cigarettes 5 Chewing Tobacco
10		Cigarette Status	Custom Table, Branching logic expression: [SUTRT_TB(1)]=1, Columns: Cigarette status:, Cigarette date started: (partial dates acceptable), Cigarette packs per day:, Cigarette date stopped: (partial dates acceptable), Rows: Cigarettes
11	SUNCF_CIG		Custom Table: Cigarette Status

			Radio Buttons, Required, Display as: n 1 Previous 2 Current
12	SUSTDAT_CIG		Custom Table: Cigarette Status Date Box, Required, Display as: n
13	SUDSTXT_CIG		Custom Table: Cigarette Status Radio Buttons, Required, Display as: n 1 Less than 1 2 1 3 1.5 4 2 5 Greater than 2 77 Unknown
14	SUENDAT_CIG		Custom Table: Cigarette Status Date Box, Required, Branching logic expression: [SUNCF_CIG] =1, Display as: n
15		Cigar Status	Custom Table, Branching logic expression: [SUTRT_TB(2)]=1, Columns: Cigar Status:, Cigar date started: (partial dates acceptable), Cigar date stopped: (partial dates acceptable), Rows: Cigars
16	SUNCF_CGR		Custom Table: Cigar Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
17	SUSTDAT_CGR		Custom Table: Cigar Status Date Box, Required, Display as: n
18	SUENDAT_CGR		Custom Table: Cigar Status Date Box, Required, Branching logic expression: [SUNCF_CGR] =1, Display as: n

19		Pipe Status	Custom Table, Branching logic expression: [SUTRT_TB(3)]=1, Columns: Pipe status:, Pipe date started: (partial dates acceptable), Pipe date stopped: (partial dates acceptable), Rows: Pipe
20	SUNCF_PIP		Custom Table: Pipe Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
21	SUSTDAT_PIP		Custom Table: Pipe Status Date Box, Required, Display as: n
22	SUENDAT_PIP		Custom Table: Pipe Status Date Box, Required, Branching logic expression: [SUNCF_PIP] =1, Display as: n
23		E Cigarette Status	Custom Table, Branching logic expression: [SUTRT_TB(4)]=1, Columns: E Cigarette status:, E cigarette date started: (partial dates acceptable), E Cigarette puffs per day:, Puffs Uknown, E Cigarette date stopped: (partial dates acceptable), Rows: E Cigarettes
24	SUNCF_ECIG		Custom Table: E Cigarette Status Radio Buttons, Required, Display as: n 1 Previous 2 Current
25	SUSTDAT_ECIG		Custom Table: E Cigarette Status Date Box, Required, Display as: n
26	SUDSTXT_ECIGPUF		Custom Table: E Cigarette Status Number Box (Integer), Display as: n
27	SUDSTXT_ECIGPUFUNK		Custom Table: E Cigarette Status Checkboxes, Display as: n 77 Puffs unknown

28	SUENDAT_ECIG		Custom Table: E Cigarette Status Date Box, Required, Branching logic expression: [SUNCF_ECIG] =1, Display as: n
29		Chewing Tobacco Status	Custom Table, Branching logic expression: [SUTRT_TB(5)]=1, Columns: Chewing tobacco status:, Chewing tobacco date started: (partial dates acceptable), Chewing tobacco date stopped: (partial dates acceptable), Rows: Chewing Tobacco
30	SUNCF_CB		Custom Table: Chewing Tobacco . Radio Buttons, Required, Display as: n 1 Previous 2 Current
31	SUSTDAT_CB		Custom Table: Chewing Tobacco . Date Box, Required, Display as: n
32	SUENDAT_CB		Custom Table: Chewing Tobacco . Date Box, Required, Branching logic expression: [SUNCF_CB] =1, Display as: n
33	SUNCF_ALC	Alcohol and drug use history: 6. Have you drank alcoholic beverages in the past?	Yes - No, Required, Display as: n
34	SUFRQ_ALC	6a. How often do you have a drink containing alcohol?	Radio Buttons, Required, Branching logic expression: [SUNCF_ALC]=1, Display as: n 0 Never 1 Monthly or less 2 2 to 4 times a month 3 2 to 3 times a week 4 4 or more times a week
35	SUDOSU_ALC_V2	6b. How many drinks containing alcohol do you have in a typical week when you are drinking?	Radio Buttons, Required, Branching logic expression: ([SUNCF_ALC]=1 and [SUFRQ_ALC]=1) or ([SUNCF_ALC]=1 and [SUFRQ_ALC]=2) or ([SUNCF_ALC]=1 and

			[SUFRQ_ALC]=3) or ([SUNCF_ALC]=1 and [SUFRQ_ALC]=4) 1, 1 or 2 2, 3 or 4 3, 5 or 6 4, 7 to 9 5, 10 or more
36	SUNCF_DRUG	7. Have you used drugs in the past year?	Yes - No, Required, Display as: n
37	SUTRT_DRUG	7a. Type of drug used: (select all that apply)	Checkboxes, Required, Branching logic expression: [SUNCF_DRUG]=1, Display as: n 1, Cannabis 2, Cocaine 3, Amphetamine type stimulants (speed/diet pills /ecstasy etc.) 4, Inhalants (nitrous/glue /petrol/paint thinner etc.) 5, Sedatives or Sleeping Pills (Valium/Serepax /Rohypnol etc.) 6, Hallucinogens (LSD/acid /mushrooms/PCP/Special K etc.) 7, Opioids (heroin/morphine /methadone/codeine etc.) 88, Other
38	SUTRT_DRUGSP	Specify:	Text Box, Required, Branching logic expression: [SUTRT_DRUG (88)]=1, Display as: n
39	SUFRQ_DRUG	7b. How often have you used these substances you mentioned in past 3 months?	Radio Buttons, Required, Branching logic expression: [SUNCF_DRUG]=1, Display as: n 0, Never 1, Once or twice

			2 Monthly 3 Weekly 4 Daily or almost daily
40	SUDOSU_ALC	(DISCONTINUED)How many drinks containing alcohol do you have on a typical day when you are drinking?	Radio Buttons, Required, Branching logic expression: [SUNCF_ALC]=1, Display as: n 1 1 or 2 2 3 or 4 3 5 or 6 4 7 to 9 5 10 or more
Instrument: **OWM_FINAL STATUS** Version: **2**			
1	Instructions: Please include the final status date following the below instructions. Ineligible: Date participant found to be ineligible Completed study per protocol: Date 6-mo Follow up call Withdrew consent: Date participant withdrew consent MD withdrew participant: Date the MD withdrew the participant Lost to follow-up: Date of last contact with participant Death: Date of death Other: Date of other event causing early termination	Section Header: *Final Status* Instructions: Please include the final status date following the below instructions. Ineligible: Date participant found to be ineligible Completed study per protocol: Date 6-mo Follow up call Withdrew consent: Date participant withdrew consent MD withdrew participant: Date the MD withdrew the participant Lost to follow-up: Date of last contact with participant Death: Date of death Other: Date of other event causing early termination	Rich Text, Display as: n
2	DSDECOD_FS	1. Reason for Final Status:	Radio Buttons, Required, Display as: n 1 Completed study per protocol 2 Participant was determined to be ineligible 3 Participant withdrew consent 4 Investigator withdrew participant 5 Study terminated by sponsor 6 Death

			7 Lost to follow-up 8 Other
3	DSTERM_FS	1a. Please specify:	Text Box, Required, Branching logic expression: [DSDECOD_FS]=8 or [DSDECOD_FS]=3 or [DSDECOD_FS]=4 or [DSDECOD_FS]=7, Display as: n
4	DSSCAT_FSDTH	1b. Cause of Death:	Text Box, Branching logic expression: [DSDECOD_FS]=6
5	DSSCAT_FSDTHUNK		Radio Buttons, Branching logic expression: [DSDECOD_FS]=6 1 Cause of Death Unknown
6	DSSCAT_DTHSRC	1c. Source:	Radio Buttons, Required, Branching logic expression: [DSDECOD_FS]=6 1 Spouse 2 EMR 3 Clinician 4 Other
7	DSSCAT_DTHSRCSP	Specify other source:	Text Box, Required, Branching logic expression: [DSSCAT_DTHSRC]=4
8	DSSTDAT_FS	2. What was the date of Final Status?	Date Box, Required, Display as: n
Instrument: **OWM_FINAL STATUS** Version: **(original)**			
1	Instructions: Please include the final status date following the below instructions. Ineligible: Date participant found to be ineligible Completed study per protocol: Date 6-mo Follow up call Withdrew consent: Date participant withdrew consent MD withdrew participant: Date the MD withdrew the participant Lost to follow-up: Date of last contact with participant Death: Date of death Other: Date of other event causing early termination	Section Header: *Final Status* Instructions: Please include the final status date following the below instructions. Ineligible: Date participant found to be ineligible Completed study per protocol: Date 6-mo Follow up call Withdrew consent: Date participant withdrew consent MD withdrew participant: Date the MD withdrew the participant Lost to follow-up: Date of last contact	Rich Text, Display as: n

		with participant Death: Date of death Other: Date of other event causing early termination	
2	DSDECOD_FS	1. Reason for Final Status:	Radio Buttons, Required, Display as: n 1 Completed study per protocol 2 Participant was determined to be ineligible 3 Participant withdrew consent 4 Investigator withdrew participant 5 Study terminated by sponsor 6 Death 7 Lost to follow-up 8 Other
3	DSTERM_FS	1a. Please specify:	Text Box, Required, Branching logic expression: [DSDECOD_FS]=8 or [DSDECOD_FS]=3 or [DSDECOD_FS]=4 or [DSDECOD_FS]=7, Display as: n
4	DSSTDAT_FS	2. What was the date of Final Status?	Date Box, Required, Display as: n
Instrument: **OWM_WOUND EVALUATION** Version: **(original)**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	WAS_EVAL_LOCA	1. Location:	Drop-down, Required, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle

			8 Above ankle
3	PETEST_DEPTH	2. Depth:	Drop-down, Required, Display as: n 1 Callus- no open lesions 2 Superficial- partial or full thickness skin ulceration 3 Deep- extends to ligament, tendon, joint capsule or deep fascia
4	PETEST_PATH	3. Pathogenesis:	Checkboxes, Required, Display as: n 1 Ischemic 2 Neuropathic 3 Infected
5	PETEST_HEALSTAT	4. Healing Status:	Drop-down, Required, Display as: n 1 Open 2 Closed
6	PETEST_MECH	5. Mechanics:	Checkboxes, Required, Display as: n 1 Loss of motion 2 Deformity
7	PETEST_MECHMOT	5a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [WAS_MECHANICS(1)]=1, Display as: n 1 Ankle 2 Toes
8	PETESTL_MECHDEF	5b. Deformity:	Checkboxes, Required, Branching logic expression: [WAS_MECHANICS(2)]=1, Display as: n 1 Charcot foot- collapsed arch Hammer toes- hyperextended metatarsal

			2 phalangeal joint, flexion of pip joint and extension of DIP joint 3 Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4 Prominent metatarsal heads 88 Other
Instrument: **OWM_WOUND EVALUATION** Version: **2**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	WAS_EVAL_LOCA	1. Location:	Drop-down, Required, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle 8 Above ankle
3	PETEST_DEPTH	2. Depth:	Drop-down, Required, Display as: n 1 Callus- no open lesions 2 Superficial- partial or full thickness skin ulceration 3 Deep- extends to ligament, tendon, joint capsule or deep fascia
4	PETEST_PATH	3. Pathogenesis:	Checkboxes, Required, Display as: n 1 Ischemic 2 Neuropathic

			3 Infected
5	PETEST_HEALSTAT	4. Healing Status:	Drop-down, Required, Display as: n 1 Open 2 Closed
6	PETEST_MECH	5. Mechanics:	Checkboxes, Required, Display as: n 1 Loss of motion 2 Deformity
7	PETEST_MECHMOT	5a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [PETEST_MECH(1)]=1, Display as: n 1 Ankle 2 Toes
8	PETESTL_MECHDEF	5b. Deformity:	Checkboxes, Required, Branching logic expression: [PETEST_MECH(2)]=1, Display as: n 1 Charcot foot- collapsed arch 2 Hammer toes- hyperextended metatarsal phalangeal joint, flexion of pip joint and extension of DIP joint 3 Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4 Prominent metatarsal heads 88 Other
9	PETESSTL_MECHDEFSP	5b1. If other, please specify;	Text Box, Required, Branching logic expression: [PETESTL_MECHDEF(88)]=1
Instrument: **OWM_WIFI CLASSIFICATION** Version: **(original)**			

1	WIFI Classification	Section Header: *WIFI CLASSIFICATION* WIFI Classification	New Section, Display as: n
2	PETEST_WND	1. Wound:	Drop-down, Required, Display as: n 1 - 0 - Intact skin with ischemic rest pain (requires typical symptoms + ischemia grade 3); no wound or gangrene. 2 - 1 - Small, partial loss of dermis presenting as shallow ulcer(s) on distal leg or foot; no gangrene or exposed bone, unless limited to distal phalanx2 3 - 2 - Full thickness ulcer with extension to ligament, tendon, joint capsule, or deep fascia without abscess or osteomyelitis, gangrenous change limited to digits 4 - 3 - Full thickness deep ulcer with abscess, osteomyelitis, or joint sepsis with extensive Gangrene localized to portion of forefoot or mid-foot or heel
3	PETEST_ISCH	2. Ischemia:	Drop-down, Required, Display as: n 1 - 0 - Ankle brachial index (ABI) ≥ 0.80; Ankle systolic pressure > 100mm Hg; TcPO2 ≥ 60mm Hg 2 - 1 -ABI 0.6-0.79; Ankle systolic pressure 70-100mm Hg; TcPO2 ≥ 40-59 mm Hg 3 - 2 - ABI ≥ 0.4-0.59; Ankle systolic pressure > 50-70mm Hg; TcPO2 ≥ 30-39 mm Hg 4 - 3 - ABI ≤ 0.39; Ankle systolic pressure < 50mm Hg; TcPO2, 30mm Hg

4	WAS_FTINFECDESC	Foot Infection Type 0 - Uninfected · No signs of infection 1 – Mild · Infection present with presence of any two of the following items: o Local swelling or induration o Erythema >0.5 to <= 2cm around the ulcer o Local tenderness or pain o Purulent discharge (thick, opaque to white, or sanguineous secretion) o Local warmth · Local infection involving only the skin and the subcutaneous tissue (without involvement of deeper tissues and without systemic signs as described below). · Exclude other causes of an inflammatory response of the skin (e.g., trauma, gout, acute Charcot neuro-osteoarthropathy, fracture, thrombosis, venous stasis) 2 – Moderate · Local infection (as described above) with presence of erythema >2 cm, or involving structures deeper than skin and subcutaneous tissues (e.g., abscess, osteomyelitis, septic arthritis, fasciitis), and no systemic inflammatory response signs (as described below) 3-Severe · Local infection (as described above) with presence of the signs of SIRS, as manifested by two or more of the following: o Temperature >38 or <36C o Respiratory rate >20 breaths/min or PaCO2 <32 mm Hg o White blood cell count >12,000 or <4000 cu/mm or 10% immature (band) forms	Descriptive Text, Display as: n
5	PETEST_FTIF	3. Foot infection:	Drop-down, Required, Display as: n 1 - 0 - Uninfected 2 - 1 - Mild 3 - 2 - Moderate 4 - 3 - Severe
Instrument: **OWM_DIABETIC FOOT ULCER RATING** Version: **(original)**			

1	Diabetic Foot Ulcer Rating	Section Header: *Diabetic Foot Ulcer Rating* Diabetic Foot Ulcer Rating	New Section, Display as: n
2	PETEST_DESR	1. Descriptive evaluation of study wound:	Text Box, Required, Display as: n
3	PETEST_ERY	2. Erythema:	Drop-down, Required, Display as: n 1 No incidence 2 Mild 3 Moderate 4 Severe 5 Extremely severe
4	PETEST_DD	3. Discharge/Drainage	Drop-down, Required, Display as: n 1 No incidence 2 Mild 3 Moderate 4 Severe 5 Extremely severe
5	PETEST_MAL	4. Malodor:	Drop-down, Required, Display as: n 1 No incidence 2 Mild 3 Moderate 4 Severe 5 Extremely severe
6	PETEST_TN	5. Tissue Necrosis	Drop-down, Required, Display as: n 1 No incidence 2 Mild 3 Moderate 4 Severe Extremely

			5 severe
Instrument: **OWM_WOUND EVALUATION** Version: **3**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	WAS_EVAL_LOCA	1. Location:	Drop-down, Required, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle 8 Above ankle
3	PETEST_DEPTH	2. Depth:	Drop-down, Required, Display as: n 1 Callus- no open lesions 2 Superficial- partial or full thickness skin ulceration 3 Deep- extends to ligament, tendon, joint capsule or deep fascia
4	PETEST_PATH	3. Pathogenesis:	Checkboxes, Required, Display as: n 1 Ischemic 2 Neuropathic 3 Infected
5	PETEST_HEALSTAT	4. Healing Status:	Drop-down, Required, Display as: n 1 Open 2 Closed
6	PETEST_HEALCLSDT	4a. Closed date:	Date Box, Required, Branching logic expression:

			[PETEST_HEALSTAT(2)]=1
7	PETEST_MECH	5. Mechanics:	Checkboxes, Required, Display as: n 1, Loss of motion 2, Deformity
8	PETEST_MECHMOT	5a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [PETEST_MECH(1)]=1, Display as: n 1, Ankle 2, Toes
9	PETESTL_MECHDEF	5b. Deformity:	Checkboxes, Required, Branching logic expression: [PETEST_MECH(2)]=1, Display as: n 1, Charcot foot- collapsed arch 2, Hammer toes- hyperextended metatarsal phalangeal joint, flexion of pip joint and extension of DIP joint 3, Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4, Prominent metatarsal heads 88, Other
10	PETESSTL_MECHDEFSP	5b1. If other, please specify;	Text Box, Required, Branching logic expression: [PETESTL_MECHDEF(88)]=1
Instrument: **OWM_WOUND HISTORY INDEX ULCER HISTORY** Version: **(original)**			
1	Wound History: Index Ulcer History	Section Header: *Wound History: Index Ulcer History* Wound History: Index Ulcer History	New Section, Display as: n
2	DFCHX_PONSTDT	Duration of study 1a. Onset Date	Date Box, Required, Display as: n

3	DFCHX_PCLSDT	(HIDDEN)1b. Closed Date:	Date Box, Display as: n
4	DFCHX_THRPY	2. In the past 2 months, were any therapies used on the study ulcer? (Prior to enrollment in study).	Radio Buttons, Required, Display as: n 1 Yes 0 No
5	DFCHX_PRTHRPY	2a. Prior therapies:	Text Box, Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
6	DFCHX_THRPYDUR	2b. Duration of treatment (approximate weeks):	Number Box (Integer), Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
7	DFCHX_OFLD	3. In the past 2 months was offloading used on the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No
8	DFCHX_OFLDPR	3a. Prior offloading:	Text Box, Required, Branching logic expression: [DFCHX_OFLD]=1, Display as: n
9	DFCHX_OFLDDUR	3b. Duration (approximate weeks):	Number Box (Integer), Required, Branching logic expression: [DFCHX_OFLD]=1, Display as: n
10	DFCHX_PDFTLOC_MULTI	4. Anatomical location the study index ulcer:	Radio Buttons, Required, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
11		5. Measurements of the study index ulcer	Non Repeating Group of Fields
12	DFCHX_L	5a. Length:	Group: 5. Measurements of the ...

			Number Box (Decimal), Required, Display as: n
13	DFCHX_W	5b. Width:	Group: 5. Measurements of the ... Number Box (Decimal), Required, Display as: n
14	DFCHX_D	5c. Depth:	Group: 5. Measurements of the ... Number Box (Decimal), Required, Display as: n
15	Previous Wound History	Previous Wound History	New Section, Display as: n
16	DFCHX_PD	6. Were there previous ulcers?	Radio Buttons, Required, Display as: n 1 Yes 0 No
17	DFCHX_AMP	7. Was there any amputation of the lower extremities?	Radio Buttons, Required, Display as: n 1 Yes 0 No
18	DFCHX_AMPLOC	7a. Location:	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
19	DFCHX_AMPRSN	7b. Reason:	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Infection 2 Trauma 3 PAD 4 DFU

Instrument: **OWM_WOUND EVALUATION** Version: **4**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	WAS_EVAL_LOCA_V4	1. Location:	Drop-down, Required 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
3	PETEST_DEPTH	2. Depth:	Drop-down, Required, Display as: n 1 Callus- no open lesions 2 Superficial- partial or full thickness skin ulceration 3 Deep- extends to ligament, tendon, joint capsule or deep fascia
4	PETEST_PATH	3. Pathogenesis: When answering question 3 please follow the instructions below: For baseline /visit 1 please enter the cause of the DFU For visits 2-15 please enter the current status of the DFU	Checkboxes, Required, Display as: n 1 Ischemic 2 Neuropathic 3 Infected
5	PETEST_HEALSTAT	4. Healing Status:	Drop-down, Required, Display as: n 1 Open 2 Closed
6	PETEST_HEALCLSDT	4a. Closed date:	Date Box, Required, Branching logic expression: [PETEST_HEALSTAT(2)]=1
7	PETEST_MECH_V4	5. Mechanics:	Checkboxes, Required 1 Loss of motion

			2 Deformity 3 No loss of motion or deformity
8	PETEST_MECHMOT	5a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(1)]=1, Display as: n 1 Ankle 2 Toes
9	PETESTL_MECHDEF	5b. Deformity:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(2)]=1, Display as: n 1 Charcot foot- collapsed arch 2 Hammer toes- hyperextended metatarsal phalangeal joint, flexion of pip joint and extension of DIP joint 3 Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4 Prominent metatarsal heads 88 Other
10	PETESSTL_MECHDEFSP	5b1. If other, please specify;	Text Box, Required, Branching logic expression: [PETESTL_MECHDEF(88)]=1
11	WAS_EVAL_LOCA	(HIDDEN) Location:	Drop-down, Required, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle

12	PETEST_MECH	(HIDDEN) Mechanics:	Checkboxes, Display as: n 1, Loss of motion 2, Deformity 3, No loss of motion or deformity
Instrument: **OWM_WOUND HISTORY INDEX ULCER HISTORY** Version: **2**			
1	Wound History: Index Ulcer History	Section Header: *Wound History: Index Ulcer History* Wound History: Index Ulcer History	New Section, Display as: n
2	DFCHX_PONSTDT	Duration of study 1a. Onset Date	Date Box, Required, Display as: n
3	DFCHX_PCLSDT	(HIDDEN)1b. Closed Date:	Date Box, Display as: n
4	DFCHX_THRPY	2. In the past 2 months, were any therapies used on the study ulcer? (Prior to enrollment in study).	Radio Buttons, Required, Display as: n 1, Yes 0, No
5	DFCHX_PRTHRPY	2a. Prior therapies:	Text Box, Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
6	DFCHX_THRPYDUR	2b. Duration of treatment (approximate weeks):	Number Box (Integer), Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
7	DFCHX_OFLD	3. In the past 2 months was offloading used on the study ulcer?	Radio Buttons, Required, Display as: n 1, Yes 0, No
8	DFCHX_OFLDPR	3a. Prior offloading:	Text Box, Required, Branching logic expression: [DFCHX_OFLD]=1, Display as: n
9	DFCHX_OFLDDUR	3b. Duration (approximate weeks):	Number Box (Integer), Required, Branching logic expression: [DFCHX_OFLD]=1, Display as: n

10	DFCHX_PDFTLOC_MULTI_V2	4. Anatomical location the study index ulcer:	Checkboxes, Required 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
11		5. Measurements of the study index ulcer	Non Repeating Group of Fields
12	DFCHX_L	5a. Length:	Group: 5. Measurements of the ... Number Box (Decimal), Required, Display as: n
13	DFCHX_W	5b. Width:	Group: 5. Measurements of the ... Number Box (Decimal), Required, Display as: n
14	DFCHX_D	5c. Depth:	Group: 5. Measurements of the ... Number Box (Decimal), Required, Display as: n
15	Previous Wound History	Previous Wound History	New Section, Display as: n
16	DFCHX_PD	6. Were there previous ulcers?	Radio Buttons, Required, Display as: n 1 Yes 0 No
17	DFCHX_AMP	7. Was there any amputation of the lower extremities?	Radio Buttons, Required, Display as: n 1 Yes 0 No
18	DFCHX_AMPLOC_V2	7a. Location:	Checkboxes, Required, Branching logic expression: [DFCHX_AMP] =1 1 Plantar 2 Non-plantar 3 Forefoot

			4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
19	DFCHX_AMPRSN	7b. Reason:	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Infection 2 Trauma 3 PAD 4 DFU
20	DFCHX_PDFTLOC_MULTI	(DISCONTINUED) 4. Anatomical location the study index ulcer:	Radio Buttons, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
21	DFCHX_AMPLOC	(DISCONTINUED)7a. Location:	Radio Buttons, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
Instrument: **OWM_WOUND DEBRIDEMENT** Version: **(original)**			
1	Wound Debridement	Section Header: *Wound Debridement*	New Section, Display as: n

		Wound Debridement	
2	PEPERF_YN	1. Was the wound debridement at this visit?	Radio Buttons, Required, Display as: n 1, Yes 0, No
3	PEPERF_BLD	2. Was bleeding present?	Radio Buttons, Required, Branching logic expression: [PEPERF_YN]=1, Display as: n 1, Yes 0, No
4	PEPERF_BONE	3. Was bone exposed?	Radio Buttons, Required, Branching logic expression: [PEPERF_YN]=1, Display as: n 1, Yes 0, No
5	PEPERF_CUL	4. Was a culture taken?	Radio Buttons, Required, Branching logic expression: [PEPERF_YN]=1, Display as: n 1, Yes 0, No
Instrument: **OWM_WOUND EVALUATION** Version: **5**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	PETEST_DEPTH	1. Depth:	Drop-down, Required, Display as: n 1, Callus- no open lesions 2, Superficial- partial or full thickness skin ulceration 3, Deep- extends to ligament, tendon, joint capsule or deep fascia
3	PETEST_PATH	2. Pathogenesis: When answering question 2 please follow the instructions below: For baseline	Checkboxes, Required, Display as: n 1, Ischemic 2, Neuropathic

		/visit 1 please enter the cause of the DFU For visits 2-15 please enter the current status of the DFU	3 Infected
4	PETEST_HEALSTAT	3. Healing Status:	Drop-down, Required, Display as: n 1 Open 2 Closed
5	PETEST_HEALCLSDT	3a. Closed date:	Date Box, Required, Branching logic expression: [PETEST_HEALSTAT(2)]=1
6	PETEST_MECH_V4	4. Mechanics:	Checkboxes, Required 1 Loss of motion 2 Deformity 3 No loss of motion or deformity
7	PETEST_MECHMOT	4a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(1)]=1, Display as: n 1 Ankle 2 Toes
8	PETESTL_MECHDEF	4b. Deformity:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(2)]=1, Display as: n 1 Charcot foot- collapsed arch 2 Hammer toes- hyperextended metatarsal phalangeal joint, flexion of pip joint and extension of DIP joint 3 Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4 Prominent metatarsal heads 88 Other

9	PETESSTL_MECHDEFSP	4b1. If other, please specify;	Text Box, Required, Branching logic expression: [PETESTL_MECHDEF(88)]=1
10	New Non Study Ulcers	New Non Study Ulcers	New Section
11	PETEST_NULCRYN	5. Are there any new ulcers since your last study visit? (new ulcers opened, even if now closed)	Radio Buttons, Required 1 Yes 0 No
12		New Non Study Ulcer Location (enter one row for each ulcer)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [PETEST_NULCRYN]=1
13	PETEST_LLR	5a. Side:	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Right 2 Left
14	PETEST_LPNP	5b. Plantar/Non plantar	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Plantar 2 Non-Plantar
15	PETEST_LFOOT	5c. Foot Location	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Forefoot 2 Midfoot 3 Hindfoot 4 Toes 5 Ankle
16	WAS_EVAL_LOCA	(HIDDEN) Location:	Drop-down, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes

			7 Ankle
17	PETEST_MECH	(HIDDEN) Mechanics:	Checkboxes, Display as: n 1 Loss of motion 2 Deformity 3 No loss of motion or deformity
18	WAS_EVAL_LOCA_V4	(HIDDEN) 1. Location:	Drop-down 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
Instrument: **OWM_WOUND IMAGING** Version: **(original)**			
1	MEAS_COL	Section Header: *Wound Imaging* 1. Were images collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
2	MEAS_TYP	2. Please indicate method used to capture images and measure study ulcer:	Radio Buttons, Required, Branching logic expression: [MEAS_COL]=1, Display as: n 1 eKare images 2 Manual (standard of care) images
3	MEAS	3. Manual measurements:	Descriptive Text, Branching logic expression: [MEAS_TYP]=2 or [MEAS_TYP]=3, Display as: n
4	MEAS_L	3a. Length:	Number Box (Decimal), Required, Branching logic expression: [MEAS_TYP]=2, Measurement unit: cm, Display as: n
5	MEAS_W	3b. Width:	Number Box (Decimal),

			Required, Branching logic expression: [MEAS_TYP]=2, Measurement unit: cm, Display as: n
6	MEAS_D	3c. Depth:	Number Box (Decimal), Required, Branching logic expression: [MEAS_TYP]=2, Measurement unit: cm, Display as: n
Instrument: **OWM_WOUND EVALUATION** Version: **6**			
1	Wound Evaluation	Section Header: *WOUND EVALUATION* Wound Evaluation	New Section, Display as: n
2	PETEST_DEPTH	1. Depth:	Drop-down, Required, Display as: n 1, Callus- no open lesions 2, Superficial- partial or full thickness skin ulceration 3, Deep- extends to ligament, tendon, joint capsule or deep fascia
3	PETEST_PATH	2. Pathogenesis: When answering question 2 please follow the instructions below: For baseline /visit 1 please enter the cause of the DFU For visits 2-15 please enter the current status of the DFU	Checkboxes, Required, Display as: n 1, Ischemic 2, Neuropathic 3, Infected
4	EVAL_WIFI	2a. Foot infection	Radio Buttons, Required, Branching logic expression: [PETEST_PATH(3)]=1 1, 1 - Mild 2, 2 - Moderate 3, 3 - Severe
5	PETEST_HEALSTAT	3. Healing Status:	Drop-down, Required, Display as: n 1, Open 2, Closed
6	PETEST_HEALCLSDT	3a. Closed date:	Date Box, Required, Branching

			logic expression: [PETEST_HEALSTAT(2)]=1
7	PETEST_MECH_V4	4. Mechanics:	Checkboxes, Required 1 Loss of motion 2 Deformity 3 No loss of motion or deformity
8	PETEST_MECHMOT	4a. Loss of Motion:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(1)]=1, Display as: n 1 Ankle 2 Toes
9	PETESTL_MECHDEF	4b. Deformity:	Checkboxes, Required, Branching logic expression: [PETEST_MECH_V4(2)]=1, Display as: n 1 Charcot foot- collapsed arch 2 Hammer toes- hyperextended metatarsal phalangeal joint, flexion of pip joint and extension of DIP joint 3 Claw toes - hyperextended metatarsal phalangeal joint, flexion of pip and dip joints 4 Prominent metatarsal heads 88 Other
10	PETESSTL_MECHDEFSP	4b1. If other, please specify;	Text Box, Required, Branching logic expression: [PETESTL_MECHDEF(88)]=1
11	New Non Study Ulcers	New Non Study Ulcers	New Section
12	PETEST_NULCRYN	5. Are there any new ulcers since your last study visit? (new ulcers opened, even if now closed)	Radio Buttons, Required 1 Yes 0 No

13		New Non Study Ulcer Location (enter one row for each ulcer)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [PETEST_NULCRYN]=1
14	PETEST_LLR	5a. Side:	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Right 2 Left
15	PETEST_LPNP	5b. Plantar/Non plantar	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Plantar 2 Non-Plantar
16	PETEST_LFOOT	5c. Foot Location	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Forefoot 2 Midfoot 3 Hindfoot 4 Toes 5 Ankle
17	WAS_EVAL_LOCA	(HIDDEN) Location:	Drop-down, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
18	PETEST_MECH	(HIDDEN) Mechanics:	Checkboxes, Display as: n 1 Loss of motion 2 Deformity 3 No loss of motion or deformity
19	WAS_EVAL_LOCA_V4	(HIDDEN) 1. Location:	Drop-down

			1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
Instrument: **OWM_WOUND HISTORY INDEX ULCER HISTORY** Version: **3**			
1	Wound History: Index Ulcer History	Section Header: *Wound History: Index Ulcer History* Wound History: Index Ulcer History	New Section, Display as: n
2	DFCHX_PONSTDT	Duration of study index ulcer 1. Onset Date	Date Box, Required, Display as: n
3	DFCHX_THRPY	2. In the past 2 months, were any therapies used on the study ulcer? (Prior to enrollment in study).	Radio Buttons, Required, Display as: n 1 Yes 0 No
4	DFCHX_PRTHRPY	2a. Prior therapies:	Text Box, Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
5	DFCHX_THRPYDUR	2b. Duration of treatment (approximate weeks):	Number Box (Integer), Required, Branching logic expression: [DFCHX_THRPY]=1, Display as: n
6	DFCHX_OFLD	3. In the past 2 months was offloading used on the study ulcer?	Radio Buttons, Required, Display as: n 1 Yes 0 No
7	DFCHX_OFLDPR	3a. Prior offloading:	Text Box, Required, Branching logic expression: [DFCHX_OFLD]=1, Display as: n
8	DFCHX_OFLDDUR	3b. Duration (approximate weeks):	Number Box (Integer), Required, Branching logic expression:

			[DFCHX_OFLD]=1, Display as: n
9		4. Anatomical location of the study index ulcer	Custom Table, Columns: Side, Plantar/Non-plantar, Foot location, Rows: Location
10	DFCHX_LLR		Custom Table: 4. Anatomical lo... Radio Buttons, Required 1 Right 2 Left
11	DFCHX_LPNP		Custom Table: 4. Anatomical lo... Radio Buttons, Required 1 Plantar 2 Non-Plantar
12	DFCHX_LFOOT		Custom Table: 4. Anatomical lo... Radio Buttons, Required 1 Forefoot 2 Midfoot 3 Hindfoot 4 Toes 5 Ankle
13	Previous Wound History	Previous Wound History	New Section, Display as: n
14	DFCHX_PD	5. Were there previous ulcers?	Radio Buttons, Required, Display as: n 1 Yes 0 No
15	DFCHX_AMP	6. Were there any prior amputations of the lower extremities?	Radio Buttons, Required, Display as: n 1 Yes 0 No
16	DFCHX_ALLR	6a. Side:	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1 1 Right 2 Left

17	DFCHX_ALOC	6b. Location	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
18	DFCHX_ALOCSP	Specify:	Text Box, Required, Branching logic expression: [DFCHX_ALOC]=7 or [DFCHX_ALOC]=24
19	DFCHX_AMPRSN	6c. Reason:	Radio Buttons, Required, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
20	DFCHX_AMPRSNSP	Specify:	Text Box, Required, Branching logic expression: [DFCHX_AMPRSN]=5
21	DFCHX_PCLSDT	(HIDDEN)1b. Closed Date:	Date Box, Display as: n
22	DFCHX_PDFTLOC_MULTI_V2	(HIDDEN) 4. Anatomical location the study index ulcer:	Checkboxes 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot

			6 Toes 7 Ankle
23	DFCHX_PDFTLOC_MULTI	(DISCONTINUED) 4. Anatomical location the study index ulcer:	Radio Buttons, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
24		5. Measurements of the study index ulcer	Non Repeating Group of Fields, Branching logic expression: [DFCHX_AMPLOC]=0
25	DFCHX_L	(HIDDEN) 5a. Length:	Group: 5. Measurements of the ... Number Box (Decimal), Display as: n
26	DFCHX_W	(HIDDEN) 5b. Width:	Group: 5. Measurements of the ... Number Box (Decimal), Display as: n
27	DFCHX_D	(HIDDEN) 5c. Depth:	Group: 5. Measurements of the ... Number Box (Decimal), Display as: n
28	DFCHX_AMPLOC_V2	(HIDDEN) 6a. Location:	Group: 5. Measurements of the ... Checkboxes, Branching logic expression: [DFCHX_AMP]=1 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
29	DFCHX_AMPLOC	(DISCONTINUED)7a. Location:	

			Radio Buttons, Branching logic expression: [DFCHX_AMP]=1, Display as: n 1 Plantar 2 Non-plantar 3 Forefoot 4 Midfoot 5 Hindfoot 6 Toes 7 Ankle
Instrument: **OWM_THE SOCIAL DETERMINANTS BATTERY (SDB SF) PATIENT** Version: **(original)**			
1	People have made the following statements about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Section Header: *The Social Determinants Battery (SDB SF) Patient* People have made the following statements about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Rich Text, Display as: n
2		A. Food Insecurity	Matrix Of Fields
3	SDBP100	1. I worried whether my food would run out before I got money to buy more.	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
4	SDBP101	2.The food that I bought just didn’ t last and I didn’t have money to get more	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
5	The next questions ask about any	The next questions ask about any	Rich Text, Display as: n

	problems you might have with medical paperwork and medical instructions.	problems you might have with medical paperwork and medical instructions.	
6		B. Health Literacy	Matrix Of Fields
7	SDBP102	3. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read hospital or clinic materials?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
8	SDBP103	4. How often do you have problems learning about your medical condition because of difficulty understanding written information?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
9	SDBP104	5. How confident are you filling out medical forms by yourself?	Radio Buttons, Required, Display as: n 1 Extremely 2 Quite a bit 3 Somewhat 4 A little 5 Not at all
10	C. Homelessness/Housing Instability:	C. Homelessness/Housing Instability:	New Section, Display as: n
11	The next questions ask about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main	The next questions ask about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main	Rich Text, Display as: n

	nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	
12	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	Rich Text
13	SDBP105	6. Thinking about the last month, do you consider yourself to be a person experiencing homelessness?	Radio Buttons, Required, Display as: n 1 Yes 0 No
14	SDBP106	7. Have you ever been homeless at any time in last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
15	SDBP107	8. Are you concerned you may become homeless over the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
16	SDBP108	9. How many individuals currently live in your household, including yourself (and including family, friends, and or roommates)?	Number Box (Integer), Required, Branching logic expression: [SDBP105]=0, Display as: n
17		10. Is the place where you live:	Matrix Of Fields, Branching logic expression: [SDBP105]=0
18	SDBP109	Owned by you or someone else in the household	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
19	SDBP110	Rented for money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n

			1 Yes 0 No
20	SDBP111	Occupied without paying rent or money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
21	SDBP112	11. In the last 12 months, have you ever gotten behind on either your mortgage, your rent or your utility bills?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
22	SDBP113	12. Have you been evicted or lost your home at any time in the last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
23	SDBP114	13. Are you concerned that you may be evicted or lose your home in the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
24	SDBP115	14. Do you have any rooms in your house in which more than two people usually sleep?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
25	SDBP116	15. Have you had to move in with anyone in the last 12 months to share or cut down on your household expenses or because you had no other choice?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
26	SDBP117	16. In the past three years, how many places, including your current home, have you lived for one week or longer?	Number Box (Integer), Required, Branching logic expression: [SDBP105]=0, Display as: n

27	SDBP118	17. Did you move because you could no longer afford living there?	Radio Buttons, Required, Branching logic expression: [SDBP117]>=2, Display as: n 1 Yes 0 No
28	Thinking about this coming month, please describe how often you think:	Thinking about this coming month, please describe how often you think:	Rich Text, Display as: n
29		D. Perceived Social Support:	Matrix Of Fields
30	SDBP119	18. Someone would be around to make you meals if you become unable to do it yourself	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
31	SDBP120	19. You would have someone to take you shopping if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
32	SDBP121	20. You would have someone to help you if you were sick in bed	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
33	SDBP122	21. You would have someone to pick up medicine for you if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n

			1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
34	SDBP123	22. You would have someone to take you to the doctor if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
35	SDBP124	23. You would have someone to help you change your wound dressings or clean your wound if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
36	SDBP125	24. You could find someone to drive you places if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
37	SDBP126	25. You could get help cleaning up around your home if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes

			4 Usually 5 Always
38	E. Other Demographics	E. Other Demographics	New Section, Display as: n
39	SDBP127	26. How well do you speak english?	Radio Buttons, Required, Display as: n 1 Very well 2 Well 3 Not well 4 Not at all
40	SDBP128	27. What is the HIGHEST level of school you have completed, or the highest degree you have received?	Drop-down, Required, Display as: n 1 Never attended/ kindergarten 2 Grade 1-11 3 12th grade, diploma 4 GED or equivalent 5 High school graduate 6 Some college, no college degree 7 Associate degree: occupational, technical, or vocational program 8 Associate degree: academic program 9 Bachelor's degree (Example BA, AB, BS, BBA) 10 Master's degree (Example: MA, MS, Meng, Med, MBA) 11 Professional school degree (Example: MD, DDS, DVM, JD) 12 Doctoral degree (Example: PhD, EdD)
41	SDBP129	28. Thinking about the last 12 months, what is your best	Number Box (Integer), Required, Display as: n

		estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources, before taxes? In other words, combining all sources of income in your immediate household, how much money did you receive each month, on average, over the last 12 months?	
42		Other Income	Matrix Of Fields, Branching logic expression: [SDBP129]<=6000
43	SDBP130	29. In the last 12 months, have you received from the government any Supplemental Security Income (known as SSI), or Social Security Disability (SSDI), which are different from regular Social Security?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
44	SDBP131	30. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any nutritional assistance from the government?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
45	SDBP132	31. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any unemployment money from the government, to cover the costs of losing a job?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
46	SDBP133	32. At any time in the last 12 months, did YOU OR ANYONE IS YOUR IMMEDIATE HOUSEHOLD receive any public assistance or WELFARE payments from the state or local welfare office (not counting disability or unemployment benefits)?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
47	SDBP134	33. At any time in last 12 months, in YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any public housing assistance, or money from the state or local office specifically to pay part of your housing costs?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No

48	SDBP135	34. What kinds of health insurance or health care coverage do you have? (check all that apply)	Checkboxes, Required, Display as: n 1 Private health insurance 2 Medicare 3 Medicaid 4 Military-related health care (TRICARE, CHAMPUS, VA health care or CHAMP VA) 5 Indian Health Service 6 A state-sponsored health plan, or another government program 7 No coverage of any type 9 Don't know
49	F. Self-Care Capacity:	F. Self-Care Capacity:	New Section, Display as: n
50	The following questions will ask you about problems you may have doing things.	The following questions will ask you about problems you may have doing things.	Rich Text, Display as: n
51	Vision:	Vision:	New Section, Display as: n
52	SDBP136	35. Do you have difficulty seeing, even if you wear glasses or contact lenses?	Radio Buttons, Required, Display as: n 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 I cannot do this at all
53	Do you have any problems with:	Do you have any problems with:	Rich Text, Display as: n
54		Dexterity:	Matrix Of Fields
55	SDBP137	36. Buttoning a shirt, zipping up a zipper,or adjusting a belt?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems I need total

			4 assistance 5 Not applicable
56	SDBP138	37. Putting on socks or stockings?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
57	SDBP139	38. Tying up shoelaces?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
58	SDBP140	39. Changing bandages or dressings for your foot wound or keeping your wound clean and dry?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
Instrument: **OWM_WOUND IMAGING** Version: **2**			
1	MEAS_COL	Section Header: *Wound Imaging* 1. Were images collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
2	MEAS_TYP	2. Please indicate method used to	

		capture images and measure study ulcer:	Radio Buttons, Required, Branching logic expression: [MEAS_COL]=1, Display as: n 3, Both Manual (standard of care) images and eKare images 1, eKare images 2, Manual (standard of care) images
3	MEAS	3. Manual (standard of care) measurements:	Descriptive Text, Branching logic expression: [MEAS_TYP]=2 or [MEAS_TYP]=3, Display as: n
4	MEAS_L	3a. Length:	Number Box (Decimal), Required, Branching logic expression: [MEAS_TYP]=2 or [MEAS_TYP]=3, Measurement unit: cm, Display as: n
5	MEAS_W	3b. Width:	Number Box (Decimal), Required, Branching logic expression: [MEAS_TYP]=2 or [MEAS_TYP]=3, Measurement unit: cm, Display as: n
6	MEAS_D	3c. Depth:	Number Box (Decimal), Required, Branching logic expression: [MEAS_TYP]=2 or [MEAS_TYP]=3, Measurement unit: cm, Display as: n
Instrument: **OWM_HEALTH LITERACY** Version: **(original)**			
1	HLS_SCRIPT	Section Header: *Health Literacy* Health Literacy Script **Please use this script to determine if the participant can complete patient-reported questionnaires without assistance** Read the following paragraph to the participant. The questionnaires associated with this study will take approximately 20 minutes to complete. You can complete the surveys on your own, or I can read you the questions and we can complete the survey together. I am going to show you one of the surveys and I want you to look at the first couple of questions and see how it reads to you. Take a 30 second	Descriptive Text, Display as: n

		pause to allow the participant to look over the questionnaire, then ask them the following questions.	
2	HLS_CONFIDENT	1. How confident are you that you will be able to read, understand and accurately answer all these questions on your own?	Radio Buttons, Required, Display as: n 1, Extremely Confident 2, Very Confident 3, Somewhat confident 4, Slightly confident 5, Not confident at all
3	HLS_RECORD	If the participant response is extremely confident or very confident, the participant should complete the questionnaires. If the participants response is somewhat confident, slightly confident, or not confident at all, you will administer the questionnaires to the participants. Please made sure to record the method of administration in REDCap Cloud.	Descriptive Text, Display as: n
Instrument: **OWM_WOUND IMAGING** Version: **3**			
1	MEAS_COL	Section Header: *Wound Imaging* 1. Were images collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	MEAS	2. Manual (standard of care) measurements:	Descriptive Text, Branching logic expression: [MEAS_COL]=1, Display as: n
3	MEAS_L	2a. Length:	Number Box (Decimal), Required, Branching logic expression: [MEAS_COL]=1, Measurement unit: cm, Display as: n
4	MEAS_W	2b. Width:	Number Box (Decimal), Required, Branching logic expression: [MEAS_COL]=1, Measurement unit: cm, Display as: n

5	MEAS_D	2c. Depth:	Number Box (Decimal), Required, Branching logic expression: [MEAS_COL]=1, Measurement unit: cm, Display as: n
6	MEAS_TYP	(DISCONTINUE) 2. Please indicate method used to capture images and measure study ulcer:	Radio Buttons, Display as: n 3, Both Manual (standard of care) images and eKare images 1, eKare images 2, Manual (standard of care) images
Instrument: **OWM_THE SOCIAL DETERMINANTS BATTERY (SDB SF) PATIENT** Version: **2**			
1	The following questions are important to help better understand difficulties that can impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Section Header: *The Social Determinants Battery (SDB SF) Patient* The following questions are important to help better understand difficulties that can impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Rich Text
2	People have made the following statements about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you in the last 12 months.	People have made the following statements about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Rich Text, Display as: n
3		A. Food Insecurity	Matrix Of Fields
4	SDBP100	1. I worried whether my food would run out before I got money to buy more.	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1, Often True 2, Sometimes True 3, Never True

5	SDBP101	2.The food that I bought just didn’t last and I didn’t have money to get more	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
6	The next questions ask about any problems you might have with medical paperwork and medical instructions.	The next questions ask about any problems you might have with medical paperwork and medical instructions.	Rich Text, Display as: n
7		B. Health Literacy	Matrix Of Fields
8	SDBP102	3. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read hospital or clinic materials?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
9	SDBP103	4. How often do you have problems learning about your medical condition because of difficulty understanding written information?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
10	SDBP104	5. How confident are you filling out medical forms by yourself?	Radio Buttons, Required, Display as: n 1 Extremely 2 Quite a bit 3 Somewhat 4 A little 5 Not at all

11	The next questions ask about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	The next questions ask about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	Rich Text, Display as: n
12	C. Homelessness/Housing Instability:	C. Homelessness/Housing Instability:	New Section, Display as: n
13	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	Rich Text
14	SDBP105	6. Thinking about the last month, do you consider yourself to be a person experiencing homelessness?	Radio Buttons, Required, Display as: n 1 Yes 0 No
15	For the next questions, please think about the last 12 months:	For the next questions, please think about the last 12 months:	Rich Text, Branching logic expression: [SDBP105]=0
16	SDBP106	7. Have you ever been homeless at any time in last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
17	SDBP107	8. Are you concerned you may become homeless over the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
18	SDBP108	9. How many individuals currently live in your household, including yourself (and including family, friends, and or roommates)?	Number Box (Integer), Required, Branching logic expression: [SDBP105]=0, Display as: n

19		10. Is the place where you live:	Matrix Of Fields, Branching logic expression: [SDBP105]=0
20	SDBP109	Owned by you or someone else in the household	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
21	SDBP110	Rented for money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
22	SDBP111	Occupied without paying rent or money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
23	SDBP112	11. In the last 12 months, have you ever gotten behind on either your mortgage, your rent or your utility bills?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
24	SDBP113	12. Have you been evicted or lost your home at any time in the last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
25	SDBP114	13. Are you concerned that you may be evicted or lose your home in the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
26	SDBP115	14. Do you have any rooms in your house in which more than two people usually sleep?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes

			0 No
27	SDBP116	15. Have you had to move in with anyone in the last 12 months to share or cut down on your household expenses or because you had no other choice?	Radio Buttons, Required, Branching logic expression: [SDBP105]=0, Display as: n 1 Yes 0 No
28	SDBP117	16. In the past three years, how many places, including your current home, have you lived for one week or longer?	Number Box (Integer), Required, Branching logic expression: [SDBP105]=0, Display as: n
29	If response to question 16 is greater than 1, please answer question 17.	If response to question 16 is greater than 1, please answer question 17.	Rich Text, Branching logic expression: [SDBP105]=0
30	SDBP118_V2	17. In the past three years, if you lived in more than 1 home, did you move because you could no longer afford to live there?	Radio Buttons, Required, Branching logic expression: [SDBP117]>1 1 Yes 0 No 3 N /A
31	Thinking about this coming month, please describe how often you think:	Thinking about this coming month, please describe how often you think:	Rich Text, Display as: n
32		D. Perceived Social Support:	Matrix Of Fields
33	SDBP119	18. In the coming month, someone would be around to make you meals if you become unable to do it yourself	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
34	SDBP120	19. In the coming month, you would have someone to take you shopping if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes

			4 Usually 5 Always
35	SDBP121	20. In the coming month, you would have someone to help you if you were sick in bed	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
36	SDBP122	21. In the coming month, you would have someone to pick up medicine for you if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
37	SDBP123	22. In the coming month, you would have someone to take you to the doctor if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
38	SDBP124	23. In the coming month, you would have someone to help you change your wound dressings or clean your wound if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
39	SDBP125	24. In the coming month, you could find someone to drive you places if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never

			2 Rarely 3 Sometimes 4 Usually 5 Always
40	SDBP126	25. In the coming month, you could get help cleaning up around your home if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
41	E. Other Demographics	E. Other Demographics	New Section, Display as: n
42	SDBP127	26. How well do you speak English?	Radio Buttons, Required, Display as: n 1 Very well 2 Well 3 Not well 4 Not at all
43	SDBP128	27. What is the HIGHEST level of school you have completed, or the highest degree you have received?	Drop-down, Required, Display as: n 1 Never attended/ kindergarten 2 Grade 1-11 3 12th grade, diploma 4 GED or equivalent 5 High school graduate 6 Some college, no college degree 7 Associate degree: occupational, technical, or vocational program 8 Associate degree: academic program 9 Bachelor's degree (Example BA, AB, BS,

			BBA) 10 Master's degree (Example: MA, MS, Meng, Med, MBA) 11 Professional school degree (Example: MD, DDS, DVM, JD) 12 Doctoral degree (Example: PhD, EdD)
44	Answers to the following questions are important to better understand difficulties that may impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Answers to the following questions are important to better understand difficulties that may impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Rich Text
45	SDBP129A_V2	28. What is your family size?	Radio Buttons, Required 1 Individual 2 Family of 2 3 Family of 3 4 Family of 4 5 Family of 5 6 Family of 6 7 Family of 7 8 Family of 8 9 Family of 9+
46	SDBP129_V2	28a. Many people face difficulties with not having enough money, which can get in the way of getting the best healthcare. Thinking about the last year, what is your best estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources before taxes? In other words, on average, how much money did your household	Number Box (Integer), Required

		receive per month over the last 12 months?	
47		Other Income	Matrix Of Fields, Branching logic expression: [SDBP129_V2] <=6000
48	SDBP130	29. In the last 12 months, have you received from the government any Supplemental Security Income (known as SSI), or Social Security Disability (SSDI), which are different from regular Social Security?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
49	SDBP131	30. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any nutritional assistance from the government?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
50	SDBP132	31. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any unemployment money from the government, to cover the costs of losing a job?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
51	SDBP133	32. At any time in the last 12 months, did YOU OR ANYONE IS YOUR IMMEDIATE HOUSEHOLD receive any public assistance or WELFARE payments from the state or local welfare office (not counting disability or unemployment benefits)?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
52	SDBP134	33. At any time in last 12 months, in YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any public housing assistance, or money from the state or local office specifically to pay part of your housing costs?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
53	SDBP135	34. What kinds of health insurance or health care coverage do you have? (check all that apply)	Checkboxes, Required, Display as: n 1 Private health insurance 2 Medicare

			3 Medicaid 4 Military-related health care (TRICARE, CHAMPUS, VA health care of CHAMP VA) 5 Indian Health Service 6 A state-sponsored health plan, or another government program 7 No coverage of any type 9 Don't know
54	Now I will ask you a few questions about problems you may have doing the following tasks yourself.	Now I will ask you a few questions about problems you may have doing the following tasks yourself.	Rich Text, Display as: n
55	F. Self-Care Capacity:	F. Self-Care Capacity:	New Section, Display as: n
56	Vision:	Vision:	New Section, Display as: n
57	SDBP136	35. Do you have difficulty seeing, even if you wear glasses or contact lenses?	Radio Buttons, Required, Display as: n 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 I cannot do this at all
58	Do you have any problems with:	Do you have any problems with:	Rich Text, Display as: n
59		Dexterity:	Matrix Of Fields
60	SDBP137	36. Buttoning a shirt, zipping up a zipper,or adjusting a belt?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable

61	SDBP138	37. Putting on socks or stockings?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
62	SDBP139	38. Tying up shoelaces?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
63	SDBP140	39. Changing bandages or dressings for your foot wound or keeping your wound clean and dry?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
64	SDBP141	40. We appreciate your willingness to complete the survey questions. If you chose to skip any of the questions we would like to better understand why as it will help us to design better research studies in the future.	Radio Buttons, Required 1 I did not intentionally skip any questions 2 The survey took too long 3 The questions did not apply to me 4 I did not understand the question 5 I was concerned about privacy/confidentiality

			6 Prefer not to answer 7 Other
65	SDBP142	40a. If other, please specify:	Text Box, Required, Branching logic expression: [SDBP141]=7
66	SDBP129	(HIDDEN) Thinking about the last 12 months, what is your best estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources, before taxes? In other words, combining all sources of income in your immediate household, how much money did you receive each month, on average, over the last 12 months?	Number Box (Integer), Display as: n
67	SDBP118	(HIDDEN) Did you move because you could no longer afford living there?	Radio Buttons, Branching logic expression: [SDBP117]>=2, Display as: n 1 Yes 0 No
Instrument: **OWM_PRO ADMINISTRATION** Version: **(original)**			
1	Please indicate how PROs were administered	Section Header: *Pro Administration* Please indicate how PROs were administered	Rich Text, Display as: n
2	PRO_DFUSF	Diabetic Foot Ulcer Short Form:	Radio Buttons, Required, Display as: n 1 Coodinator Administered 2 Participant self report 0 Not Done
3	PRO_MNSIP	Neuropathy MNSI Neurological Screening Instrument_Patient	Radio Buttons, Required, Display as: n 1 Coodinator Administered 2 Participant self report 0 Not Done
4	PRO_PR4A	Promis 4a Sleep Disturbance:	Radio Buttons, Required, Display as: n

			1 Coodinator Administered 2 Participant self report 0 Not Done
5	PRO_SF12	SF-12 Health Survey	Radio Buttons, Required, Display as: n 1 Coodinator Administered 2 Participant self report 0 Not Done
6	PRO_SDBSF	The Social Determinants Battery - Short Form	Radio Buttons, Required, Display as: n 1 Coodinator Administered 2 Participant self report 0 Not Done
Instrument: **OWM_THE SOCIAL DETERMINANTS BATTERY (SDB SF) COORDINATOR** Version: **(original)**			
1	I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Section Header: *The Social Determinants Battery (SDB SF) Coordinator* I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Rich Text, Display as: n
2		A. Food Insecurity	Matrix Of Fields
3	SDBC100	1. I worried whether my food would run out before I got money to buy more.	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
4	SDBC101	2.The food that I bought just didn't last and I didn't have money to	Matrix Of Fields: A. Food Inse...

		get more	Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
5	Now I will ask you a few questions about any problems you might have with medical paperwork and medical instructions.	Now I will ask you a few questions about any problems you might have with medical paperwork and medical instructions.	Rich Text, Display as: n
6		B. Health Literacy	Matrix Of Fields
7	SDBC102	3. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read hospital or clinic materials?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
8	SDBC103	4. How often do you have problems learning about your medical condition because of difficulty understanding written information?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
9	SDBC104	5. How confident are you filling out medical forms by yourself?	Radio Buttons, Required, Display as: n 1 Extremely 2 Quite a bit 3 Somewhat 4 A little 5 Not at all

10	C. Homelessness/Housing Instability:	C. Homelessness/Housing Instability:	New Section, Display as: n
11	Now I will ask you a few questions about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	Now I will ask you a few questions about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	Rich Text, Display as: n
12	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	Rich Text
13	SDBC105	6. Thinking about the last month, do you consider yourself to be a person experiencing homelessness?	Radio Buttons, Required, Display as: n 1 Yes 0 No
14	For the next questions, I want you to think about the last 12 months and respond to the following questions:	For the next questions, I want you to think about the last 12 months and respond to the following questions:	Rich Text, Display as: n
15	SDBC106	7. Have you ever been homeless at any time in last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
16	SDBC107	8. Are you concerned you may become homeless over the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
17	SDBC108	9. How many individuals currently live in your household,	Number Box (Integer), Required, Branching logic expression: [SDBC105]=0, Display as: n

		including yourself (and including family, friends, and or roommates)?	
18		10. Is the place where you live:	Matrix Of Fields, Branching logic expression: [SDBC105]=0
19	SDBC109	Owned by you or someone else in the household	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
20	SDBC110	Rented for money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
21	SDBC111	Occupied without paying rent or money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
22	SDBC112	11. In the last 12 months, have you ever gotten behind on either your mortgage, your rent or your utility bills?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
23	SDBC113	12. Have you been evicted or lost your home at any time in the last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
24	SDBC114	13. Are you concerned that you may be evicted or lose your home in the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
25	SDBC115	14. Do you have any rooms in your house in which more than	

		two people usually sleep?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
26	SDBC116	15. Have you had to move in with anyone in the last 12 months to share or cut down on your household expenses or because you had no other choice?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
27	SDBC117	16. In the past three years, how many places, including your current home, have you lived for one week or longer?	Number Box (Integer), Required, Branching logic expression: [SDBC105]=0, Display as: n
28	SDBC118	17. Did you move because you could no longer afford living there?	Radio Buttons, Required, Branching logic expression: [SDBC117]>=2, Display as: n 1 Yes 0 No
29	For the next questions, I want you to think about the coming month, and describe how often:	For the next questions, I want you to think about the coming month, and describe how often:	Rich Text, Display as: n
30		D. Perceived Social Support:	Matrix Of Fields
31	SDBC119	18. Someone would be around to make you meals if you become unable to do it yourself	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
32	SDBC120	19. You would have someone to take you shopping if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes

			4 Usually 5 Always
33	SDBC121	20. You would have someone to help you if you were sick in bed	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
34	SDBC122	21. You would have someone to pick up medicine for you if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
35	SDBC123	22. You would have someone to take you to the doctor if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
36	SDBC124	23. You would have someone to help you change your wound dressings or clean your wound if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always

37	SDBC125	24. You could find someone to drive you places if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
38	SDBC126	25. You could get help cleaning up around your home if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required, Display as: n 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
39	E. Other Demographics	E. Other Demographics	New Section, Display as: n
40	SDBC127	26. How well do you speak english?	Radio Buttons, Required, Display as: n 1 Very well 2 Well 3 Not well 4 Not at all
41	SDBC128	27. What is the HIGHEST level of school you have completed, or the highest degree you have received?	Drop-down, Required, Display as: n 1 Never attended/ kindergarten 2 Grade 1-11 3 12th grade, no diploma 4 GED or equivalent 5 High school graduate 6 Some college, no college degree 7 Associate degree: occupational, technical, or

			vocational program
			8 Associate degree: academic program
			9 Bachelor’s degree (Example: BA, AB, BS, BBA)
			10 Master’s degree (Example: MA, MS, Meng, Med, MBA)
			11 Professional school degree (Example, MD, DDS, DVM, JD)
			12 Doctoral degree (Example: PhD, EdD)
			13 Refused
			14 Don't know
42	SDBC129	28. Thinking about the last 12 months, what is your best estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources, before taxes? In other words, combining all sources of income in your immediate household, how much money did you receive each month, on average, over the last 12 months?	Number Box (Integer), Required, Display as: n
43		Other Income	Matrix Of Fields, Branching logic expression: [SDBC129]<=6000
44	SDBC130	29. In the last 12 months, have you received from the government any Supplemental Security Income (known as SSI), or Social Security Disability (SSDI), which are different from regular Social Security?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
45	SDBC131	30. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any nutritional assistance from the government?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
46	SDBC132	31. At any time in the last 12 months, did YOU OR ANYONE	Matrix Of Fields: Other Income Radio Buttons, Required

		IN YOUR IMMEDIATE HOUSEHOLD receive any unemployment money from the government, to cover the costs of losing a job?	1 Yes 0 No
47	SDBC133	32. At any time in the last 12 months, did YOU OR ANYONE IS YOUR IMMEDIATE HOUSEHOLD receive any public assistance or WELFARE payments from the state or local welfare office (not counting disability or unemployment benefits)?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
48	SDBC134	33. At any time in last 12 months, in YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any public housing assistance, or money from the state or local office specifically to pay part of your housing costs?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
49	SDBC135	34. What kinds of health insurance or health care coverage do you have? (check all that apply)	Checkboxes, Required, Display as: n 1 Private health insurance 2 Medicare 3 Medicaid 4 Military-related health care (TRICARE, CHAMPUS, VA health care or CHAMP VA) 5 Indian Health Service 6 A state-sponsored health plan, or another government program 7 No coverage of any type 8 Refused 9 Don't know
50	F. Self-Care Capacity:	F. Self-Care Capacity:	New Section, Display as: n
51	Now I will ask you a few questions about problems you may have doing things	Now I will ask you a few questions about problems you may have doing things	Rich Text, Display as: n
52	Vision:	Vision:	New Section, Display as: n

53	SDBC136	35. Do you have difficulty seeing, even if you wear glasses or contact lenses?	Radio Buttons, Required, Display as: n 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 I cannot do this at all
54	Do you have problems with:	Do you have problems with:	Rich Text, Display as: n
55		Dexterity:	Matrix Of Fields
56	SDBC137	36. Buttoning a shirt, zipping up a zipper,or adjusting a belt?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
57	SDBC138	37. Putting on socks or stockings?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
58	SDBC139	38. Tying up shoelaces?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance

			5 Not applicable
59	SDBC140	39. Changing bandages or dressings for your foot wound or keeping your wound clean and dry?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
Instrument: **OWM_PHONE CALL FOLLOW UP** Version: **(original)**			
1	HOCAT	Section Header: *Phone call follow up* 1. How was this visit conducted?	Radio Buttons, Required 1 In person 2 Over the phone 3 Video call
2	HOHEALSTAT	2. What is the current healing status of the study ulcer?	Radio Buttons, Required, Branching logic expression: [HOCAT]=2 or [HOCAT]=3 1 Open 2 Closed 3 Amputated
3	HOCLSD	3. Was the wound closed at any point since your last study visit?	Radio Buttons, Required, Branching logic expression: [HOHEALSTAT]=1 1 Yes 0 No
4	HOOPEN	4. Was the wound open at any point since your last study visit?	Radio Buttons, Branching logic expression: [HOHEALSTAT]=2 1 Yes 0 No
5	HOCLSDDT	4a. Date closed	Date Box, Required, Branching logic expression: [HOHEALSTAT]=2

6	HOAEYN	5. Does the participant report any new adverse events related to study procedures?	Radio Buttons, Required, Branching logic expression: [HOCAT]=2 or [HOCAT]=3 1 Yes 0 No
7	Please enter Adverse Event detail information into the OWM_ADVERSE EVENTS CRF.	Please enter Adverse Event detail information into the OWM_ADVERSE EVENTS CRF.	Rich Text, Branching logic expression: [HOAEYN]=1
8	HODTHYN	6. Is the participant deceased?	Radio Buttons, Required, Branching logic expression: [HOCAT]=2 or [HOCAT]=3 1 Yes 0 No
9	Complete the OWM_FINAL STATUS CRF, select "Death" as the reason for final status and complete the remaining questions and date.	Complete the OWM_FINAL STATUS CRF, select "Death" as the reason for final status and complete the remaining questions and date.	Rich Text, Branching logic expression: [HODTHYN]=1
Instrument: **OWM_THE SOCIAL DETERMINANTS BATTERY (SDB SF) COORDINATOR** Version: **2**			
1	The following questions are important to help better understand difficulties that can impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Section Header: *The Social Determinants Battery (SDB SF) Coordinator* The following questions are important to help better understand difficulties that can impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Rich Text
2	I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months.	I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months.	Rich Text, Display as: n
3		A. Food Insecurity	Matrix Of Fields

4	SDBC100	1. I worried whether my food would run out before I got money to buy more.	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
5	SDBC101	2.The food that I bought just didn’t last and I didn’t have money to get more	Matrix Of Fields: A. Food Inse... Radio Buttons, Required, Display as: n 1 Often True 2 Sometimes True 3 Never True
6	Now I will ask you a few questions about any problems you might have with medical paperwork and medical instructions.	Now I will ask you a few questions about any problems you might have with medical paperwork and medical instructions.	Rich Text, Display as: n
7		B. Health Literacy	Matrix Of Fields
8	SDBC102	3. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read hospital or clinic materials?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never
9	SDBC103	4. How often do you have problems learning about your medical condition because of difficulty understanding written information?	Matrix Of Fields: B. Health Li... Radio Buttons, Required, Display as: n 1 Always 2 Often 3 Sometimes 4 Rarely 5 Never

10	SDBC104	5. How confident are you filling out medical forms by yourself?	Radio Buttons, Required, Display as: n 1 Extremely 2 Quite a bit 3 Somewhat 4 A little 5 Not at all
11	Now I will ask you a few questions about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	Now I will ask you a few questions about your housing and where you live. First, for our purposes, a person experiencing homelessness is someone who does not have a fixed, regular, or adequate nighttime residence or has a main nighttime residence that is public or private operated temporary shelter or is a public or private place not designed as a regular sleeping accommodation for people.	Rich Text, Display as: n
12	C. Homelessness/Housing Instability:	C. Homelessness/Housing Instability:	New Section, Display as: n
13	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	If your answer to Question 6 is “No”, then answer Questions 7 to 17. If your answer to Question 6 is “Yes”, then skip Questions 7 to 17 and go to Question 18.	Rich Text
14	SDBC105	6. Thinking about the last month, do you consider yourself to be a person experiencing homelessness?	Radio Buttons, Required, Display as: n 1 Yes 0 No
15	For the next questions, I want you to think about the last 12 months and respond to the following questions:	For the next questions, I want you to think about the last 12 months and respond to the following questions:	Rich Text, Branching logic expression: [SDBC105]=0, Display as: n
16	SDBC106	7. Have you ever been homeless at any time in last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No

17	SDBC107	8. Are you concerned you may become homeless over the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
18	SDBC108	9. How many individuals currently live in your household, including yourself (and including family, friends, and or roommates)?	Number Box (Integer), Required, Branching logic expression: [SDBC105]=0, Display as: n
19		10. Is the place where you live:	Matrix Of Fields, Branching logic expression: [SDBC105]=0
20	SDBC109	Owned by you or someone else in the household	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
21	SDBC110	Rented for money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
22	SDBC111	Occupied without paying rent or money	Matrix Of Fields: 10. Is the p... Radio Buttons, Required, Display as: n 1 Yes 0 No
23	SDBC112	11. In the last 12 months, have you ever gotten behind on either your mortgage, your rent or your utility bills?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
24	SDBC113	12. Have you been evicted or lost your home at any time in the last 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No

25	SDBC114	13. Are you concerned that you may be evicted or lose your home in the next 12 months?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
26	SDBC115	14. Do you have any rooms in your house in which more than two people usually sleep?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
27	SDBC116	15. Have you had to move in with anyone in the last 12 months to share or cut down on your household expenses or because you had no other choice?	Radio Buttons, Required, Branching logic expression: [SDBC105]=0, Display as: n 1 Yes 0 No
28	SDBC117	16. In the past three years, how many places, including your current home, have you lived for one week or longer?	Number Box (Integer), Required, Branching logic expression: [SDBC105]=0, Display as: n
29	If response to question 16 is greater than 1, please answer question 17.	If response to question 16 is greater than 1, please answer question 17.	Rich Text, Branching logic expression: [SDBC105]=0
30	SDBC118_V2	17. In the past three years, if you lived in more than 1 home, did you move because you could no longer afford to live there?	Radio Buttons, Required, Branching logic expression: [SDBC117]>1 1 Yes 0 No 3 N/A
31	For the next questions, I want you to think about the coming month, and describe how often:	For the next questions, I want you to think about the coming month, and describe how often:	Rich Text, Display as: n
32		D. Perceived Social Support:	Matrix Of Fields
33	SDBC119	18. In the coming month, someone would be around to make you meals if you become unable to do it yourself	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely

			3 Sometimes 4 Usually 5 Always
34	SDBC120	19. In the coming month, you would have someone to take you shopping if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
35	SDBC121	20. In the coming month, you would have someone to help you if you were sick in bed	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
36	SDBC122	21. In the coming month, you would have someone to pick up medicine for you if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
37	SDBC123	22. In the coming month, you would have someone to take you to the doctor if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
38	SDBC124	23. In the coming month, you would have someone to help you change your wound dressings or	Matrix Of Fields: D. Perceived... Radio Buttons, Required

		clean your wound if you needed it	1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
39	SDBC125	24. In the coming month, you could find someone to drive you places if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
40	SDBC126	25. In the coming month, you could get help cleaning up around your home if you needed it	Matrix Of Fields: D. Perceived... Radio Buttons, Required 1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always
41	E. Other Demographics	E. Other Demographics	New Section, Display as: n
42	SDBC127	26. How well do you speak English?	Radio Buttons, Required, Display as: n 1 Very well 2 Well 3 Not well 4 Not at all
43	SDBC128	27. What is the HIGHEST level of school you have completed, or the highest degree you have received?	Drop-down, Required, Display as: n 1 Never attended/ kindergarten 2 Grade 1-11 3 12th grade, no diploma 4 GED or equivalent

			5 High school graduate 6 Some college, no college degree 7 Associate degree: occupational, technical, or vocational program 8 Associate degree: academic program 9 Bachelor's degree (Example: BA, AB, BS, BBA) 10 Master's degree (Example: MA, MS, Meng, Med, MBA) 11 Professional school degree (Example, MD, DDS, DVM, JD) 12 Doctoral degree (Example: PhD, EdD) 13 Refused 14 Don't know
44	Answers to the following questions are important to better understand difficulties that may impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Answers to the following questions are important to better understand difficulties that may impact getting good healthcare. Your answers will be used for research purposes only and we will not share any information that can identify you. Your answers cannot be used to impact your citizenship status, state or federal taxes, or any governmental benefits.	Rich Text
45	SDBC129A_V2	28. What is you family size?	Radio Buttons, Required 1 Individual 2 Family of 2 3 Family of 3 4 Family of 4 5 Family of 5 6 Family of 6 7 Family of 7

			8 Family of 8 9 Family of 9+
46	SDBC129_V2	28a. Many people face difficulties with not having enough money, which can get in the way of getting the best healthcare. Thinking about the last year, What is your best estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources before taxes? In other words, on average, how much money did your household receive per month over the last 12 months?	Number Box (Integer), Required
47		Other Income	Matrix Of Fields, Branching logic expression: [SDBC129_V2] <=6000
48	SDBC130	29. In the last 12 months, have you received from the government any Supplemental Security Income (known as SSI), or Social Security Disability (SSDI), which are different from regular Social Security?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
49	SDBC131	30. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any nutritional assistance from the government?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
50	SDBC132	31. At any time in the last 12 months, did YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any unemployment money from the government, to cover the costs of losing a job?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
51	SDBC133	32. At any time in the last 12 months, did YOU OR ANYONE IS YOUR IMMEDIATE HOUSEHOLD receive any public assistance or WELFARE payments from the state or local	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No

		welfare office (not counting disability or unemployment benefits)?	
52	SDBC134	33. At any time in last 12 months, in YOU OR ANYONE IN YOUR IMMEDIATE HOUSEHOLD receive any public housing assistance, or money from the state or local office specifically to pay part of your housing costs?	Matrix Of Fields: Other Income Radio Buttons, Required 1 Yes 0 No
53	SDBC135	34. What kinds of health insurance or health care coverage do you have? (check all that apply)	Checkboxes, Required, Display as: n 1 Private health insurance 2 Medicare 3 Medicaid 4 Military-related health care (TRICARE, CHAMPUS, VA health care of CHAMP VA) 5 Indian Health Service 6 A state-sponsored health plan, or another government program 7 No coverage of any type 8 Refused 9 Don't know
54	Now I will ask you a few questions about problems you may have doing the following tasks yourself.	Now I will ask you a few questions about problems you may have doing the following tasks yourself.	Rich Text, Display as: n
55	F. Self-Care Capacity:	F. Self-Care Capacity:	New Section, Display as: n
56	Vision:	Vision:	New Section, Display as: n
57	SDBC136	35. Do you have difficulty seeing, even if you wear glasses or contact lenses?	Radio Buttons, Required, Display as: n 1 No difficulty 2 Some difficulty 3 A lot of difficulty 4 I cannot do this at all

58	Do you have problems with:	Do you have problems with:	Rich Text, Display as: n
59		Dexterity:	Matrix Of Fields
60	SDBC137	36. Buttoning a shirt, zipping up a zipper,or adjusting a belt?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
61	SDBC138	37. Putting on socks or stockings?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
62	SDBC139	38. Tying up shoelaces?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems 4 I need total assistance 5 Not applicable
63	SDBC140	39. Changing bandages or dressings for your foot wound or keeping your wound clean and dry?	Matrix Of Fields: Dexterity: Radio Buttons, Required, Display as: n 1 No problems 2 Minor problems 3 Major problems I need total

			4 assistance 5 Not applicable
64	SDBC141	40. We appreciate your willingness to complete the survey questions. If you chose to skip any of the questions we would like to better understand why as it will help us to design better research studies in the future.	Radio Buttons, Required 1 Patient did not intentionally skip any questions 2 Patient said the survey took too long 3 Patient said the questions do not apply 4 Patient did not understand the question 5 Patient cited privacy concerns 6 Patient preferred not to answer 7 Other
65	SDBC142	40a. If other, please specify:	Text Box, Required, Branching logic expression: [SDBC141]=7
66	SDBC118	(HIDDEN) Did you move because you could no longer afford living there?	Radio Buttons, Branching logic expression: [SDBC117]>=2, Display as: n 1 Yes 0 No
67	SDBC129	(HIDDEN) Thinking about the last 12 months, what is your best estimate of your TOTAL MONTHLY HOUSEHOLD INCOME from all sources, before taxes? In other words, combining all sources of income in your immediate household, how much money did you receive each month, on average, over the last 12 months?	Number Box (Integer), Display as: n
Instrument: **OWM_BLOOD SERUM COLLECTION** Version: **(original)**			
1	NLBCAT_SR_LEAD	Section Header: *Blood Serum* 1. Was serum collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No

2	NLBCAT_SR_NO	1a. Reason not collected (select all that apply):	Radio Buttons, Required, Branching logic expression: [NLBCAT_SR_LEAD]=0, Display as: n 1 Unable to get venous access 2 Participant refused 3 Site error 4 Other
3	NLBCAT_SR_NOSP	1a1. If other, specify:	Text Box, Required, Branching logic expression: [NLBCAT_SR_NO]=4, Display as: n
4	NLBDAT_SR	2. Date collected:	Date Box, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n
5	NLBTMC_SR	3. Time whole blood was drawn from subject: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n
6	NLBTMP_SR	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n
7	NLBPRO_SR_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
8		Blood Serum Processing Problems (enter one row for each aliquot with a problem)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [NLBPRO_SR_LEAD]=1
9	NLBPRO_TUBE_SR_V4	5a. Which Vacutainer:	Group: Blood Serum Processing ... Radio Buttons, Required 1 08 2 09 3 10

10	NLBCODE_SR_V4	5b. Aliquot Barcode:	Group: Blood Serum Processing ... Text Box, Required
11	NLBPRO_SR_V4	5c. Processing problem: (select all that apply)	Group: Blood Serum Processing ... Checkboxes, Required 1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
12	NLBPRO_SRSP	5d. Specify:	Group: Blood Serum Processing ... Text Box, Required, Branching logic expression: [NLBPRO_SR_V4(6)]=1
13	NLBIFRZ_SR	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n 1 Yes 0 No
14	NLBTMPFI_SR	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_SR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
15	NLBTMFI_SR	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_SR]=1, Display as: n
16	NLBDAT_FR_SR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n
17	NLBTMF_SR	6d. Time placed in -80 C degree freezer? (00:00 format 24 hr.	Time, Required, Branching logic expression:

		clock)	[NLBCAT_SR_LEAD]=1, Display as: n
18		7. Total samples and disposition	Custom Table, Branching logic expression: [NLBCAT_SR_LEAD]=1, Columns: Total Number of Aliquots, Rows: Vacutainer 08, Vacutainer 09, Vacutainer 10
19	NLBTUB_SRTS		Custom Table: 7. Total samples... Number Box (Integer), Required
20	NLBTUB_SRTS09		Custom Table: 7. Total samples... Number Box (Integer), Required
21	NLBTUB_SRTS10		Custom Table: 7. Total samples... Number Box (Integer), Required
22	NLBDS_SR_KITID	7a. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_SR_LEAD]=1
23	NLBDS_SR	7b. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_SR_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
24	NLBSHPDAT_SR	7c. Date shipped	Date Box, Required, Branching logic expression: [NLBDS_SR] =1, Display as: n
Instrument: **OWM_BLOOD PLASMA COLLECTION** Version: **(original)**			
1	NLBCAT_PL_LEAD	Section Header: *Blood Plasma* 1. Was plasma collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	NLBCAT_PL_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [NLBCAT_PL_LEAD]=0, Display as: n 1, Unable to get venous access

			2 Participant refused 3 Site error 4 Other
3	NLBCAT_PL_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_PL_NO]=4, Display as: n
4	NLBDAT_PL	2. Date collected:	Date Box, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n
5	NLBTMC_PL	3. Time whole blood was drawn from subject: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n
6	NLBTMP_PL	4. Time processed (when centrifugation begins): (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n
7	NLBPRO_PL_LEAD	5. Were there problems processing the samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
8		Blood Plasma Processing Problems (enter one row for each aliqot with a problem)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [NLBPRO_PL_LEAD]=1
9	NLBPRO_TUBE_PL_V4	5a. Which Vacutainer:	Group: Blood Plasma Processing... Radio Buttons, Required 11 11 12 12 13 13
10	NLBCODE_PL_V4	5b. Aliquot Barcode:	Group: Blood Plasma Processing... Text Box, Required
11	NLBPRO_PLA_V4	5c. Processing problem: (select all that apply)	Group: Blood Plasma Processing... Checkboxes, Required

			1 Collection tube broken or spilled 2 Unable to process samples with recommended timeline 3 Hemolyzed 4 Lipemic 5 Icteric 6 Other
12	NLBPRO_PLSPA_V4	5d. Specify:	Group: Blood Plasma Processing... Text Box, Required, Branching logic expression: [NLBPRO_PLA_V4(6)]=1
13	NLBIFRZ_PL	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n 1 Yes 0 No
14	NLBTMPFI_PL	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_PL]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
15	NLBTMFI_PL	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_PL]=1, Display as: n
16	NLBDAT_FR_PL	6c. Date placed in -80 C degree freezer?	Date Box, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n
17	NLBTMF_PL	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n
18	NLBALQ_PL	7. Was a whole blood aliquot collected for HbA1C?	Radio Buttons, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1

			1, Yes 0, No
19	NLBWBBC_PL	7a. Barcode	Text Box, Required, Branching logic expression: [NLBALQ_PL] =1
20		Total samples and disposition	Custom Table, Branching logic expression: [NLBCAT_PL_LEAD]=1, Columns: Total Number of Aliquots, Rows: 11, 12, 13
21	NLBTUB_PLTS11		Custom Table: Total samples an... Number Box (Integer), Required
22	NLBTUB_PLTS12		Custom Table: Total samples an... Number Box (Integer), Required
23	NLBTUB_PLTX13		Custom Table: Total samples an... Number Box (Integer), Required
24	NLBDS_PL_KITID	Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_PL_LEAD]=1
25	NLBDS_PL	8d. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_PL_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
26	NLBSHPDAT_PL	8e. Date shipped:	Date Box, Required, Branching logic expression: [NLBDS_PL] =1, Display as: n
Instrument: **OWM_WOUND DRESSING COLLECTION** Version: **(original)**			
1	NLBCAT_WD_LEAD	Section Header: *Wound Dressing* 1. Was wound dressing collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	NLBCAT_WD_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression:

			[NLBCAT_WD_LEAD]=0, Display as: n 1 No dressing used for index ulcer 2 Participant refused 3 Site error 4 Other
3	NLBCAT_WD_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WD_NO]=4, Display as: n
4	NLBDAT_WD	2. Date collected:	Date Box, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n
5	NLBTMC_WD	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n
6	NLBCAT_WD_MT	4. Dressing Material:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n 1 Collagen 2 Alginate 3 Hydrocolloid 4 Gelling Fiber 5 Foam 6 Enzymatic Creams 7 Gauze 8 Packing 9 Other
7	NLBCAT_WD_MTOSP	4a. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WD_MT]=9, Display as: n
8	NLB_MT_COLLAGE	Please select collagen brand name:	Radio Buttons, Required, Branching logic expression:

			[NLBCAT_WD_MT]=1, Display as: n 1 Fibracol 2 Promogran 3 Promogran Prisma 4 Other
9	NLB_MT_COLLAGESP	If other for collagen brand name, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_COLLAGE]=4, Display as: n
10	NLB_MT_ALGINATE	Please select alginate brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=2, Display as: n 1 Fibracol 2 Calcium Alginate 3 Silvercel 4 Other
11	NLB_MT_ALGINATESP	If other for alginate brand name, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_ALGINATE]=4, Display as: n
12	NLB_MT_HYDROCOLLOID	Please select hydrocolloid brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=3, Display as: n 1 Elastoplast 2 Restore 3 Duoderm 4 Other
13	NLB_MT_HYDROCOLLOIDSP	If other for hydrocolloid brand name, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_HYDROCOLLOID] =4, Display as: n
14	NLB_MT_GELLFIBER	Please select gelling fiber brand name:	

			Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=4, Display as: n 1 Exufiber 2 Exufiber Ag 3 Other
15	NLB_MT_GELLFIBERSP	If other for gelling fiber brand name, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_GELLFIBER]=3, Display as: n
16	NLB_MT_FOAM	Please select foam brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=5, Display as: n 1 Allevyn 2 Mepilex 3 Mepilex Border 4 Optifoam 5 Other
17	NLB_MT_FOAMSP	If other for foam brand name, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_FOAM]=5, Display as: n
18	NLB_MT_ENZYMATIC	Please select enzymatic cream brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=6, Display as: n 1 Santyl (collagenase) 2 Other
19	NLB_MT_ENZYMATICSP	If other for enzymatic cream, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_ENZYMATIC]=2, Display as: n
20	NLB_MT_GAUZE	Please select gauze brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=7, Display as: n

			1 Adaptic (petroleum impregnated gauze) 2 4X4 gauze 3 Kerlix 4 Other
21	NLB_MT_GAUZESP	If other for gauze, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_GAUZE]=4, Display as: n
22	NLB_MT_PACKING	Please select packing brand name:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_MT]=8, Display as: n 1 Iodoform 2 Nugauze 3 Other
23	NLB_MT_PACKINGSP	If other for packing, please specify:	Text Box, Required, Branching logic expression: [NLB_MT_PACKING]=3, Display as: n
24	NLBIFRZ_WD	5. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n 1 Yes 0 No
25	NLBTMPFI_WD	5a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_WD]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
26	NLBTMFI_WD	5b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WD]=1, Display as: n
27	NLBDAT_FR_WD	5c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression:

			[NLBCAT_WD_LEAD]=1, Display as: n
28	NLBTMF_WD	5d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n
29	Biohazard bag	Biohazard bag	New Section, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n
30	NLB_WNDBIOVOL	6. Number of dressings collected:	Text Box, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n
31	NLBWNDKITID	6a. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_WD_LEAD]=1
32	NLBDS_WD	6b. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_WD_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
33	NLBSHPDAT_WD	6c. Date shipped:	Date Box, Required, Branching logic expression: [NLBDS_WD] =1, Display as: n
Instrument: **OWM_WOUND TISSUE COLLECTION** Version: **(original)**			
1	NLBCAT_WT_LEAD	Section Header: *Wound Tissue* 1. Was wound tissue collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	NLBCAT_WT_INF	1a. Was the wound tissue collected infected?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1, Display as: n 1, Yes 0, No

3	NLBCAT_WT_NO	1b. Reason not collected for this visit?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=0, Display as: n 1 Insufficient tissue collected during debridement 2 Provider deemed debridement not necessary 3 Site error 4 Other
4	NLBCAT_WT_NOSP	1b1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WT_NO]=4, Display as: n
5	NLBDAT_WT	2. Date collected:	Date Box, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1, Display as: n
6	NLBTMC_WT	3. Time collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1, Display as: n
7	NLBPRO_WT_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
8		Wound Tissue Processing Problems (enter one row for each sample with a problem)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [NLBPRO_WT_LEAD]=1
9	NLBCODE_WT_V4	4a. Aliquot Barcode:	Group: Wound Tissue Processing.. Text Box, Required
10	NLBPRO_WT	4b. Processing problem: (select all that apply)	Group: Wound Tissue Processing.. Checkboxes, Required, Display as: n 1 Collection container broken of spilled 2 Unable to process samples within recommended

			timeline 3 Other
11	NLBPRO_WTSP	4c. If other, please specify:	Group: Wound Tissue Processing.. Text Box, Required, Branching logic expression: [NLBPRO_WT (3)]=1, Display as: n
12	NLBIFRZ_4WT	5. Was sample put in 4 C degree refrigerator overnight?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1, Display as: n 1 Yes 0 No
13	NLBDAT_FR_4WT	5a. Date placed in 4 C degree refrigerator:	Date Box, Required, Branching logic expression: [NLBIFRZ_4WT]=1, Display as: n
14	NLBTMFI_4WT	5b. Time placed in 4 C degree refrigerator: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_4WT]=1, Display as: n
15	NLBIFRZ20_YN	6. Was sample placed in -20 C degree freezer?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1 1 Yes 0 No
16	NLBDAT_FR_2080WT	6a. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ20_YN]=1, Display as: n
17	NLBTMF_2080WT	6b. Time place in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ20_YN] =1, Display as: n
18	NLBIFRZ80_YN	7. Was sample placed in -80 C degree freezer?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1 1 Yes 0 No
19	NLBDAT_FR_80WT	7a. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ80_YN]=1

20	NLBTMF_80WT	7b. Time place in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ80_YN]=1
21		8. Total samples and disposition	Custom Table, Branching logic expression: [NLBCAT_WT_LEAD]=1, Columns: Total Number of Samples, Rows: RNA, DNA 15ml, DNA 2ml
22	NLBRNATS		Custom Table: 8. Total samples... Number Box (Integer), Required
23	NLBDNA15		Custom Table: 8. Total samples... Number Box (Integer), Required
24	NLBDNA2		Custom Table: 8. Total samples... Number Box (Integer), Required
25	NLBWNDDKITID	8a. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_WT_LEAD]=1
26	NLBDS_WT_V2	8b. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_WT_LEAD]=1 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
27	NLBSHPDAT_WT_V2	8c. Date Shipped:	Date Box, Required, Branching logic expression: [NLBDS_WT_V2]=1
Instrument: **OWM_WOUND FLUID COLLECTION** Version: **(original)**			
1	WOUND FLUID DISCS	Section Header: *Wound Fluid* WOUND FLUID DISCS	Rich Text
2	NLBCAT_WF_LEAD	1. Were wound fluid discs collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
3	NLBCAT_WF_NO	1a. Reason would fluid discs were not collected:	Radio Buttons, Required, Branching logic expression:

			[NLBCAT_WF_LEAD]=0, Display as: n 1 Unable to collect at least 5 discs 2 Participant refused 3 Site error 5 Wound not exudating 6 Wound closed 4 Other
4	NLBCAT_WF_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WF_NO]=4, Display as: n
5	NLBPRB_WF_LEAD	2. Were there any problems with the disc collected samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
6	NLBPRB_WF	2a. Problems with samples: (select all that apply)	Checkboxes, Required, Branching logic expression: [NLBPRB_WF_LEAD]=1, Display as: n 1 At least one disc was contaminated with blood 2 At least one disc was dropped or mishandled during collection (i.e less than 10 discs will be shipped) 4 Unable to process samples within recommended 30 minute timeline 3 Other
7	NLBSHPPRBSP_WF	2a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBPRB_WF (3)]=1, Display as: n
8	NLBPRB_WF_BARCODE	3b. Aliquot Barcode:	Text Box, Required, Branching logic expression: [NLBPRB_WF_LEAD]=1

9	NLB_DISCCOLL	3c. Total number of discs collected:	Number Box (Decimal), Branching logic expression: [NLBPRB_WF_LEAD]=1
10	WOUND FLUID SWABS	WOUND FLUID SWABS	Rich Text
11	NLBCAT_WFSW_LEAD	4. Was a wound fluid swab collected?	Radio Buttons, Required 1 Yes 0 No
12	NLBCAT_WFSB_NO	4a. Reason would fluid swabs were not collected:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=0 5 Wound is closed 2 Participant refused 3 Site error 4 Other
13	NLBCAT_WFSBSP	4a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WFSB_NO]=4
14	NLBPRO_WF_LEAD	5. Were there problems with swab samples after collection and during sample processing?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=1, Display as: n 1 Yes 0 No
15	NLBPRO_WF	5a. Processing problem (select all that apply)	Checkboxes, Required, Branching logic expression: [NLBPRO_WF_LEAD]=1, Display as: n 1 Collection container broken or spilled 2 Unable to process samples within recommended 30 minute timeline 3 Other
16	NLBPRO_WF_MIN	5a1. Please specify in minutes	Number Box (Integer), Required, Branching logic expression: [NLBPRO_WF(2)]=1, Display as: n

17	NLBPROSP	5a2. If other, please specify:	Text Box, Required, Branching logic expression: [NLBPRO_WF (3)]=1, Display as: n
18	NLBWFSWBARCODE	6. Aliquot Barcode:	Text Box, Required, Branching logic expression: [NLBPRO_WF_LEAD]=1
19	Date and Refrigeration	Date and Refrigeration	Rich Text, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1
20	NLBDAT_WF	7. Date discs and/or swabs collected:	Date Box, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n
21	NLBTMC_WF	8. Time discs and/or swabs collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n
22	NLBIFRZ_WF	9. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n 1 Yes 0 No
23	NLBTMPFI_WF	9a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_WF]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
24	NLBTMFI_WF	9b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF]=1, Display as: n
25	NLBDAT_FR_WF	9c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ_WF] =1 or [NLBIFRZ_WF]=0, Display as: n

26	NLBTMF_WF	9d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF]=1 or [NLBIFRZ_WF]=0, Display as: n
27	Final disposition and shipping	Final disposition and shipping	Rich Text, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1
28	NLBWFKITID	10. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1
29	NLBDS_WF	11. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
30	NLBWFSHIPDATE	12. Date shipped:	Date Box, Required, Branching logic expression: [NLBDS_WF] =1
Instrument: **OWM_URINE COLLECTION** Version: **(original)**			
1	NLBCAT_UR_LEAD	Section Header: *Urine* 1. Was urine collected?	Radio Buttons, Required, Display as: n 1, Yes 0, No
2	NLBCAT_UR_NO	1a. Reason not collected:	Radio Buttons, Required, Branching logic expression: [NLBCAT_UR_LEAD]=0, Display as: n 1, Particiant refused 2, Site error 3, Other
3	NLBCAT_UR_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_UR_NO]=3, Display

			as: n
4	NLBDAT_UR	2. Date Collected:	Date Box, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1, Display as: n
5	NLBTMC_UR	3. Time Collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1, Display as: n
6	NLBPRO_UR_LEAD	4. Were there problems processing samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1, Display as: n 1 Yes 0 No
7		Urine Processing Problems (enter one row for each sample with a problem)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [NLBPRO_UR_LEAD]=1
8	NLBPRO_UR	4b. Processing Problem: (select all that apply)	Group: Urine Processing Proble... Checkboxes, Required, Display as: n 1 Collection broken or spilled 2 Unable to process samples within recommended timeline 3 Other
9	NLBPRO_URSP	4b1. If other, please specify:	Group: Urine Processing Proble... Text Box, Required, Branching logic expression: [NLBPRO_UR (3)]=1, Display as: n
10	NLBPRO_URBARCODE	4a Aliquot Barcode:	Group: Urine Processing Proble... Text Box, Required
11	NLBTMPR_UR	5. Time processed: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1, Display as: n
12	NLBIFRZ_UR	6. Did you use an intermediary freeze method or refrigeration	Radio Buttons, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1, Display as: n

		method prior to placing the samples into a -80 C degree freezer for longer term storage?	1 Yes 0 No
13	NLBTMPFI_UR	6a. How were samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_UR]=1, Display as: n 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
14	NLBTMFI_UR	6b. Time initially frozen on day of collection:(00:00 format 24 hr clock)	Time, Required, Branching logic expression: ([NLBIFRZ_UR]=1 and [NLBTMPFI_UR(1)]=1) or ([NLBIFRZ_UR]=1 and [NLBTMPFI_UR(2)]=1), Display as: n
15	NLBDAT_FR_20UR	6b1. Date placed in -20 C degree freezer:	Date Box, Required, Branching logic expression: [NLBTMPFI_UR(3)]=1
16	NLBTMF_20UR	6b2. Time placed in -20 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBTMPFI_UR(3)] =1
17	NLBDAT_FR_UR	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ_UR] =0 or [NLBIFRZ_UR]=1, Display as: n
18	NLBTMF_UR	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr clock)	Time, Required, Branching logic expression: [NLBIFRZ_UR]=0 or [NLBIFRZ_UR]=1, Display as: n
19	Total samples and disposition	Total samples and disposition	Rich Text
20	NLBUR_MSTKITID	7. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_UR_LEAD]=1
21	NLBURTN	8. Total number of samples	Number Box (Integer), Required, Branching logic expression: [NLBCAT_UR_LEAD]=1
22	NLBDS_UR_V2	9. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_UR_LEAD]=1 Shipped to CLASS

			1 Lab 2 Analyzed Onsite 3 Destroyed Onsite
23	NLBSHPDAT_UR_V2	10. Date sent to class lab?	Date Box, Required, Branching logic expression: [NLBDS_UR_V2]=1
Instrument: **OWM_WOUND FLUID COLLECTION** Version: **2**			
1	WOUND FLUID DISCS	Section Header: *Wound Fluid* WOUND FLUID DISCS	Rich Text
2	NLBCAT_WF_LEAD	1. Were wound fluid discs collected?	Radio Buttons, Required, Display as: n 1 Yes 0 No
3	NLBCAT_WF_NO	1a. Reason would fluid discs were not collected:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WF_LEAD]=0, Display as: n 1 Unable to collect at least 5 discs 2 Participant refused 3 Site error 5 Wound not exudating 6 Wound closed 4 Other
4	NLBCAT_WF_NOSP	1a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WF_NO]=4, Display as: n
5	NLBPRB_WF_LEAD	2. Were there any problems with the disc collected samples?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1, Display as: n 1 Yes 0 No
6	NLBPRB_WF	2a. Problems with samples: (select all that apply)	

			Checkboxes, Required, Branching logic expression: [NLBPRB_WF_LEAD]=1, Display as: n 1, At least one disc was contaminated with blood 2, At least one disc was dropped or mishandled during collection (i.e less than 10 discs will be shipped) 4, Unable to process samples within recommended 30 minute timeline 3, Other
7	NLBSHPPRBSP_WF	2a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBPRB_WF (3)]=1, Display as: n
8	NLBPRB_WF_BARCODE	2b. Aliquot Barcode:	Text Box, Required, Branching logic expression: [NLBPRB_WF_LEAD]=1
9	NLB_DISCCOLL	3. Total number of discs collected:	Number Box (Decimal), Required, Branching logic expression: [NLBCAT_WF_LEAD]=1
10	NLBDAT_WF_DISC	4. Date discs collected:	Date Box, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1
11	NLBTDISC_WF	5. Time discs collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1, Display as: n
12	NLBIFRZ_WF_DISC	6. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 1, Yes 0, No
13	NLBTMPFI_WF_DISC	6a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_WF_DISC]=1 1, Dry Ice

			2 | 4 C degree refrigerator 3 | -20 C degree freezer
14	NLBTMFI_WF_DISC	6b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF_DISC]=1
15	NLBDAT_FR_WF_DISC	6c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ_WF_DISC]=1 or [NLBIFRZ_WF_DISC]=0
16	NLBTMF_SF_DISC	6d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF_DISC]=1 or [NLBIFRZ_WF_DISC]=0
17	WOUND FLUID SWABS	WOUND FLUID SWABS	Rich Text
18	NLBCAT_WFSW_LEAD	7. Was a wound fluid swab collected?	Radio Buttons, Required 1 | Yes 0 | No
19	NLBCAT_WFSB_NO	7a. Reason would fluid swabs were not collected:	Radio Buttons, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=0 5 | Wound is closed 2 | Participant refused 3 | Site error 4 | Other
20	NLBCAT_WFSBSP	7a1. If other, please specify:	Text Box, Required, Branching logic expression: [NLBCAT_WFSB_NO]=4
21	NLBPRO_WF_LEAD	8. Were there problems with swab samples after collection and during sample processing?	Radio Buttons, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=1, Display as: n 1 | Yes 0 | No
22	NLBPRO_WF	8a. Processing problem (select all that apply)	Checkboxes, Required, Branching logic expression:

			[NLBPRO_WF_LEAD]=1, Display as: n 1 Collection container broken or spilled 2 Unable to process samples within recommended 30 minute timeline 3 Other
23	NLBPRO_WF_MIN	8a1. Please specify in minutes	Number Box (Integer), Required, Branching logic expression: [NLBPRO_WF(2)]=1, Display as: n
24	NLBPROSP	8a2. If other, please specify:	Text Box, Required, Branching logic expression: [NLBPRO_WF (3)]=1, Display as: n
25	NLBWFSWBARCODE	8a3. Aliquot Barcode:	Text Box, Required, Branching logic expression: [NLBPRO_WF_LEAD]=1
26	NLBDAT_WF_SWAB	9. Date swabs collected:	Date Box, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=1
27	NLBTSWAB_WF	10. Time swabs collected: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=1
28	NLBIFRZ_WF_SWAB	11. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Required, Branching logic expression: [NLBCAT_WFSW_LEAD]=1 1 Yes 0 No
29	NLBTMPFI_WF_SWAB	11a. How were the samples initially frozen?	Radio Buttons, Required, Branching logic expression: [NLBIFRZ_WF_SWAB]=1 1 Dry Ice 2 4 C degree refrigerator 3 -20 C degree freezer
30	NLBTMFI_WF_SWAB	11b. Time initially frozen on day of collection: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF_SWAB]=1

31	NLBDAT_FR_WF_SWAB	11c. Date placed in -80 C degree freezer:	Date Box, Required, Branching logic expression: [NLBIFRZ_WF_SWAB]=1 or [NLBIFRZ_WF_SWAB]=0
32	NLBTMF_WF_SWAB	11d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Required, Branching logic expression: [NLBIFRZ_WF_SWAB]=1 or [NLBIFRZ_WF_SWAB]=0
33	Final disposition and shipping	Final disposition and shipping	Rich Text, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1
34	NLBWFKITID	12. Master Kit ID:	Text Box, Required, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1
35	NLBDS_WF	13. Final Disposition:	Drop-down, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n 1, Shipped to CLASS Lab 2, Analyzed Onsite 3, Destroyed Onsite
36	NLBWFSHIPDATE	14. Date shipped:	Date Box, Required, Branching logic expression: [NLBDS_WF] =1
37	NLBDAT_WF	(HIDDEN) 7. Date discs and/or swabs collected:	Date Box, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n
38	NLBIFRZ_WF	(HIDDEN) 9. Did you use an intermediary freeze method or refrigeration method prior to placing the samples into a -80 C degree freezer for longer term storage.	Radio Buttons, Branching logic expression: [NLBCAT_WF_LEAD]=1 or [NLBCAT_WFSW_LEAD]=1, Display as: n 1, Yes 0, No
39	NLBTMPFI_WF	(HIDDEN) 9a. How were the samples initially frozen?	

			Radio Buttons, Branching logic expression: [NLBIFRZ_WF]=1, Display as: n 1, Dry Ice 2, 4 C degree refrigerator 3, -20 C degree freezer
40	NLBTMFI_WF	(HIDDEN) 9b. Time initially frozen on day of collection: (00: 00 format 24 hr. clock)	Time, Branching logic expression: [NLBIFRZ_WF]=1, Display as: n
41	NLBDAT_FR_WF	(HIDDEN) 9c. Date placed in -80 C degree freezer:	Date Box, Branching logic expression: [NLBIFRZ_WF]=1 or [NLBIFRZ_WF]=0, Display as: n
42	NLBTMF_WF	(HIDDEN) 9d. Time placed in -80 C degree freezer: (00:00 format 24 hr. clock)	Time, Branching logic expression: [NLBIFRZ_WF]=1 or [NLBIFRZ_WF]=0, Display as: n
Instrument: **OWM_WOUND EVALUATION FOLLOW UP** Version: **(original)**			
1	PETEST_HEALSTAT_PR	Section Header: *Wound Evaluation* 1. Patient reported healing status:	Radio Buttons, Required 1, Open 2, Closed
2	PETEST_HEALCLSDT_PR	1a. Closed date:	Date Box, Required, Branching logic expression: [PETEST_HEALSTAT_PR]=2
3	PETESTFU_NULCRYN	2. Are there any new ulcers since your last study visit? (new ulcers opened, even if now closed)	Radio Buttons, Required 1, Yes 0, No
4		New Non Study Ulcer Location (enter one row for each ulcer)	Repeating Group of Fields, Fixed Rows: No, Branching logic expression: [PETESTFU_NULCRYN]=1
5	PETESTFU_LLR	2a. Side	Group: New Non Study Ulcer Loc. Drop-down, Required 1, Right 2, Left

6	PETESTFU_LPNP	2b. Plantar/Non plantar	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Plantar 2 Non plantar
7	PETESTFU_LFOOT	2c. Foot Location:	Group: New Non Study Ulcer Loc. Drop-down, Required 1 Forefoot 2 Midfoot 3 Hindfoot 4 Toes 5 Ankle
Instrument: **OWM_WOUND CONFIRMATION STATUS** Version: **(original)**			
1	WC_HEALSTAT	Section Header: *Wound Confirmation Status* 1. Is the wound opened?	Radio Buttons, Required 1 Yes 0 No
2	WC_HEALOPNDT	1a. Please provide date wound reopened:	Date Box, Required, Branching logic expression: [WC_HEALSTAT]=1
Instrument: **OWM_NIDDK REPOSITORY WITHDRAWAL** Version: **(original)**			
1	DSDECOD_IC_NIDDKWDR	Section Header: *Withdrawal* 1. Is participant withdrawing consent to donate any remaining samples after the Open Wound Master Study to the NIDDK Central Repositories?	Radio Buttons, Required 1 Yes 0 No
2	DSSDAT_IC_NIDDKWDR	2. Date consent was withdrawn:	Date Box, Required, Branching logic expression: [DSDECOD_IC_NIDDKWDR] =1
Instrument: **OWM_AMPUTATIONS** Version: **(original)**			
1	STUDY INDEX ULCER	Section Header: *Amputations* STUDY INDEX ULCER	New Section
2	AMYN_INDEX	A1. Was there a new amputation, that included the study ulcer, since your last study visit?	Radio Buttons, Required 1 Yes

			0 No
3	AMDT_INDEX	A2. Date of amputation:	Date Box, Required, Branching logic expression: [AMYN_INDEX]=1
4	AMLOC_INDEX	A3. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
5	AMLOCSP_INDEX	A3a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_INDEX]=7 or [AMLOC_INDEX]=24
6	AMREAP_INDEX	A4. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
7	AMREAPSP_INDEX	A4a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_INDEX]=4
8	AMREAPGG_INDEX	A4b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes

			0 No
9	AMREAPOM_INDEX	A4c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes 0 No
10	AMREAPSEP_INDEX	A4d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes 0 No
11	AMREAPISCH_INDEX	A4e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=2 1 Yes 0 No
12	AMREAPREVAS_INDEX	A4f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=2 1 Yes 0 No
13	AMREAPMONTHS_INDEX	A4g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_INDEX]=3
14	AMREAPNH_INDEX	A4h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=3 1 Failed advanced therapies 2 Patient prefers amputation to continued wound care 3 Cost of continued wound care 4 Other, specify
15	AMREAPNHSP_INDEX	A4h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_INDEX]=4

16	AMREAS_INDEX	A5. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
17	AMREASSP_INDEX	A5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAS_INDEX]=4
18	AMREASGG_INDEX	A5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
19	AMREASOM_INDEX	A5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
20	AMREASSEP_INDEX	A5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
21	AMREASISCH_INDEX	A5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=2 1 Yes 0 No
22	AMREASREVAS_INDEX	A5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=2 1 Yes 0 No

23	AMREASMONTHS_INDEX	A5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_INDEX]=3
24	AMREASNH_INDEX	A5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=3 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care 4, Other, specify
25	AMREASNHSP_INDEX	A5h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_INDEX]=4
26	This ends the subject's participation in the Open Wound Master Study. Please complete the final status form and select "Completed study per protocol" as reason for final status.	This ends the subject's participation in the Open Wound Master Study. Please complete the final status form and select "Completed study per protocol" as reason for final status.	Rich Text, Branching logic expression: [AMYN_INDEX]=1
27	NON-STUDY INDEX ULCER(S)	NON-STUDY INDEX ULCER(S)	New Section
28	AMYN_NINDEX1	B1. Was there a new lower limb amputation, that did not included the study ulcer, since your last study visit?	Radio Buttons, Required 1, Yes 0, No
29	AMDT_NINDEX1	B2. Date of amputation:	Date Box, Required, Branching logic expression: [AMYN_NINDEX1]=1
30	AMSIDE_NINDEX1	B3. Side:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1, Right 2, Left
31	AMLOC_NINDEX1	B4. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 14, Partial toe 4, Toe

			24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
32	AMLOCSP_NINDEX1	B4a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_NINDEX1]=7 or [AMLOC_NINDEX1]=24
33	AMREAP_NINDEX1	B5. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
34	AMREAPSP_NINDEX1	B5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_NINDEX1]=4
35	AMREAPGG_NINDEX1	B5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1 1 Yes 0 No
36	AMREAPOM_NINDEX1	B5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1 1 Yes 0 No
37	AMREAPSEP_NINDEX1	B5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1

			1, Yes 0, No
38	AMREAPISCH_NINDEX1	B5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=2 1, Yes 0, No
39	AMREAPREVAS_NINDEX1	B5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=2 1, Yes 0, No
40	AMREAPMONTHS_NINDEX1	B5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_NINDEX1]=3
41	AMREAPNH_NINDEX1	B5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=3 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care 4, Other, specify
42	AMREAPNHSP_NINDEX1	B5h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_NINDEX1]=4
43	AMREAS_NINDEX1	B6. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1, Infection 3, Peripheral artery disease (PAD) 4, Non healing diabetic foot ulcer (DFU) 5, Other, specify
44	AMREASSP_NINDEX1	B6a. Please specify:	Text Box, Required, Branching

			logic expression: [AMREAS_NINDEX1]=4
45	AMREASGG_NINDEX1	B6b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1, Yes 0, No
46	AMREASOM_NINDEX1	B6c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1, Yes 0, No
47	AMREASSEP_NINDEX1	B6d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1, Yes 0, No
48	AMREASISCH_NINDEX1	B6e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=2 1, Yes 0, No
49	AMREASREVAS_NINDEX1	B6f. Had a revascularization procedure been performed since the start of the DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=2 1, Yes 0, No
50	AMREASMONTHS_NINDEX1	B6g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_NINDEX1]=3
51	AMREASNH_NINDEX1	B6h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=3 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care

			4 Other, specify
52	AMREASNHSP_NINDEX1	B6h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_NINDEX1]=4
53	AMYN_NINDEX2	C1. Was there another new lower limb amputation, that did not included the study ulcer, since your last study visit?	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1 Yes 0 No
54	AMDT_NINDEX2	C2. Date of amputation:	Date Box, Branching logic expression: [AMYN_NINDEX2] =1
55	AMSIDE_NINDEX2	C3. Side:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 1 Right 2 Left
56	AMLOC_NINDEX2	C4. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
57	AMLOCSP_NINDEX2	C4a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_NINDEX2]=7 or [AMLOC_NINDEX2]=24
58	AMREAP_NINDEX2	C5. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1

			1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
59	AMREAPSP_NINDEX2	C5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_NINDEX2]=4
60	AMREAPGG_NINDEX2	C5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
61	AMREAPOM_NINDEX2	C5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
62	AMREAPSEP_NINDEX2	C5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
63	AMREAPISCH_NINDEX2	C5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=2 1 Yes 0 No
64	AMREAPREVAS_NINDEX2	C5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=2 1 Yes 0 No
65	AMREAPMONTHS_NINDEX2	C5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_NINDEX2]=3

66	AMREAPNH_NINDEX2	C5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=3 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care 4, Other, specify
67	AMREAPNHSP_NINDEX2	C5h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_NINDEX2]=4
68	AMREAS_NINDEX2	C6. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 1, Infection 3, Peripheral artery disease (PAD) 4, Non healing diabetic foot ulcer (DFU) 5, Other, specify
69	AMREASSP_NINDEX2	C6a. Please specify:	Text Box, Required, Branching logic expression: [AMREAS_NINDEX2]=4
70	AMREASGG_NINDEX2	C6b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1, Yes 0, No
71	AMREASOM_NINDEX2	C6c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1, Yes 0, No
72	AMREASSEP_NINDEX2	C6d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1, Yes

			0 No
73	AMREASISCH_NINDEX2	C6e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=2 1 Yes 0 No
74	AMREASREVAS_NINDEX2	C6f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=2 1 Yes 0 No
75	AMREASMONTHS_NINDEX2	C6g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_NINDEX2]=3
76	AMREASNH_NINDEX2	C6h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=3 1 Failed advanced therapies 2 Patient prefers amputation to continued wound care 3 Cost of continued wound care 4 Other, specify
77	AMREASNHSP_NINDEX2	C6h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_NINDEX2]=4
Instrument: **OWM_AMPUTATIONS** Version: **2**			
1	STUDY INDEX ULCER	Section Header: *Amputations* STUDY INDEX ULCER	New Section
2	AMYN_INDEX	A1. Was there a new amputation, that included the study ulcer, since your last study visit?	Radio Buttons, Required 1 Yes 0 No
3	AMDT_INDEX	A2. Date of amputation:	Date Box, Required, Branching logic expression: [AMYN_INDEX]=1

4	AMLOC_INDEX	A3. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
5	AMLOCSP_INDEX	A3a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_INDEX]=7 or [AMLOC_INDEX]=24
6	AMREAP_INDEX	A4. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
7	AMREAPSP_INDEX	A4a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_INDEX]=5
8	AMREAPGG_INDEX	A4b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes 0 No
9	AMREAPOM_INDEX	A4c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes

			0 No
10	AMREAPSEP_INDEX	A4d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=1 1 Yes 0 No
11	AMREAPISCH_INDEX	A4e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=3 1 Yes 0 No
12	AMREAPREVAS_INDEX	A4f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=3 1 Yes 0 No
13	AMREAPMONTHS_INDEX	A4g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_INDEX]=4
14	AMREAPNH_INDEX	A4h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_INDEX]=4 1 Failed advanced therapies 2 Patient prefers amputation to continued wound care 3 Cost of continued wound care 4 Other, specify
15	AMREAPNHSP_INDEX	A4h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_INDEX]=4
16	AMREAS_INDEX	A5. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_INDEX]=1 1 Infection 3 Peripheral artery disease (PAD)

			4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
17	AMREASSP_INDEX	A5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAS_INDEX]=5
18	AMREASGG_INDEX	A5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
19	AMREASOM_INDEX	A5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
20	AMREASSEP_INDEX	A5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=1 1 Yes 0 No
21	AMREASISCH_INDEX	A5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=3 1 Yes 0 No
22	AMREASREVAS_INDEX	A5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=3 1 Yes 0 No
23	AMREASMONTHS_INDEX	A5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_INDEX]=4
24	AMREASNH_INDEX	A5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_INDEX]=4

			1 Failed advanced therapies 2 Patient prefers amputation to continued wound care 3 Cost of continued wound care 4 Other, specify
25	AMREASNHSP_INDEX	A5h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_INDEX]=4
26	This ends the subject's participation in the Open Wound Master Study. Please complete the final status form and select "Completed study per protocol" as reason for final status.	This ends the subject's participation in the Open Wound Master Study. Please complete the final status form and select "Completed study per protocol" as reason for final status.	Rich Text, Branching logic expression: [AMYN_INDEX]=1
27	NON-STUDY INDEX ULCER(S)	NON-STUDY INDEX ULCER(S)	New Section
28	AMYN_NINDEX1	B1. Was there a new lower limb amputation, that did not included the study ulcer, since your last study visit?	Radio Buttons, Required 1 Yes 0 No
29	AMDT_NINDEX1	B2. Date of amputation:	Date Box, Required, Branching logic expression: [AMYN_NINDEX1]=1
30	AMSIDE_NINDEX1	B3. Side:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1 Right 2 Left
31	AMLOC_NINDEX1	B4. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart

			5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
32	AMLOCSP_NINDEX1	B4a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_NINDEX1]=7 or [AMLOC_NINDEX1]=24
33	AMREAP_NINDEX1	B5. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
34	AMREAPSP_NINDEX1	B5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_NINDEX1]=5
35	AMREAPGG_NINDEX1	B5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1 1 Yes 0 No
36	AMREAPOM_NINDEX1	B5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1 1 Yes 0 No
37	AMREAPSEP_NINDEX1	B5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=1 1 Yes 0 No
38	AMREAPISCH_NINDEX1	B5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=3

			1, Yes 0, No
39	AMREAPREVAS_NINDEX1	B5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=3 1, Yes 0, No
40	AMREAPMONTHS_NINDEX1	B5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_NINDEX1]=4
41	AMREAPNH_NINDEX1	B5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX1]=4 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care 4, Other, specify
42	AMREAPNHSP_NINDEX1	B5h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_NINDEX1]=4
43	AMREAS_NINDEX1	B6. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1, Infection 3, Peripheral artery disease (PAD) 4, Non healing diabetic foot ulcer (DFU) 5, Other, specify
44	AMREASSP_NINDEX1	B6a. Please specify:	Text Box, Required, Branching logic expression: [AMREAS_NINDEX1]=5
45	AMREASGG_NINDEX1	B6b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1, Yes

			0 No
46	AMREASOM_NINDEX1	B6c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1 Yes 0 No
47	AMREASSEP_NINDEX1	B6d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=1 1 Yes 0 No
48	AMREASISCH_NINDEX1	B6e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=3 1 Yes 0 No
49	AMREASREVAS_NINDEX1	B6f. Had a revascularization procedure been performed since the start of the DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=3 1 Yes 0 No
50	AMREASMONTHS_NINDEX1	B6g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_NINDEX1]=4
51	AMREASNH_NINDEX1	B6h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX1]=4 1 Failed advanced therapies 2 Patient prefers amputation to continued wound care 3 Cost of continued wound care 4 Other, specify
52	AMREASNHSP_NINDEX1	B6h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_NINDEX1]=4

53	AMYN_NINDEX2	C1. Was there another new lower limb amputation, that did not included the study ulcer, since your last study visit?	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX1]=1 1 Yes 0 No
54	AMDT_NINDEX2	C2. Date of amputation:	Date Box, Branching logic expression: [AMYN_NINDEX2] =1
55	AMSIDE_NINDEX2	C3. Side:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 1 Right 2 Left
56	AMLOC_NINDEX2	C4. Location:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 14 Partial toe 4 Toe 24 Multiple digits (please specify) 2 Transmetatarsal 8 Lisfranc 1 Chopart 5 Below knee (BKA) 6 Above knee (AKA) 7 Other, specify
57	AMLOCSP_NINDEX2	C4a. Please specify:	Text Box, Required, Branching logic expression: [AMLOC_NINDEX2]=7 or [AMLOC_NINDEX2]=24
58	AMREAP_NINDEX2	C5. Primary reason for amputation based on the medical record or from the clinician:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU)

			5 Other, specify
59	AMREAPSP_NINDEX2	C5a. Please specify:	Text Box, Required, Branching logic expression: [AMREAP_NINDEX2]=5
60	AMREAPGG_NINDEX2	C5b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
61	AMREAPOM_NINDEX2	C5c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
62	AMREAPSEP_NINDEX2	C5d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=1 1 Yes 0 No
63	AMREAPISCH_NINDEX2	C5e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=3 1 Yes 0 No
64	AMREAPREVAS_NINDEX2	C5f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=3 1 Yes 0 No
65	AMREAPMONTHS_NINDEX2	C5g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAP_NINDEX2]=4
66	AMREAPNH_NINDEX2	C5h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAP_NINDEX2]=4 1 Failed advanced therapies Patient prefers amputation

			2 to continued wound care 3 Cost of continued wound care 4 Other, specify
67	AMREAPNHSP_NINDEX2	C5h1. Specify:	Text Box, Required, Branching logic expression: [AMREAPNH_NINDEX2]=4
68	AMREAS_NINDEX2	C6. Secondary reason for amputation:	Radio Buttons, Required, Branching logic expression: [AMYN_NINDEX2]=1 1 Infection 3 Peripheral artery disease (PAD) 4 Non healing diabetic foot ulcer (DFU) 5 Other, specify
69	AMREASSP_NINDEX2	C6a. Please specify:	Text Box, Required, Branching logic expression: [AMREAS_NINDEX2]=5
70	AMREASGG_NINDEX2	C6b. Is it gangrene?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1 Yes 0 No
71	AMREASOM_NINDEX2	C6c. Is it osteomyelitis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1 Yes 0 No
72	AMREASSEP_NINDEX2	C6d. Is it sepsis?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=1 1 Yes 0 No
73	AMREASISCH_NINDEX2	C6e. Is PAD due to critical limb ischemia?	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=3

			1, Yes 0, No
74	AMREASREVAS_NINDEX2	C6f. Had a revascularization procedure been performed since the last study visit:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=3 1, Yes 0, No
75	AMREASMONTHS_NINDEX2	C6g. Ulcer duration in months:	Number Box (Integer), Required, Branching logic expression: [AMREAS_NINDEX2]=4
76	AMREASNH_NINDEX2	C6h. If non-healing DFU:	Radio Buttons, Required, Branching logic expression: [AMREAS_NINDEX2]=4 1, Failed advanced therapies 2, Patient prefers amputation to continued wound care 3, Cost of continued wound care 4, Other, specify
77	AMREASNHSP_NINDEX2	C6h1. Specify:	Text Box, Required, Branching logic expression: [AMREASNH_NINDEX2]=4
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **7**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Measurement unit: kilograms
4	VSORRES_HEIGHT_V4	3. Height:	Number Box (Decimal), Required, Measurement unit: meters
5	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT_V3] / [VSORRES_HEIGHT_V4]^2

6		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
7	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer)
8	VSPOS_BP		Custom Table: Blood Pressure Drop-down 1 Sitting 2 Standing 3 Supine
9	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done
10	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer)
11	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Measurement unit: beats/min, Display as: n
12	Vascular	Vascular	New Section, Display as: n
13	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
14	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text
15		Right:	Non Repeating Group of Fields
16	VASORRES_RTBBP	6. Highest brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
17	VASORRES_RTDPBP	7. Highest dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
18	VASORRES_RTPTBP	8. Highest posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n

19	VASORRES_RTTOEBP	9. Highest toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
20	VASORRES_RTABI_V3	10. ABI (DP or PT)/Brachial:	Group: Right: Number Box (Decimal)
21		Left:	Non Repeating Group of Fields
22	PEFORRES_LTBBP_V3	11. Highest brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
23	PEFORRES_LTDPBP_V4	12. Highest dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
24	PEFORRES_LTPTBP_V4	13. Highest tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
25	PEFORRES_LTTOEBP	14. Highest toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
26	PEFORRES_LTABI_V3	15. ABI(DP or PT)/Brachial:	Group: Left: Number Box (Decimal)
27	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
28		Other Modalities	Non Repeating Group of Fields
29	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
30	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
31	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n

32	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
33	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
34	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
35	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
36	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
37	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
38	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1 1+ 2 2+

			3 3+ 4 4+
39		24. Foot deformities described as absence or presence of:	Matrix Of Fields
40	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
41	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
42	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
43	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
44	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
45	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
46	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
47	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36,

			Max: 160, Measurement unit: kilograms, Display as: n
48	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
49	VSORRES_HEIGHT_V3	(HIDDEN) Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
50	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
51	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Number Box (Decimal), Display as: n
52	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
53	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
54	PEFORRES_LTPTBP_V3	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Number Box (Integer), Measurement unit: mm Hg
55	PEFORRES_LTPTBP	(HIDDEN) Highest tibialis (PT) blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
56	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Number Box (Decimal), Display as: n
57	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1, Mild 2, Moderate 3, Severe 4, Absent
58	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1, Mild

			2 Moderate 3 Severe 4 Absent
59	PEF_EDEMAPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
60	PEF_NONPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
Instrument: **OWM_FOCUSED PHYSICAL EXAM** Version: **8**			
1	Vital Signs	Section Header: *Focused Physical Exam* Vital Signs	New Section, Display as: n
2	VSDAT	1. Date vitals were collected:	Date Box, Required, Display as: n
3	VSORRES_WEIGHT_V3	2. Weight:	Number Box (Decimal), Required, Measurement unit: kilograms
4	VSORRES_HEIGHT_V4	3. Height:	Number Box (Decimal), Required, Measurement unit: meters
5	VSORRES_BMI_V3	BMI:	Calculated Field, Equation: [VSORRES_WEIGHT_V3] / [VSORRES_HEIGHT_V4]^2
6		Blood Pressure	Custom Table, Columns: Result, Position, Not Done, Rows: Systolic, Diastolic
7	VCORRES_SYSBP		Custom Table: Blood Pressure Number Box (Integer)
8	VSPOS_BP		Custom Table: Blood Pressure Drop-down

			1 Sitting 2 Standing 3 Supine
9	VSPERF_BP		Custom Table: Blood Pressure Radio Buttons 1 Not Done
10	VSORRES_DIABP		Custom Table: Blood Pressure Number Box (Integer)
11	VSORRES_HR	4. Heart Rate:	Number Box (Integer), Required, Measurement unit: beats/min, Display as: n
12	Vascular	Vascular	New Section, Display as: n
13	VASDAT	5. Date vascular exam was completed.	Date Box, Required, Display as: n
14	If data is entered below for question 6-15, please skip questions 16-19.	If data is entered below for question 6-15, please skip questions 16-19.	Rich Text
15		Right:	Non Repeating Group of Fields
16	VASORRES_RTBBP	6. Brachial blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
17	VASSTAT_RTBBP	6a. Brachial blood pressure non-compressible or not done:	Group: Right: Radio Buttons 1 Non-compressible 99 Not Done
18	VASORRES_RTDPBP	7. Dorsalis pedis (DP) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
19	VASTAT_RTDPBP	7a. Dorsalis pedis (DP) blood pressure non-compressible or not done:	Group: Right: Radio Buttons 1 Non-compressible 99 Not Done

20	VASORRES_RTPTBP	8. Posterior tibialis (PT) blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
21	VASTAT_RTPTBP	8a. Posterior tibialis (PT) blood pressure non-compressible or not done:	Group: Right: Radio Buttons 1 Non-compressible 99 Not Done
22	VASORRES_RTTOEBP	9. Toe blood pressure:	Group: Right: Number Box (Integer), Measurement unit: mm Hg, Display as: n
23	VASTAT_RTTOEBP	9a. Toe blood pressure non-compressible or not done:	Group: Right: Radio Buttons 1 Non-compressible 99 Not Done
24	VAORRES_RTLPVW	10a. Pulse Volume Recording-Waveform for Leg:	Group: Right: Radio Buttons, Required 1 Monophasic 2 Multiphasic 99 Not Done
25	VAORRES_RTTPVW	10b. Pulse Volume Recording-Waveform for Toe:	Group: Right: Radio Buttons, Required 1 Monophasic 2 Multiphasic 99 Not Done
26		Left:	Non Repeating Group of Fields
27	PEFORRES_LTBBP_V3	11. Brachial blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
28	PEFSTAT_LTBBP	11a. Brachial blood pressure non-compressible or not done:	Group: Left: Radio Buttons 1 Non-compressible

			99 Not Done
29	PEFORRES_LTDPBP_V4	12. Dorsalis pedis (DP) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
30	PEFSTAT_LTDPBP	12a. Dorsalis pedis (DP) blood pressure non-compressible or not done:	Group: Left: Radio Buttons 1 Non-compressible 99 Not Done
31	PEFORRES_LTPTBP_V4	13. Posterior tibialis (PT) blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg
32	PEFSTAT_LTPTBP	13a. Posterior tibialis (PT) blood pressure non-compressible or not done:	Group: Left: Radio Buttons 1 Non-compressible 99 Not Done
33	PEFORRES_LTTOEBP	14. Toe blood pressure:	Group: Left: Number Box (Integer), Measurement unit: mm Hg, Display as: n
34	PEFSTAT_LTTOEBP	14a. Toe blood pressure non-compressible or not done:	Group: Left: Radio Buttons 1 Non-compressible 99 Not Done
35	PEFORRES_LTLPVW	15a. Pulse Volume Recording-Waveform for Leg:	Group: Left: Radio Buttons, Required 1 Monophasic 2 Multiphasic 99 Not Done
36	PEFORRES_LTTPVW	15b. Pulse Volume Recording-Waveform for Toe:	Group: Left: Radio Buttons, Required 1 Monophasic 2 Multiphasic 99 Not Done

37	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Please enter data for Questions 16-19 only if Questions 6-15 are blank.	Group: Left: Rich Text
38		Other Modalities	Non Repeating Group of Fields
39	PEFORRES_RTTCPO	16. TcPO2 Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
40	PEFORRES_LTTCPO	17. TcPO2 Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
41	PEFORRES_RTSKINPER	18. Skin Perfusion Pressure Right:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
42	PEFORRES_LTSKINPER	19. Skin Perfusion Pressure Left:	Group: Other Modalities Number Box (Integer), Measurement unit: mm Hg, Display as: n
43	PEF_PALDORPED	20. Palpation of dorsalis pedis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
44	PEF_PALPOSTIB	21. Posterior Tibialis:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
45	PEF_EDEMAPIT	22. Edema pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
46	PEF_EDEMAPITSEV_V3	22a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_EDEMAPIT]=1

			1 1+ 2 2+ 3 3+ 4 4+
47	PEF_NONPIT	23. Non-pitting:	Group: Other Modalities Radio Buttons, Required, Display as: n 1 Present 2 Absent
48	PEF_NONPITSEV_V3	23a. If present:	Group: Other Modalities Radio Buttons, Required, Branching logic expression: [PEF_NONPIT]=1 1 1+ 2 2+ 3 3+ 4 4+
49		24. Foot deformities described as absence or presence of:	Matrix Of Fields
50	PEFTEST_EQN	24a. Equines:	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
51	PEFTEST_HA	24b. Hallux abductovalgus (bunion)/hallux limitus/rigidus (arthritis)	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
52	PEFTEST_HAM	24c. Hammertoes	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
53	PEFTEST_PPLA	24d. Pes planus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No

54	PEFTEST_PCAV	24e. Pes cavus	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
55	PEFTEST_PEXO	24f. Prominent exostosis	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
56	PEFTEST_CHAR	24g. Charcot foot	Matrix Of Fields: 24. Foot def... Radio Buttons, Required 1 Yes 0 No
57	VSORRES_WEIGHT	(HIDDEN)Weight:	Number Box (Decimal), Min: 36, Max: 160, Measurement unit: kilograms, Display as: n
58	VSORRES_HEIGHT	(HIDDEN)Height:	Number Box (Decimal), Min: 1, Max: 2.5, Measurement unit: meters, Display as: n
59	VSORRES_HEIGHT_V3	(HIDDEN) Height:	Number Box (Decimal), Required, Min: 1, Max: 2.5
60	VSORRES_BMI	(HIDDEN)BMI:	Calculated Field, Equation: [VSORRES_WEIGHT] / [VSORRES_HEIGHT]^2, Display as: n
61	VASORRES_RTABI	(HIDDEN)ABI (DP or PT) /Brachial:	Number Box (Decimal), Display as: n
62	PEFORRES_LTBBP	(HIDDEN) Highest brachial blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
63	PEFORRES_LTDPBP	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Number Box (Integer), Measurement unit: mm Hg, Display as: n
64	PEFORRES_LTPTBP_V3	(HIDDEN) Highest dorsalis pedis (DP) blood pressure:	Number Box (Integer), Measurement unit: mm Hg
65	PEFORRES_LTPTBP	(HIDDEN) Highest tibialis (PT) blood pressure:	Number Box (Integer), Measurement unit: mm Hg,

			Display as: n
66	PEFORRES_LTABI	(HIDDEN)ABI(DP or PT)/ Brachial:	Number Box (Decimal), Display as: n
67	PEF_PALDORPEDSEV	(HIDDEN)20a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALDORPED]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
68	PEF_PALPOSTIBSEV	(HIDDEN)21a. If present:	Radio Buttons, Required, Branching logic expression: [PEF_PALPOSTIB]=1, Display as: n 1 Mild 2 Moderate 3 Severe 4 Absent
69	PEF_EDEMAPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
70	PEF_NONPITSEV	(HIDDEN) If present:	Radio Buttons, Display as: n 1 1+ 2 2+ 3 3+ 4 4+
71	VASORRES_RTABI_V3	OBSOLETE: 10. ABI (DP or PT) /Brachial:	Number Box (Decimal)
72	PEFORRES_LTABI_V3	OBSOLETE: 15. ABI(DP or PT) /Brachial:	Number Box (Decimal)
Instrument: **OWM_CULTURE DATA** Version: **(original)**			

1	MBPERF	Section Header: *Culture Data* 1. Was a culture obtained?	Radio Buttons, Required 1, Yes 0, No
2	Conventional Culture	Conventional Culture	New Section, Branching logic expression: [MBPERF]=1
3	MBOCCUR_MB	2. Was there a microbial growth?	Radio Buttons, Required, Branching logic expression: [MBPERF]=1 1, Yes 0, No
4	MBOCCUR_PMB	3. Was there polymicrobial growth?	Radio Buttons, Required, Branching logic expression: [MBPERF]=1 1, Yes 0, No
5	MBCAT	4.List all the microbes that grew on the culture (check all that apply):	Checkboxes, Required, Branching logic expression: [MBPERF]=1 1, Corynebacterium striatum 2, Enterococcus faecalis 3, Enterococcus faecium 4, Staphylococcus aureus 5, Coagulase negative Staphylococcus 6, Staphylococcus epidermidis (CoNS) 7, Staphylococcus lugdunensis 8, Streptococcus anginosus group 9, Streptococcus Group B 10, Streptococcus mitis group 11, Streptococcus pneumoniae 12, Achromobacter species 13, Acinetobacter baumannii complex 14, Acinetobacter species

			15 Citrobacter freundii complex 16 Citrobacter koseri 17 Enterbacter cloacae 18 Escherichia coli 19 Klebsiella aerogenes 20 Klebsiella oxytoca 21 Klebsiella pneumoniae 22 Klebsiellavariicola 23 Morganella morganii 24 Proteus mirabilis 25 Pseudomonas aeruignosa 26 Serratia marcescens 27 Stenotrophomonas maltophilia 28 Other
6	MBCATSP	4a. If other, please specify:	Text Box, Required, Branching logic expression: [MBCAT(28)] =1
7	MBDATTIM_COLL	5. Date and Time Specimen collected:	Date Time Box, Required, Branching logic expression: [MBPERF]=1
8	MBDATTIM_RESULT	6. Date and Time of Final results:	Date Time Box, Required, Branching logic expression: [MBPERF]=1
9		7. List susceptibilities for each organism: (if organism is sensitive (S) or resistant (R) to listed antibiotic)	Custom Table, Branching logic expression: [MBPERF]=1, Columns: Pencillin, MB, Cephalosporin, Carba, FQ, AMG, Macro, Tetra, GLY/LIP, Miscellaneous, specify:, Miscellaneous, Rows: Corynebacterium striatum, Enterococcus faecalis, Enterococcus faecium, Staphylococcus aureus, Coagulase negative Staphylococcus, Staphylococcus epidermidis (CoNS), Staphylococcus lugdunensis, Streptococcus anginosus group,

			Streptococcus Group B, Streptococcus mitis group, Streptococcus pneumoniae, Achromobacter species, Acinetobacter baumannii complex, Acinetobacter species, Citrobacter freundii complex, Citrobacter koseri, Enterbacter cloacae, Escherichia coli, Klebsiella aerogenes, Klebsiella oxytoca, Klebsiella pneumoniae, Klebsiellavariicola, Morganella morganii, Proteus mirabilis, Pseudomonas aeruignosa, Serratia marcescens, Stenotrophomonas maltophilia, Other
10	MBCAT_STAPHSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(4)]=1
11	MBCAT_CORYPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1, S 2, R
12	MBCAT_ENTPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1, S 2, R
13	MBCAT_ENTFAPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1, S 2, R
14	MBCAT_STAPHPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1, S 2, R
15	MBCAT_COAGPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1

			1 S 2 R
16	MBCAT_CONSPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
17	MBCAT_STAPLPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
18	MBCAT_STREPAPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
19	MBCAT_STREPBPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
20	MBCAT_STREPMPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
21	MBCAT_STREPPPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
22	MBCAT_ACHPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S

			2 R
23	MBCAT_ACINEPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
24	MBCAT_ACINEBPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
25	MBCAT_CITFPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
26	MBCAT_CITKPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
27	MBCAT_ENTBPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
28	MBCAT_ESCPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
29	MBCAT_KLEBAPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R

30	MBCAT_KLEBOPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1, S 2, R
31	MBCAT_KLEBPPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1, S 2, R
32	MBCAT_KLEBVPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1, S 2, R
33	MBCAT_MORGPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1, S 2, R
34	MBCAT_PROPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1, S 2, R
35	MBCAT_PSEPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1, S 2, R
36	MBCAT_SERPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1, S 2, R
37	MBCAT_STRENOPEN		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
38	MBCAT_CORYMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
39	MBCAT_ENTMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
40	MBCAT_ENTFAMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
41	MBCAT_STAPHMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
42	MBCAT_COAGMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
43	MBCAT_CONSMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
44	MBCAT_STAPLMB		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
45	MBCAT_STREPAMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
46	MBCAT_STREPBMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
47	MBCAT_STREPMMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
48	MBCAT_STREPPMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
49	MBCAT_ACHMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
50	MBCAT_ACINEMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
51	MBCAT_ACINEBMB		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
52	MBCAT_CITFMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
53	MBCAT_CITKMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
54	MBCAT_ENTBMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
55	MBCAT_ESCMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
56	MBCAT_KLEBAMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
57	MBCAT_KLEBOMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
58	MBCAT_KLEBPMB		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
59	MBCAT_KLEBVMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
60	MBCAT_MORGMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
61	MBCAT_PROMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
62	MBCAT_PSEMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
63	MBCAT_SERMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
64	MBCAT_STRENOMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
65	MBCAT_CORYCEP		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
66	MBCAT_ENTCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
67	MBCAT_ENTFCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
68	MBCAT_STAPHCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
69	MBCAT_COAGCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
70	MBCAT_CONSCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
71	MBCAT_STAPLCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
72	MBCAT_STREPACEP		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
73	MBCAT_STREPBCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
74	MBCAT_STREPMCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
75	MBCAT_STREPPCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
76	MBCAT_ACHCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
77	MBCAT_ACINECEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
78	MBCAT_ACINEBCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
79	MBCAT_CITFCEP		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
80	MBCAT_CITKCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
81	MBCAT_ENTBCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
82	MBCAT_ESCCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
83	MBCAT_KLEBACEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
84	MBCAT_KLEBOCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
85	MBCAT_KLEBPCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
86	MBCAT_KLEBVCEP		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
87	MBCAT_MORGCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
88	MBCAT_PROCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
89	MBCAT_PSECEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
90	MBCAT_SERCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
91	MBCAT_STRENOCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
92	MBCAT_CORYCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
93	MBCAT_ENTCAR		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
94	MBCAT_ENTFCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
95	MBCAT_STAPHCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
96	MBCAT_COAGCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
97	MBCAT_CONSCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
98	MBCAT_STAPLCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
99	MBCAT_STREPACAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
100	MBCAT_STREPBCAR		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
101	MBCAT_STREPMCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
102	MBCAT_STREPPCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
103	MBCAT_ACHCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
104	MBCAT_ACINECAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
105	MBCAT_ACINEBCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
106	MBCAT_CITFCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
107	MBCAT_CITKCAR		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
108	MBCAT_ENTBCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
109	MBCAT_ESCCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
110	MBCAT_KLEBACAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
111	MBCAT_KLEBOCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
112	MBCAT_KLEBPCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
113	MBCAT_KLEBVCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
114	MBCAT_MORGCAR		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
115	MBCAT_PROCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
116	MBCAT_PSECAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
117	MBCAT_SERCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
118	MBCAT_STRENOCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
119	MBCAT_CORYFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
120	MBCAT_ENTFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
121	MBCAT_ENTFFQ		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
122	MBCAT_STAPHFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
123	MBCAT_COAGFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
124	MBCAT_CONSFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
125	MBCAT_STAPLFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
126	MBCAT_STREPAFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
127	MBCAT_STREPBFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
128	MBCAT_STREPMFQ		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
129	MBCA_STREPPFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
130	MBCAT_ACHFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
131	MCAT_ACINEFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
132	MBCAT_ACINEBFQ		Custom Table: 7. List suscepti... Radio Buttons, Required, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
133	MBCAT_CITFFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
134	MBCAT_CITKFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
135	MBCAT_ENTBFQ		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
136	MBCAT_ESCFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
137	MBCAT_KLEBAFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
138	MBCAT_KLEBOFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
139	MBCAT_KLEBPFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
140	MBCAT_KLEBVFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
141	MBCAT_MORGFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
142	MBCAT_PROFQ		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
143	MBCAT_PSEFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
144	MBCAT_SERFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
145	MBCAT_STRENOFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
146	MBCAT_CORYAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
147	MBCAT_ENTAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
148	MBCAT_ENTFAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
149	MBCAT_STAPHAMG		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
150	MBCAT_COAGAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
151	MBCAT_CONSAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
152	MBCAT_STAPLAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
153	MBCAT_STREPAAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
154	MBCAT_STREPBAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
155	MBCAT_STREPMAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
156	MBCAT_STREPPAMG		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
157	MBCAT_ACHAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
158	MBCAT_ACINEAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
159	MBCAT_ACINEBAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
160	MBCAT_CITFAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
161	MBCAT_CITKAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
162	MBCAT_ENTBAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
163	MBCAT_ESCAMG		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
164	MBCAT_KLEBAAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
165	MBCAT_KLEBOAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
166	MBCAT_KLEBPAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
167	MBCAT_KLEBVAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
168	MBCAT_MORGAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
169	MBCAT_PROAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
170	MBCAT_PSEAMG		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
171	MBCAT_SERAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
172	MBCAT_STRENOAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
173	MBCAT_CORYMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
174	MBCAT_CORYTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
175	MBCAT_CORYGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(1)]=1 1 S 2 R
176	MBCAT_CORYSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(1)]=1
177	MBCAT_ENTMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R

178	MBCAT_ENTTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
179	MBCAT_ENTGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(2)]=1 1 S 2 R
180	MBCAT_ENTFMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
181	MBCAT_ENTFTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
182	MBCAT_ENTFGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(3)]=1 1 S 2 R
183	MBCAT_STAPHMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
184	MBCAT_STAPHTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R

185	MBCAT_STAPHGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(4)]=1 1 S 2 R
186	MBCAT_COAGMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
187	MBCAT_COAGTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
188	MBCAT_COAGGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(5)]=1 1 S 2 R
189	MBCAT_CONSMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
190	MBCAT_CONSTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
191	MBCAT_CONSGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(6)]=1 1 S 2 R
192	MBCAT_STAPLMAC		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
193	MBCAT_STAPLTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
194	MBCAT_STAPLGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(7)]=1 1 S 2 R
195	MBCAT_STREPAMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
196	MBCAT_STREPATET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
197	MBCAT_STREPAGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(8)]=1 1 S 2 R
198	MBCAT_STREPBMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
199	MBCAT_STREPBTET		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
200	MBCAT_STREPBGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(9)]=1 1 S 2 R
201	MBCAT_STREPMMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
202	MBCAT_STREPMTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
203	MBCAT_STREPMGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(10)]=1 1 S 2 R
204	MBCAT_STREPPMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
205	MBCAT_STREPPTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
206	MBCAT_STREPPGLY		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(11)]=1 1 S 2 R
207	MBCAT_ACHMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
208	MBCAT_ACHTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
209	MBCAT_ACHGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(12)]=1 1 S 2 R
210	MBCAT_ACINEMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
211	MBCAT_ACINETET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
212	MBCAT_ACINEGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(13)]=1 1 S 2 R
213	MBCAT_ACINEBMAC		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
214	MBCAT_ACINEBTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
215	MBCAT_ACINEBGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(14)]=1 1 S 2 R
216	MBCAT_CITFMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
217	MBCAT_CITFTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
218	MBCAT_CITFGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(15)]=1 1 S 2 R
219	MBCAT_CITKMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
220	MBCAT_CITKTET		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
221	MBCAT_CITKGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(16)]=1 1 S 2 R
222	MBCAT_ENTBMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
223	MBCAT_ENTBTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
224	MBCAT_ENTBGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(17)]=1 1 S 2 R
225	MBCAT_ESCMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
226	MBCAT_ESCTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
227	MBCAT_ESCGLY		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(18)]=1 1 S 2 R
228	MBCAT_KLEBAMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
229	MBCAT_KLEBATET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
230	MBCAT_KLEBAGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(19)]=1 1 S 2 R
231	MBCAT_KLEBOMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
232	MBCAT_KLEBOTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
233	MBCAT_KLEBOGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(20)]=1 1 S 2 R
234	MBCAT_KLEBPMAC		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
235	MBCAT_KLEBPTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
236	MBCAT_KLEBPGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(21)]=1 1 S 2 R
237	MBCAT_KLEBVMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
238	MBCAT_KLEBVTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
239	MBCAT_KLEBVGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(22)]=1 1 S 2 R
240	MBCAT_MORGMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
241	MBCAT_MORGTET		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
242	MBCAT_MORGGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(23)]=1 1 S 2 R
243	MBCAT_PROMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
244	MBCAT_PROTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
245	MBCAT_PROGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(24)]=1 1 S 2 R
246	MBCAT_PSEMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
247	MBCAT_PSETET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
248	MBCAT_PSEGLY		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT(25)]=1 1 S 2 R
249	MBCAT_SERMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
250	MBCAT_SERTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
251	MBCAT_SERGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(26)]=1 1 S 2 R
252	MBCAT_STRENOMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
253	MBCAT_STRENOTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
254	MBCAT_STRENOGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(27)]=1 1 S 2 R
255	MBCAT_ENTSP		Custom Table: 7. List suscepti...

			Text Box, Branching logic expression: [MBCAT(2)]=1
256	MBCAT_ENTFSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(3)]=1
257	MBCAT_COAGSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(5)]=1
258	MBCAT_CONSSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(6)]=1
259	MBCAT_STAPLSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(7)]=1
260	MBCAT_STREPASP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(8)]=1
261	MBCAT_STREPBSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(9)]=1
262	MBCAT_STREPMSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(10)]=1
263	MBCAT_STREPPSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(11)]=1
264	MBCAT_ACHSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(12)]=1
265	MBCAT_ACINESP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(13)]=1
266	MBCAT_ACINEBSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(14)]=1
267	MBCAT_CITFSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(15)]=1
268	MBCAT_CITKSP		Custom Table: 7. List suscepti...

			Text Box, Branching logic expression: [MBCAT(16)]=1
269	MBCAT_ENTBSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(17)]=1
270	MBCAT_ESCSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(18)]=1
271	MBCAT_KLEBASP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(19)]=1
272	MBCAT_KLEBOSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(20)]=1
273	MBCAT_KLEBPSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(21)]=1
274	MBCAT_KLEBVSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(22)]=1
275	MBCAT_MORGSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(23)]=1
276	MBCAT_PROSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(24)]=1
277	MBCAT_PSESP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(25)]=1
278	MBCAT_SERSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(26)]=1
279	MBCAT_STRENOSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(27)]=1
280	MBCAT_CORYMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_CORYSP] <>"" 

			2 R
281	MBCAT_ENTMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ENTSP] <>"" 1 S 2 R
282	MBCAT_ENTFMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ENTFSP] <>"" 1 S 2 R
283	MBCAT_STAPHMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STAPHSP] <>"" 1 S 2 R
284	MBCAT_COAGMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_COAGSP] <>"" 1 S 2 R
285	MBCAT_CONSMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_CONSSP] <>"" 1 S 2 R
286	MBCAT_STAPLMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STAPLSP] <>"" 1 S 2 R

287	MBCAT_STREPAMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STREPASP]<>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
288	MBCAT_STREPBMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STREPBSP]<>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
289	MBCAT_STREPMMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STREPMSP]<>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
290	MBCAT_STREPPMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STREPPSP]<>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
291	MBCAT_ACHMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ACHSP] <>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
292	MBCAT_ACINEMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ACINESP] <>"" <table><tr><td>1</td><td>S</td></tr><tr><td>2</td><td>R</td></tr></table>
293	MBCAT_ACINEBMISC		Custom Table: 7. List suscepti...

			Radio Buttons, Branching logic expression: [MBCAT_ACINEBSP]<>"" 1 S 2 R
294	MBCAT_CITFMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_CITFSP]<>"" 1 S 2 R
295	MBCAT_CITKMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_CITKSP]<>"" 1 S 2 R
296	MBCAT_ENTBMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ENTBSP]<>"" 1 S 2 R
297	MBCAT_ESCMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_ESCSP]<>"" 1 S 2 R
298	MBCAT_KLEBAMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_KLEBASP]<>"" 1 S 2 R
299	MBCAT_KLEBOMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_KLEBOSP]<>""

			1 S 2 R
300	MBCAT_KLEBPMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_KLEBPSP] <>"" 1 S 2 R
301	MBCAT_KLEBVMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_KLEBVSP] <>"" 1 S 2 R
302	MBCAT_MORGMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_MORGSP] <>"" 1 S 2 R
303	MBCAT_PROMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_PROSP] <>"" 1 S 2 R
304	MBCAT_PSEMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_PSESP] <>"" 1 S 2 R
305	MBCAT_SERMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_SERSP] <>"" 1 S 2 R

306	MBCAT_STRENOMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_STRENOSP]<>"" 1 S 2 R
307	MBCAT_OTHPEN		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
308	MBCAT_OTHMB		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
309	MBCAT_OTHCEP		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
310	MBCAT_OTHCAR		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
311	MBCAT_OTHFQ		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
312	MBCAT_OTHAMG		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R

313	MBCAT_OTHMAC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
314	MBCAT_OTHTET		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
315	MBCAT_OTHGLY		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT(28)]=1 1 S 2 R
316	MBCAT_OTHSP		Custom Table: 7. List suscepti... Text Box, Branching logic expression: [MBCAT(28)]=1
317	MBCAT_OTHMISC		Custom Table: 7. List suscepti... Radio Buttons, Branching logic expression: [MBCAT_OTHSP] <>"" 1 S 2 R
Instrument: **OWM_SUBSTUDY CULTURE** Version: **(original)**			
1	SUBYN_CULTURE_IC	Section Header: *Sub-Study* A1. Is supplemental Culture Data being collected for this participant?	Radio Buttons, Required 1 Yes 0 No
2	By responding Yes, the Culture Data event has been made available in this subject record. Please complete the Culture Data information.	By responding Yes, the Culture Data event has been made available in this subject record. Please complete the Culture Data information.	Rich Text, Branching logic expression: [SUBYN_CULTURE_IC]=1
Instrument: **OWM_WOUND THERAPIES AND DRESSING** Version: **(original)**			
1	Please list all previous therapies and dressing since last visit	Section Header: *Wound Therapies and Dressing*	New Section

		Please list all previous therapies and dressing since last visit	
2	WTDYN_OXY	1. Is the participant using Hyperbaric Oxygen Treatment?	Radio Buttons, Required 1 Yes 0 No 77 Don't know
3	WTDYN_TOXY	2. Is the participant using Topical Wound Oxygen Therapy?	Radio Buttons, Required 1 Yes 0 No 77 Don't know
4	WTDYN_VAC	3. Is the participant using a Vacuum Assisted Closure (VAC)?	Radio Buttons, Required 1 Yes 0 No 77 Don't know
5	WTDYN_HYDRO	4. Is the participant receiving hydro-debridement (e.g.,pulse lavage, MIST, and Missonix)?	Radio Buttons, Required 1 Yes 0 No 77 Don't know
6	WTDYN_SKIN	5. Is the participant using Skin Substitute Grafts/Cellula, Blood and Tissue-Based (CTPs)? (if so, please list)	Radio Buttons, Required 1 Yes 0 No 77 Don't know
7	WTDTYPE_SKIN	5a. Type:	Text Box, Required, Branching logic expression: [WTDYN_SKIN]=1
8	WTDYN_PROCEDURE	6. Since the last visit, did the participant undergo a treatment procedure involving the affected limb?	Radio Buttons, Required 1 Yes 0 No Don't

			77 know
9	WTDTYPE_PROCEDURE	6a. Procedure name: (if applicable)	Checkboxes, Required, Branching logic expression: [WTDYN_PROCEDURE]=1 1 Operating room debridement 2 Flap and graft closure 3 Amputation (please complete amputation CRF) 4 Endovascular intervention (i.e., angioplasty, stent) 5 Vascular (open) bypass 6 Non-vascular foot surgery 7 Other, specify
10	WTDTYPE_PROCEDURESP	Specify:	Text Box, Required, Branching logic expression: [WTDTYPE_PROCEDURE(7)] =1
11	WTDTYPE_DRESSING	7. Please specify current primary dressing (in contact with wound) being used on the index ulcer:	Text Box, Required
Instrument: **OWM_SUBSTUDY PMAC** Version: **(original)**			
1	SUBYN_PMAC_IC	Section Header: *Sub-Study* A1. Is participant participating in the pMAC substudy?	Radio Buttons, Required 1 Yes 0 No
2	SUBDT_PMAC_IC	A2. Date participant consented:	Date Box, Required, Branching logic expression: [SUBYN_PMAC_IC]=1
3	SUBYN_PMAC_ICWITHDRAW	Section Header: *Withdraw Consent (Branching logic expression: [SUBYN_PMAC_IC] =1)* B1. Did the participant withdraw consent for participation in the pMAC substudy?	Radio Buttons, Required 1 Yes 0 No
4	SUBDT_PMAC_ICWITHDRAW	B2. Date participant withdrew consent:	Date Box, Required, Branching logic expression: [SUBYN_PMAC_ICWITHDRAW]=

Instrument: **PMAC FOOT XRAY** Version: **(original)**			
1	Instructions: This form is to be completed only once. Within 3 days of enrollment into the Master Protocol, review the subject's medical records for a study-eligible X-ray. If a study-eligible X-ray is identified, proceed with this CRF. If a study-eligible X-ray is not available, this CRF should be postponed until 6 months following the subject's date of enrollment For subjects enrolled prior to the initiation of the pMAC sub-study, please complete this CRF retrospectively. Please note that the X-ray selected must be of the same limb as the DFU enrolled into the Master Protocol.	Section Header: *Foot XRay* Instructions: This form is to be completed only once. Within 3 days of enrollment into the Master Protocol, review the subject's medical records for a study-eligible X-ray. If a study-eligible X-ray is identified, proceed with this CRF. If a study-eligible X-ray is not available, this CRF should be postponed until 6 months following the subject's date of enrollment For subjects enrolled prior to the initiation of the pMAC sub-study, please complete this CRF retrospectively. Please note that the X-ray selected must be of the same limb as the DFU enrolled into the Master Protocol.	New Section
2	PMACFXRYN_XRAY	1. Was a 2-view or 3-view (preferred) foot X-ray taken of the ipsilateral foot within the 12 months prior to enrollment or within 6 months of enrollment?	Radio Buttons, Required 1 Yes 0 No
3	PMACFXRTEST_MPLOC	2. Is the X-ray of the selected limb the same as the limb that was enrolled into the Master Protocol?	Radio Buttons, Required, Branching logic expression: [PMACFXRYN_XRAY]=1 1 Yes 0 No
4	PMACFXRTEST_LLR	3. Please confirm the side of the foot X-ray taken:	Radio Buttons, Required, Branching logic expression: [PMACFXRYN_XRAY]=1 1 Right 2 Left
5	PMACFXR_NXRAY	4. Number of X-ray views taken:	Radio Buttons, Required, Branching logic expression: [PMACFXRYN_XRAY]=1 2 Two 3 Three (preferred)
6	PMACFXRDT_XRAY	5. Date of X-ray:	Date Box, Required, Branching

			logic expression: [PMACFXRYN_XRAY]=1
7	PMACFXR_MPENROL	5a. Date of Master Protocol enrollment:	Date Box, Required, Branching logic expression: [PMACFXRYN_XRAY]=1
8	PMACFXR_DEIDDAT	6. Date X-ray was de-identified:	Date Box, Branching logic expression: [PMACFXRYN_XRAY]=1
9	PMACFXR_DRPBXDAT	6a. Date X-ray was uploaded to DropBox:	Date Box, Branching logic expression: [PMACFXRYN_XRAY]=1
Instrument: **PMAC MACE AND MALE** Version: **(original)**			
1	This form is to be completed only once, at the study termination visit Instructions: Please complete the form by asking patients to confirm whether any of the events listed below occurred during their study participation (patient-self report). After the CRF is completed, coordinators must verify the information provided in the patient's EMR. 1. MACE: Did the patient report any of the following events occurring during study participation?	Section Header: *MACE and MALE* This form is to be completed only once, at the study termination visit Instructions: Please complete the form by asking patients to confirm whether any of the events listed below occurred during their study participation (patient-self report). After the CRF is completed, coordinators must verify the information provided in the patient's EMR. 1. MACE: Did the patient report any of the following events occurring during study participation?	New Section
2	PMACMMOCCUR_MI	1a. Myocardial infarction (MI: NSTEMI or STEMI)	Radio Buttons, Required 1, Yes 0, No
3	PMACMM_MIVLDT	If 1a, yes: How was the information validated?	Radio Buttons, Required, Branching logic expression: [PMACMMOCCUR_MI]=1 1, Patient self-reported 2, Medical records 3, Both
4	PMACMMOCCUR_STK	1b. Stroke	Radio Buttons, Required 1, Yes 0, No

5	PMACMM_STKVLDT	If 1b, yes: How was the information validated?	Radio Buttons, Required, Branching logic expression: [PMACMMOCCUR_STK]=1 1, Patient self-reported 2, Medical records 3, Both
6	PMACMMOCCUR_CR	1c. Coronary revascularization (PCI or CABG)	Radio Buttons, Required 1, Yes 0, No
7	PMACMM_CRVLDT	If 1c, yes: How was the information validated?	Radio Buttons, Required, Branching logic expression: [PMACMMOCCUR_CR]=1 1, Patient self-reported 2, Medical records 3, Both
8	2. Leg Revascularization Events:	2. Leg Revascularization Events:	New Section
9	PMACMMOCCUR_LL	2a. Did the patient report any lower limb revascularization* events occurring during study participation?	Radio Buttons, Required 1, Yes 0, No
10	PMACMM_LLVLDT	If 2b, yes: How was the information validated?	Radio Buttons, Required, Branching logic expression: [PMACMMOCCUR_LL]=1 1, Patient self-reported 2, Medical records 3, Both
11	* Any catheter based (e.g. angioplasty, stent, atherectomy etc.) or open vascular surgery (e. g. bypass, endarterectomy) procedure to treat the index limb. Diagnostic angiograms should not be included (e.g. the procedure involved only imaging the leg(s) with dye, but no additional	* Any catheter based (e.g. angioplasty, stent, atherectomy etc.) or open vascular surgery (e. g. bypass, endarterectomy) procedure to treat the index limb. Diagnostic angiograms should not be included (e.g. the procedure involved only imaging the leg(s) with dye, but no additional	Rich Text

	intervention was performed for revascularization).	intervention was performed for revascularization).	