

HCRI

Annotated Design For Trial: clever

Protocol: CLEVER

Program: CLEVER

Generated By InForm Architect™

Version 6.0

March 3, 2009 1:56PM

Time and Events Schedule For Study: clever															
	Assessment	CRF	Baseline Visit 1 (BASE1) [S]	Baseline Visit 2 (BASE2) [S]	Events (EVENT) [S]	Unscheduled Visit (UNSCH) [S/R/D]	Exit (EXT) [S/D]	Conflict (Conflict) [U/R/D]	Procedure (PROC) [S/D]	Supervised Exercise (EXER) [S/D]	Month 6 (6MO) [S/D]	Phone Visits (PHN) [U/R/D]	Month 18 (18MO) [S/D]	Quarterly Visit (QUART) [U/R/D]	Cross-Over (CROSS) [S/D]
1	Date of Visit	DOV	1	1			1								1
2	Inclusion Criteria	INC	2												
3	Demography	DEM	3												
4	Vital Signs	VS	4							2		2			
5	SKIN EXAMINATION	SKIN	5							3		3			
6	Medical History	MHX	6												
7	Leg Ischemia Assessment	LEG	7							6		6	2		3
8	Gardner Treadmill Procedure	GARD	8	4						7		7			5
9	ABI Measurements	ABI	9	5						8		8			4
10	Risk Factor Management	RISK	10							9		9			6
11	Biochemistry	BIOCHEM		2						4		4			
12	Pedometer Log	PEDOM		3						5		5			
13	Randomization	RND		6											
14	Study Medications	SMD		7-C-DF						10-C-DF		10-C-DF	3-C		
15	EXERCISE SURVEY	EXERSURV		8						11		11			
16	Walking Impairment Questionnaire	WIQ		9						13		13			
17	Events	EVT			1										
18	Adverse Event	AE			2-RF										
19	Death	DEA			3-DF										
20	Serious Adverse Event	SAE			4-RF-DF										
21	SAE Follow-up	SAEFUP			5-RF-DF										
22	Concomitant Medications	CMD			6-RF										
23	Hemorrhagic/Vascular Event	H/V			7-RF-DF										
24	Transfusion Details	TRNS			8-RF-DF										
25	Ischemic Events / MI	ISMI			9-RF-DF										
26	Vascular Interventions	VASC			10-RF-DF										
27	Diagnostics	DIAG			11-RF-DF										
28	Leg Ischemia Events	LEG ISCH			12-RF-DF										
29	Hospitalization	HOSP			13-RF-DF										
30	Protocol Deviation	PD			14-RF-DF										
31	Additional Comments	COMM			15										
32	Date of Visit	DOV				1				1		1	1		
33	Study Exit	EXT					2								
34	Date of Visit	DOV							1						
35	Study Procedure	STUDYPROC							2						
36	Stent and Lesion Detail for Target Lesion	STENT							3						
37	Non-Target Lesion/Segment Treated	NTRG							4						
38	Additional Lesion Detail	ADDLESDT							5-RF						
39	Procedure Event	PEV							6-RF-DF						
40	POST-STENT PROCEDURE RESTING PRESSURES	STABI							7						
41	Supervised Exercise Training/Exercise Prescription	EXER							1-RF						
42	Quarterly Resource Utilization	UTIL								12		12	4		
43	Date of Visit/Date of Phone Call	DOV									1				
44	Treatment Crossover	CROSS													2

Key: [S] = Scheduled Visit [O] = Optional Visit [D] = Dynamic Visit [U] = Unscheduled Visit [R] = Repeating Visit
C = Common Form DF = Dynamic Form RF = Repeating Form

clever : SYSTEM SCREENING (SCR)	
1. Subject Initials	A3 (Enter a dash if no middle initial) (MAPPINGS1:t_SCREEN.txtScrPatInit)
2. Screening Date	Req / Req / Req (2006-2015) (MAPPINGS1:t_SCREEN.SCDT)
3. Gender	(MAPPINGS1:t_SCREEN.SEX) [1] <input type="radio"/> Male [2] <input type="radio"/> Female
4. Race <i>Check only one. Use the "Other, please specify" space if mixed race.</i>	(MAPPINGS1:t_SCREEN.RACE) [1] <input type="radio"/> American Indian or Alaska Native [2] <input type="radio"/> Asian [3] <input type="radio"/> Black or African American [4] <input type="radio"/> Native Hawaiian or Other Pacific Islander [5] <input type="radio"/> White [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_SCREEN.RACEOSP) A50
5. Ethnicity	(MAPPINGS1:t_SCREEN.ETHNIC) [1] <input type="radio"/> Hispanic or Latino [2] <input type="radio"/> Not Hispanic or Latino
6. Age	xxx Years (MAPPINGS1:t_SCREEN.AGE)
7. Were all Inclusion criteria met? If the answer is Yes, all inclusion criteria were met, the subject may proceed to enrollment. If No, please check off all applicable inclusion criteria that were not met; the subject may not proceed in the study.	(MAPPINGS1:t_SCREEN.INCYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No, Inclusion Criteria not all met (check all that apply) (MAPPINGS1:t_SCREEN.SCRINC1_18) [14] <input type="checkbox"/> Inclusion 1 (MAPPINGS1:t_SCREEN.SCRINC2_18) [15] <input type="checkbox"/> Inclusion 2 (MAPPINGS1:t_SCREEN.SCRINC3_18) [16] <input type="checkbox"/> Inclusion 3 (MAPPINGS1:t_SCREEN.SCRINC4_18) [17] <input type="checkbox"/> Inclusion 4 (MAPPINGS1:t_SCREEN.SCRINC5_18) [18] <input type="checkbox"/> Inclusion 5 (MAPPINGS1:t_SCREEN.SCRINC6_18) [19] <input type="checkbox"/> Inclusion 6 (MAPPINGS1:t_SCREEN.SCRINC7_18) [20] <input type="checkbox"/> Inclusion 7
8. Were all Exclusion criteria met? If the answer is No, none of the exclusion criteria were met, the subject may proceed to enrollment. If Yes, please check off all applicable exclusion criteria that were met; the subject may not proceed in the study.	(MAPPINGS1:t_SCREEN.EXC_NEW) [1] <input type="radio"/> Yes, Exclusion Criteria met (check all that apply) (MAPPINGS1:t_SCREEN.SCREXC1_18) [48] <input type="checkbox"/> Exclusion 1 (MAPPINGS1:t_SCREEN.SCREXC2_18) [49] <input type="checkbox"/> Exclusion 2 (MAPPINGS1:t_SCREEN.SCREXC3_18) [50] <input type="checkbox"/> Exclusion 3 (MAPPINGS1:t_SCREEN.SCREXC4_18) [51] <input type="checkbox"/> Exclusion 4 (MAPPINGS1:t_SCREEN.SCREXC5_18) [52] <input type="checkbox"/> Exclusion 5 (MAPPINGS1:t_SCREEN.SCREXC6_18) [53] <input type="checkbox"/> Exclusion 6 (MAPPINGS1:t_SCREEN.SCREXC7_18) [54] <input type="checkbox"/> Exclusion 7 (MAPPINGS1:t_SCREEN.SCREXC8_18) [55] <input type="checkbox"/> Exclusion 8 (MAPPINGS1:t_SCREEN.SCREXC9_18) [56] <input type="checkbox"/> Exclusion 9 (MAPPINGS1:t_SCREEN.SCREXC10_18) [57] <input type="checkbox"/> Exclusion 10 (MAPPINGS1:t_SCREEN.SCREXC11_18) [58] <input type="checkbox"/> Exclusion 11 (MAPPINGS1:t_SCREEN.SCREXC12_18) [59] <input type="checkbox"/> Exclusion 12 (MAPPINGS1:t_SCREEN.SCREXC13_18) [60] <input type="checkbox"/> Exclusion 13 (MAPPINGS1:t_SCREEN.SCREXC14_18) [61] <input type="checkbox"/> Exclusion 14 (MAPPINGS1:t_SCREEN.SCREXC15_18) [62] <input type="checkbox"/> Exclusion 15 (MAPPINGS1:t_SCREEN.SCREXC16_18) [63] <input type="checkbox"/> Exclusion 16 (MAPPINGS1:t_SCREEN.SCREXC17_18) [64] <input type="checkbox"/> Exclusion 17 (MAPPINGS1:t_SCREEN.SCREXC18_18) [65] <input type="checkbox"/> Exclusion 18 (MAPPINGS1:t_SCREEN.SCREXC19_18) [66] <input type="checkbox"/> Exclusion 19 (MAPPINGS1:t_SCREEN.SCREXC20_18) [67] <input type="checkbox"/> Exclusion 20 (MAPPINGS1:t_SCREEN.SCREXC21_18) [68] <input type="checkbox"/> Exclusion 21 (MAPPINGS1:t_SCREEN.SCREXC22_18) [69] <input type="checkbox"/> Exclusion 22 (MAPPINGS1:t_SCREEN.SCREXC23_18) [70] <input type="checkbox"/> Exclusion 23 (MAPPINGS1:t_SCREEN.SCREXC24_18) [71] <input type="checkbox"/> Exclusion 24 (MAPPINGS1:t_SCREEN.SCREXC25_18) [72] <input type="checkbox"/> Exclusion 25 [2] <input type="radio"/> No

<p>9. Was there another reason for screen failure?</p>	<p>(MAPPINGS1:t_SCREEN.SCRFAILPT) [1] <input type="checkbox"/> Patient refused (MAPPINGS1:t_SCREEN.SCRFAILMD) [2] <input type="checkbox"/> Physician preference (MAPPINGS1:t_SCREEN.SCRFAILOTH) [99] <input type="checkbox"/> Other, specify A50 (MAPPINGS1:t_SCREEN.SCRFLNON) [3] <input type="checkbox"/> None</p> <p style="text-align: right;">(MAPPINGS1:t_SCREEN.SCFOTHR)</p>
--	--

CDD: MAPPINGS1 Table: t_SCREEN Key Type: PATIENTVISIT	
Column Name	Column Data Type
txtScrPatInit	STRING(3) - A3
SCDT	DATE - DDMYYYYY
SEX	STRING(1)
RACE	STRING(2)
RACEOSP	STRING(50) - A50
ETHNIC	STRING(1)
AGE	NUMERIC - N3
INCYN	STRING(1)
SCRINC1_18	STRING(255)
SCRINC2_18	STRING(255)
SCRINC3_18	STRING(255)
SCRINC4_18	STRING(255)
SCRINC5_18	STRING(255)
SCRINC6_18	STRING(255)
SCRINC7_18	STRING(255)
EXC_NEW	STRING(1)
SCREXC1_18	STRING(255)
SCREXC2_18	STRING(255)
SCREXC3_18	STRING(255)
SCREXC4_18	STRING(255)
SCREXC5_18	STRING(255)
SCREXC6_18	STRING(255)
SCREXC7_18	STRING(255)
SCREXC8_18	STRING(255)
SCREXC9_18	STRING(255)
SCREXC10_18	STRING(255)
SCREXC11_18	STRING(255)
SCREXC12_18	STRING(255)
SCREXC13_18	STRING(255)
SCREXC14_18	STRING(255)
SCREXC15_18	STRING(255)
SCREXC16_18	STRING(255)
SCREXC17_18	STRING(255)
SCREXC18_18	STRING(255)
SCREXC19_18	STRING(255)
SCREXC20_18	STRING(255)
SCREXC21_18	STRING(255)
SCREXC22_18	STRING(255)
SCREXC23_18	STRING(255)
SCREXC24_18	STRING(255)
SCREXC25_18	STRING(255)
SCRFAILPT	STRING(255)
SCRFAILMD	STRING(255)
SCRFAILOTH	STRING(255)
SCFOTHR	STRING(50) - A50
SCRFLNON	STRING(255)

clever : SYSTEM ENROLLMENT (Enr)	
Subject Number	
1. Will subject continue in the study?	(MAPPINGS1:t_frmEnr.ENRSUBCT) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
2. Subject ID <i>[read-only]</i>	A10 (MAPPINGS1:t_frmEnr.txtPInumber)

CDD: MAPPINGS1 Table: t_frmEnr Key Type: PATIENTVISIT	
Column Name	Column Data Type
ENRSUBCT	STRING(1)
txtPInumber	STRING(10) - A10

clever : Date of Visit (DOV)	
Date of Visit	
1. Date of visit	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmDOV.DOV)
2. Was Quality of Life survey conducted? <i>Note: QOL to be administered at BASE2 visit. Enter NA at BASE1 visit.</i>	(MAPPINGS1:t_frmDOV.DOVQOLYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No, reason QOL not completed (MAPPINGS1:t_frmDOV.DOVQOLNO) <input type="text" value="A255"/> [- <input type="radio"/> NA 8]

CDD: MAPPINGS1 Table: t_frmDOV Key Type: PATIENTVISIT

Column Name	Column Data Type
DOV	DATE - DDMONYYYY
DOVQOLYN	STRING(2)
DOVQOLNO	STRING(255) - A255

clever : Inclusion Criteria (INC)	
Inclusion Criteria	
1. Were all Inclusion criteria met?	(MAPPINGS1:t_frmINC.INCYN_18) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
Exclusion Criteria	
2. Were any Exclusion criteria met?	(MAPPINGS1:t_frmINC.EXCYN_18) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
IE Criteria	IE Number
3.	
Inclusion/Exclusion Details Entry	
3.a Indicate the criteria type	(MAPPINGS1:t_frmINC.IETYPE_18) [1] <input type="radio"/> Inclusion [2] <input type="radio"/> Exclusion
3.b Indicate which inclusion criteria were not met or exclusion criteria that were met	xx (1 =< n <= 28) (MAPPINGS1:t_frmINC.IENUM_18)

CDD: MAPPINGS1 Table: t_frmINC Key Type: PATIENTVISIT	
Column Name	Column Data Type
INCYN_18	STRING(1)
EXCYN_18	STRING(1)
IETYPE_18	STRING(1)
IENUM_18	NUMERIC - N2

clever : Demography (DEM)	
Demography	
1. Age at Enrollment	xxx Years (MAPPINGS1:t_DM.AGE)
2. Gender	(MAPPINGS1:t_DM.SEX) [1] <input type="radio"/> Male [2] <input type="radio"/> Female
3. Race <i>Check only one. Use the Other, specify space if mixed race</i>	(MAPPINGS1:t_DM.RACE) [1] <input type="radio"/> American Indian or Alaska Native [2] <input type="radio"/> Asian [3] <input type="radio"/> Black or African American [4] <input type="radio"/> Native Hawaiian or Other Pacific Islander [5] <input type="radio"/> White [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_DM.RACEOSP) A50
4. Ethnicity	(MAPPINGS1:t_DM.ETHNIC) [1] <input type="radio"/> Hispanic or Latino [2] <input type="radio"/> Not Hispanic or Latino

CDD: MAPPINGS1 Table: t_DM Key Type: PATIENTVISIT

Column Name	Column Data Type
AGE	NUMERIC - N3
SEX	STRING(1)
RACE	STRING(2)
RACEOSP	STRING(50) - A50
ETHNIC	STRING(1)

clever : Vital Signs (VS)	
Vital Signs	
1. Weight <i>Results and units</i>	xxxx. (MAPPINGS1:t_VS.VSWT) (MAPPINGS1:t_VS.VSWTUNIT) [lbs] <input type="radio"/> lbs [kg] <input type="radio"/> kg
2. Height <i>Result and units</i>	xxxx. (MAPPINGS1:t_VS.VSHT) (MAPPINGS1:t_VS.VSHTUNIT) [in] <input type="radio"/> in [cm] <input type="radio"/> cm
3. Heart rate	xxx bpm (MAPPINGS1:t_VS.VSHR)
4. Blood pressure	xxx / (MAPPINGS1:t_VS.VSBPSYS) xxx mm Hg (MAPPINGS1:t_VS.VSBPDIAS)
5. First waist circumference measurement	xxxx. cm (MAPPINGS1:t_VS.VSWASTE1)
6. Second waist circumference measurement	xxxx. cm (MAPPINGS1:t_VS.VSWASTE2)
BMI	(MAPPINGS1:t_VS.VSBMI)

CDD: MAPPINGS1 Table: t_VS Key Type: PATIENTVISIT

Column Name	Column Data Type
VSWT	FLOAT - F5.0
VSWTUNIT	STRING(3)
VSHT	FLOAT - F5.0
VSHTUNIT	STRING(2)
VSHR	NUMERIC - N3
VSBPSYS	NUMERIC - N3
VSBPDIAS	NUMERIC - N3
VSWASTE1	FLOAT - F5.0
VSWASTE2	FLOAT - F5.0
VSBMI	STRING(255)

clever : SKIN EXAMINATION (SKIN)	
Target Leg Skin Exam - Right Leg	
1. Elevation pallor	(MAPPINGS1:t_SKIN.SKRPALOR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
2. Rubor with leg dependency	(MAPPINGS1:t_SKIN.SKEDEPR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
3. Non-healing wound(s) or ulcer(s)	(MAPPINGS1:t_SKIN.SKRWDULC) [1] <input type="radio"/> Yes, number xxx (MAPPINGS1:t_SKIN.SKRWUNUM) [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
4. Gangrene	(MAPPINGS1:t_SKIN.SKRGANGR) [1] <input type="radio"/> (MAPPINGS1:t_SKIN.SKRWETDRY) Yes [1] <input type="radio"/> Wet [2] <input type="radio"/> Dry [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
Target Leg Skin Exam - Left Leg	
5. Elevation pallor	(MAPPINGS1:t_SKIN.SKLPALOR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
6. Rubor with leg dependency	(MAPPINGS1:t_SKIN.SKLEDEPR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
7. Non-healing wound(s) or ulcer(s)	(MAPPINGS1:t_SKIN.SKLWDULC) [1] <input type="radio"/> Yes, number xxx (MAPPINGS1:t_SKIN.SKLWUNUM) [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]
8. Gangrene	(MAPPINGS1:t_SKIN.SKLGANGR) [1] <input type="radio"/> (MAPPINGS1:t_SKIN.SKLWETDRY) Yes [1] <input type="radio"/> Wet [2] <input type="radio"/> Dry [2] <input type="radio"/> No [-] <input type="radio"/> NA 8]

CDD: MAPPINGS1 Table: t_SKIN Key Type: PATIENTVISIT

Column Name	Column Data Type
SKRPALOR	STRING(2)
SKEDEPR	STRING(2)
SKRWDULC	STRING(2)
SKRWUNUM	NUMERIC - N3
SKRGANGR	STRING(2)
SKRWETDRY	STRING(1)
SKLPALOR	STRING(2)
SKLEDEPR	STRING(2)
SKLWDULC	STRING(2)
SKLWUNUM	NUMERIC - N3
SKLGANGR	STRING(2)
SKLWETDRY	STRING(1)

clever : Medical History (MHX)	
1. Onset date of claudication	Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1910-2015) (MAPPINGS1:t_MedHx.MHISDTC)
2. Known coronary artery disease	(MAPPINGS1:t_MedHx.MHCAD) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
3. Current symptoms of angina pectoris (Canadian Cardiovascular Classification)	(MAPPINGS1:t_MedHx.MHCCSCL) [0] <input type="radio"/> No angina [1] <input type="radio"/> I [2] <input type="radio"/> II [3] <input type="radio"/> III [4] <input type="radio"/> IV [-] <input type="radio"/> Unknown 9]
4. Previous MI	(MAPPINGS1:t_MedHx.MHMI) [1] <input type="radio"/> Yes, specify date of most recent MI Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1910-2015) (MAPPINGS1:t_MedHx.MHMIDT) [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
5. Percutaneous coronary revascularization	(MAPPINGS1:t_MedHx.MHPCR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
6. Coronary artery bypass graft surgery	(MAPPINGS1:t_MedHx.MHCABG) [1] <input type="radio"/> Yes, specify date of most recent CABG Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1910-2015) (MAPPINGS1:t_MedHx.MHCBGDTDC) [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
7. Cerebrovascular accident (CVA)	(MAPPINGS1:t_MedHx.MHCVA) [1] <input type="radio"/> Yes, specify date of most recent CVA Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1910-2015) (MAPPINGS1:t_MedHx.MHCVADTC) [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
8. Transient ischemic attack (TIA)	(MAPPINGS1:t_MedHx.MHTIA) [1] <input type="radio"/> Yes, specify date of most recent TIA Req/Unk <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (1910-2015) (MAPPINGS1:t_MedHx.MHTIADTC) [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
9. Diabetes Mellitus <i>If NIDDM, please indicate if Diabetes is controlled by Diet alone or if oral medications are necessary. Oral medications should be listed on the Concomitant Medications form.</i>	(MAPPINGS1:t_MedHx.MHDBTYPE) [1] <input type="radio"/> (MAPPINGS1:t_MedHx.MHDBTRT) NIDDM, controlled by: [1] <input type="radio"/> Diet only [3] <input type="radio"/> Oral agent [3] <input type="radio"/> IDDM [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
10. Hypertension <i>Systolic > 140, or diastolic > 90 or requiring medication</i>	(MAPPINGS1:t_MedHx.MHHTN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
11. Hypercholesterolemia <i>Total Cholesterol > 200 or requiring medication</i>	(MAPPINGS1:t_MedHx.MHLIP) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
12. Cigarette smoking status <i>Current smoker is defined as smoking in the past 30 days</i>	(MAPPINGS1:t_MedHx.MHSMOKE) [1] <input type="radio"/> Current (MAPPINGS1:t_MedHx.PACKDAY) xx. packs/day [2] <input type="radio"/> Former A10 pack years (MAPPINGS1:t_MedHx.PACKYRS) A10 years smoke free (MAPPINGS1:t_MedHx.SMOKFREE) [3] <input type="radio"/> Non-smoker
13. Renal Failure	(MAPPINGS1:t_MedHx.MHRENAL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
14. Arthritis or other musculoskeletal disorder	(MAPPINGS1:t_MedHx.MHARTH) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown 9]
15. Work Status	(MAPPINGS1:t_MedHx.MHWORK) [1] <input type="radio"/> Full-time [2] <input type="radio"/> Part-time

		[3] <input type="radio"/> Homemaker [4] <input type="radio"/> Unemployed [5] <input type="radio"/> Retired			
16.	Is subject disabled from work due to PAD?	(MAPPINGS1:t_MedHx.MHDISPAD) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
17.	Allergy or other intolerance to cilostazol	(MAPPINGS1:t_MedHx.MHALLERYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
18.	Peripheral artery revascularization/surgery <i>If Yes, complete question 18 below</i>	(MAPPINGS1:t_MedHx.MHPVR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [- <input type="radio"/> Unknown 9]			
	Seq Num	Leg	Loc	Date	Proc

19.	[read-only]				
-----	-------------	--	--	--	--

Sequences of Peripheral artery revascularizations Entry					
19.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_MedHx.MHPVRSEQ)			
19.b	Extremity (Leg)	(MAPPINGS1:t_MedHx.MHPVREXT) [1] <input type="radio"/> Right leg [2] <input type="radio"/> Left leg [- <input type="radio"/> NA 8]			
19.c	Location	(MAPPINGS1:t_MedHx.rdcMHPVRLOC) [1] <input type="radio"/> Pulldown List 1 (MAPPINGS1:t_MedHx.MHPVRLOC) [99] <input type="radio"/> Other, specify A50 (MAPPINGS1:t_MedHx.PVRLOCOTH)			
19.d	Date	Req/Unk / Req/Unk / Req (1910-2015) (MAPPINGS1:t_MedHx.MHPVRDT)			
19.e	Procedure	(MAPPINGS1:t_MedHx.rdcMHPVRPRO) [1] <input type="radio"/> Pulldown List 2 (MAPPINGS1:t_MedHx.MHPVRPRO) [99] <input type="radio"/> Other, specify A50 (MAPPINGS1:t_MedHx.PVRPROOTH)			

* Item is not required

Pulldown List 1:		
RefName	Display Text	Value
estrPVRComIliac	Common Iliac	1
estrPVRExtIliac	External Iliac	2
estrPVRAorta	Aorta	3
estrPVRFemoral	Femoral	4
estrPVRPopliteal	Popliteal	5
estrPVRTibCrur	Tibial/crural	6
mestrUnk	Unknown	-9

Pulldown List 2:		
RefName	Display Text	Value
estrPROAmput	Amputation	1
estrPROAngio	Angioplasty	2
estrPROBypass	Bypass	3
estrPROStent	Stent / Stent Graft	4
estrPROThromb	Thrombectomy	5
estrPROThrombol	Thrombolysis	6
mestrUnk	Unknown	-9

Column Name	Column Data Type
MHISDTC	DATE - DDMYYYY
MHCAD	STRING(2)
MHCCSCL	STRING(2)
MHMI	STRING(2)
MHMIDT	DATE - DDMYYYY
MHPCR	STRING(2)
MHCABG	STRING(2)
MHCBGDTC	DATE - DDMYYYY
MHCVA	STRING(2)
MHCVADTC	DATE - DDMYYYY
MHTIA	STRING(2)
MHTIADTC	DATE - DDMYYYY
MHDBTYPE	STRING(2)
MHDBTRT	STRING(1)
MHHTN	STRING(1)
MHLIP	STRING(1)

MHSMOKE	STRING(1)
PACKDAY	FLOAT - F3.0
PACKYRS	STRING(10) - A10
SMOKFREE	STRING(10) - A10
MHRENAL	STRING(2)
MHARTH	STRING(2)
MHWORK	STRING(1)
MHDISPAD	STRING(1)
MHALLERYN	STRING(1)
MHPVR	STRING(2)
MHPVRSEQ	NUMERIC - N3
MHPVREXT	STRING(2)
rdcMHPVRLOC	NUMERIC
MHPVRLOC	STRING(255) - 1, 2, 3, 4, 5, 6, -9
PVRLOCOTH	STRING(50) - A50
MHPVRDT	DATE - DDMONYYYY
rdcMHPVRPRO	NUMERIC
MHPVRPRO	STRING(255) - 1, 2, 3, 4, 5, 6, -9
PVRPROOTH	STRING(50) - A50

clever : Leg Ischemia Assessment (LEG)											
1.	Target Limb	(MAPPINGS1:t_frmLIMB.VITARGET) [1] <input type="radio"/> Right leg [2] <input type="radio"/> Left leg [3] <input type="radio"/> Both									
Seq Num	Limb	Ruth Grd	MAPE	ALI	Claud loc	Isch foot pain - rest	Isch skin ulcer	Gangrene	Atheroemb	FAA time	TBI
2.	[read-only]										
Sequence of Assessments Entry											
2.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmLIMB.VILIMBSEQ)									
2.b	Limb Assessed	Pulldown List 1 (MAPPINGS1:t_frmLIMB.pdcVILIMB)									
2.c	Rutherford Grade	(MAPPINGS1:t_frmLIMB.VIRUTHGRD) [1] <input type="radio"/> Grade I - Claudication [2] <input type="radio"/> Grade II - Rest pain [3] <input type="radio"/> Grade III - Ischemic tissue loss									
2.d	Does the subject have any of the following Major Adverse Peripheral Events (MAPE) <i>Enter NA at Baseline visit</i>	(MAPPINGS1:t_frmLIMB.STENTTHR) [1] <input type="checkbox"/> Stent Thrombosis (MAPPINGS1:t_frmLIMB.PULSE) [2] <input type="checkbox"/> Loss of previously Dopplerable pulses (MAPPINGS1:t_frmLIMB.PLPPULSE) [3] <input type="checkbox"/> Loss of previously palpable pulses (MAPPINGS1:t_frmLIMB.BLUETOE) [4] <input type="checkbox"/> Blue Toe syndrome (MAPPINGS1:t_frmLIMB.ARTERIAL) [5] <input type="checkbox"/> Arterial rupture (MAPPINGS1:t_frmLIMB.RESTONS) [6] <input type="checkbox"/> Restenosis (MAPPINGS1:t_frmLIMB.ARF) [7] <input type="checkbox"/> Acute Renal Failure (MAPPINGS1:t_frmLIMB.MAPENA) [-] <input type="checkbox"/> NA [8]									
2.e	Is there evidence of acute limb ischemia? <i>Examples, pain, pulselessness, pallor, paresthesias and paralysis</i>	(MAPPINGS1:t_frmLIMB.VILIEVIDEN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No									
2.f	Site of new claudication or claudication worsening (check all that apply)	(MAPPINGS1:t_frmLIMB.VIBUTT) [1] <input type="checkbox"/> Buttock (MAPPINGS1:t_frmLIMB.VIHIP) [2] <input type="checkbox"/> Hip (MAPPINGS1:t_frmLIMB.VITHIGH) [3] <input type="checkbox"/> Thigh (MAPPINGS1:t_frmLIMB.VICALF) [4] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB.VIFOOT) [5] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB.VITOEES) [6] <input type="checkbox"/> Toes (MAPPINGS1:t_frmLIMB.VINA) [-] <input type="checkbox"/> NA [8]									
2.g	Ischemic foot pain at rest	(MAPPINGS1:t_frmLIMB.VIFTPAIN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No									
2.h	Ischemic skin ulceration (ulcer present for at least 2 weeks)	(MAPPINGS1:t_frmLIMB.VISKULC) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmLIMB.VISKCALF) [1] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB.VISKFOOT) [2] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB.VISKTOES) [3] <input type="checkbox"/> Toes [2] <input type="radio"/> No									
2.i	Gangrene	(MAPPINGS1:t_frmLIMB.VIGANGR) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmLIMB.VIGNGCALF) [1] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB.VIGNGFOOT) [2] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB.VIGNGTOE) [3] <input type="checkbox"/> Toes [2] <input type="radio"/> No									
2.j	Evidence of atheroembolism (blue toe syndrome)	(MAPPINGS1:t_frmLIMB.VIATHBTS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No									
2.k*	Baseline visit only Femoral artery acceleration time	(MAPPINGS1:t_frmLIMB.rdcVIFEMACC) [1] <input type="radio"/> xxx msec (MAPPINGS1:t_frmLIMB.VIFEMACC) [-] <input type="radio"/> Not Done [7]									
2.l	Thigh Brachial Index <i>Please record Baseline ABI measurements on ABI form</i>	(MAPPINGS1:t_frmLIMB.VITBI) [1] <input type="radio"/> x.xx (MAPPINGS1:t_frmLIMB.VITHBI) [-] <input type="radio"/> Not Done [7]									

Seq Num	Ped Pulse Extremity	Palp Fem	Palp Pop	Palp Post Tib	Palp Dors Pedis	Doppler PT	Doppler DP
3.	[read-only]						
Pulse Assessment Entry							
3.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmLIMB.VIPESEQ)					
3.b	Extremity	Pulldown List 2 (MAPPINGS1:t_frmLIMB.pdcVIPLLIMB)					
3.c	Pulse evaluation: Palpable Femoral	(MAPPINGS1:t_frmLIMB.VIPALFEM) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
3.d	Pulse Evaluation: Palpable Popliteal	(MAPPINGS1:t_frmLIMB.VIPALPOP) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
3.e	Pulse evaluation: Palpable Posterior Tibial	(MAPPINGS1:t_frmLIMB.VIPALPOS) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
3.f	Pulse evaluation: Palpable Dorsalis Pedis	(MAPPINGS1:t_frmLIMB.VIPALDOR) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
3.g	Pulse evaluation: Doppler Posterior Tibial	(MAPPINGS1:t_frmLIMB.VIDOPPT) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
3.h	Pulse evaluation: Doppler Dorsalis Pedis	(MAPPINGS1:t_frmLIMB.VIDOPDP) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent					
* Item is not required							

Pulldown List 1:

RefName	Display Text	Value
mestrLegRight	Right leg	1
mestrLegLeft	Left leg	2

Pulldown List 2:

RefName	Display Text	Value
mestrLegRight	Right leg	1
mestrLegLeft	Left leg	2

CDD: MAPPINGS1 Table: t_frmLIMB Key Type: PATIENTVISIT

Column Name	Column Data Type
VITARGET	STRING(1)
VILIMBSEQ	NUMERIC - N3
pdCVILIMB	STRING(255) - 1, 2
VIRUTHGRD	STRING(1)
STENTTHR	STRING(255)
PULSE	STRING(255)
PLPPULSE	STRING(255)
BLUETOE	STRING(255)
ARTERIAL	STRING(255)
RESTONS	STRING(255)
ARF	STRING(255)
MAPENA	STRING(255)
VILIEVIDEN	STRING(1)
VIBUTT	STRING(255)
VIHIP	STRING(255)
VITHIGH	STRING(255)
VICALF	STRING(255)
VIFOOT	STRING(255)
VITOOES	STRING(255)
VINA	STRING(255)
VIFTPAIN	STRING(1)
VISKULC	STRING(1)
VISKCALF	STRING(255)
VISKFOOT	STRING(255)
VISKTOES	STRING(255)
VIGANGR	STRING(1)
VINGCALF	STRING(255)
VINGFOOT	STRING(255)
VINGTOE	STRING(255)
VIATHBTS	STRING(1)
rdcVIFEMACC	STRING(2)

VIFEMACC	FLOAT - F4.0
VITBI	STRING(2)
VITHBI	FLOAT - F4.2
VIPEDSEQ	NUMERIC - N3
pdcVIPLLIMB	STRING(255) - 1, 2
VIPALFEM	STRING(1)
VIPALPOP	STRING(1)
VIPALPOS	STRING(1)
VIPALDOR	STRING(1)
VIDOPPT	STRING(1)
VIDOPDP	STRING(1)

clever : Gardner Treadmill Procedure (GARD)		
Gardner Treadmill Results		
1.	Date of graded treadmill test	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmGARD.GDDTC)
2.	When did the subject last eat?	(MAPPINGS1:t_frmGARD.GDEAT) [1] <input type="radio"/> < 2 hours [2] <input type="radio"/> 2-8 hours [3] <input type="radio"/> > 8 hours [-] <input type="radio"/> Unknown 9]
3.	When did the subject last smoke?	(MAPPINGS1:t_frmGARD.GDSMOKE) [1] <input type="radio"/> < 2 hours [2] <input type="radio"/> 2-8 hours [3] <input type="radio"/> > 8 hours [-] <input type="radio"/> Unknown 9] [-] <input type="radio"/> NA 8]
4.	Maximum walking duration	Req <input type="checkbox"/> : Req <input type="checkbox"/> mins:secs (MAPPINGS1:t_frmGARD.GDMWDDTC)
5.	Initial claudication duration	Req <input type="checkbox"/> : Req <input type="checkbox"/> mins:secs (MAPPINGS1:t_frmGARD.GDCLDTC)
6.	Treadmill grade when exercise terminated	xx.x % (MAPPINGS1:t_frmGARD.GDTRGRD)
7.	Heart Rate at the ONSET of Claudication	xxx bpm (MAPPINGS1:t_frmGARD.GDHRMAXON)
8.	Post-exercise systolic blood pressure in the arm with the higher pre-exercise systolic blood pressure	Left arm: xxx mmHg (MAPPINGS1:t_frmGARD.GDLBPS) Right arm: xxx mmHg (MAPPINGS1:t_frmGARD.GDRBPS)
9.	Were there ST-segment changes during exercise?	(MAPPINGS1:t_frmGARD.GDSTYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
10.	Were there arrhythmias during exercise? <i>If YES on 6MO or 18MO visits, then please complete the appropriate AE and event forms.</i>	(MAPPINGS1:t_frmGARD.GDARRHYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

CDD: MAPPINGS1 Table: t_frmGARD Key Type: PATIENTVISIT

Column Name	Column Data Type
GDDTC	DATE - DDMYYYY
GDEAT	STRING(2)
GDSMOKE	STRING(2)
GDMWDDTC	DATE - MMSS
GDCLDTC	DATE - MMSS
GDTRGRD	FLOAT - F4.1
GDHRMAXON	NUMERIC - N3
GDLBPS	NUMERIC - N3
GDRBPS	NUMERIC - N3
GDSTYN	STRING(1)
GDARRHYN	STRING(1)

clever : ABI Measurements (ABI)			
Date ABI pressures taken			
1.	Date pressures taken	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmABI.ABIDTC)	
Resting ABI measurements - record for both Right and Left			
2.	Left Brachial Systolic	xxx. mmHg (MAPPINGS1:t_frmABI.ABIBRACL)	
3.	Right Brachial Systolic	xxx. mmHg (MAPPINGS1:t_frmABI.ABIBRACR)	
4.	Left Ankle Pressures	Dorsalis Pedis xxx. mmHg (MAPPINGS1:t_frmABI.ABIDORL) Posterior Tibial xxx. mmHg (MAPPINGS1:t_frmABI.ABITIBL)	
5.	Right Ankle Pressures	Dorsalis Pedis xxx. mmHg (MAPPINGS1:t_frmABI.ABIDORR) Posterior Tibial xxx. mmHg (MAPPINGS1:t_frmABI.ABITIB1)	
Seq Num	Timepoint	Brach Sys	Left APs
6.	[read-only]		
ABI - complete one record for each time period extremity pressures taken Entry			
6.a*	Sequence Number (auto-generated) [read-only]	A3 (MAPPINGS1:t_frmABI.ABISEQ)	
6.b	Pressures taken at which timepoint	(MAPPINGS1:t_frmABI.ABETIME) [2] <input type="radio"/> Immediate post-exercise [3] <input type="radio"/> 2 minutes post-exercise [4] <input type="radio"/> 4 minutes post-exercise [5] <input type="radio"/> 6 minutes post-exercise [6] <input type="radio"/> 8 minutes post-exercise [7] <input type="radio"/> 10 minutes post-exercise	
6.c	Brachial Systolic <i>Record only the higher of the two pressures Right or Left</i>	(MAPPINGS1:t_frmABI.ABIPERB) [1] <input type="radio"/> Right xxx. mmHg (MAPPINGS1:t_frmABI.ABIPERBR) [2] <input type="radio"/> Left xxx. mmHg (MAPPINGS1:t_frmABI.ABIPELBR)	
6.d	Left Ankle Pressures <i>Record only the higher of the two pressures Dorsalis Pedis OR Posterior Tibial</i>	(MAPPINGS1:t_frmABI.ABILAP) [1] <input type="radio"/> Dorsalis Pedis xxx. mmHg (MAPPINGS1:t_frmABI.ABILDLP) [2] <input type="radio"/> Posterior Tibial xxx. mmHg (MAPPINGS1:t_frmABI.ABILPT)	
6.e	Right Ankle Pressures <i>Record only the higher of the two pressures Dorsalis Pedis OR Posterior Tibial</i>	(MAPPINGS1:t_frmABI.ABIRTAP) [1] <input type="radio"/> Dorsalis Pedis xxx. mmHg (MAPPINGS1:t_frmABI.ABIRTDTP) [2] <input type="radio"/> Posterior Tibial xxx. mmHg (MAPPINGS1:t_frmABI.ABIRTPT)	
* Item is not required			

Column Name	Column Data Type
ABIDTC	DATE - DDMONYYYY
ABIBRACL	FLOAT - F4.0
ABIBRACR	FLOAT - F4.0
ABIDORL	FLOAT - F4.0
ABITIBL	FLOAT - F4.0
ABIDORR	FLOAT - F4.0
ABITIB1	FLOAT - F4.0
ABISEQ	STRING(3) - A3
ABITIME	STRING(1)
ABIPERB	NUMERIC
ABIPERBR	FLOAT - F4.0
ABIPELBR	FLOAT - F4.0
ABILAP	NUMERIC
ABILDLP	FLOAT - F4.0
ABILPT	FLOAT - F4.0
ABIRTAP	NUMERIC
ABIRTDTP	FLOAT - F4.0
ABIRTPT	FLOAT - F4.0

clever : Risk Factor Management (RISK)	
Risk Factor Management	
1. Is LDL Cholesterol < 100 mg/dl?	(MAPPINGS1:t_frmRisk.RKLDL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
2. Is subject on a statin?	(MAPPINGS1:t_frmRisk.RKSTATYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> (MAPPINGS1:t_frmRisk.RKSTATC) No, is statin contraindicated? [1] <input type="radio"/> Yes [2] <input type="radio"/> No
3. PAD (non-diabetic subjects): Are both Systolic Blood Pressure \leq 140 and Diastolic Blood Pressure \leq 90? PAD (diabetic subject): Are both Systolic Blood Pressure \leq 130 and Diastolic Blood Pressure \leq 80?	(MAPPINGS1:t_frmRisk.RKBP) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
4. Is the subject on daily aspirin?	(MAPPINGS1:t_frmRisk.RKASAYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> (MAPPINGS1:t_frmRisk.RKASACON) No, is ASA contraindicated? [1] <input type="radio"/> Yes [2] <input type="radio"/> No
5. Is the subject on daily clopidogrel?	(MAPPINGS1:t_frmRisk.RKCLOPYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> (MAPPINGS1:t_frmRisk.RKLTCLOP) No, is clopidogrel contraindicated? [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6. Is the subject a current smoker? <i>Current smoker is defined as smoking in the past 30 days</i>	(MAPPINGS1:t_frmRisk.RKSMOKE) [1] <input type="radio"/> Yes xx. packs per day (MAPPINGS1:t_frmRisk.RKPCKDAY) (MAPPINGS1:t_frmRisk.RKSMCESS) Has the smoking cessation counseling been initiated? [1] <input type="radio"/> Yes [2] <input type="radio"/> No [2] <input type="radio"/> No

CDD: MAPPINGS1 Table: t_frmRisk Key Type: PATIENTVISIT

Column Name	Column Data Type
RKLDL	STRING(1)
RKSTATYN	STRING(1)
RKSTATC	STRING(1)
RKBP	STRING(1)
RKASAYN	STRING(1)
RKASACON	STRING(1)
RKCLOPYN	STRING(1)
RKLTCLOP	STRING(1)
RKSMOKE	STRING(1)
RKPCKDAY	FLOAT - F3.0
RKSMCESS	STRING(1)

clever : Biochemistry (BIOCHEM)	
BIOCHEMISTRY	
1. Date/Time of Lab Draw <i>If lab draw was not done, please enter a form level comment and complete a Protocol Deviation form</i>	Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2015) (MAPPINGS1:t_frmBiochem.LBDTC) Req/Unk <input type="button" value="v"/> : Req/Unk <input type="button" value="v"/> 24-hour clock
2. Accession Number	xxxxxxxx (MAPPINGS1:t_frmBiochem.LBACCES)
3. HgbA1c	(MAPPINGS1:t_frmBiochem.LBHGBA1C) [1] <input type="radio"/> xxx.% (MAPPINGS1:t_frmBiochem.HBA1CRES) [- <input type="radio"/> Not Done 7]
4. Did the subject fast? <i>Indicate the time in minutes:seconds subject had fasted for prior to the blood sample draw.</i>	(MAPPINGS1:t_frmBiochem.LBFASTYN) [1] <input type="radio"/> Yes, indicate how long subject fasted Req/Unk <input type="button" value="v"/> : Req/Unk <input type="button" value="v"/> 24-hour clock (MAPPINGS1:t_frmBiochem.LBFASTDTC) [2] <input type="radio"/> No

CDD: MAPPINGS1 Table: t_frmBiochem Key Type: PATIENTVISIT	
Column Name	Column Data Type
LBDTC	DATE - DDMONYYYY HHMM
LBACCES	NUMERIC - N8
LBHGBA1C	STRING(2)
HBA1CRES	FLOAT - F4.0
LBFASTYN	STRING(1)
LBFASTDTC	DATE - HHMM

clever : Pedometer Log (PEDOM)			
Pedometer Log			
1.	How many days was pedometer worn? <i>For each day the pedometer was worn, record the number of hours and the number of steps per day below by clicking Add Entry. If only the total number of steps is known, skip to Question 4.</i>	xx days (MAPPINGS1:t_frmPEDOM.WKCDAY)	
2.	How many weekend days was pedometer worn?	xx days (MAPPINGS1:t_frmPEDOM.WKWKEND)	
	Seq. Num	Weekday/Weekend	Waking hrs pedom worn Steps per day
3.	[read-only]		
Sequence of hours and steps per day Entry			
3.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmPEDOM.WKSEQ)	
3.b	Weekday or weekend	(MAPPINGS1:t_frmPEDOM.WKDAY) [1] <input type="radio"/> Weekday [2] <input type="radio"/> Weekend	
3.c*	Number of waking hours for this day pedometer was worn	xxx. (0.0 =< n <= 24.0) hours/day (MAPPINGS1:t_frmPEDOM.WKHOURS)	
3.d*	Total steps per day as recorded by pedometer	xxxxxx. steps (MAPPINGS1:t_frmPEDOM.WKSTEPS)	
4.*	How many total steps was pedometer worn (if steps per day is not recorded)	xxxxxx. (MAPPINGS1:t_frmPEDOM.WKTOTSTP)	
* Item is not required			

CDD: MAPPINGS1 Table: t_frmPEDOM Key Type: PATIENTVISIT

Column Name	Column Data Type
WKCDAY	NUMERIC - N2
WKWKEND	NUMERIC - N2
WKSEQ	NUMERIC - N3
WKDAY	STRING(1)
WKHOURS	FLOAT - F4.0
WKSTEPS	FLOAT - F7.0
WKTOTSTP	FLOAT - F7.0

clever : Randomization (RND)	
1. Is the subject going to be randomized?	(MAPPINGS1:t_frmRND.RNDYN) [1] <input type="radio"/> Yes, date randomized Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_frmRND.RNDYDTC) (MAPPINGS1:t_frmRND.RNCILZYN) Subject currently taking cilostazol: [1] <input type="radio"/> Yes, dose xxx mg/day (MAPPINGS1:t_frmRND.RNCLDOSE) [2] <input type="radio"/> No [2] <input type="radio"/> No
2. Subject Initials	A3 (MAPPINGS1:t_frmRND.PTINIT)
3. Subject ID [<i>read-only</i>]	A10 (MAPPINGS1:t_frmRND.txtPInumber)
Randomization	
IMPORTANT: Make sure that Items 1-3 are complete and form has been submitted before proceeding to randomization.	
INSTRUCTION: To randomize subject follow these steps: 1. Choose Randomize in the Select Action drop down to get the treatment group assignment for this subject 2. Submit response to Item 4 3. If subject was successfully randomized and treatment group is OMC, respond to Item 5	
Subject treatment group	(MAPPINGS1:t_frmRND.RANDOMIZATION)
4. Was subject successfully randomized?	(MAPPINGS1:t_frmRND.RANDYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
5.* OMC Group only: Was exercise brochure given?	(MAPPINGS1:t_frmRND.OMCEXEYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
* Item is not required	

CDD: MAPPINGS1 Table: t_frmRND Key Type: PATIENTVISIT	
Column Name	Column Data Type
RNDYN	STRING(1)
RNDYDTC	DATE - DDMONYYYY
RNCILZYN	STRING(1)
RNCLDOSE	NUMERIC - N3
PTINIT	STRING(3) - A3
txtPInumber	STRING(10) - A10
RANDOMIZATION	STRING(255)
RANDYN	STRING(1)
OMCEXEYN	STRING(1)

clever : Study Medications (SMD)					
Seq. Num	Date returned	# pills returned	Date distributed	# pills distributed	Cilostazol change
1.	[read-only]				
Study Medications Click ADD ENTRY for each date pills distributed Entry					
1.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmSMD.SMDSEQ)			
1.b	Date cilostazol returned <i>Enter NA at BASE2 visit</i>	(MAPPINGS1:t_frmSMD.SMRETYN) [1] <input type="radio"/> Req Req Req (2006-2015) (MAPPINGS1:t_frmSMD.SMRETDT) [-] <input type="radio"/> NA [8]			
1.c	Number of pills returned <i>Enter 0 if no pills returned</i>	xxx (MAPPINGS1:t_frmSMD.SMPILRET)			
1.d	Date cilostazol distributed	Req Req Req (2006-2015) (MAPPINGS1:t_frmSMD.SMDISTDT)			
1.e	Number of pills distributed	xxx (MAPPINGS1:t_frmSMD.SMPILOUT)			
1.f	Was dose of cilostazol reduced, increased or discontinued since the last visit? <i>If YES, click ADD ENTRY below to provide additional details</i>	(MAPPINGS1:t_frmSMD.SMDCHGE) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
Seq. Num	Change	Date of Change			
2.	[read-only]				
Sequences of study medication dose changes Entry					
2.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmSMD.SMCHSEQ)			
2.b*	Type of change	(MAPPINGS1:t_frmSMD.SMDCHTYPE) [1] <input type="radio"/> Reduced to xxx total mg/day (MAPPINGS1:t_frmSMD.SMDREDUCE) [2] <input type="radio"/> Increased to xxx total mg/day (MAPPINGS1:t_frmSMD.SMDINCR) [3] <input type="radio"/> Discontinued			
2.c*	Date of change	Req Req/Unk Req (2006-2015) (MAPPINGS1:t_frmSMD.SMDCHDTC)			
* Item is not required					

Column Name	Column Data Type
SMDSEQ	NUMERIC - N3
SMRETYN	STRING(2)
SMRETDT	DATE - DDMONYYYY
SMPILRET	NUMERIC - N3
SMDISTDT	DATE - DDMONYYYY
SMPILOUT	NUMERIC - N3
SMDCHGE	STRING(1)
SMCHSEQ	NUMERIC - N3
SMDCHTYPE	STRING(1)
SMDREDUCE	NUMERIC - N3
SMDINCR	NUMERIC - N3
SMDCHDTC	DATE - DDMONYYYY

clever : EXERCISE SURVEY (EXERSURV)	
1. Have you participated in any formal or non-formal exercise programs, either on your own or with a group over the past 2 weeks? This refers to exercise with the intent to improve fitness or health that is done 2 or more times per week for 20 or more minutes and that has been done for at least 2 consecutive weeks.	(MAPPINGS1:t_frmEXERSURV.ESPROG) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
Stanford Exercise Behavior Survey	
During the past week (even if it was not a typical week for you), how much total time (for the entire 2 weeks) did you spend on each of the following? (Please select one answer for each question.) How much time during the past week ...	
2. Stretching or strengthening exercise (range of motion, weights, etc.)	(MAPPINGS1:t_frmEXERSURV.ESSTRTCH) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week
3. Walk for exercise	(MAPPINGS1:t_frmEXERSURV.ESWALK) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week
4. Swimming or aquatic exercise	(MAPPINGS1:t_frmEXERSURV.ESSWIM) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week
5. Bicycling (including stationary exercise bikes)	(MAPPINGS1:t_frmEXERSURV.ESBIKE) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week
6. Other aerobic exercise equipment (Stairmaster, rowing, skiing machine, etc.)	(MAPPINGS1:t_frmEXERSURV.ESEQUIP) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week
7. Other aerobic exercise (specify:)	A50 (MAPPINGS1:t_frmEXERSURV.ESOTHSP) (MAPPINGS1:t_frmEXERSURV.ESOTHM) [0] <input type="radio"/> None [1] <input type="radio"/> Less than 30 minutes/week [2] <input type="radio"/> 30-60 minutes/week [3] <input type="radio"/> 1-3 hours/week [4] <input type="radio"/> More than 3 hours/week

CDD: MAPPINGS1 Table: t_frmEXERSURV Key Type: PATIENTVISIT

Column Name	Column Data Type
ESPROG	STRING(1)
ESSTRTCH	STRING(1)
ESWALK	STRING(1)
ESSWIM	STRING(1)
ESBIKE	STRING(1)
ESEQUIP	STRING(1)
ESOTHSP	STRING(50) - A50
ESOTHM	STRING(1)

clever : Walking Impairment Questionnaire (WIQ)		
A. PAD Specific Questions		
1.	Pain, aching, or cramps in your calves? (or buttocks)	Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frmWIQ.WIQEXT) (MAPPINGS1:t_frmWIQ.WIQ1A) Degree of Difficulty [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
B. Differential Diagnosis - Degree of Difficulty		
2.	Pain, stiffness, or aching in your joints (ankles, knees, or hips)?	(MAPPINGS1:t_frmWIQ.WIQ1DD) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
3.	Weakness in one or both of your legs?	(MAPPINGS1:t_frmWIQ.WIQ2DD) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
4.	Pain or discomfort in your chest?	(MAPPINGS1:t_frmWIQ.WIQ3DD) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
5.	Shortness of breath?	(MAPPINGS1:t_frmWIQ.WIQ4DD) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
6.	Heart Palpitations?	(MAPPINGS1:t_frmWIQ.WIQ5DD) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
7.	Other Problems? (Please List)	(MAPPINGS1:t_frmWIQ.WIQ6DD) [4] <input type="radio"/> None [99] <input type="radio"/> A255 (MAPPINGS1:t_frmWIQ.WIQ6DDSP) (MAPPINGS1:t_frmWIQ.WIQ6DDOTH) [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Very
2. Walking Distance - Degree of Difficulty		
8.	Walking indoors such as around your home?	(MAPPINGS1:t_frmWIQ.WIQ1DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
9.	Walking 50 feet?	(MAPPINGS1:t_frmWIQ.WIQ2DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
10.	Walking 150 feet? (1/2 block)?	(MAPPINGS1:t_frmWIQ.WIQ3DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
11.	Walking 300 feet? (1 block)?	(MAPPINGS1:t_frmWIQ.WIQ4DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
12.	Walking 600 feet? (2 blocks)?	(MAPPINGS1:t_frmWIQ.WIQ5DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
13.	Walking 900 feet? (3 blocks)?	(MAPPINGS1:t_frmWIQ.WIQ6DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
14.	Walking 1500 feet? (5 blocks)?	(MAPPINGS1:t_frmWIQ.WIQ7DIST) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
3. Walking Speed - Degree of Difficulty		
15.	Walking 1 block slowly?	(MAPPINGS1:t_frmWIQ.WIQ1SPEE) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
16.	Walking 1 block at an average speed?	(MAPPINGS1:t_frmWIQ.WIQ2SPEE) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
17.	Walking 1 block quickly?	(MAPPINGS1:t_frmWIQ.WIQ3SPEE) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
18.	Running or jogging one block?	(MAPPINGS1:t_frmWIQ.WIQ4SPEE) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
4. Stair Climbing - Degree of Difficulty		
19.	Climbing 1 flight of stairs	(MAPPINGS1:t_frmWIQ.WIQ1STAIR) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
20.	Climbing 2 flights of stairs	(MAPPINGS1:t_frmWIQ.WIQ2STAIR) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable
21.	Climbing 3 flights of stairs	(MAPPINGS1:t_frmWIQ.WIQ3STAIR) [4] <input type="radio"/> None [3] <input type="radio"/> Slight [2] <input type="radio"/> Some [1] <input type="radio"/> Much [0] <input type="radio"/> Unable

Pulldown List 1:		
RefName	Display Text	Value
estrWIQRight	Right	0
estrWIQLeft	Left	1
estrWIQBoth	Both	2

CDD: MAPPINGS1 Table: t_frmWIQ Key Type: PATIENTVISIT	
Column Name	Column Data Type
WIQEXT	STRING(255) - 0, 1, 2
WIQ1A	STRING(1)
WIQ1DD	STRING(1)
WIQ2DD	STRING(1)
WIQ3DD	STRING(1)
WIQ4DD	STRING(1)
WIQ5DD	STRING(1)
WIQ6DD	STRING(2)
WIQ6DDSP	STRING(255) - A255
WIQ6DDOTH	STRING(1)
WIQ1DIST	STRING(1)

WIQ2DIST	STRING(1)
WIQ3DIST	STRING(1)
WIQ4DIST	STRING(1)
WIQ5DIST	STRING(1)
WIQ6DIST	STRING(1)
WIQ7DIST	STRING(1)
WIQ1SPEE	STRING(1)
WIQ2SPEE	STRING(1)
WIQ3SPEE	STRING(1)
WIQ4SPEE	STRING(1)
WIQ1STAIR	STRING(1)
WIQ2STAIR	STRING(1)
WIQ3STAIR	STRING(1)

clever : Events (EVT)	
Events	
1. Indicate if the subject had any of the following tests, procedures or events	<p>(MAPPINGS1:t_frmEvent.EV1HVYN) [1] <input type="checkbox"/> Hemorrhagic/Vascular events (MAPPINGS1:t_frmEvent.EV1MIYN) [2] <input type="checkbox"/> Ischemic/MI events (MAPPINGS1:t_frmEvent.EV1RIYN) [3] <input type="checkbox"/> Diagnostic Tests (MAPPINGS1:t_frmEvent.EV1RRYN) [4] <input type="checkbox"/> Vascular Interventions (MAPPINGS1:t_frmEvent.EV1AEYN) [5] <input type="checkbox"/> Adverse Events (MAPPINGS1:t_frmEvent.EV1HOSPYN) [6] <input type="checkbox"/> Hospitalizations (MAPPINGS1:t_frmEvent.EV1PDYN) [7] <input type="checkbox"/> Protocol Deviations (MAPPINGS1:t_frmEvent.EV1ISCYN) [8] <input type="checkbox"/> Evidence of limb threatening ischemia (i.e. rest pain, ischemic ulceration, gangrene, reduced pulses) (MAPPINGS1:t_frmEvent.EV1NONE) [9] <input type="checkbox"/> None</p>

CDD: MAPPINGS1 Table: t_frmEvent Key Type: PATIENTVISIT

Column Name	Column Data Type
EV1HVYN	STRING(255)
EV1MIYN	STRING(255)
EV1RIYN	STRING(255)
EV1RRYN	STRING(255)
EV1AEYN	STRING(255)
EV1HOSPYN	STRING(255)
EV1PDYN	STRING(255)
EV1ISCYN	STRING(255)
EV1NONE	STRING(255)

clever : Adverse Event (AE) - Repeating Form

#	Seq Num	AE	Start date/time	End date/time, cont	Severity	Expect	Rel to Device	Rel to Med	Rel to Super Exer	Action	Outcome	Serious	Exercise	
1														
1.*	Sequence Number (auto-generated) [read-only]							xxxx (MAPPINGS1:t_AE.AESEQ)						
2.	Adverse Event							(MAPPINGS1:t_AE.AEYN) [1] <input type="radio"/> A50 (MAPPINGS1:t_AE.AETERM) [2] <input type="radio"/> None						
3.	Start date and time							Req <input type="text"/> / Req/Unk <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_AE.AESTDTM) Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock						
4.	End date and time, or continuing							[88] <input type="radio"/> Req <input type="text"/> / Req/Unk <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_AE.AEENDTM) Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock [1] <input type="radio"/> Continuing						
5.	Intensity or Severity							(MAPPINGS1:t_AE.AESEV) [0] <input type="radio"/> Mild [1] <input type="radio"/> Moderate [2] <input type="radio"/> Severe						
6.	Expectedness							(MAPPINGS1:t_AE.rdcAEEXPECT) [1] <input type="radio"/> Expected [2] <input type="radio"/> Unexpected						
7.	Related to Study Device							(MAPPINGS1:t_AE.AERELDEV) [1] <input type="radio"/> Not Related [2] <input type="radio"/> Unlikely [3] <input type="radio"/> Possibly or Probably [4] <input type="radio"/> Definite [-] <input type="radio"/> NA [8]						
8.	Related to Study Medication							(MAPPINGS1:t_AE.AERELDRG) [1] <input type="radio"/> Not Related [2] <input type="radio"/> Unlikely [3] <input type="radio"/> Possibly or Probably [4] <input type="radio"/> Definite						
9.	Related to Supervised Exercise							(MAPPINGS1:t_AE.AERELEXR) [1] <input type="radio"/> Not Related [2] <input type="radio"/> Unlikely [3] <input type="radio"/> Possibly or Probably [4] <input type="radio"/> Definite [-] <input type="radio"/> NA [8]						
10.	Treatment or Action taken							(MAPPINGS1:t_AE.AEACTION) [1] <input type="radio"/> None [2] <input type="radio"/> Intervention (surgery or procedure) [99] <input type="radio"/> Other Treatment (Medication dose reduction/interruption or discontinuation or new medication)						
11.	Outcome <i>If outcome is death, please complete the Death and Study Exit forms</i>							(MAPPINGS1:t_AE.AEOUT) [1] <input type="radio"/> Recovered [2] <input type="radio"/> Recovered with Sequelae [3] <input type="radio"/> Not yet recovered [4] <input type="radio"/> Death						
12.	Did the event meet the criteria of a Serious Adverse Event? <i>If YES, please complete the SAE form</i>							(MAPPINGS1:t_AE.AESAEYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No						
13.	Adverse event requires suspension of exercise							(MAPPINGS1:t_AE.AEEXER) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown [9]						
14.*	AE Submissions [hidden]							xx (MAPPINGS1:t_AE.txtAESubmissions)						

* Item is not required

Associations For Visit RefName vstEvents	
Visit RefName	Form RefName
vstEvents	SAE

Column Name	Column Data Type
AESEQ	NUMERIC - N4
AEYN	STRING(1)
AETERM	STRING(50) - A50
AESTDTM	DATE - DDMONYYYY HHMM
rdcAEEND	STRING(2)
AEENDTM	DATE - DDMONYYYY HHMM
AESEV	STRING(1)

rdcAEEXPECT	STRING(1)
AERELDEV	STRING(2)
AERELDRG	STRING(1)
AERELEXR	STRING(2)
AEACTION	STRING(2)
AEOUT	STRING(1)
AESAAYN	STRING(1)
AEXER	STRING(2)
txtAESubmissions	NUMERIC - N2

clever : Death (DEA)	
Death Form	
1. Date and Time of Death <i>Please remember to complete the Exit form (EXIT)</i>	Req <input type="checkbox"/> / Req/Unk <input type="checkbox"/> / Req <input type="checkbox"/> (2005-2015) (MAPPINGS1:t_DEA.DEATHDTM) Req/Unk <input type="checkbox"/> : Req/Unk <input type="checkbox"/> 24-hour clock
2. Was autopsy performed? <i>If YES, please submit a copy of the autopsy report</i>	(MAPPINGS1:t_DEA.AUTOPYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
3. Categorical cause of death	(MAPPINGS1:t_DEA.DEATHCAT) [1] <input type="radio"/> Cardiac [2] <input type="radio"/> Non-cardiac [-] <input type="radio"/> Unknown 9]
4. Official cause of death <i>Please submit a copy of the Death Certificate</i>	A255 (MAPPINGS1:t_DEA.DEATHCAUSE)

CDD: MAPPINGS1 Table: t_DEA Key Type: PATIENTVISIT

Column Name	Column Data Type
DEATHDTM	DATE - DDMONYYYY HHMM
AUTOPYN	STRING(1)
DEATHCAT	STRING(2)
DEATHCAUSE	STRING(255) - A255

clever : Serious Adverse Event (SAE) - Repeating Form										
#	Seq No	AE Number	Adverse Event	Serious criteria	DOB	SAE Narrative	Concomitant medical products and therapy dates			
1										
1.*	Sequence Number - (auto-generated) [read-only]			xxxxx (MAPPINGS1:t_SAE.SAESEQ)						
2.	Adverse Event Number <i>Enter the number of the AE that met the criteria of a Serious Adverse Event from the corresponding event on the AE form</i>			xxxxx (MAPPINGS1:t_SAE.SAEAENO)						
3.	Adverse Event <i>The event term will be visible after the AE Event Number (item 2) has been entered and submitted [read-only]</i>			A50 (MAPPINGS1:t_SAE.SAETERM)						
4.	Please check all serious criteria that were met:			(MAPPINGS1:t_SAE.SAEDEATH) [1] <input type="checkbox"/> Death Date of Death: Req / Req/Unk / Req (2006-2015) (MAPPINGS1:t_SAE.SAEDTHDT) Cause of Death: A50 (MAPPINGS1:t_SAE.SAEDTHCSE) (MAPPINGS1:t_SAE.SAELIFTH) [2] <input type="checkbox"/> Life-threatening (MAPPINGS1:t_SAE.SAEHOSP) [3] <input type="checkbox"/> Required or prolonged hospitalization Date of Admission: Req / Req/Unk / Req (2006-2015) (MAPPINGS1:t_SAE.SAEHOSDT) (MAPPINGS1:t_SAE.SAEPDSI) [4] <input type="checkbox"/> Persistent / Significant disability / Incapacity (MAPPINGS1:t_SAE.SAEIME) [5] <input type="checkbox"/> Important medical event (MAPPINGS1:t_SAE.SAECONAN) [6] <input type="checkbox"/> Congenital anomaly						
5.	Date of birth			Req / Req / Req (1910-1985) (MAPPINGS1:t_SAE.BRTHDTC)						
Serious Adverse Event Narrative Initial Report: Please describe the event in detail. Include any relevant lab tests/results, procedures, and treatment medications (including dates).										
6.	SAE Narrative			A1000 (MAPPINGS1:t_SAE.SAENARR)						
	Seq Num	Med				Ind	Dose	Unit	Start date	Stop date
7.	[read-only]									
Concomitant medical products and therapy dates Entry										
7.a*	Sequence Number (auto-generated) [read-only]			xxxxx (MAPPINGS1:t_SAE.SAEMEDSEQ)						
7.b	Medication			A50 (MAPPINGS1:t_SAE.SAEMED)						
7.c	Indication			A50 (MAPPINGS1:t_SAE.SAEMEDIND)						
7.d	Dose			xxxxxxxx (MAPPINGS1:t_SAE.SAEMEDDOSE)						
7.e	Unit			A7 (MAPPINGS1:t_SAE.SAEMEDUNIT)						
7.f	Start date			Req/Unk / Req/Unk / Req (1910-2015) (MAPPINGS1:t_SAE.SAEMEDSTDT)						
7.g	Stop date			Req/Unk / Req/Unk / Req (2006-2015) (MAPPINGS1:t_SAE.SAEMEDENDT)						
HCRI Safety Group Use Only:										
8.*	Reviewed [hidden]			(MAPPINGS1:t_SAE.SAEREV) [1] <input type="radio"/> Yes, date: Req / Req / Req (2006-2015) (MAPPINGS1:t_SAE.SAEREVDTDC) [2] <input type="radio"/> No, comments: A255 (MAPPINGS1:t_SAE.SAEREVCOM)						
9.*	Completed [hidden]			(MAPPINGS1:t_SAE.SAECOM) [1] <input type="radio"/> Yes, date: Req / Req / Req (2006-2015) (MAPPINGS1:t_SAE.SAECOMDTC) [2] <input type="radio"/> No, comments: A255 (MAPPINGS1:t_SAE.SAECOMPCOM)						
* Item is not required										

Associations For Visit RefName vstEvents	
Visit RefName	Form RefName
vstEvents	AE

CDD: MAPPINGS1 Table: t_SAE Key Type: PATIENTVISIT	
Column Name	Column Data Type
SAESEQ	NUMERIC - N4
SAEAENO	NUMERIC - N4
SAETERM	STRING(50) - A50
SAEDEATH	STRING(255)
SAEDTHDT	DATE - DDMONYYYY
SAEDTHCSE	STRING(50) - A50
SAELIFTH	STRING(255)

SAEHOSP	STRING(255)
SAEHOSDT	DATE - DDMONYYYY
SAEPSDI	STRING(255)
SAEIME	STRING(255)
SAECONAN	STRING(255)
BRTHDTC	DATE - DDMONYYYY
SAENARR	TEXT(255) - A1000
SAEMEDSEQ	NUMERIC - N4
SAEMED	STRING(50) - A50
SAEMEDIND	STRING(50) - A50
SAEMEDDOSE	FLOAT - F8.0
SAEMEDUNIT	STRING(7) - A7
SAEMEDSTD	DATE - DDMONYYYY
SAEMEDENDT	DATE - DDMONYYYY
SAEREV	NUMERIC
SAEREVDTC	DATE - DDMONYYYY
SAEREVCOM	STRING(255) - A255
SAECOM	NUMERIC
SAECOMDTC	DATE - DDMONYYYY
SAECOMPCOM	STRING(255) - A255

clever : SAE Follow-up (SAEFUP) - Repeating Form							
#	Seq Num	SAE FUP	SAE Num	SAE term	Start date/time	SAE Follow Up Reports	
1							
Please ensure all the supporting information has been entered, including: Demographic Information, Concomitant Medications, Procedure or Event Forms as indicated							
1.	Sequence Number (auto-generated) [read-only]			xxx (MAPPINGS1:t_frmSAEFUP.SAEFSEQ)			
2.	Does the subject have SAE follow-up reports?			(MAPPINGS1:t_frmSAEFUP.SEFUP) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
3.*	SAE number Enter the SAE Event Number from the SAE form			A4 (MAPPINGS1:t_frmSAEFUP.SAEFUNUM)			
4.*	SAE term The event term will be visible after the SAE Event Number (item 3) has been entered and submitted [read-only]			A50 (MAPPINGS1:t_frmSAEFUP.SAEFUTRM)			
5.*	SAE start date and time The start date and time will be visible after the SAE event number (item 3) has been entered and submitted [read-only]			Req <input type="button" value="v"/> / Req/Unk <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2015) (MAPPINGS1:t_frmSAEFUP.SAESTDTC) Req/Unk <input type="button" value="v"/> : Req/Unk <input type="button" value="v"/> 24-hour clock			
	Seq Num			Date FUP report			SAE Narrative
6.	[read-only]						
SAE Follow Up Reports Entry							
6.a*	Sequence Number (auto-generated) [read-only]			xxx (MAPPINGS1:t_frmSAEFUP.SAEFUSEQ)			
6.b	Date of Follow-up report			Req <input type="button" value="v"/> / Req <input type="button" value="v"/> / Req <input type="button" value="v"/> (2006-2015) (MAPPINGS1:t_frmSAEFUP.SAEFUDTC)			
6.c	SAE Narrative			A1000 (MAPPINGS1:t_frmSAEFUP.SAEFUNAR)			
* Item is not required							

CDD: MAPPINGS1 Table: t_frmSAEFUP Key Type: PATIENTVISIT

Column Name	Column Data Type
SAEFSEQ	NUMERIC - N4
SEFUP	STRING(1)
SAEFUNUM	STRING(4) - A4
SAEFUTRM	STRING(50) - A50
SAESTDTC	DATE - DDMONYYYY HHMM
SAEFUSEQ	NUMERIC - N4
SAEFUDTC	DATE - DDMONYYYY
SAEFUNAR	TEXT(255) - A1000

clever : Concomitant Medications (CMD) - Repeating Form

#	Seq No	Med	Ind	AE Num	Dose	Freq	Start date	Stop date
1								
1.*	Sequence Number (auto-generated) [read-only]			xxxx (MAPPINGS1:t_CMD.CMSEQ)				
2.	Medication			(MAPPINGS1:t_CMD.CMNONE) [1] <input type="radio"/> A-B Pulldown List 1 (MAPPINGS1:t_CMD.CMEDAB) <input type="radio"/> C-D Pulldown List 2 (MAPPINGS1:t_CMD.CMEDCD) <input type="radio"/> E-H Pulldown List 3 (MAPPINGS1:t_CMD.CMEDEH) <input type="radio"/> I-L Pulldown List 4 (MAPPINGS1:t_CMD.CMEDIL) <input type="radio"/> M-O Pulldown List 5 (MAPPINGS1:t_CMD.CMEDMO) <input type="radio"/> P-R Pulldown List 6 (MAPPINGS1:t_CMD.CMEDPR) <input type="radio"/> S-Z Pulldown List 7 (MAPPINGS1:t_CMD.CMEDSZ) [0] <input type="radio"/> None				
3.	Indication			A50 (MAPPINGS1:t_CMD.CMIND)				
4.	Has this indication been listed as an Adverse Event?			(MAPPINGS1:t_CMD.CMAE) [1] <input type="radio"/> Yes, AE# xxx (MAPPINGS1:t_CMD.CMAENUM) [2] <input type="radio"/> No				
5.	Dose			xxxxxxx (MAPPINGS1:t_CMD.CMDOSE)				
6.	Frequency			(MAPPINGS1:t_CMD.CMFreq) [1] <input type="radio"/> QD [2] <input type="radio"/> BID [3] <input type="radio"/> TID [4] <input type="radio"/> QID [5] <input type="radio"/> PRN [99] <input type="radio"/> Other, specify: A255 (MAPPINGS1:t_CMD.CMFREQOSP)				
7.	Start date			(MAPPINGS1:t_CMD.rdcCMSTDT) [88] <input type="radio"/> Req/Unk / Req/Unk / Req (2006-2015) (MAPPINGS1:t_CMD.CMSTDT) [99] <input type="radio"/> Unknown but prior to study				
8.	Stop date			(MAPPINGS1:t_CMD.rdcCMENDT) [88] <input type="radio"/> Req / Req/Unk / Req (2006-2015) (MAPPINGS1:t_CMD.CMENDT) [1] <input type="radio"/> Continuing				
9.*	Coded Term [hidden]			A50 (MAPPINGS1:t_CMD.CMTERM)				

* Item is not required

Pulldown List 1:		
RefName	Display Text	Value
estrCMAbcix	Abciximab	1
estrCMAcarb	Acarbose	2
estrCMAccupril	Accupril	3
estrCMAcetAc	Acetylsalicylic acid	234
estrCMAciph	Aciphex	4
estrCMActiv	Activase	5
estrCMActos	Actos	6
estrCMAadvic	Advicor	7
estrCMAaggrast	Aggrastat	8
estrCMAaggren	Aggrenox	9
estrCMAgrylin	Agrylin	10
estrCMAaltace	Altace	11
estrCMAaltepl	Alteplase	12
estrCMAmary	Amaryl	13
estrCMAmic	Amicar	14
estrCMAminoc	Aminocaproic acid	15
estrCMAmloAtorv	Amlodipine and Atorvastatin	17
estrCMAmlod	Amlodipine (Norvasc)	16
estrCMAmlodBenaz	Amlodipine and Benazepril	18
estrCMAnagr	Anagrelide	19
estrCMAnsaid	Ansaid	20
estrCMArdep	Ardeparin	21
estrCMArthrot	Arthrotec	22
estrCMASA	ASA/aspirin	227
estrCMAtacand	Atacand	23
estrCMAtenol	Atenolol	24
estrCMAtorvas	Atorvastatin	25
estrCMAvand	Avandia	26
estrCMAvapro	Avapro	27
estrCMAxid	Axid	28
estrCMBenaz	Benazepril	29

estrCMBetap	Betapace	30
estrCMBetax	Betaxolol	31
estrCMBisop	Bisoprolol	32
estrCMBlocad	Blocadren	33
estrCMBrev	Brevibloc	34

Pulldown List 2:

RefName	Display Text	Value
estrCMCduet	Caduet	35
estrCMCalan	Calan	36
estrCMCalc	Calcium channel blocker with hydrochlorothiazide	37
estrCMCand	Candesartan	38
estrCMCapo	Capoten	39
estrCMCapt	Captopril	40
estrCMCard	Cardene	41
estrCMCardiz	Cardizem	42
estrCMCartia	Cartia	43
estrCMCarved	Carvedilol	44
estrCMCataf	Cataflam	45
estrCMCeleb	Celebrex	46
estrCMCelec	Celecoxib	47
estrCMCilos	Cilostazol	48
estrCMCimet	Cimetidine	49
estrCMCiin	Clinoril	50
estrCMClolid	Clopidogrel	51
estrCMCoreg	Coreg	52
estrCMCorg	Corgard	53
estrCMCover	Covera	54
estrCMCoz	Cozaar	55
estrCMCrest	Crestor	56
estrCMDalt	Dalteparin	228
estrCMDanap	Danaparoid	57
estrCMDaypro	Daypro	58
estrCMDiab	Diabeta	59
estrCMDiclof	Diclofenac	60
estrCMDicMis	Diclofenac/Misoprostol	61
estrCMDifi	Diflunisal	62
estrCMDihy	Dihydropyridines	63
estrCMDilac	Dilacor XR	64
estrCMDiltiaz	Diltiazem	65
estrCMDiov	Diovan	66
estrCMDipr	Dipridamole/ASA	67
estrCMDipy	Dipyridamole	68
estrCMDisal	Disalcid	69
estrCMDolob	Dolobid	70

Pulldown List 3:

RefName	Display Text	Value
estrCMEnal	Enalapril and Felodipine	71
estrCMEnalap	Enalapril	72
estrCMEnox	Enoxaparin	73
estrCMEpog	Epogen	74
estrCMEpro	Eprostatan mesylate	75
estrCMEptif	Eptifibatide	76
estrCMEryth	Erythropoietin	77
estrCMEsmolol	Esmolol	78
estrCMEtod	Etodolac	79
estrCMEzeta	Ezetamibe	80
estrCMEzetim	Ezetimibe/simvastatin	81
estrCMFamo	Famotidine	82
estrCMFeld	Feldene	83
estrCMFelod	Felodipine	84
estrCMFeno	Fenofibrate	85
estrCMFulg	Filgrastim	86
estrCMFish	Fish Oil	87
estrCMFlur	Flurbiprofen	88
estrCMFluv	Fluvastatin	89
estrCMFosi	Fosinopril	90

estrCMFrag	Fragmin	229
estrCMGcsf	G-CSF	91
estrCMGem	Gemfibrozil	92
estrCMGink	Ginko Biloba	93
estrCMGlim	Glimepiride	94
estrCMGlip	Glipizide	95
estrCMGluc	Glucagon	96
estrCMGluc0	Glucophage	97
estrCMGlucot	Glucotrol	98
estrCMGlyb	Glyburide	99
estrCMGlyc	Glycet	100
estrCMHctz	HCTZ and propranolol	101
estrCMHep	Heparin	102

Pulldown List 4:		
RefName	Display Text	Value
estrCMIbu	Ibuprofen	103
estrCMInd	Inderal	104
estrCMInder	Inderide	105
estrCMIndo	Indomethacin	106
estrCMInt	Integrilin	107
estrCMIrbe	Irbesartan	108
estrCMIsmo	Ismo, Monoket	109
estrCMIsop	Isoptin	110
estrCMIsor	Isordil	111
estrCMIsos	Isosorbide dinitrate	112
estrCMIsoso	Isosorbide mononitrate	113
estrCMIsra	Isradipine	114
estrCMKer	Kerlone	115
estrCMKeto	Ketoprofen	116
estrCMKetar	Ketorolac	117
estrCMLab	Labetalol	118
estrCMLans	Lansoprazole	119
estrCMLep	Lepirudin	120
estrCMLes	Lescol	121
estrCMLex	Lexxel	122
estrCMLip	Lipitor	123
estrCMLisin	Lisinopril	124
estrCMLod	Lodine	125
estrCMLop	Lopid	126
estrCMLopr	Lopressor	127
estrCMLos	Losartan	128
estrCMLote	Lotensin	129
estrCMLotr	Lotrel	130
estrCMLov	Lovastatin and niacin	131
estrCMLovas	Lovastatin	132
estrCMLove	Loventox	133

Pulldown List 5:		
RefName	Display Text	Value
estrCMMavik	Mavik	230
estrCMMetf	Metformin	134
estrCMMeto	Metoprolol	135
estrCMMev	Mevacor	136
estrCMMic	Micardis	137
estrCMMicr	Micronase	138
estrCMMig	Miglitol	139
estrCMMoe	Moexipril	140
estrCMMono	Monopril	141
estrCMMot	Motrin	142
estrCMNab	Nabumetone	143
estrCMNad	Nadolol	144
estrCMNapr	Naprosyn	145
estrCMNapro	Naproxen	146
estrCMNeu	Neumega	147
estrCMNeup1	Neupogen	232
estrCMNia	Niacin	149
estrCMNias	Niaspan	150

estrCMNif	Nifedipine (Procardia, Adalat)	151
estrCMNis	Nisoldipine (Sular)	152
estrCMNit	Nitrobid	153
estrCMNitr	Nitroglycerin ointment	154
estrCMNitro	Nitroglycerin transdermal	155
estrCMNiz	Nizatidine	156
estrCMNorm	Normiflo	157
estrCMNormo	Normodyne	158
estrCMNsaid	NSAID	235
estrCMOma	Omacor	159
estrCMOme	Omeprazole	160
estrCMOpr	Oprelvekin	161
estrCMOrg	Orgaran (Removed from the market)	162
estrCMOru	Orudis	163
estrCMOxap	Oxaprozin	164

Pulldown List 6:		
RefName	Display Text	Value
estrCMPen	Pentoxifylline	165
estrCMPep	Pepcid	166
estrCMPer	Persantine	167
estrCMPin	Pindolol	168
estrCMPio	Pioglitazone	169
estrCMPir	Piroxicam	170
estrCMPla	Plavix	171
estrCMPlat	Pletal	172
estrCMPra	Prandin	173
estrCMPrav	Pravachol	174
estrCMPrava	Pravastatin	175
estrCMPre	Precose	176
estrCMPrev	Prevacid	177
estrCMPril	Prilosec	178
estrCMPrin	Prinivil	179
estrCMPro	Propranolol	180
estrCMQ	Quinapril	181
estrCMRab	Rabeprazole Sodium	182
estrCMRam	Ramipril	183
estrCMRan	Ranitidine	184
estrCMRef	Refludan	185
estrCMRel	Relafen	186
estrCMReo	Reopro	187
estrCMRep	Repaglinide	188
estrCMRet	Reteplase	189
estrCMRete	Retevase	190
estrCMRos	Rosiglitazone	191
estrCMRosu	Rosuvastatin	192

Pulldown List 7:		
RefName	Display Text	Value
estrCMSal	Salsalate	193
estrCMSim	Simvastatin	194
estrCMSot	Sotalol	195
estrCMStr	Streptokinase	196
estrCMSul	Sulindac	197
estrCMtag	Tagamet	198
estrCMTar	Tarka	199
estrCMTel	Telmisartin	200
estrCMTern1	Tenormin	233
estrCMTev	Teveten	202
estrCMTia	Tiazac	203
estrCMTic	Ticlid	204
estrCMTicl	Ticlopidine	205
estrCMTim	Timolol	206
estrCMTir	Tirofiban	207
estrCMTor	Toradol	208
estrCMTpa	t-PA	209
estrCMTrand	Trandolapril	231
estrCMTran	Trandolapril and Verapamil	210

estrCMTre	Trental	211
estrCMTri	Tricor	212
estrCMUni	Univasc	213
estrCMUro	Urokinase	214
estrCMVal	Valsartan	215
estrCMVas	Vasotec	216
estrCMVer	Verapamil	217
estrCMVere	Verelan	218
estrCMVis	Visken	219
estrCMVol	Voltaren	220
estrCMVyt	Vytorin	221
estrCMWar	Warfarin	222
estrCMZan	Zantac	223
estrCMZeb	Zebeta	224
estrCMZet	Zetia	225
estrCMZoc	Zocor	226

CDD: MAPPINGS1 Table: t_CMD Key Type: PATIENTVISIT	
Column Name	Column Data Type
CMSEQ	NUMERIC - N4
CMNONE	STRING(1)
CMEDAB	STRING(255) - 1, 2, 3, 234, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 16, 18, 19, 20, 21, 22, 227, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
CMEDCD	STRING(255) - 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 228, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70
CMEDEH	STRING(255) - 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 229, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102
CMEDIL	STRING(255) - 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133
CMEDMO	STRING(255) - 230, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 232, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 235, 159, 160, 161, 162, 163, 164
CMEDPR	STRING(255) - 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192
CMEDSZ	STRING(255) - 193, 194, 195, 196, 197, 198, 199, 200, 233, 202, 203, 204, 205, 206, 207, 208, 209, 231, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226
CMIND	STRING(50) - A50
CMAE	STRING(1)
CMAENUM	NUMERIC - N3
CMDOSE	NUMERIC - N7
CMFReq	STRING(2)
CMFREQOSP	STRING(255) - A255
rdcCMSTDT	STRING(2)
CMSTDT	DATE - DDMONYYYY
rdcCMENDT	STRING(2)
CMENDT	DATE - DDMONYYYY
CMTERM	STRING(50) - A50

clever : Hemorrhagic/Vascular Event (H/V) - Repeating Form

#	Seq Num	Event Type	Date/Time of event	Cath Site AE	PT	PTT	INR	Action Taken
1								
1.*	Sequence number (auto-generated) [read-only]			xxxx (MAPPINGS1:t_HV.HVSEQ)				
2.	Event Type			(MAPPINGS1:t_HV.HVEVENT) [1] <input type="radio"/> Hematoma >5 cm [2] <input type="radio"/> Pseudoaneurysm [3] <input type="radio"/> AV Fistula [4] <input type="radio"/> Retroperitoneal bleed [5] <input type="radio"/> Peripheral ischemia or nerve injury [6] <input type="radio"/> Blood loss at cath site requiring treatment [99] <input type="radio"/> Other, please specify: A50 (MAPPINGS1:t_HV.HVEVENTOSP)				
3.	Date / Time of event			Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVDTM) Req : Req 24-hour clock				
4.	Did the subject have an adverse event at a catheterization site?			(MAPPINGS1:t_HV.HVCATH) [1] <input type="radio"/> Yes [2] <input type="radio"/> No				

Coagulation status closest to event

5.	PT	(MAPPINGS1:t_HV.HVPTYN) [1] <input type="radio"/> xxxx. Seconds (MAPPINGS1:t_HV.HVPT) Date/Time of Collection Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVPTDTM) Req : Req 24-hour clock [-] <input type="radio"/> Not Done [7]						
6.	PTT	(MAPPINGS1:t_HV.HVPTTYN) [1] <input type="radio"/> xxxx. Seconds (MAPPINGS1:t_HV.HVPTT) Date/Time of Collection Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVPTTDTM) Req : Req 24-hour clock [-] <input type="radio"/> Not Done [7]						
7.	INR	(MAPPINGS1:t_HV.HVINRYN) [1] <input type="radio"/> xxxx. (MAPPINGS1:t_HV.HVINR) Date/Time of Collection Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVINRDTM) Req : Req 24-hour clock [-] <input type="radio"/> Not Done [7]						

Event, Event Action and Date of Action

8.	Action Taken	(MAPPINGS1:t_HV.chkHVSARGDTM) [1] <input type="checkbox"/> Surgery, specify date and time: Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVSARGDTM) Req : Req 24-hour clock (MAPPINGS1:t_HV.HVTRNS) [2] <input type="checkbox"/> Transfusion (MAPPINGS1:t_HV.chkHVULTSND) [3] <input type="checkbox"/> Ultrasound, specify date and time: Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVULTDTM) Req : Req 24-hour clock (MAPPINGS1:t_HV.chkHVTHRDRTM) [4] <input type="checkbox"/> Thrombin Injection, specify date and time: Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVTHRDRTM) Req : Req 24-hour clock (MAPPINGS1:t_HV.chkHVUSCOMP) [5] <input type="checkbox"/> US Compression, specify date and time: Req Req Req (2006-2015) (MAPPINGS1:t_HV.HVUSCOMP) Req : Req 24-hour clock (MAPPINGS1:t_HV.chkHVACNOSP) [99] <input type="checkbox"/> Other, please specify: A50 (MAPPINGS1:t_HV.HVACNOSP)						
----	--------------	--	--	--	--	--	--	--

* Item is not required

CDD: MAPPINGS1 Table: t_HV Key Type: PATIENTVISIT

Column Name	Column Data Type
HVSEQ	NUMERIC - N4
HVEVENT	STRING(2)
HVEVENTOSP	STRING(50) - A50
HVDTM	DATE - DDMONYYYY HHMM
HVCATH	STRING(1)
HVPTYN	STRING(2)
HVPT	FLOAT - F5.0
HVPTDTM	DATE - DDMONYYYY HHMM

HVPTTYN	STRING(2)
HVPTT	FLOAT - F5.0
HVPTTDTM	DATE - DDMONYYYY HHMM
HVINRYN	STRING(2)
HVINR	FLOAT - F5.0
HVINRDTM	DATE - DDMONYYYY HHMM
chkHVSRGDTM	STRING(255)
HVSRGDTM	DATE - DDMONYYYY HHMM
HVTRNS	STRING(255)
chkHVULTSND	STRING(255)
HVULTDTM	DATE - DDMONYYYY HHMM
chkHVTHRDTM	STRING(255)
HVTHRDTM	DATE - DDMONYYYY HHMM
chkHVUSCOMP	STRING(255)
HVUSCOMP	DATE - DDMONYYYY HHMM
chkHVACNOSP	STRING(255)
HVACNOSP	STRING(50) - A50

clever : Transfusion Details (TRNS) - Repeating Form										
#	Seq Num	Sequence of HV form	Date of first transfusion	Catheterization complication?	No. Units RBC	No. Units Platelets	HCT	HGB	Platelets	
1										
Hemorrhagic / Vascular Event - Transfusion Details										
1.*	Sequence number (auto-generated) [read-only]			xxx (MAPPINGS1:t_TRNS.TRNSSEQ)						
2.	HV Event Number <i>Note: Enter the number of the HV event that required a transfusion</i>			xxx (MAPPINGS1:t_TRNS.TRNSHV)						
3.	Date of first transfusion			Req / Req / Req (2006-2015) (MAPPINGS1:t_TRNS.TRNSDT)						
4.	Transfusion related to catheterization complication?			(MAPPINGS1:t_TRNS.TRNSCATH) [1] <input type="radio"/> Yes [2] <input type="radio"/> No, clarify: A255 (MAPPINGS1:t_TRNS.TRNSOSP)						
5.	Total number of units of packed RBCs or whole blood transfused			xxx (MAPPINGS1:t_TRNS.TRNSRBC)						
6.	Total number of units of platelets transfused			xxx (MAPPINGS1:t_TRNS.TRNSPLATE)						
Lowest Hematology measurements prior to transfusion										
7.	HCT			(MAPPINGS1:t_TRNS.TRNSHCTND) [88] <input type="radio"/> Value: xxxxx. (MAPPINGS1:t_TRNS.TRNSHCT) Unit: Pulldown List 1 (MAPPINGS1:t_TRNS.TRNSHCTUNIT) Date/Time of Collection Req / Req / Req (2006-2015) (MAPPINGS1:t_TRNS.TRNSHCTDTM) Req : Req 24-hour clock [- <input type="radio"/> Not Done 7]						
8.	HGB			(MAPPINGS1:t_TRNS.TRNSHGBND) [88] <input type="radio"/> Value: xxxxxx. (MAPPINGS1:t_TRNS.TRNSHGB) Unit: Pulldown List 2 (MAPPINGS1:t_TRNS.TRNSHGBUNIT) Date/Time of Collection Req / Req / Req (2006-2015) (MAPPINGS1:t_TRNS.TRNSHGBDTM) Req : Req 24-hour clock [- <input type="radio"/> Not Done 7]						
9.	Platelets			(MAPPINGS1:t_TRNS.TRNSPLTND) [88] <input type="radio"/> Value: xxxxxx (MAPPINGS1:t_TRNS.TRNSPLT) Unit: Pulldown List 3 (MAPPINGS1:t_TRNS.TRNSPLTUNIT) Date/Time of Collection Req / Req / Req (2006-2015) (MAPPINGS1:t_TRNS.TRNSPLTDTM) Req : Req 24-hour clock [- <input type="radio"/> Not Done 7]						
* Item is not required										

Pulldown List 1:		
RefName	Display Text	Value
estrHCTUNIT1	%	1
estrHCTUNIT2	g/dL	2
estrHCTUNIT3	V/V	3
estrHCTUNIT4	Proportion of 1.0	4

Pulldown List 2:		
RefName	Display Text	Value
estrHGBUNIT1	g/dL	1
estrHGBUNIT2	g/L	2

Pulldown List 3:		
RefName	Display Text	Value
estrPLTUNIT1	10^3/μL	1
estrPLTUNIT2	10^9/L	2

CDD: MAPPINGS1 Table: t_TRNS Key Type: PATIENTVISIT	
Column Name	Column Data Type
TRNSSEQ	NUMERIC - N4
TRNSHV	NUMERIC - N4
TRNSDT	DATE - DDMONYYYY
TRNSCATH	STRING(1)
TRNSOSP	STRING(255) - A255
TRNSRBC	NUMERIC - N4
TRNSPLATE	NUMERIC - N4
TRNSHCTND	STRING(2)
TRNSHCT	FLOAT - F7.0
TRNSHCTUNIT	STRING(255) - 1, 2, 3, 4
TRNSHCTDTM	DATE - DDMONYYYY HHMM
TRNSHGBND	STRING(2)

TRNSHGB	FLOAT - F8.0
TRNSHGBUNIT	STRING(255) - 1, 2
TRNSHGBDTM	DATE - DDMONYYYY HHMM
TRNSPLTND	STRING(2)
TRNSPLT	NUMERIC - N6
TRNSPLTUNIT	STRING(255) - 1, 2
TRNSHPLDTM	DATE - DDMONYYYY HHMM

clever : Ischemic Events / MI (ISMI) - Repeating Form												
#	Seq Num	Date / Time	Recurrent pain	ST-T wave chg or perm LBBB	Coronary Angio	CKs Taken	CK upper normal	CK	CK-MB upper normal	CK-MB	Troponin UNL	Trop rslt
1												
Ischemic / MI Event - complete a record for each event												
1.*	Sequence Number (auto-generated) [read-only]					xxx (MAPPINGS1:t_ISMI.ISMISEQ)						
2.	Date / Time of events					Req <input type="checkbox"/> / Req/Unk <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_ISMI.ISMIDTM) Req/Unk <input type="checkbox"/> : Req/Unk <input type="checkbox"/> 24-hour clock						
3.	Recurrent ischemic chest pain greater than 20 minutes unrelieved by NTG					(MAPPINGS1:t_ISMI.ISMIPAIN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No						
4.	New ST-T wave changes or new permanent LBBB <i>Forward ECG tracing(s) and report(s) to HCRI</i>					(MAPPINGS1:t_ISMI.ISMIBBB) [1] <input type="radio"/> Yes [2] <input type="radio"/> No						
5.	Was coronary angiogram performed due to this event?					(MAPPINGS1:t_ISMI.ISMIRA) [1] <input type="radio"/> Yes [2] <input type="radio"/> No						
6.	Were cardiac enzymes performed? <i>If YES, please complete Questions 7-10</i>					(MAPPINGS1:t_ISMI.ISMICKDONE) [1] <input type="radio"/> Yes [2] <input type="radio"/> No						
7.*	CK upper normal limit					xxxxx. <input type="radio"/> ng/ml <input type="radio"/> u/L (MAPPINGS1:t_ISMI.ISCKUP)						
8.*	Peak CK result					xxxxx. (MAPPINGS1:t_ISMI.CK)						
9.*	CK-MB upper normal limit					xxxxx. <input type="radio"/> ng/ml <input type="radio"/> u/L (MAPPINGS1:t_ISMI.ISCKMBUP)						
10.*	Peak CK-MB result					xxxxx. (MAPPINGS1:t_ISMI.CKMB)						
11.	Troponin upper normal limit					(MAPPINGS1:t_ISMI.ISMITROP) [1] <input type="radio"/> xxxxx. <input type="radio"/> > <input type="radio"/> < (MAPPINGS1:t_ISMI.TROPULN) [- <input type="radio"/> Not Done ?]]						
12.	Peak Troponin level					(MAPPINGS1:t_ISMI.TROPRLT) [1] <input type="radio"/> xxxxx. (MAPPINGS1:t_ISMI.TROPPEAK) [- <input type="radio"/> Not Done ?]]						
* Item is not required												

Column Name	Column Data Type
ISMISEQ	NUMERIC - N3
ISMIDTM	DATE - DDMONYYYY HHMM
ISMIPAIN	STRING(1)
ISMIBBB	STRING(1)
ISMIRA	STRING(1)
ISMICKDONE	STRING(1)
ISCKUP	FLOAT - F6.0
CK	FLOAT - F5.0
ISCKMBUP	FLOAT - F6.0
CKMB	FLOAT - F5.0
ISMITROP	STRING(2)
TROPULN	FLOAT - F5.0
TROPRLT	STRING(2)
TROPPEAK	FLOAT - F5.0

clever : Vascular Interventions (VASC) - Repeating Form

#	Seq Num	Date/Time	Target site included	Targ vessel oth loc	Sequence of Procedures Performed - complete one record for each limb revascularized	Amputation sequence of readings							
1													
1.*	Sequence Number (auto-generated) [read-only]	xxxxx (MAPPINGS1:t_frmVasc.RVSEQ)											
2.	Date/Time of procedure	Req / Req / Req (2006-2015) (MAPPINGS1:t_frmVasc.RVDTC) Req : Req 24-hour clock											
3.	Did revascularization include the target site?	(MAPPINGS1:t_frmVasc.RVTS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No											
4.	Did the revascularization include the target vessel at a location other than the target site?	(MAPPINGS1:t_frmVasc.RVOTHTS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No											
	Seq Num	Limb	Surg	Perc	Time arrive in Cath	Time 1st xylo	Date/Time last Cath removed	VCD used	Contrast	Dev Util	Heparin	Platets	Consed
5.	[read-only]												
Sequence of Procedures Performed - complete one record for each limb revascularized Entry													
5.a*	Sequence Number (auto-generated) [read-only]	xxxxx (MAPPINGS1:t_frmVasc.RVLRSEQ)											
5.b	Limb revascularized	(MAPPINGS1:t_frmVasc.RVLIMB) [1] <input type="radio"/> Right leg [2] <input type="radio"/> Left leg											
5.c	Was intended procedure surgery?	(MAPPINGS1:t_frmVasc.RVSURGYN) [1] <input type="radio"/> Yes, check all that apply (MAPPINGS1:t_frmVasc.chkRVByp) [1] <input type="checkbox"/> Bypass graft from Pulldown List 1 (MAPPINGS1:t_frmVasc.BYPFROM) to Pulldown List 2 (MAPPINGS1:t_frmVasc.BYPTO) (MAPPINGS1:t_frmVasc.chkRVThromb) [2] <input type="checkbox"/> Thrombectomy/embolectomy Pulldown List 3 (MAPPINGS1:t_frmVasc.THROMB) (MAPPINGS1:t_frmVasc.chkRVPatch) [3] <input type="checkbox"/> Patch angioplasty: Pulldown List 4 (MAPPINGS1:t_frmVasc.PATCHANG) (MAPPINGS1:t_frmVasc.cskRVSurgOther) [99] <input type="checkbox"/> Other, specify A255 (MAPPINGS1:t_frmVasc.SURGOTH) [2] <input type="radio"/> No											
5.d	Was intended procedure a percutaneous procedure?	(MAPPINGS1:t_frmVasc.RVPERCYN) [1] <input type="radio"/> Yes, check all that apply (MAPPINGS1:t_frmVasc.chkPVPTa) [1] <input type="checkbox"/> PTA Pulldown List 5 (MAPPINGS1:t_frmVasc.PTA) (MAPPINGS1:t_frmVasc.chkPVStent) [2] <input type="checkbox"/> Stent Pulldown List 6 (MAPPINGS1:t_frmVasc.STENT) (MAPPINGS1:t_frmVasc.chkPVENDOV) [3] <input type="checkbox"/> Endovascular graft Pulldown List 7 (MAPPINGS1:t_frmVasc.ENDOVGRFT) (MAPPINGS1:t_frmVasc.EMERGSUR) [4] <input type="checkbox"/> Emergency surgery required (MAPPINGS1:t_frmVasc.chkRVPercOth) [99] <input type="checkbox"/> Other, specify A255 (MAPPINGS1:t_frmVasc.PERCOTH) [2] <input type="radio"/> No											
5.e	Time subject arrived in Cath Lab	Req : Req 24-hour clock (MAPPINGS1:t_frmVasc.RVCATHTM)											
5.f	Time of first xylocaine administration	Req : Req 24-hour clock (MAPPINGS1:t_frmVasc.RVXYLOTM)											
5.g	Date/Time of last Catheter removed	Req / Req / Req (2006-2015) (MAPPINGS1:t_frmVasc.RVCRDTM) Req : Req 24-hour clock											
5.h	Was Vascular Closure Device used?	(MAPPINGS1:t_frmVasc.RVCDYN) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmVasc.RVSEALYN) Sealant: [1] <input type="radio"/> Yes [2] <input type="radio"/> No (MAPPINGS1:t_frmVasc.RVSUTYN) Suture: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [2] <input type="radio"/> No											
5.i	Was contrast used, if yes specify type?	(MAPPINGS1:t_frmVasc.RVCONTYN) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmVasc.RVCONTYES) Yes [1] <input type="radio"/> Regular/High Osmolar ionic xxxxxx. cc (MAPPINGS1:t_frmVasc.RVHIGH) [2] <input type="radio"/> Low Osmolar xxxxxx. cc (MAPPINGS1:t_frmVasc.RVLOW) [3] <input type="radio"/> Non-Ionic xxxxxx. cc (MAPPINGS1:t_frmVasc.RVNON) [99] <input type="radio"/> Other xxxxxx. cc (MAPPINGS1:t_frmVasc.RVCONTOTH) [2] <input type="radio"/> No											
5.j	Device utilization <i>Check all that apply</i>	(MAPPINGS1:t_frmVasc.chkRVGwire) [1] <input type="checkbox"/> Guidewires, number of items opened xxx (MAPPINGS1:t_frmVasc.RGWIRENUM) (MAPPINGS1:t_frmVasc.chkRVGCath) [2] <input type="checkbox"/> Guiding Catheters, number of items opened xxx (MAPPINGS1:t_frmVasc.RGCATHNUM) (MAPPINGS1:t_frmVasc.chkRVIVUS)											

		<p>[3] <input type="checkbox"/> Intravascular Ultrasound "Catheters", number of items opened xxx (MAPPINGS1:t_frmVasc.RINCATHNUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVAngBall)</p> <p>[4] <input type="checkbox"/> Angioplasty Balloons, number of items opened xxx (MAPPINGS1:t_frmVasc.RANGBLNUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVInfCath)</p> <p>[5] <input type="checkbox"/> Infusion Catheter (i.e. Ultrafuse, Transit), number of items opened xxx (MAPPINGS1:t_frmVasc.RINFCATNUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVDCA)</p> <p>[6] <input type="checkbox"/> DCA Cutters, number of items opened xxx (MAPPINGS1:t_frmVasc.RDCANUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVLaser)</p> <p>[7] <input type="checkbox"/> Lasers, number of items opened xxx (MAPPINGS1:t_frmVasc.RLASNUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRANGJet)</p> <p>[8] <input type="checkbox"/> AngioJet (Possis) catheters, number of items opened xxx (MAPPINGS1:t_frmVasc.RAJETNUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVRotob)</p> <p>[9] <input type="checkbox"/> Rotablator Burrs, number of items opened xxx (MAPPINGS1:t_frmVasc.RROTONUM)</p> <p>(MAPPINGS1:t_frmVasc.chkRVEPDev)</p> <p>[10] <input type="checkbox"/> Embolus Protection Devices (e.g. Percusurge), number of items opened xxx (MAPPINGS1:t_frmVasc.REMBPRONUM)</p>
5.k	Intraoperative medications given Was Heparin used?	<p>(MAPPINGS1:t_frmVasc.RVHEPYN)</p> <p>[1] <input type="radio"/> Yes, total amount used xxx. units (MAPPINGS1:t_frmVasc.RVHEPYES)</p> <p>[2] <input type="radio"/> (MAPPINGS1:t_frmVasc.RMWHEPYN) No, was a direct anti-thrombin inhibitor or a low molecular weight heparin used during the procedure?</p> <p>[1] <input type="radio"/> Yes (MAPPINGS1:t_frmVasc.RVBIVAL) [1] <input type="checkbox"/> Bivalirudin (MAPPINGS1:t_frmVasc.RVLEPIR) [2] <input type="checkbox"/> Lepirudin (MAPPINGS1:t_frmVasc.RVDATLEP) [3] <input type="checkbox"/> Dabigatran (MAPPINGS1:t_frmVasc.RVENOXAP) [4] <input type="checkbox"/> Enoxaparin (MAPPINGS1:t_frmVasc.chkRVHEPOTH) [99] <input type="checkbox"/> Other, specify A50 (MAPPINGS1:t_frmVasc.RVHEPOTH)</p> <p>[2] <input type="radio"/> No</p>
5.l	Were additional anti-platelet aggregation, antithrombotic or thrombolytic medications used during procedure?	<p>(MAPPINGS1:t_frmVasc.RVPLATYN)</p> <p>[1] <input type="radio"/> Yes (MAPPINGS1:t_frmVasc.RVREOPRO) [1] <input type="checkbox"/> Reopro(abciximab) (MAPPINGS1:t_frmVasc.RVAGGRAS) [2] <input type="checkbox"/> Aggrastat(Tirofiban) (MAPPINGS1:t_frmVasc.RVINTEG) [3] <input type="checkbox"/> Integrilin(eptifibatid) (MAPPINGS1:t_frmVasc.chkRVPLATOTH) [99] <input type="checkbox"/> Other. specify A50 (MAPPINGS1:t_frmVasc.RVPLATOTH)</p> <p>[2] <input type="radio"/> No</p>
5.m	Conscious sedation	<p>(MAPPINGS1:t_frmVasc.RVSEDYN)</p> <p>[1] <input type="radio"/> Yes Drug(s) A50 (MAPPINGS1:t_frmVasc.RVSEDRUG) Dose(s) A50 (MAPPINGS1:t_frmVasc.RVSEDOSE)</p> <p>[2] <input type="radio"/> No</p>

Seq Num	Leg	Toes	Foot	BKA	AKA
6.	[read-only]				

Amputation sequence of readings Entry	
6.a*	Sequence Number (auto-generated) [read-only] xxx (MAPPINGS1:t_frmVasc.RVAMPSEQ)
6.b	Leg (MAPPINGS1:t_frmVasc.RVAMPLEG) [2] <input type="radio"/> Left [1] <input type="radio"/> Right
6.c	Toes only (MAPPINGS1:t_frmVasc.RVTOEYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6.d	Foot only (MAPPINGS1:t_frmVasc.RVFITYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6.e	Below the knee (MAPPINGS1:t_frmVasc.RVBKAYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6.f	Above the knee (MAPPINGS1:t_frmVasc.RVAKAYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

* Item is not required

Pull-down List 1:		
RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6

mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPostTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 2:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35

mestrVesLPosTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 3:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPosTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 4:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18

mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPosTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 5:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPosTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 6:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10

mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPostTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

Pulldown List 7:

RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesRtAx	Right axillary	30
mestrVesRAntTib	Right anterior tibial artery	31
mestrVesRPostTib	Right posterior tibial artery	32
mestrVesRPerArt	Right peroneal artery	33
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesLfAx	Left axillary	34
mestrVesLAntTib	Left anterior tibial artery	35
mestrVesLPostTib	Left posterior tibial artery	36
mestrVesLPerArt	Left peroneal artery	37
mestrVesAorta	Aorta	29

CDD: MAPPINGS1 Table: t_frmVasc Key Type: PATIENTVISIT	
Column Name	Column Data Type
RVSEQ	NUMERIC - N4
RVDTC	DATE - DDMONYYYY HHMM
RVTS	STRING(1)
RVOTHTS	STRING(1)
RVLSEQ	NUMERIC - N4
RVLIMB	STRING(1)
RVSURGYN	STRING(1)
chkRVByp	STRING(255)
BYPFROM	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
BYPTO	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
chkRVThromb	STRING(255)
THROMB	STRING(255) - 1, 2, 4, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
chkRVPatch	STRING(255)
PATCHANG	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
cskRVSurgOther	STRING(255)
SURGOTH	STRING(255) - A255
RVPERCYN	STRING(1)
chkPVPta	STRING(255)
PTA	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
chkPVStent	STRING(255)
STENT	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
chkPVENDOV	STRING(255)
ENDOVGRFT	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 30, 31, 32, 33, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 34, 35, 36, 37, 29
EMERGSUR	STRING(255)
chkRVPercOth	STRING(255)
PERCOTH	STRING(255) - A255
RVCATHM	DATE - HHMM
RVXYLOTM	DATE - HHMM
RVCRDTM	DATE - DDMONYYYY HHMM
RVVCDYN	STRING(1)
RVSEALYN	STRING(1)
RVSUTYN	STRING(1)
RVCONTYN	STRING(1)
RVCONTYES	NUMERIC
RVHIGH	FLOAT - F7.0
RVLOW	FLOAT - F7.0
RVNON	FLOAT - F7.0
RVCONTOTH	FLOAT - F7.0
chkRVGwire	STRING(255)
RGWIRENUM	NUMERIC - N3
chkRVGCath	STRING(255)
RGCATHNUM	NUMERIC - N3
chkRVIVUS	STRING(255)
RINCATHNUM	NUMERIC - N3
chkRVAngBall	STRING(255)
RANGLNUM	NUMERIC - N3
chkRVInfCath	STRING(255)
RINFCATNUM	NUMERIC - N3
chkRVDCA	STRING(255)
RDCANUM	NUMERIC - N3
chkRVLaser	STRING(255)
RLASNUM	NUMERIC - N3
chkRAngJet	STRING(255)
RAJETNUM	NUMERIC - N3
chkRVRotob	STRING(255)
RROTONUM	NUMERIC - N3
chkRVEPDev	STRING(255)
REMBPRONUM	NUMERIC - N3
RVHEPYN	NUMERIC
RVHEPYES	FLOAT - F5.0
RMWHEPYN	STRING(1)
RVBIVAL	STRING(255)
RVLEPIR	STRING(255)
RVDATLEP	STRING(255)
RVENOXAP	STRING(255)
chkRVHEPOTH	STRING(255)

RVHEPOTH	STRING(50) - A50
RVPLATYN	STRING(1)
RVREOPRO	STRING(255)
RVAGGRAS	STRING(255)
RVINTEG	STRING(255)
chkRVPLATOTH	STRING(255)
RVPLATOTH	STRING(50) - A50
RVSEDYN	STRING(1)
RVSEDRUG	STRING(50) - A50
RVSEDOSE	STRING(50) - A50
RVAMPSEQ	NUMERIC - N4
RVAMPLEG	STRING(1)
RVTOEYN	STRING(1)
RVFTYN	STRING(1)
RVBKAYN	STRING(1)
RVAKAYN	STRING(1)

clever : Diagnostics (DIAG) - Repeating Form							
#	Seq Num	Date/Time of test	Test performed	For worsening LI	Repeat Revasc warranted	Hosp overnight	
1							
Diagnostics - complete one form per diagnostic test							
1.*	Sequence Number (auto-generated) [read-only]			xxx (MAPPINGS1:t_frmDIAG.RISEQ)			
2.	Date and time of diagnostic test			Req <input type="checkbox"/> / Req/Unk <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmDIAG.RIDTM) Req/Unk <input type="checkbox"/> : Req/Unk <input type="checkbox"/> 24-hour clock			
3.	What diagnostic test was performed?			(MAPPINGS1:t_frmDIAG.RIINTERV) [1] <input type="radio"/> (MAPPINGS1:t_frmDIAG.ANGREAS) Peripheral Angiogram, reason for Angiogram: [1] <input type="radio"/> Planned staged procedure [2] <input type="radio"/> Elective [3] <input type="radio"/> Emergency [2] <input type="radio"/> Coronary Angiogram [3] <input type="radio"/> Duplex Ultrasound [4] <input type="radio"/> CT [5] <input type="radio"/> MRI [6] <input type="radio"/> (MAPPINGS1:t_frmDIAG.RIEXER) Exercise test (NOT protocol required) [1] <input type="radio"/> with ABI xxx tests (MAPPINGS1:t_frmDIAG.EXERABI) [2] <input type="radio"/> with no cardiac imaging xxx tests (MAPPINGS1:t_frmDIAG.EXERNOIM)			
4.	Was diagnostic test for worsening limb ischemia?			(MAPPINGS1:t_frmDIAG.RIWORSYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
5.	Did the diagnostic test warrant a repeat revascularization? <i>If Yes, complete the Vascular Interventions form and send reports to HCRI.</i>			(MAPPINGS1:t_frmDIAG.RIRRYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
6.	Was the subject hospitalized overnight? <i>If Yes, complete Hospitalization form.</i>			(MAPPINGS1:t_frmDIAG.RIHOSPYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
* Item is not required							

Column Name	Column Data Type
RISEQ	NUMERIC - N4
RIDTM	DATE - DDMONYYYY HHMM
RIINTERV	STRING(1)
ANGREAS	STRING(1)
RIEXER	NUMERIC
EXERABI	NUMERIC - N3
EXERNOIM	NUMERIC - N3
RIWORSYN	STRING(1)
RIRRYN	STRING(1)
RIHOSPYN	STRING(1)

clever : Leg Ischemia Events (LEG ISCH) - Repeating Form

#	Seq num	Date	Limb	Ruth Grd	MAPE	ALI	Claud loc	Ft pain	Skin ulcer	Gang	Atheroemb	Fem	Pop	Tib	Pedis	Dopp PT	Dopp DP	Left BS	Rt BS	Left APs	Right APs	Thigh
1																						
1.	Sequence Number (auto-generated) [read-only]										xxxx (MAPPINGS1:t_frmLIMB2.LISEQ)											
2.	Date of assessment										Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmLIMB2.LIASMDTC)											
3.	Limb Assessed										(MAPPINGS1:t_frmLIMB2.LILIMB) [1] <input type="radio"/> Right leg [2] <input type="radio"/> Left leg											
4.	Rutherford Grade										(MAPPINGS1:t_frmLIMB2.LIRUTHGRD) [1] <input type="radio"/> Grade I - Claudication [2] <input type="radio"/> Grade II - Rest pain [3] <input type="radio"/> Grade III - Ischemic tissue loss											
5.	Does the subject have any of the following Major Adverse Peripheral Events (MAPE)										(MAPPINGS1:t_frmLIMB2.LISTENTTHR) [1] <input type="checkbox"/> Stent Thrombosis (MAPPINGS1:t_frmLIMB2.LIPULSE) [2] <input type="checkbox"/> Loss of previously Dopplerable pulses (MAPPINGS1:t_frmLIMB2.LIPLPULS) [3] <input type="checkbox"/> Loss of previously palpable pulses (MAPPINGS1:t_frmLIMB2.LIBLUETOE) [4] <input type="checkbox"/> Blue Toe syndrome (MAPPINGS1:t_frmLIMB2.LIARTERIAL) [5] <input type="checkbox"/> Arterial rupture (MAPPINGS1:t_frmLIMB2.LIRESTONS) [6] <input type="checkbox"/> Restenosis (MAPPINGS1:t_frmLIMB2.LIARF) [7] <input type="checkbox"/> Acute Renal Failure (MAPPINGS1:t_frmLIMB2.LIMAPENA) [-] <input type="checkbox"/> NA [8]											
6.	Is there evidence of acute limb ischemia? <i>Examples, pain, pulselessness, pallor, paresthesias and paralysis</i>										(MAPPINGS1:t_frmLIMB2.LILIEVIDEN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No											
7.	Site of new claudication or claudication worsening (check all that apply)										(MAPPINGS1:t_frmLIMB2.LIBUTT) [1] <input type="checkbox"/> Buttock (MAPPINGS1:t_frmLIMB2.LIHIP) [2] <input type="checkbox"/> Hip (MAPPINGS1:t_frmLIMB2.LITHIGH) [3] <input type="checkbox"/> Thigh (MAPPINGS1:t_frmLIMB2.LICALF) [4] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB2.LIFOOT) [5] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB2.LITOES) [6] <input type="checkbox"/> Toes (MAPPINGS1:t_frmLIMB2.LINA) [-] <input type="checkbox"/> NA [8]											
8.	Ischemic foot pain at rest										(MAPPINGS1:t_frmLIMB2.LIFTPAIN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No											
9.	Ischemic skin ulceration (ulcer present for at least 2 weeks)										(MAPPINGS1:t_frmLIMB2.LISKULC) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmLIMB2.LISKCALF) [1] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB2.LISKFOOT) [2] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB2.LISKTOES) [3] <input type="checkbox"/> Toes [2] <input type="radio"/> No											
10.	Gangrene										(MAPPINGS1:t_frmLIMB2.LIGANGR) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmLIMB2.LIGNGCALF) [1] <input type="checkbox"/> Calf (MAPPINGS1:t_frmLIMB2.LIGNGFOOT) [2] <input type="checkbox"/> Foot (MAPPINGS1:t_frmLIMB2.LIGNGTOE) [3] <input type="checkbox"/> Toes [2] <input type="radio"/> No											
11.	Evidence of atheroembolism (blue toe syndrome)										(MAPPINGS1:t_frmLIMB2.LIATHBTS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No											
Pedal Pulse Assessment																						
12.	Pulse evaluation: Palpable Femoral										(MAPPINGS1:t_frmLIMB2.LIPALFEM) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent											
13.	Pulse Evaluation: Palpable Popliteal										(MAPPINGS1:t_frmLIMB2.LIPALPOP) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent											
14.	Pulse evaluation: Palpable Posterior Tibial										(MAPPINGS1:t_frmLIMB2.LIPALPOS) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent											

15.	Pulse evaluation: Palpable Dorsalis Pedis	(MAPPINGS1:t_frmLIMB2.LIPALDOR) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent
Doppler Pulse Assessment		
16.	Pulse evaluation: Doppler Posterior Tibial	(MAPPINGS1:t_frmLIMB2.LIDOPPT) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent
17.	Pulse evaluation: Doppler Dorsalis Pedis	(MAPPINGS1:t_frmLIMB2.LIDOPDP) [1] <input type="radio"/> Present [2] <input type="radio"/> Absent
ABI and Thigh-BI Pressures		
18.	Left Brachial Systolic	xxx mmHg (MAPPINGS1:t_frmLIMB2.LIABBRAL)
19.	Right Brachial Systolic	xxx mmHg (MAPPINGS1:t_frmLIMB2.LIABBRAR)
20.	Left Ankle Pressures	Dorsalis Pedis xxx mmHg (MAPPINGS1:t_frmLIMB2.LILFDP) Posterior Tibial xxx mmHg (MAPPINGS1:t_frmLIMB2.LILFPT)
21.	Right Ankle Pressures	Dorsalis Pedis xxx mmHg (MAPPINGS1:t_frmLIMB2.LIRTDP) Posterior Tibial xxx mmHg (MAPPINGS1:t_frmLIMB2.LIRTPT)
22.	Thigh Systolic	Left xxx mmHg (MAPPINGS1:t_frmLIMB2.LITHSYSR) Right xxx mmHg (MAPPINGS1:t_frmLIMB2.LITHSYSL)

CDD: MAPPINGS1 Table: t_frmLIMB2 Key Type: PATIENTVISIT

Column Name	Column Data Type
LISEQ	NUMERIC - N4
LIASMDTC	DATE - DDMYYYY
LILIMB	STRING(1)
LIRUTHGRD	STRING(1)
LIENTHHR	STRING(255)
LIPULSE	STRING(255)
LIPLPULS	STRING(255)
LIBLUETOE	STRING(255)
LIARTERIAL	STRING(255)
LIRESTONS	STRING(255)
LIARF	STRING(255)
LIMAPENA	STRING(255)
LILIEVIDEN	STRING(1)
LIBUTT	STRING(255)
LIHIP	STRING(255)
LITHIGH	STRING(255)
LICALF	STRING(255)
LIFOOT	STRING(255)
LITOEES	STRING(255)
LINA	STRING(255)
LIFTPAIN	STRING(1)
LISKULC	STRING(1)
LISKCALF	STRING(255)
LISKFOOT	STRING(255)
LISKTOES	STRING(255)
LIGANGR	STRING(1)
LIGNGCALF	STRING(255)
LIGNGFOOT	STRING(255)
LIGNGTOE	STRING(255)
LIATHBTS	STRING(1)
LIPALFEM	STRING(1)
LIPALPOP	STRING(1)
LIPALPOS	STRING(1)
LIPALDOR	STRING(1)
LIDOPPT	STRING(1)
LIDOPDP	STRING(1)
LIABBRAL	NUMERIC - N3
LIABBRAR	NUMERIC - N3
LILFDP	NUMERIC - N3
LILFPT	NUMERIC - N3
LIRTDP	NUMERIC - N3
LIRTPT	NUMERIC - N3
LITHSYSR	NUMERIC - N3
LITHSYSL	NUMERIC - N3

clever : Hospitalization (HOSP) - Repeating Form																			
#	Seq. Num	Rel to PAD or cardiac	SAE #	A date	DC date	Hosp	Trans from ACH	Hosp stay	Prim ind	P Angio w PTA	P Angio wo PTA	Vasc Acc	Vasc Byp	Amp	DRG	Princ Diag	Med Bill Rel form		
1																			
Hospitalization																			
1.	Sequence Number (auto-generated) [read-only]								xxxx (MAPPINGS1:t_frmHOSP.HOSSEQ)										
2.	Hospital admission related to PAD or cardiovascular disease or its treatment?								(MAPPINGS1:t_frmHOSP.HOSPYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No										
3.	SAE # this hospitalization relates to								xxxx (MAPPINGS1:t_frmHOSP.HOSSAEN)										
4.	Admit date								Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.HOSADMDT)										
5.	Discharge date								Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.HOSDISDT)										
6.	Hospital								(MAPPINGS1:t_frmHOSP.HOSHOSP) [1] <input type="radio"/> Same as enrolling hospital [2] <input type="radio"/> Different from enrolling hospital Name of hospital: A255 (MAPPINGS1:t_frmHOSP.HOSNAME) City, State/Province: A255 (MAPPINGS1:t_frmHOSP.HOSPLACE) Country: A50 (MAPPINGS1:t_frmHOSP.HOSCONT) Hospital Telephone Number: A20 (MAPPINGS1:t_frmHOSP.HOSPHONE)										
7.	Was subject transferred to or from another acute care hospital? <i>If Yes, complete second subsequent Hospitalization form</i>								(MAPPINGS1:t_frmHOSP.HOSTRNYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No										
8.	Hospital stay - check all that apply								(MAPPINGS1:t_frmHOSP.HOSSTAY) [1] <input type="checkbox"/> Med/Surg Admission Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.MEDADMDT) Discharge Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.MEDDCDT) [2] <input type="checkbox"/> ICU/CCU Admission Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.ICUADMDT) Discharge Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.ICUDCDT) [3] <input type="checkbox"/> Stepdown Admission Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.STPADMST) Discharge Date: Req / Req / Req (2006-2015) (MAPPINGS1:t_frmHOSP.STPDCDT)										
9.	Primary indication for hospitalization								(MAPPINGS1:t_frmHOSP.HOSPIND) [1] <input type="radio"/> (MAPPINGS1:t_frmHOSP.VASCEVEN) Vascular related, indicate primary vascular related admitting diagnosis [1] <input type="radio"/> Non-healing ischemic ulcer [2] <input type="radio"/> Claudication [3] <input type="radio"/> Acute Arterial Insufficiency [4] <input type="radio"/> Threatened Limb [99] <input type="radio"/> Other, specify A255 (MAPPINGS1:t_frmHOSP.VSCOTHER) [2] <input type="radio"/> (MAPPINGS1:t_frmHOSP.NVSCIVEN) Non-vascular related, indicate primary admitting diagnosis [1] <input type="radio"/> Cardiac [2] <input type="radio"/> Neurologic [99] <input type="radio"/> Other, specify A255 (MAPPINGS1:t_frmHOSP.NVSCOTH)										
10.	Peripheral Angiograms with PTA <i>If >=1 fill out a Vascular Interventions form for each procedure</i>								Quantity (enter 0 for none): xxxx (MAPPINGS1:t_frmHOSP.HOSPWPPTA)										
11.	Peripheral Angiograms without PTA <i>If >=1 fill out a Diagnostics form for each test</i>								Quantity (enter 0 for none): xxxx (MAPPINGS1:t_frmHOSP.HOSWOPTA)										
12.	Vascular Access site repairs								Quantity (enter 0 for none): xxxx (MAPPINGS1:t_frmHOSP.HOVASACC)										
13.	Vascular Bypass Procedures								Quantity (enter 0 for none): xxxx (MAPPINGS1:t_frmHOSP.HOVASBYP)										
14.	Amputation Procedures								Quantity (enter 0 for none): xxxx (MAPPINGS1:t_frmHOSP.HOSPAMPUP)										
15.	Record Patient DRG								xxxx (MAPPINGS1:t_frmHOSP.HOSPDRG)										
16.	Principal Diagnosis								A255 (MAPPINGS1:t_frmHOSP.HOSPDIAG)										
17.	Did subject sign Medical billing Release form								(MAPPINGS1:t_frmHOSP.HOSBILYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No Record Principal Diagnosis (ICD-9) code xxxxx. (MAPPINGS1:t_frmHOSP.HOPICD9) Record Principal Procedure (ICD-9) code xxxxx. (MAPPINGS1:t_frmHOSP.HOPPROC) Record Secondary Diagnosis (ICD-9) code(s) xxxxx. (MAPPINGS1:t_frmHOSP.HOSICD9) xxxxx. (MAPPINGS1:t_frmHOSP.HOSICD9B) xxxxx. (MAPPINGS1:t_frmHOSP.HOSICD9C) xxxxx. (MAPPINGS1:t_frmHOSP.HOSICD9D) Record Secondary Procedure (ICD-9) code(s) xxxxx. (MAPPINGS1:t_frmHOSP.HOSPROC) xxxxx. (MAPPINGS1:t_frmHOSP.HOSPROCA) xxxxx. (MAPPINGS1:t_frmHOSP.HOSPROCB) xxxxx. (MAPPINGS1:t_frmHOSP.HOSPROCD)										

CDD: MAPPINGS1 Table: t_frmHOSP Key Type: PATIENTVISIT	
Column Name	Column Data Type
HOSSEQ	NUMERIC - N4
HOSPYN	STRING(1)
HOSSAEN	NUMERIC - N4
HOSADMDT	DATE - DDMONYYYY
HOSDISDT	DATE - DDMONYYYY
HOSHOSP	STRING(1)
HOSNAME	STRING(255) - A255
HOSPLACE	STRING(255) - A255
HOSCONT	STRING(50) - A50
HOSPHONE	STRING(20) - A20
HOSTRNYN	STRING(1)
HOSSTAY	STRING(255)
MEDADMDT	DATE - DDMONYYYY
MEDDCDT	DATE - DDMONYYYY
ICUADMDT	DATE - DDMONYYYY
ICUDCDT	DATE - DDMONYYYY
STPADMST	DATE - DDMONYYYY
STPDCT	DATE - DDMONYYYY
HOSPIND	NUMERIC
VASCEVEN	STRING(2)
VSCOTHER	STRING(255) - A255
NVSCIVEN	STRING(2)
NVSCOTH	STRING(255) - A255
HOSPWPTA	NUMERIC - N4
HOSWOPTA	NUMERIC - N4
HOVASACC	NUMERIC - N4
HOVASBYP	NUMERIC - N4
HOSPAMPU	NUMERIC - N4
HOSPRDG	NUMERIC - N4
HOSPDIAG	STRING(255) - A255
HOSBILYN	STRING(1)
HOPICD9	FLOAT - F6.0
HOPPROC	FLOAT - F6.0
HOSICD9	FLOAT - F6.0
HOSICD9B	FLOAT - F6.0
HOSICD9C	FLOAT - F6.0
HOSICD9D	FLOAT - F6.0
HOSPROC	FLOAT - F6.0
HOSPROCA	FLOAT - F6.0
HOSPROCB	FLOAT - F6.0
HOSPROCD	FLOAT - F6.0

clever : Protocol Deviation (PD) - Repeating Form						
#	Seq No	Form Associated with this Deviation	Visit Associated with this Deviation	Protocol Deviation Code	Reason for Deviation	Comment
1						
Protocol deviations						
1.*	Sequence Number (autogenerated) [read-only]			xxxx (MAPPINGS1:t_PD.PDSEQ)		
2.	Form Associated with this Deviation			Pulldown List 1 (MAPPINGS1:t_PD.PDFORM)		
3.	Visit Associated with this Deviation			Pulldown List 2 (MAPPINGS1:t_PD.PDVISIT)		
4.	Protocol Deviation Code <i>If 404 - Other, specify is selected, please specify in the Additional Comments field</i>			(MAPPINGS1:t_PD.PDREASON) <input type="radio"/> [1] Inclusion Criteria Pulldown List 3 (MAPPINGS1:t_PD.PDREASINC) <input type="radio"/> [2] Exclusion Criteria Pulldown List 4 (MAPPINGS1:t_PD.PDREASEXC) <input type="radio"/> [3] Medications Pulldown List 5 (MAPPINGS1:t_PD.PDREASMEDS) <input type="radio"/> [4] Treatment Pulldown List 6 (MAPPINGS1:t_PD.PDREASTMT) <input type="radio"/> [5] Laboratory / Diagnostic Pulldown List 7 (MAPPINGS1:t_PD.PDREASLAB) <input type="radio"/> [6] Miscellaneous Pulldown List 8 (MAPPINGS1:t_PD.PDREASMISC)		
5.	Reason for Deviation			Pulldown List 9 (MAPPINGS1:t_PD.REASONS)		
6.*	Additional Comments			A255 (MAPPINGS1:t_PD.PDADDCOM)		
* Item is not required						

Pulldown List 1:		
RefName	Display Text	Value
estrFormABI	ABI - ABI Measurements	ABI
estrFormAE	AE - Adverse Events	AE
estrFormBiochem	BIOCHEM - Biochemistry	BIOCHEM
estrFormCMD	CMD - Concomitant Medications	CMD
estrFormCOMM	COMM - Additional Comments	COMM
estrFormCross	CROSS - Treatment Crossover	CROSS
estrFormDEA	DEA - Death	DEA
estrFormDEM	DEM - Demography	DEM
estrFormDiag	DIAG - Diagnostics	DIAG
estrFormDoV	DOV - Date of Visit	DOV
estrFormEnr	ENR - Enrollment	ENR
estrFormEXC	EXC - Exclusion	EXC
estrFormExer	EXER - Supervised Exercise Training	EXER
estrFormEXT	EXT - Exit	EXT
estrFormGard	GARD - Gardner Treadmill	GARD
estrFormHosp	HOSP - Hospitalization	HOSP
estrFormHV	H/V - Hemorrhagic/Vascular Events	HV
estrFormINC	INC - Inclusion	INC
estrFormISMI	ISMI - Ischemic / MI Events	ISMI
estrFormLimb	LIMB - Vascular/Ischemia Assessment	LIMB
estrFormMHX	MHX - Medical History	MHX
estrFormPedom	PEDOM - Pedometer	PEDOM
estrFormPD	PD - Protocol Deviations	PD
estrFormPEV	PEV - Procedure Event	PEV
estrFormRND	RND - Randomization	RND
estrFormRisk	RISK - Risk Factor Management	RISK
estrFormSAE	SAE - Serious Adverse Events	SAE
estrFormScr	SCR - Screening	SCR
estrFormSkin	SKIN - Skin Examination	Skin
estrFormSMD	SMD - Study Medications	SMD
estrFormStent	STENT - Stent and Lesion Detail	STENT
estrFormStentProc	STUDYPROC - Study Procedure	STUDYPROC
estrFormTRNS	TRNS - Transfusion	TRNS
estrFormUtil	UTIL - Utilization	UTIL
estrFormVS	VS - Vitals	VS
estrFormWiq	WIQ - Walking Impairment Questionnaire	WIQ

Pulldown List 2:		
RefName	Display Text	Value
estrPDVisitScr	Screening	SCR
estrPDVisitEnrol	Enroll	ENR

estrPDVisitBase1	Base 1	BASE1
estrPDVisitBase2	Base 2	BASE2
estrPDVisitProc	Procedure	PROC
estrPDVisitExer	Supervised Exercise	EXER
estrPDVisitM6	Month 6	6MTH
estrPDVisitPhone	Phone Visits	PHONE
estrPDVisitM18	Month 18	18MTH
estrPDVisitQuart	Quarterly	QUART
estrPDVisitUnsche	Unscheduled	UNSCH
estrPDVisitEvent	Events	EVNT
estrPDVisitExit	Exit	EXIT

Pulldown List 3:

RefName	Display Text	Value
estrPDREASInc1	INC01	1
estrPDREASInc2	INC02	2
estrPDREASInc3	INC03	3
estrPDREASInc4	INC04	4
estrPDREASInc5	INC05	5
estrPDREASInc6	INC06	6
estrPDREASInc7	INC07	7
estrPDREASInc8	INC08	8
estrPDREASInc9	INC09	9

Pulldown List 4:

RefName	Display Text	Value
estrPDREASExc1	EXC01	1
estrPDREASExc2	EXC02	2
estrPDREASExc3	EXC03	3
estrPDREASExc4	EXC04	4
estrPDREASExc5	EXC05	5
estrPDREASExc6	EXC06	6
estrPDREASExc7	EXC07	7
estrPDREASExc8	EXC08	8
estrPDREASExc9	EXC09	9
estrPDREASExc10	EXC10	10
estrPDREASExc11	EXC11	11
estrPDREASExc12	EXC12	12
estrPDREASExc13	EXC13	13
estrPDREASExc14	EXC14	14
estrPDREASExc15	EXC15	15
estrPDREASExc16	EXC16	16
estrPDREASExc17	EXC17	17
estrPDREASExc18	EXC18	18
estrPDREASExc19	EXC19	19
estrPDREASExc20	EXC20	20
estrPDREASExc21	EXC21	21
estrPDREASExc22	EXC22	22
estrPDReasExc23	EXC23	23
estrPDReasExc24	EXC24	24
estrPDReasExc25	EXC25	25
estrPDReasExc26	EXC26	26

Pulldown List 5:

RefName	Display Text	Value
estrPDMedsReas3	Cilostazol	101
estrPDREASMed4	Heparin	102
estrPDREASMed1	ASA	103
estrPDREASMed2	Clopidogrel	104

Pulldown List 6:

RefName	Display Text	Value
estrPDREASTMT1	Supervised exercise	201
estrPDREASTMT2	Study stent	202
estrPDREASTMT3	Balloon	203
estrPDREASTMT4	Non-study stent	204
estrPDREASTMT5	Revascularization	205
estrPDREASTMT6	Cross-over, unapproved	206

Pulldown List 7:		
RefName	Display Text	Value
estrPDREASLab1	HgbA1C	301
estrPDREASLab2	ABI	302
estrPDREASLab3	TBI	303
estrPDREASLab4	Gardner Treadmill test	304
estrPDREASLab5	Lipid Profiles	305
estrPDREASLab6	Duplex Ultrasound	306
estrPDREASLab7	San Diego Claudication Questionnaire	307
estrPDREASLab8	Fibrinogen	308
estrPDREASLab9	GRP	309
estrPDREASLab10	Glucose	310
estrPDREASLab11	Creatinine	311
estrPDREASLab12	Physical exam	312
estrPDREASLab13	Arteriography	313

Pulldown List 8:		
RefName	Display Text	Value
estrPDREASMisc1	Follow-up contact	401
estrPDREASMisc2	Pedometer	402
estrPDREASMisc3	Informed consent	403
estrPDREASMisc4	Other, specify	404
estrPDREASMisc5	Pill counts	405
estrPDREASMisc6	Pressure gradient	406

Pulldown List 9:		
RefName	Display Text	Value
estrPDDevReas1	Inadvertently not done	1
estrPDDevReas2	Done out of time window	2
estrPDDevReas3	Subject refused	3
estrPDDevReas4	MD decision	4
estrPDDevReas5	Lab error	5
estrPDDevReas6	Not consistent with hospital standard of care	6
estrPDDevReas7	Value out of range	7
estrPDDevReas8	Other, explain in comments	8

CDD: MAPPINGS1 Table: t_PD Key Type: PATIENTVISIT	
Column Name	Column Data Type
PDSEQ	NUMERIC - N4
PDFORM	STRING(255) - ABI, AE, BIOCHEM, CMD, COMM, CROSS, DEA, DEM, DIAG, DOV, ENR, EXC, EXER, EXT, GARD, HOSP, HV, INC, ISMI, LIMB, MHX, PEDOM, PD, PEV, RND, RISK, SAE, SCR, Skin, SMD, STENT, STUDYPROC, TRNS, UTIL, VS, WIQ
PDVISIT	STRING(255) - SCR, ENR, BASE1, BASE2, PROC, EXER, 6MTH, PHONE, 18MTH, QUART, UNSCH, EVNT, EXIT
PDREASON	NUMERIC
PDREASINC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9
PDREASEXC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26
PDREASMEDS	STRING(255) - 101, 102, 103, 104
PDREASTMT	STRING(255) - 201, 202, 203, 204, 205, 206
PDREASLAB	STRING(255) - 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313
PDREASMISC	STRING(255) - 401, 402, 403, 404, 405, 406
REASONS	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8
PDADDCOM	STRING(255) - A255

clever : Additional Comments (COMM)					
1.	Are there any additional comments associated with this study? <i>If YES please click on the Add Entry button below and complete the fields</i>	(MAPPINGS1:t_COMM.COMMYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
	Seq.No	Visit	Associated form	Date and Time of Event	Comment
2.	[read-only]				
2.a*	Sequence number (autogenerated) [read-only]	xxx (MAPPINGS1:t_COMM.COMMSEQ)			
2.b	Visit associated with this comment	Pull-down List 1 (MAPPINGS1:t_COMM.COMMVST)			
2.c	Form associated with this comment	Pull-down List 2 (MAPPINGS1:t_COMM.COMMFORM)			
2.d	Date and Time of Event	Req / Req/Unk / Req (2005-2015) (MAPPINGS1:t_COMM.COMMDTM) Req/Unk : Req/Unk 24-hour clock			
2.e	Comment	A255 (MAPPINGS1:t_COMM.COMM1)			

* Item is not required

Pull-down List 1:		
RefName	Display Text	Value
estrPDVisitScr	Screening	SCR
estrPDVisitEnrol	Enroll	ENR
estrPDVisitBase1	Base 1	BASE1
estrPDVisitBase2	Base 2	BASE2
estrPDVisitProc	Procedure	PROC
estrPDVisitExer	Supervised Exercise	EXER
estrPDVisitPhone	Phone Visits	PHONE
estrPDVisitM6	Month 6	6MTH
estrPDVisitM18	Month 18	18MTH
estrPDVisitQuart	Quarterly	QUART
estrPDVisitExit	Exit	EXIT
estrPDVisitUnsche	Unscheduled	UNSCH
estrPDVisitEvent	Events	EVNT

Pull-down List 2:		
RefName	Display Text	Value
estrFormABI	ABI - ABI Measurements	ABI
estrFormAE	AE - Adverse Events	AE
estrFormBiochem	BIOCHEM - Biochemistry	BIOCHEM
estrFormCMD	CMD - Concomitant Medications	CMD
estrFormCross	CROSS - Treatment Crossover	CROSS
estrFormDEA	DEA - Death	DEA
estrFormDEM	DEM - Demography	DEM
estrFormDiag	DIAG - Diagnostics	DIAG
estrFormDoV	DOV - Date of Visit	DOV
estrFormEXC	EXC - Exclusion	EXC
estrFormExer	EXER - Supervised Exercise Training	EXER
estrFormEXT	EXT - Exit	EXT
estrFormGard	GARD - Gardner Treadmill	GARD
estrFormHosp	HOSP - Hospitalization	HOSP
estrFormHV	H/V - Hemorrhagic/Vascular Events	HV
estrFormINC	INC - Inclusion	INC
estrFormISMI	ISMI - Ischemic / MI Events	ISMI
estrFormLegIs	LEGISCH - Leg Ischemia Events	LEG
estrFormLimb	LIMB - Vascular/Ischemia Assessment	LIMB
estrFormMHX	MHX - Medical History	MHX
estrFormPD	PD - Protocol Deviations	PD
estrFormPEV	PEV - Procedure Event	PEV
estrFormPedom	PEDOM - Pedometer	PEDOM
estrFormRisk	RISK - Risk Factor Management	RISK
estrFormRND	RND - Randomization	RND
estrFormRR	RR - Repeat Revascularization	RR
estrFormSAE	SAE - Serious Adverse Events	SAE
estrFormSkin	SKIN - Skin Examination	Skin
estrFormSMD	SMD - Study Medications	SMD
estrFormStentProc	STUDYPROC - Study Procedure	STUDYPROC
estrFormStent	STENT - Stent and Lesion Detail	STENT
estrFormTRNS	TRNS - Transfusion	TRNS

estrFormUtil	UTIL - Utilization	UTIL
estrFormVS	VS - Vitals	VS
estrFormWiq	WIQ - Walking Impairment Questionnaire	WIQ

CDD: MAPPINGS1 Table: t_COMM Key Type: PATIENTVISIT	
Column Name	Column Data Type
COMMYN	STRING(1)
COMMSEQ	NUMERIC - N3
COMMVST	STRING(255) - SCR, ENR, BASE1, BASE2, PROC, EXER, PHONE, 6MTH, 18MTH, QUART, EXIT, UNSCH, EVNT
COMMFOM	STRING(255) - ABI, AE, BIOCHEM, CMD, CROSS, DEA, DEM, DIAG, DOV, EXC, EXER, EXT, GARD, HOSP, HV, INC, ISMI, LEG, LIMB, MHX, PD, PEV, PEDOM, RISK, RND, RR, SAE, Skin, SMD, STUDYPROC, STENT, TRNS, UTIL, VS, WIQ
COMMDTM	DATE - DDMONYYYY HHMM
COMM1	STRING(255) - A255

clever : Visit Reports (VRP)

Reg Docs

This section is not implemented for your study	(MAPPINGS1:t_visitreport.NOTAVAIL_CC)
--	---------------------------------------

CDD: MAPPINGS1 Table: t_visitreport Key Type: PATIENTVISIT

Column Name	Column Data Type
NOTAVAIL_CC	STRING(255)

clever : Reg Docs (REG)

Reg Docs

This section is not implemented for your study	(MAPPINGS1:t_regdocs.NOTAVAIL_CC)
--	-----------------------------------

CDD: MAPPINGS1 Table: t_regdocs Key Type: PATIENTVISIT

Column Name	Column Data Type
NOTAVAIL_CC	STRING(255)

clever : Date of Visit (DOV)	
Date of Visit	
1. Date of visit	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmDOV1.DOV)
2. <i>SE only or OMC only treatment groups:</i> Has subject received a stent and crossed over into a new treatment group?	(MAPPINGS1:t_frmDOV1.DOVXCROSS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA [8]
3. <i>OMC only or ST only treatment groups:</i> Has subject crossed over into a supervised exercise program?	(MAPPINGS1:t_frmDOV1.DOVEXRYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA [8]
Record of events since last contact	
4. Indicate if the subject had any of the following tests, procedures or events <i>Please go to the Events visit to complete the corresponding forms.</i>	(MAPPINGS1:t_frmDOV1.DOV1HVYN) [1] <input type="checkbox"/> Hemorrhagic/Vascular events (MAPPINGS1:t_frmDOV1.DOV1MIYN) [2] <input type="checkbox"/> Ischemic/MI events (MAPPINGS1:t_frmDOV1.DOV1RIYN) [3] <input type="checkbox"/> Diagnostic Tests (MAPPINGS1:t_frmDOV1.DOV1RRYN) [4] <input type="checkbox"/> Vascular Interventions (MAPPINGS1:t_frmDOV1.DOV1AEYN) [5] <input type="checkbox"/> Adverse Events (MAPPINGS1:t_frmDOV1.DOV1HOSPYN) [6] <input type="checkbox"/> Hospitalizations (MAPPINGS1:t_frmDOV1.DOV1PDYN) [7] <input type="checkbox"/> Protocol Deviations (MAPPINGS1:t_frmDOV1.DOV1ISCYN) [8] <input type="checkbox"/> Evidence of limb threatening ischemia (i.e. rest pain, ischemic ulceration, gangrene, reduced pulses) (MAPPINGS1:t_frmDOV1.DOV1NONE) [9] <input type="checkbox"/> None

CDD: MAPPINGS1 Table: t_frmDOV1 Key Type: PATIENTVISIT	
Column Name	Column Data Type
DOV	DATE - DDMONYYYY
DOVCROSS	STRING(2)
DOVEXRYN	STRING(2)
DOV1HVYN	STRING(255)
DOV1MIYN	STRING(255)
DOV1RIYN	STRING(255)
DOV1RRYN	STRING(255)
DOV1AEYN	STRING(255)
DOV1HOSPYN	STRING(255)
DOV1PDYN	STRING(255)
DOV1ISCYN	STRING(255)
DOV1NONE	STRING(255)

clever : Study Exit (EXT)		
Study Exit		
1.	Date of study exit	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_EXIT.EXITDT)
2.	Did the subject complete the study, including all required follow-up?	(MAPPINGS1:t_EXIT.COMPLETEYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No, please specify: (MAPPINGS1:t_EXIT.EXITREAS) [1] <input type="radio"/> Subject withdrew consent [2] <input type="radio"/> Subject was lost to follow-up [5] <input type="radio"/> Death, please complete the AE form [4] <input type="radio"/> Subject progressed to limb threatening ischemia [99] <input type="radio"/> Other, please specify <input type="text" value="A255"/> (MAPPINGS1:t_EXIT.EXOSP)
Lost to follow-up <i>Please complete if the subject was lost to follow-up</i>		
3.*	Date certified letter was sent	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_EXIT.EXLET1DT)
4.*	Date the first phone call made	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_EXIT.EXPH1DT)
5.*	Date the second phone call made	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_EXIT.EXPH2DT)
6.*	Date the third phone call made	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_EXIT.EXPHDT3)
* Item is not required		

CDD: MAPPINGS1 Table: t_EXIT Key Type: PATIENTVISIT

Column Name	Column Data Type
EXITDT	DATE - DDMONYYYY
COMPLETEYN	STRING(1)
EXITREAS	STRING(2)
EXOSP	STRING(255) - A255
EXLET1DT	DATE - DDMONYYYY
EXPH1DT	DATE - DDMONYYYY
EXPH2DT	DATE - DDMONYYYY
EXPHDT3	DATE - DDMONYYYY

clever : Date of Visit (DOV)	
Date of Visit	
1. Date of Procedure	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmDOVPROC.DOVPROC)
2. Indicate if the subject had any of the following tests, procedures or events between the last visit and the end of the procedure. <i>Please go to the Events visit to complete the corresponding forms.</i>	(MAPPINGS1:t_frmDOVPROC.DOV1HVYN) [1] <input type="checkbox"/> Hemorrhagic/Vascular events (MAPPINGS1:t_frmDOVPROC.DOV1MIYN) [2] <input type="checkbox"/> Ischemic/MI events (MAPPINGS1:t_frmDOVPROC.DOV1RIYN) [3] <input type="checkbox"/> Diagnostic Tests (MAPPINGS1:t_frmDOVPROC.DOV1RRYN) [4] <input type="checkbox"/> Vascular Interventions (MAPPINGS1:t_frmDOVPROC.DOV1AEYN) [5] <input type="checkbox"/> Adverse Events (MAPPINGS1:t_frmDOVPROC.DOV1HOSPYN) [6] <input type="checkbox"/> Hospitalizations (MAPPINGS1:t_frmDOVPROC.DOV1PDYN) [7] <input type="checkbox"/> Protocol Deviations (MAPPINGS1:t_frmDOVPROC.DOV1ISCYN) [8] <input type="checkbox"/> Evidence of limb threatening ischemia (i.e. rest pain, ischemic ulceration, gangrene, reduced pulses) (MAPPINGS1:t_frmDOVPROC.DOV1NONE) [9] <input type="checkbox"/> None

CDD: MAPPINGS1 Table: t_frmDOVPROC Key Type: PATIENTVISIT	
Column Name	Column Data Type
DOVPROC	DATE - DDMONYYYY
DOV1HVYN	STRING(255)
DOV1MIYN	STRING(255)
DOV1RIYN	STRING(255)
DOV1RRYN	STRING(255)
DOV1AEYN	STRING(255)
DOV1HOSPYN	STRING(255)
DOV1PDYN	STRING(255)
DOV1ISCYN	STRING(255)
DOV1NONE	STRING(255)

clever : Study Procedure (STUDYPROC)	
Study Procedure	
1. Inpatient/Outpatient status <i>Inpatient*</i> = If hospitalization was overnight and discharge date is different from procedure date. <i>Outpatient</i> = If discharge was on the same date as the procedure. <i>*If Inpatient, complete the Hospitalization form.</i>	(MAPPINGS1:t_frmSTUDYPROC.SPPTSTAT) [1] <input type="radio"/> Inpatient [2] <input type="radio"/> Outpatient
2. Time subject entered the Cath Lab	Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock (MAPPINGS1:t_frmSTUDYPROC.SPTM)
3. Time of 1st xylocaine administration	Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock (MAPPINGS1:t_frmSTUDYPROC.SPXYLTM)
4. Time of last catheter removed (at end of procedure)	Req/Unk <input type="text"/> : Req/Unk <input type="text"/> 24-hour clock (MAPPINGS1:t_frmSTUDYPROC.SPCTHDTM)
5. Was vascular closure device used?	(MAPPINGS1:t_frmSTUDYPROC.SPVCDYN) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmSTUDYPROC.SPSEALYN) Sealant [1] <input type="radio"/> Yes [2] <input type="radio"/> No (MAPPINGS1:t_frmSTUDYPROC.SPSUTYN) Suture [1] <input type="radio"/> Yes [2] <input type="radio"/> No [2] <input type="radio"/> No
6. Was contrast used, if yes specify type?	(MAPPINGS1:t_frmSTUDYPROC.SPCONTYN) [1] <input type="radio"/> (MAPPINGS1:t_frmSTUDYPROC.SPCONTYP) Yes [1] <input type="radio"/> Regular/High Osmolar ionic xxxxxx. cc (MAPPINGS1:t_frmSTUDYPROC.SPREGOSM) [2] <input type="radio"/> Low Osmolar xxxxxx. cc (MAPPINGS1:t_frmSTUDYPROC.SPLOWOSM) [3] <input type="radio"/> Non-Ionic xxxxxx. cc (MAPPINGS1:t_frmSTUDYPROC.SPNONION) [4] <input type="radio"/> Other xxxxxx. cc (MAPPINGS1:t_frmSTUDYPROC.SPCONTOTH) [2] <input type="radio"/> No
7. Device Utilization <i>Check all that apply</i>	(MAPPINGS1:t_frmSTUDYPROC.SPGWIRE) [1] <input type="checkbox"/> Guidewires, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.GWIRENUM) (MAPPINGS1:t_frmSTUDYPROC.SPGCATH) [2] <input type="checkbox"/> Guiding Catheters, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.GCATHNUM) (MAPPINGS1:t_frmSTUDYPROC.SPINCATH) [3] <input type="checkbox"/> Intravascular Ultrasound "Catheters", number of items xxx (MAPPINGS1:t_frmSTUDYPROC.INCATHNUM) opened (MAPPINGS1:t_frmSTUDYPROC.SPANGBL) [4] <input type="checkbox"/> Angioplasty Balloons, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.ANGBLNUM) (MAPPINGS1:t_frmSTUDYPROC.SPINFECAT) [5] <input type="checkbox"/> Infusion Catheter (i.e. Ultrafuse, Transit), number of xxx (MAPPINGS1:t_frmSTUDYPROC.INFCATNUM) items opened (MAPPINGS1:t_frmSTUDYPROC.SPDCA) [6] <input type="checkbox"/> DCA Cutters, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.DCANUM) (MAPPINGS1:t_frmSTUDYPROC.SPLAS) [7] <input type="checkbox"/> Lasers, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.LASNUM) (MAPPINGS1:t_frmSTUDYPROC.SPAJET) [8] <input type="checkbox"/> AngioJet (Possis) catheters, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.AJETNUM) (MAPPINGS1:t_frmSTUDYPROC.SPROTO) [9] <input type="checkbox"/> Rotablator Burrs, number of items opened xxx (MAPPINGS1:t_frmSTUDYPROC.ROTONUM) (MAPPINGS1:t_frmSTUDYPROC.SPEMBPRO) [10] <input type="checkbox"/> Embolus Protection Devices (e.g. Percusurge), xxx (MAPPINGS1:t_frmSTUDYPROC.EMBPRONUM) number of items opened
8. Intra-procedural medications given Was Heparin used?	(MAPPINGS1:t_frmSTUDYPROC.SPHEPYN) [1] <input type="radio"/> Yes, total amount used xxxxxx. units (MAPPINGS1:t_frmSTUDYPROC.SPHEPYES) [2] <input type="radio"/> (MAPPINGS1:t_frmSTUDYPROC.LMWHEPYN) No, Was a direct anti-thrombin inhibitor or a low molecular weight heparin used during the procedure? [1] <input type="radio"/> Yes (MAPPINGS1:t_frmSTUDYPROC.SPBIVAL) [1] <input type="checkbox"/> Bivalirudin (MAPPINGS1:t_frmSTUDYPROC.SPLEPIR) [2] <input type="checkbox"/> Lepirudin (MAPPINGS1:t_frmSTUDYPROC.SPDATL) [3] <input type="checkbox"/> Dabigatran (MAPPINGS1:t_frmSTUDYPROC.SPENOX) [4] <input type="checkbox"/> Enoxaparin (MAPPINGS1:t_frmSTUDYPROC.SPHEPOTH) [99] <input type="checkbox"/> Other, specify A50 (MAPPINGS1:t_frmSTUDYPROC.HEPOTH) [2] <input type="radio"/> No
9. Were additional antiplatelet aggregation, antithrombotic or thrombolytic medications used during procedure?	(MAPPINGS1:t_frmSTUDYPROC.SPPLATYN) [1] <input type="radio"/> Yes (MAPPINGS1:t_frmSTUDYPROC.SPPEOPRO) [1] <input type="checkbox"/> Reopro(abciximab) (MAPPINGS1:t_frmSTUDYPROC.SPAGGRAS) [2] <input type="checkbox"/> Aggrastat(Tirofiban) (MAPPINGS1:t_frmSTUDYPROC.SPINTEG) [3] <input type="checkbox"/> Integrilin(eptifibatide) (MAPPINGS1:t_frmSTUDYPROC.SPPLATOTH) [99] <input type="checkbox"/> Other, specify A50 (MAPPINGS1:t_frmSTUDYPROC.PLAOTH) [2] <input type="radio"/> No
10. Conscious sedation	(MAPPINGS1:t_frmSTUDYPROC.SPSEDYN) [1] <input type="radio"/> Yes Drug(s) A50 (MAPPINGS1:t_frmSTUDYPROC.SEDRUG)

		Dose(s) A50	(MAPPINGS1:t_frmSTUDYPROC.SEDOSE)
		[2] <input type="radio"/> No	
11.	Total number of stents implanted	<input type="checkbox"/> xx	(MAPPINGS1:t_frmSTUDYPROC.NUMSTENT)
12.	Total number of target lesions treated	<input type="checkbox"/> xx	(MAPPINGS1:t_frmSTUDYPROC.NUMTGLES)

CDD: MAPPINGS1 Table: t_frmSTUDYPROC Key Type: PATIENTVISIT	
Column Name	Column Data Type
SPPTSTAT	STRING(1)
SPTM	DATE - HHMM
SPXYLTM	DATE - HHMM
SPCTHDTM	DATE - HHMM
SPVCDYN	STRING(1)
SPSEALYN	STRING(1)
SPSUTYN	STRING(1)
SPCONTYN	STRING(1)
SPCONTYP	NUMERIC
SPREGOSM	FLOAT - F7.0
SPLOWOSM	FLOAT - F7.0
SPNONION	FLOAT - F7.0
SPCONTOTH	FLOAT - F7.0
SPGWIRE	STRING(255)
GWIRENUM	NUMERIC - N3
SPGCATH	STRING(255)
GCATHNUM	NUMERIC - N3
SPINCATH	STRING(255)
INCATHNUM	NUMERIC - N3
SPANGL	STRING(255)
ANGLBLNUM	NUMERIC - N3
SPINFCAT	STRING(255)
INFCATNUM	NUMERIC - N3
SPDCA	STRING(255)
DCANUM	NUMERIC - N3
SPLAS	STRING(255)
LASNUM	NUMERIC - N3
SPAJET	STRING(255)
AJETNUM	NUMERIC - N3
SPROTO	STRING(255)
ROTONUM	NUMERIC - N3
SPEMBPRO	STRING(255)
EMBPRONUM	NUMERIC - N3
SPHEPYN	NUMERIC
SPHEPYES	FLOAT - F7.0
LMWHEPYN	STRING(1)
SPBIVAL	STRING(255)
SPLEPIR	STRING(255)
SPDATL	STRING(255)
SPENOX	STRING(255)
SPHEPOTH	STRING(255)
HEPOTH	STRING(50) - A50
SPPLATYN	STRING(1)
SPREOPRO	STRING(255)
SPAGGRAS	STRING(255)
SPINTEG	STRING(255)
SPPLATOTH	STRING(255)
PLAOTH	STRING(50) - A50
SPSEDYN	STRING(1)
SEDRUG	STRING(50) - A50
SEDOSE	STRING(50) - A50
NUMSTENT	NUMERIC - N2
NUMTGLES	NUMERIC - N2

clever : Stent and Lesion Detail for Target Lesion (STENT)

Stent and Lesion Detail for Target Lesion	
Use this page for the First or Primary Target Lesion/Segment and the Stent(s) used for THIS Lesion/Segment. Use the Additional Lesion Details (ADDLESDT) form to enter additional Target Lesions.	
1. Arterial segment treated	Pulldown List 1 (MAPPINGS1:t_frmSTENT.STARTSEG)
2. Reference lesion length	xxx. mm (MAPPINGS1:t_frmSTENT.STLESLEN)
3. Type of stent used	(MAPPINGS1:t_frmSTENT.STNAME) [1] <input type="radio"/> Express Biliary LD [2] <input type="radio"/> Genesis on Opta Balloon [3] <input type="radio"/> Genesis on Slalom Balloon [4] <input type="radio"/> SMART stent [5] <input type="radio"/> Omnilink Biliary [6] <input type="radio"/> Absolute Biliary [7] <input type="radio"/> Herculink Plus [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_frmSTENT.STOTHSP) A50
4. Model number of stent used	A15 (MAPPINGS1:t_frmSTENT.STMODEL_18)
5. Was lesion pre-dilated?	(MAPPINGS1:t_frmSTENT.STPREDIL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6. Final dissection	Pulldown List 2 (MAPPINGS1:t_frmSTENT.STDISSEC)
7. Percent stenosis	Pre xxx (0 =< n <= 100) % (MAPPINGS1:t_frmSTENT.STPRESTN) Post xxx (0 =< n <= 100) % (MAPPINGS1:t_frmSTENT.STPOSTST)
8. Mean trans-stenotic gradient	Pre xxx. mmHg (MAPPINGS1:t_frmSTENT.STPREGRD) Post xxx. mmHg (MAPPINGS1:t_frmSTENT.STPOSTGR)
9. Maximum stent diameter	xxx. mm (MAPPINGS1:t_frmSTENT.STSTDIAM)
10. Maximum balloon diameter	xxx. mm (MAPPINGS1:t_frmSTENT.STBLDIAM)
11. Were there any procedural events or additional treatments required? <i>If Yes, complete the Procedure Event (PEV) form and an Adverse Event (AE) form (if applicable)</i>	(MAPPINGS1:t_frmSTENT.STPROCEV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
12. Delivered and deployed as originally intended? <i>If No, please explain on the Additional Comments (COMM) form in the EVENT visit.</i>	(MAPPINGS1:t_frmSTENT.STDELIV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
13. Were additional stents used on this lesion/segment? <i>If Yes, complete the Additional Stents Used for Target Lesions/Segments Treated section below by clicking Add Entry for each segment treated.</i>	(MAPPINGS1:t_frmSTENT.STADDYN) [1] <input type="radio"/> Yes, stents used xx (MAPPINGS1:t_frmSTENT.STADDSTNT) [2] <input type="radio"/> No

Seq Num	Order	Type	Model #	Reas stent req	Position	Pre-dilated	Dissection	Stenosis	Gradient	Stent diam	Balloon diam
14.	[read-only]										

Additional Stents Used on First or Primary Target Lesion/Segment Entry

Complete one record for each additional stent used.

14.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmSTENT.STSEQ)
14.b	Order of this stent in treating the target lesion/segment	xxx (n >= 1) out (MAPPINGS1:t_frmSTENT.STADDST1) xxx (n >= 1) (MAPPINGS1:t_frmSTENT.S
14.c	Type of stent used	(MAPPINGS1:t_frmSTENT.STNAM1) [1] <input type="radio"/> Express Biliary LD [2] <input type="radio"/> Genesis on Opta Balloon [3] <input type="radio"/> Genesis on Slalom Balloon [4] <input type="radio"/> SMART stent [5] <input type="radio"/> Omnilink Biliary [6] <input type="radio"/> Absolute Biliary [7] <input type="radio"/> Herculink Plus [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_frmSTENT.STOTH1S) A50

14.d	Model number of stent used	A15 (MAPPINGS1:t_frmSTENT.STMODEL_11)
14.e	Why is this stent necessary? <i>If failed delivery or misplaced stent, please explain on the Additional Comments (COMM) form in the EVENT visit. If treatment of a complication, complete both the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s).</i>	(MAPPINGS1:t_frmSTENT.STREAS) [1] <input type="radio"/> Size of Lesion [2] <input type="radio"/> Stabilize the Lesion [3] <input type="radio"/> Failed delivery/misplaced stent [4] <input type="radio"/> Treatment of a Complication
14.f	Position of stent relative to the first stent?	(MAPPINGS1:t_frmSTENT.STPOSIT) [1] <input type="radio"/> Proximal to primary stent, but separate [2] <input type="radio"/> Proximal to primary stent, and overlapping [3] <input type="radio"/> Distal to primary stent, but separate [4] <input type="radio"/> Distal to primary stent and overlapping [5] <input type="radio"/> Not Deployed [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_frmSTENT.STPOSITOTH) A50
14.g	Was lesion pre-dilated?	(MAPPINGS1:t_frmSTENT.STPREDI1) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
14.h	Final dissection	Pulldown List 2 (MAPPINGS1:t_frmSTENT.STDISSE1)
14.i	Percent stenosis	Pre xxx (0 =< n <= 100)% (MAPPINGS1:t_frmSTENT.STPREST1) Post xxx (0 =< n <= 100)% (MAPPINGS1:t_frmSTENT.STPOSTS1)
14.j	Mean trans-stenotic gradient	Pre xxx. mmHg (MAPPINGS1:t_frmSTENT.STPREGR1) Post xxx. mmHg (MAPPINGS1:t_frmSTENT.STPOSTG1)
14.k	Maximum stent diameter	xxx. mm (MAPPINGS1:t_frmSTENT.STSTDIA1)
14.l	Maximum balloon diameter	xxx. mm (MAPPINGS1:t_frmSTENT.STBLDIA1)
14.m	Were there any procedural events or additional treatments required? <i>If Yes, complete the Procedure Event (PEV) form and an Adverse Event (AE) form (if applicable)</i>	(MAPPINGS1:t_frmSTENT.STPROCE1) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
14.n	Delivered and deployed as originally intended? <i>If No, please explain on the Additional Comments (COMM) form in the EVENT visit.</i>	(MAPPINGS1:t_frmSTENT.STDELI1) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
15.	Presence of femoropopliteal lesion(s) amenable to endovascular intervention (AHA category 1 lesions, defined as focal, concentric, noncalcified stenosis < 3 cm in length) in either symptomatic leg that required treatment at the time of the procedure.	(MAPPINGS1:t_frmSTENT.STFEMPOP) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> Unknown [9]

* Item is not required

Pulldown List 1:		
RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22

mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesAorta	Aorta	29

Pulldown List 2:

RefName	Display Text	Value
estrSTDissec0	0	0
estrSTDissecA	A	1
estrSTDissecB	B	2
estrSTDissecC	C	3
estrSTDissecD	D	4
estrSTDissecE	E	5
estrSTDissecF	F	6

Column Name	Column Data Type
STARTSEG	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29
STLESLEN	FLOAT - F4.0
STNAME	STRING(2)
STOTHSP	STRING(50) - A50
STMODEL_18	STRING(15) - A15
STPREDIL	STRING(1)
STDISSEC	STRING(255) - 0, 1, 2, 3, 4, 5, 6
STPRESTN	NUMERIC - N3
STPOSTST	NUMERIC - N3
STPREGRD	FLOAT - F4.0
STPOSTGR	FLOAT - F4.0
STSTDIAM	FLOAT - F4.0
STBLDIAM	FLOAT - F4.0
STPROCEV	STRING(1)
STDELIV	STRING(1)
STADDYN	STRING(1)
STADDSTNT	NUMERIC - N2
STSEQ	NUMERIC - N3
STADDST1	NUMERIC - N3
STADDST2	NUMERIC - N3
STNAM1	STRING(2)
STOths1	STRING(50) - A50
STMODEL_11	STRING(15) - A15
STREAS	STRING(1)
STPOSIT	STRING(2)
STPOSITOTH	STRING(50) - A50
STPREDI1	STRING(1)
STDISSE1	STRING(255) - 0, 1, 2, 3, 4, 5, 6
STPREST1	NUMERIC - N3
STPOSTS1	NUMERIC - N3
STPREGR1	FLOAT - F4.0
STPOSTG1	FLOAT - F4.0
STSTDIA1	FLOAT - F4.0
STBLDIA1	FLOAT - F4.0
STPROCE1	STRING(1)
STDELI1	STRING(1)
STFEMPOP	STRING(2)

clever : Non-Target Lesion/Segment Treated (NTRG)**Treatment Detail for Non-Target Lesion/Segment**

Use this page for First or Primary Non-Target Lesion/Segment.
Use the Additional Lesion Details (ADDLESDT) form to enter additional Non-Target Lesions.

1. Arterial segment treated	Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frmNONTRG.NTARTSEG)					
2. Reference lesion length	xxx. mm (MAPPINGS1:t_frmNONTRG.NTLESLEN)					
3. Reason for treating this lesion/segment	A255 (MAPPINGS1:t_frmNONTRG.NTREAS)					
4. Was a treatment other than a stent used? If YES, complete the treatment section below	(MAPPINGS1:t_frmNONTRG.NTOTHTRT) [1] <input type="radio"/> Yes [2] <input type="radio"/> No					
Seq Num	Type	Order	Dissection	Stenosis	Gradient	PEV
5. [read-only]						

Treatments Used for First or Primary Non-Target Lesion/Segment Entry

Complete one record for each treatment used

5.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmNONTRG.NTTRTSEQ)
5.b	Type of treatment	(MAPPINGS1:t_frmNONTRG.NTTYPE) [1] <input type="radio"/> PTA [2] <input type="radio"/> Bypass, emergent [3] <input type="radio"/> Bypass, elective [99] <input type="radio"/> Other, please specify A50 (MAPPINGS1:t_frmNONTRG.NTTYPOTH)
5.c	Order of this treatment in treating the lesion/segment	xxx (n >= 1) out (MAPPINGS1:t_frmNONTRG.NTORD1) xxx (n >= 1) (MAPPINGS1:t_frmNONTRG.NTORD2) of
5.d	Final dissection	Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_frmNONTRG.NTDISSEC)
5.e	Percent stenosis	Pre xxx (0 <= n <= 100) % (MAPPINGS1:t_frmNONTRG.NTPRESTN) Post xxx (0 <= n <= 100) % (MAPPINGS1:t_frmNONTRG.NTPOSTST)
5.f	Mean trans-stenotic gradient	Pre xxx. mmHg (MAPPINGS1:t_frmNONTRG.NTPREGRD) Post xxx. mmHg (MAPPINGS1:t_frmNONTRG.NTPOSTGR)
5.g	Were there any procedural events? If Yes, please complete the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s)	(MAPPINGS1:t_frmNONTRG.NTPROCEV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

Stent Detail for THIS Non-Target Lesion/Segment

6. Was a stent or stents used on this lesion/segment? If YES, please complete the Stent Detail below	(MAPPINGS1:t_frmNONTRG.NTSTDTYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No										
Seq Num	Order	Type	Model #	Reason	Position	Dissection	Stenosis	Gradient	Diameter	Balloon	PEV
7. [read-only]											

Stents Used for First or Primary Non-Target Lesion/Segment Entry

Complete one record for each additional stent used on THIS lesion/segment

7.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_frmNONTRG.NTSTSEQ)
7.b	Order of this stent in treating the lesion/segment	xxx (n >= 1) out (MAPPINGS1:t_frmNONTRG.NTSTORD1) xxx (n >= 1) (MAPPINGS1:t_frmNONTRG.NTSTORD2) of
7.c	Type of stent used	(MAPPINGS1:t_frmNONTRG.NTNAME) [1] <input type="radio"/> Express Biliary LD [2] <input type="radio"/> Genesis on Opta Balloon [3] <input type="radio"/> Genesis on Slalom Balloon [4] <input type="radio"/> SMART stent [5] <input type="radio"/> Omnalink Biliary [6] <input type="radio"/> Absolute Biliary [7] <input type="radio"/> Herculink Plus [99] <input type="radio"/> Other, please specify A50 (MAPPINGS1:t_frmNONTRG.NTOTHSP)
7.d	Model number of stent used	A15 (MAPPINGS1:t_frmNONTRG.NTMODEL_18)
7.e	Why is this stent necessary? If failed delivery or misplaced stent, please explain on the Additional Comments (COMM) form in the Event visit. If treatment of a complication, complete the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable form(s).	(MAPPINGS1:t_frmNONTRG.NTSTREAS) [1] <input type="radio"/> Size of Lesion [2] <input type="radio"/> Stabilize the Lesion [3] <input type="radio"/> Failed delivery/misplaced stent [4] <input type="radio"/> Treatment of a Complication
7.f	Position of stent relative to the first stent?	(MAPPINGS1:t_frmNONTRG.NTPOSIT) [6] <input type="radio"/> Primary Stent [1] <input type="radio"/> Proximal to primary stent, but separate [2] <input type="radio"/> Proximal to primary stent, and overlapping

		[3] <input type="radio"/> Distal to primary stent, but separate [4] <input type="radio"/> Distal to primary stent and overlapping [5] <input type="radio"/> Not Deployed [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_frmNONTRG.NTPOSITOTH) A50
7.g	Final dissection	Pulldown List 3 (MAPPINGS1:t_frmNONTRG.NTSTDISC)
7.h	Percent stenosis	Pre xxx (0 =< n <= 100) % (MAPPINGS1:t_frmNONTRG.NTSPRESTN) Post xxx (0 =< n <= 100) % (MAPPINGS1:t_frmNONTRG.NTSPPOST)
7.i	Mean trans-stenotic gradient	Pre xxx. mmHg (MAPPINGS1:t_frmNONTRG.NTSPREGRD) Post xxx. mmHg (MAPPINGS1:t_frmNONTRG.NTSPPOSTGR)
7.j	Maximum stent diameter	xxx. mm (MAPPINGS1:t_frmNONTRG.NTSTDIAM)
7.k	Maximum balloon diameter	xxx. mm (MAPPINGS1:t_frmNONTRG.NTBLDIAM)
7.l	Were there any procedural events? <i>If Yes, please complete the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s)</i>	(MAPPINGS1:t_frmNONTRG.NTPROCE1) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
7.m	Delivered and deployed as originally intended?	(MAPPINGS1:t_frmNONTRG.NTDELIV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

* Item is not required

Pulldown List 1:		
RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesAorta	Aorta	29

Pulldown List 2:		
RefName	Display Text	Value
estrSTDIssec0	0	0
estrSTDIssecA	A	1
estrSTDIssecB	B	2
estrSTDIssecC	C	3
estrSTDIssecD	D	4
estrSTDIssecE	E	5
estrSTDIssecF	F	6

Pulldown List 3:		
RefName	Display Text	Value
estrSTDIssec0	0	0
estrSTDIssecA	A	1
estrSTDIssecB	B	2

estrSTDissecC	C	3
estrSTDissecD	D	4
estrSTDissecE	E	5
estrSTDissecF	F	6

CDD: MAPPINGS1 Table: t_frmNONTRG Key Type: PATIENTVISIT	
Column Name	Column Data Type
NTARTSEG	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29
NTLESLEN	FLOAT - F4.0
NTREAS	STRING(255) - A255
NTOTHTRT	STRING(1)
NTTRTSEQ	NUMERIC - N3
NTTYPE	STRING(2)
NTTYPOTH	STRING(50) - A50
NTORD1	NUMERIC - N3
NTORD2	NUMERIC - N3
NTDISSEC	STRING(255) - 0, 1, 2, 3, 4, 5, 6
NTPRESTN	NUMERIC - N3
NTPOSTST	NUMERIC - N3
NTPREGRD	FLOAT - F4.0
NTPOSTGR	FLOAT - F4.0
NTPROCEV	STRING(1)
NTSTDYTN	STRING(1)
NTSTSEQ	NUMERIC - N3
NTSTORD1	NUMERIC - N3
NTSTORD2	NUMERIC - N3
NTNAME	STRING(2)
NTOTHSP	STRING(50) - A50
NTMODEL_18	STRING(15) - A15
NTSTREAS	STRING(1)
NTPOSIT	STRING(2)
NTPOSITOTH	STRING(50) - A50
NTSTDISC	STRING(255) - 0, 1, 2, 3, 4, 5, 6
NTSPRESTN	NUMERIC - N3
NTSPOSST	NUMERIC - N3
NTSPREGRD	FLOAT - F4.0
NTSPPOSTGR	FLOAT - F4.0
NTSTDIAM	FLOAT - F4.0
NTBLDIAM	FLOAT - F4.0
NTPROCE1	STRING(1)
NTDELIV	STRING(1)

clever : Additional Lesion Detail (ADDLESDT) - Repeating Form

#	Seq Num	Additional lesion/segment type	Arterial segment treated	Reference lesion length	Treatment Method	Stents Used for Additional Lesion/Segment	Treatments Used for Lesion/Seg
1							

Lesion and Treatment Detail for additional Target and Non-Target Lesions

Use one page for each additional Target or Non-Target lesion/segment

1.*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_ADDLESDT.MHPVRSEQ)
2.	Additional lesion/segment type	(MAPPINGS1:t_ADDLESDT.TARGETYN) [1] <input type="radio"/> Target [2] <input type="radio"/> Non-Target
3.	Arterial segment treated	Pulldown List 1 (MAPPINGS1:t_ADDLESDT.STARTSEG)
4.	Reference lesion length	xxx. mm (MAPPINGS1:t_ADDLESDT.STLESLEN)
5.	Method of treatment used to treat additional lesion/segment <i>If New stent, complete the Stent Details section below. If Other Treatment Type, complete the Treatment section below.</i>	(MAPPINGS1:t_ADDLESDT.STENTTYP) [1] <input type="checkbox"/> (MAPPINGS1:t_ADDLESDT.STNTTYP) Stent [1] <input type="radio"/> New stent (provide details below) [2] <input type="radio"/> Stent reported (MAPPINGS1:t_ADDLESDT.STNTREPD) on STENT form, model # A15 (MAPPINGS1:t_ADDLESDT.TYPEOTH) [99] <input type="checkbox"/> Other treatment type (provide details below)

Seq Num	Order	Type	Model	Reason	Position	Pre-Dilation	Dissection	Stenosis	Gradient	Diameter	Ballo
6.	[read-only]										

Stents Used for Additional Lesion/Segment Entry

Complete one record for each additional stent used on THIS lesion/segment

6.a*	Sequence Number (auto-generated) [read-only]	xxx (MAPPINGS1:t_ADDLESDT.STSEQ)
6.b	Order of this stent in treating the lesion/segment	xxx (n >= 1) out (MAPPINGS1:t_ADDLESDT.STADDST1) xxx (n >= 1) of (MAPPINGS1:t_ADDLESDT.STADDST1)
6.c	Type of stent used	(MAPPINGS1:t_ADDLESDT.STNAME) [1] <input type="radio"/> Express Biliary LD [2] <input type="radio"/> Genesis on Opta Balloon [3] <input type="radio"/> Genesis on Slalom Balloon [4] <input type="radio"/> SMART stent [5] <input type="radio"/> Omnalink Biliary [6] <input type="radio"/> Absolute Biliary [7] <input type="radio"/> Herculink Plus [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_ADDLESDT.STOTHSP) A50
6.d	Model number of stent used	A15 (MAPPINGS1:t_ADDLESDT.STMODEL_18)
6.e	Why is this stent necessary? <i>If failed delivery or misplaced stent, please explain on the Additional Comments (COMM) form in the EVENT visit. If treatment of a complication, complete both the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s).</i>	(MAPPINGS1:t_ADDLESDT.STREAS) [1] <input type="radio"/> Size of Lesion [2] <input type="radio"/> Stabilize the Lesion [3] <input type="radio"/> Failed delivery/misplaced stent [4] <input type="radio"/> Treatment of a Complication
6.f	Position of stent relative to the first stent?	(MAPPINGS1:t_ADDLESDT.STPOSIT) [1] <input type="radio"/> Proximal to primary stent, but separate [2] <input type="radio"/> Proximal to primary stent, and overlapping [3] <input type="radio"/> Distal to primary stent, but separate [4] <input type="radio"/> Distal to primary stent and overlapping [5] <input type="radio"/> Not Deployed [99] <input type="radio"/> Other, please specify (MAPPINGS1:t_ADDLESDT.STPOSITOTH) A50
6.g	Was lesion pre-dilated?	(MAPPINGS1:t_ADDLESDT.STPREDIL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
6.h	Final dissection	Pulldown List 2 (MAPPINGS1:t_ADDLESDT.STDISSEC)
6.i	Percent stenosis	Pre xxx (0 =< n <= 100) % (MAPPINGS1:t_ADDLESDT.STPRESTN) Post xxx (0 =< n <= 100) % (MAPPINGS1:t_ADDLESDT.STPOSTST)
6.j	Mean trans-stenotic gradient	Pre xxx. mmHg (MAPPINGS1:t_ADDLESDT.STPREGRD) Post xxx. mmHg (MAPPINGS1:t_ADDLESDT.STPOSTGR)
6.k	Maximum stent diameter	xxx. mm (MAPPINGS1:t_ADDLESDT.STSTDIAM)
6.l	Maximum balloon diameter	xxx. mm (MAPPINGS1:t_ADDLESDT.STBLDIAM)
6.m	Were there any procedural events?	(MAPPINGS1:t_ADDLESDT.STPROCEV)

	If Yes, please complete the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s).	[1] <input type="radio"/> Yes [2] <input type="radio"/> No
6.n	Delivered and deployed as originally intended?	(MAPPINGS1:t_ADDLESdT.STDELIV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

Seq Num	Type	Order	Dissection	Stenosis	Gradient	PEV
7.	[read-only]					

Treatments Used for Additional Lesion/Segment Entry	
Complete one record for each treatment used	
7.a*	Sequence Number (auto-generated) [read-only] xxx (MAPPINGS1:t_ADDLESdT.NTTRTSEQ)
7.b	Type of treatment (MAPPINGS1:t_ADDLESdT.NTTYPE) [1] <input type="radio"/> PTA [2] <input type="radio"/> Bypass, emergent [3] <input type="radio"/> Bypass, elective [99] <input type="radio"/> Other, please specify A50 (MAPPINGS1:t_ADDLESdT.NTTYPOTH)
7.c	Order of this treatment in treating the lesion/segment xxx (n >= 1) out (MAPPINGS1:t_ADDLESdT.NTORD1) xxx (n >= 1) (MAPPINGS1:t_ADDLESdT.NTORD2) of
7.d	Final dissection Pulldown List 3 (MAPPINGS1:t_ADDLESdT.NTDISSEC)
7.e	Percent stenosis Pre xxx (0 =< n <= 100) % (MAPPINGS1:t_ADDLESdT.NTPRESTN) Post xxx (0 =< n <= 100) % (MAPPINGS1:t_ADDLESdT.NTPOSTST)
7.f	Mean trans-stenotic gradient Pre xxx. mmHg (MAPPINGS1:t_ADDLESdT.NTPREGRD) Post xxx. mmHg (MAPPINGS1:t_ADDLESdT.NTPOSTGR)
7.g	Were there any procedural events? If Yes, please complete the Procedure Event (PEV) and Adverse Event (AE) forms, along with any other applicable event form(s) (MAPPINGS1:t_ADDLESdT.NTPROCEV) [1] <input type="radio"/> Yes [2] <input type="radio"/> No

* Item is not required

Pulldown List 1:		
RefName	Display Text	Value
mestrVesRCIO	Right common iliac, ostial	1
mestrVesRCIPT	Right common iliac, proximal third	2
mestrVesRCIMT	Right common iliac, middle third	3
mestrVesRCIDT	Right common iliac, distal third	4
mestrVesREIO	Right external iliac, ostial	5
mestrVesREIPT	Right external iliac, proximal third	6
mestrVesREIMT	Right external iliac, middle third	7
mestrVesREIDT	Right external iliac, distal third	8
mestrVesRSFAO	Right SFA, ostial	9
mestrVesRSFAPT	Right SFA, proximal third	10
mestrVesRSFAMT	Right SFA, middle third	11
mestrVesRSFADT	Right SFA, distal third	12
mestrVesRPP	Right popliteal, above knee	13
mestrVesRPD	Right popliteal, below knee	14
mestrVesLCIO	Left common iliac, ostial	15
mestrVesLCIPT	Left common iliac, proximal third	16
mestrVesLCIMT	Left common iliac, middle third	17
mestrVesLCIDT	Left common iliac, distal third	18
mestrVesLEIO	Left external iliac, ostial	19
mestrVesLEXPT	Left external iliac, proximal third	20
mestrVesLEIMT	Left external iliac, middle third	21
mestrVesLEIDT	Left external iliac, distal third	22
mestrVesLSFAO	Left SFA, ostial	23
mestrVesLSFAPT	Left SFA, proximal third	24
mestrVesLSFAMT	Left SFA, middle third	25
mestrVesLSFADT	Left SFA, distal third	26
mestrVesLPP	Left popliteal, above knee	27
mestrVesLPD	Left popliteal, below knee	28
mestrVesAorta	Aorta	29

Pulldown List 2:		
RefName	Display Text	Value
estrSTDissec0	0	0
estrSTDissecA	A	1
estrSTDissecB	B	2
estrSTDissecC	C	3
estrSTDissecD	D	4
estrSTDissecE	E	5

estrSTDissecF	F	6
---------------	---	---

Pulldown List 3:		
RefName	Display Text	Value
estrSTDissec0	0	0
estrSTDissecA	A	1
estrSTDissecB	B	2
estrSTDissecC	C	3
estrSTDissecD	D	4
estrSTDissecE	E	5
estrSTDissecF	F	6

CDD: MAPPINGS1 Table: t_ADDLESDT Key Type: PATIENTVISIT	
Column Name	Column Data Type
MHPVSEQ	NUMERIC - N3
TARGETYN	STRING(1)
STARTSEG	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29
STLESLEN	FLOAT - F4.0
STENTTYP	STRING(255)
STNTTYP	STRING(1)
STNTREPD	STRING(15) - A15
TYPEOTH	STRING(255)
STSEQ	NUMERIC - N3
STADDST1	NUMERIC - N3
STADDST2	NUMERIC - N3
STNAME	STRING(2)
STOTHSP	STRING(50) - A50
STMODEL_18	STRING(15) - A15
STREAS	STRING(1)
STPOSIT	STRING(2)
STPOSITOTH	STRING(50) - A50
STPREDIL	STRING(1)
STDISSEC	STRING(255) - 0, 1, 2, 3, 4, 5, 6
STPRESTN	NUMERIC - N3
STPOSTST	NUMERIC - N3
STPREGRD	FLOAT - F4.0
STPOSTGR	FLOAT - F4.0
STSTDIAM	FLOAT - F4.0
STBLDIAM	FLOAT - F4.0
STPROCEV	STRING(1)
STDELIV	STRING(1)
NTTRTSEQ	NUMERIC - N3
NTTYPE	STRING(2)
NTTYPOTH	STRING(50) - A50
NTORD1	NUMERIC - N3
NTORD2	NUMERIC - N3
NTDISSEC	STRING(255) - 0, 1, 2, 3, 4, 5, 6
NTPRESTN	NUMERIC - N3
NTPOSTST	NUMERIC - N3
NTPREGRD	FLOAT - F4.0
NTPOSTGR	FLOAT - F4.0
NTPROCEV	STRING(1)

clever : Procedure Event (PEV) - Repeating Form								
#	Seq No	Complications	Event occurred	Worst TIMI Flow	Worst dissection grades	Consistent with LI	Additional treatments	% Stenosis
1	<input type="text"/>							
1.* Sequence number (autogenerated) [read-only]					xxx (MAPPINGS1:t_PEV.PEVSEQ)			
2. Did any of the following complications occur? Check all that apply. Complete the corresponding Adverse Event (AE) form(s) for checked complications.					(MAPPINGS1:t_PEV.chkPEVCOMP1) [1] <input type="checkbox"/> Abrupt closure (MAPPINGS1:t_PEV.chkPEVCOMP2) [2] <input type="checkbox"/> Threatened abrupt closure (MAPPINGS1:t_PEV.chkPEVCOMP3) [3] <input type="checkbox"/> Distal embolization (MAPPINGS1:t_PEV.chkPEVCOMP4) [4] <input type="checkbox"/> Perforation (MAPPINGS1:t_PEV.chkPEVCOMP5) [5] <input type="checkbox"/> Contrast extravasation (MAPPINGS1:t_PEV.chkPEVCOMP6) [6] <input type="checkbox"/> Stent thrombosis (MAPPINGS1:t_PEV.chkPEVCOMP7) [7] <input type="checkbox"/> Intimal flap/dissection (MAPPINGS1:t_PEV.chkPEVCOMP8) [8] <input type="checkbox"/> Vasospasm (MAPPINGS1:t_PEV.chkPEVCOMP9) [9] <input type="checkbox"/> Balloon rupture (MAPPINGS1:t_PEV.chkPEVCOMP10) [10] <input type="checkbox"/> Slow flow requiring treatment (MAPPINGS1:t_PEV.chkPEVCOMP11) [11] <input type="checkbox"/> No-reflow requiring treatment (MAPPINGS1:t_PEV.chkPEVCOMPOSP) [99] <input type="checkbox"/> Other, please specify: A50 (MAPPINGS1:t_PEV.PEVCOMPOSP)			
3. Did the event occur:					(MAPPINGS1:t_PEV.PEVTIME) [1] <input type="radio"/> Pre-stent balloon dilatation [2] <input type="radio"/> During stent deployment [3] <input type="radio"/> Post stent deployment			
4. Worst TIMI Flow					Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_PEV.PEVTIMI)			
5. Worst dissection grade					Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_PEV.PEVDISS)			
6. Were there changes consistent with Limb Ischemia? If Yes, complete the Vascular/Ischemia Event form					(MAPPINGS1:t_PEV.PEVLIMB) [1] <input type="radio"/> Yes [2] <input type="radio"/> No			
7. Were additional treatments required? Check all that apply					(MAPPINGS1:t_PEV.chkPEVTX1) [1] <input type="checkbox"/> Thrombolytic treatment (MAPPINGS1:t_PEV.chkPEVTX2) [2] <input type="checkbox"/> IIb/IIIa inhibitors (MAPPINGS1:t_PEV.chkPEVTX3) [3] <input type="checkbox"/> Additional unplanned stenting (MAPPINGS1:t_PEV.chkPEVTX4) [4] <input type="checkbox"/> Vasodilators other than nitroglycerin to treat slow/no-reflow (MAPPINGS1:t_PEV.chkPEVTX5) [99] <input type="checkbox"/> Other: A255 (MAPPINGS1:t_PEV.PEVTX5) (MAPPINGS1:t_PEV.chkPEVTX6) [6] <input type="checkbox"/> None of the above			
8. % Stenosis at time of event					xxx (0 =< n <= 100) % (MAPPINGS1:t_PEV.PEVSTEN)			
* Item is not required								

Pulldown List 1:		
RefName	Display Text	Value
estrTIMI0	0	0
estrTIMI1	1	1
estrTIMI2	2	2
estrTIMI3	3	3
estrTIMI4	NA	-8

Pulldown List 2:		
RefName	Display Text	Value
estrDISGRADE0	0	0
estrDISGRADEA	A	1
estrDISGRADEB	B	2
estrDISGRADEC	C	3
estrDISGRADED	D	4
estrDISGRADEE	E	5
estrDISGRADEF	F	6

CDD: MAPPINGS1 Table: t_PEV Key Type: PATIENTVISIT	
Column Name	Column Data Type
PEVSEQ	NUMERIC - N4
chkPEVCOMP1	STRING(255)
chkPEVCOMP2	STRING(255)

chkPEVCOMP3	STRING(255)
chkPEVCOMP4	STRING(255)
chkPEVCOMP5	STRING(255)
chkPEVCOMP6	STRING(255)
chkPEVCOMP7	STRING(255)
chkPEVCOMP8	STRING(255)
chkPEVCOMP9	STRING(255)
chkPEVCOMP10	STRING(255)
chkPEVCOMP11	STRING(255)
chkPEVCOMPOSP	STRING(255)
PEVCOMPOSP	STRING(50) - A50
PEVTIME	STRING(1)
PEVTIMI	STRING(255) - 0, 1, 2, 3, -8
PEVDISS	STRING(255) - 0, 1, 2, 3, 4, 5, 6
PEVLIMB	STRING(1)
chkPEVTX1	STRING(255)
chkPEVTX2	STRING(255)
chkPEVTX3	STRING(255)
chkPEVTX4	STRING(255)
chkPEVTX5	STRING(255)
PEVTX5	STRING(255) - A255
chkPEVTX6	STRING(255)
PEVSTEN	NUMERIC - N3

clever : POST-STENT PROCEDURE RESTING PRESSURES (STABI)			
1.	Were post-stent procedure resting pressures taken?	(MAPPINGS1:t_STABI.STABIYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No	
	Date	Limb treated	Brach Sys Ank Pressures
2.			
Post-stent Procedure Resting Pressures Entry			
2.a	Date pressures taken	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_STABI.STABIDTC)	
2.b	Limb treated <i>Select the stent treated limb for which post-stent resting pressures are taken.</i>	(MAPPINGS1:t_STABI.STABILMB) [1] <input type="radio"/> Right leg [2] <input type="radio"/> Left leg	
2.c	Brachial Systolic <i>Record only the higher of the two pressures Right or Left</i>	(MAPPINGS1:t_STABI.STBRCHSYS) [1] <input type="radio"/> Right xxx. mmHg (MAPPINGS1:t_STABI.STRTBRCH) [2] <input type="radio"/> Left xxx. mmHg (MAPPINGS1:t_STABI.STLFBRCH)	
2.d	Ankle pressures (for limb treated) <i>Record both resting ankle pressures taken on the stent treated limb</i>	Dorsalis Pedis xxx. mmHg (MAPPINGS1:t_STABI.STABIDP) Posterior Tibial xxx. mmHg (MAPPINGS1:t_STABI.STABIPT)	

CDD: MAPPINGS1 Table: t_STABI Key Type: PATIENTVISIT	
Column Name	Column Data Type
STABIYN	STRING(1)
STABIDTC	DATE - DDMONYYYY
STABILMB	STRING(1)
STBRCHSYS	NUMERIC
STRTBRCH	FLOAT - F4.0
STLFBRCH	FLOAT - F4.0
STABIDP	FLOAT - F4.0
STABIPT	FLOAT - F4.0

clever : Supervised Exercise Training/Exercise Prescription (EXER) - Repeating Form									
#	Date of exercise training	Time spent traveling	Start Time of Session	Treadmill settings start	Finish Time of Session	New Exer Prescription	Tot Dur	Sequences for each exercise bout	Comment
1									
Exercise Protocol									
1.*	Date of exercise training <i>If session was missed, click Not Done and provide date of intended or missed session [read-only]</i>			(MAPPINGS1:t_frmEXER.EXERDTYN) [88] <input type="radio"/> Req <input type="text" value=""/> / <input type="radio"/> Req <input type="text" value=""/> / <input type="radio"/> Req <input type="text" value=""/> (2006-2015) (MAPPINGS1:t_frmEXER.EXERDTM) [-] <input type="radio"/> Not Done, date of missed session [7] <input type="radio"/> Req <input type="text" value=""/> / <input type="radio"/> Req <input type="text" value=""/> / <input type="radio"/> Req <input type="text" value=""/> (2006-2015) (MAPPINGS1:t_frmEXER.EXERDTND)					
2.*	Time spent traveling for supervised exercise training (round trip) [read-only]			Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (MAPPINGS1:t_frmEXER.EXTRVDTC)					
3.*	Start Time of Session [read-only]			Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (MAPPINGS1:t_frmEXER.EXERSTTM)					
4.*	Treadmill settings at start of session <i>Please complete the exercise training records by clicking the ADD ENTRY button below [read-only]</i>			Treadmill Grade xxx. (MAPPINGS1:t_frmEXER.EXTRGRST) Treadmill Speed xxx. mph (MAPPINGS1:t_frmEXER.EXTRSPST)					
5.*	Finish Time of Session [read-only]			Req <input type="text" value=""/> : Req <input type="text" value=""/> 24-hour clock (MAPPINGS1:t_frmEXER.EXERENTM)					
6.*	Should exercise prescription be changed for the next visit? <i>If YES, please enter the new prescription. [read-only]</i>			(MAPPINGS1:t_frmEXER.EXRXCHYN) [1] <input type="radio"/> Yes Treadmill Grade xxx. (MAPPINGS1:t_frmEXER.EXNTRGR) Treadmill Speed xxx. mph (MAPPINGS1:t_frmEXER.EXNTRSP) [2] <input type="radio"/> No					
7.*	Total duration of Walk Periods and Rest Periods [read-only]			Total mins: xxx (MAPPINGS1:t_frmEXER.EXWLKMIN) sec xx (MAPPINGS1:t_frmEXER.EXWLKSEC) Total Walk: mins: xxx (MAPPINGS1:t_frmEXER.EXRSTMIN) sec xx (MAPPINGS1:t_frmEXER.EXRSTSEC) Total Rest:					
	Seq Num			Walk/Rest					Duration
8.	[read-only]			[read-only]					[read-only]
Sequences for each exercise bout Entry [read-only]									
8.a*	Sequence Number (auto-generated) [read-only]				xxx (MAPPINGS1:t_frmEXER.EXERSEQ)				
8.b	Walk Period or Rest Period [read-only]				(MAPPINGS1:t_frmEXER.EXERPER) [1] <input type="radio"/> Walk, pain level when stopped: x (MAPPINGS1:t_frmEXER.EXERPAIN) [2] <input type="radio"/> Rest				
8.c	Duration of period (mins:secs) <i>NOTE: If walking >8 minutes, increase grade/speed at next visit [read-only]</i>				Req : Req [mm:ss] (MAPPINGS1:t_frmEXER.EXERDUR)				
Additional Comments									
9.*	Additional comments [read-only]			A255 (MAPPINGS1:t_frmEXER.EXERCOMM)					
* Item is not required									

Column Name	Column Data Type
EXERDTYN	NUMERIC
EXERDTM	DATE - DDMYYYYY
EXERDTND	DATE - DDMYYYYY
EXTRVDTC	DATE - HHMM
EXERSTTM	DATE - HHMM
EXTRGRST	FLOAT - F4.0
EXTRSPST	FLOAT - F4.0
EXERENTM	DATE - HHMM
EXRXCHYN	STRING(1)
EXNTRGR	FLOAT - F4.0
EXNTRSP	FLOAT - F4.0
EXWLKMIN	NUMERIC - N3
EXWLKSEC	NUMERIC - N2
EXRSTMIN	NUMERIC - N3
EXRSTSEC	NUMERIC - N2
EXERSEQ	NUMERIC - N4
EXERPER	STRING(1)
EXERPAIN	NUMERIC - N1
EXERDUR	DATE - MMSS
EXERCOMM	STRING(255) - A255

clever : Quarterly Resource Utilization (UTIL)		
Quarterly Resource Utilization		
1.	Number of Emergency Room visits, vascular related, NOT RESULTING IN HOSPITALIZATION	xxx visits (MAPPINGS1:t_frmQRU.QRERHNOS)
2.	Number of Emergency Room visits, vascular related, resulting in hospitalization	xxx visits (MAPPINGS1:t_frmQRU.QRERHOS)
3.	Number of Emergency Room visits, cardiac related, NOT RESULTING IN HOSPITALIZATION	xxx visits (MAPPINGS1:t_frmQRU.QRCRNHOS)
4.	Number of Emergency Room visits, cardiac related, resulting in hospitalization	xxx visits (MAPPINGS1:t_frmQRU.QRCRHOS)
5.	Number of Outpatient Physician/Nurse visits	xxx visits (MAPPINGS1:t_frmQRU.QROUTPT)
6.	Number of visits by a visiting nurse	xxx visits (MAPPINGS1:t_frmQRU.QRVNA)
7.	Number of visits by a home health aide	xxx visits (MAPPINGS1:t_frmQRU.QRHHA)
8.	Number of occupational therapist visits	xxx visits (MAPPINGS1:t_frmQRU.QROT)
9.	Number of physical therapist visits	xxx visits (MAPPINGS1:t_frmQRU.QRPT)
10.	Number of admissions to rehab, nursing home or other skilled care facility	xxx admissions (MAPPINGS1:t_frmQRU.QRRHNUM) Number of days at such facilities xxx (MAPPINGS1:t_frmQRU.QRRHDAY)
11.	Has the subject been disabled from work due to PAD since the last visit?	(MAPPINGS1:t_frmQRU.QRDISYN) [1] <input type="radio"/> Yes Number of days missed since last contact due to PAD or its treatment xxx days (MAPPINGS1:t_frmQRU.DAYSMISS) Rate ability to perform job related to PAD xxx (0 =< n <= 100) % (MAPPINGS1:t_frmQRU.JOBRATE) [2] <input type="radio"/> No
12.	Time spent on PAD related care (including structured exercise program, tests, medical visits, travel time)	xxx days (MAPPINGS1:t_frmQRU.QRPADDAY) xxx hours (MAPPINGS1:t_frmQRU.QRPADHRS)

CDD: MAPPINGS1 Table: t_frmQRU Key Type: PATIENTVISIT

Column Name	Column Data Type
QRERHNOS	NUMERIC - N3
QRERHOS	NUMERIC - N3
QRCRNHOS	NUMERIC - N3
QRCRHOS	NUMERIC - N3
QROUTPT	NUMERIC - N3
QRVNA	NUMERIC - N3
QRHHA	NUMERIC - N3
QROT	NUMERIC - N3
QRPT	NUMERIC - N3
QRRHNUM	NUMERIC - N3
QRRHDAY	NUMERIC - N3
QRDISYN	STRING(1)
DAYSMISS	NUMERIC - N3
JOBRATE	NUMERIC - N3
QRPADDAY	NUMERIC - N3
QRPADHRS	NUMERIC - N3

clever : Date of Visit/Date of Phone Call (DOV)	
Date of Visit/Date of Phone Call	
1. Date of visit	Req <input type="checkbox"/> / Req <input type="checkbox"/> / Req <input type="checkbox"/> (2006-2015) (MAPPINGS1:t_frmDOVPHN.DOV)
2. <i>SE only or OMC only treatment groups:</i> Has subject received a stent and crossed over into a new treatment group?	(MAPPINGS1:t_frmDOVPHN.DOVXCROSS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA [8]
3. Have there been any changes in cilostazol dose?	(MAPPINGS1:t_frmDOVPHN.DOVXCIL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA [8]
4. <i>OMC only or ST only treatment groups:</i> Has subject crossed over into a supervised exercise program?	(MAPPINGS1:t_frmDOVPHN.DOVEXRYN) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [-] <input type="radio"/> NA [8]
Record of events since last contact	
5. Indicate if the subject had any of the following tests, procedures or events <i>Please go to the Events visit to complete the corresponding forms.</i>	(MAPPINGS1:t_frmDOVPHN.DOV1HVYN) [1] <input type="checkbox"/> Hemorrhagic/Vascular events (MAPPINGS1:t_frmDOVPHN.DOV1MIYN) [2] <input type="checkbox"/> Ischemic/MI events (MAPPINGS1:t_frmDOVPHN.DOV1RIYN) [3] <input type="checkbox"/> Diagnostic Tests (MAPPINGS1:t_frmDOVPHN.DOV1RRYN) [4] <input type="checkbox"/> Vascular Interventions (MAPPINGS1:t_frmDOVPHN.DOV1AEYN) [5] <input type="checkbox"/> Adverse Events (MAPPINGS1:t_frmDOVPHN.DOV1HOSPYN) [6] <input type="checkbox"/> Hospitalizations (MAPPINGS1:t_frmDOVPHN.DOV1PDYN) [7] <input type="checkbox"/> Protocol Deviations (MAPPINGS1:t_frmDOVPHN.DOV1ISCYN) [8] <input type="checkbox"/> Evidence of limb threatening ischemia (i.e. rest pain, ischemic ulceration, gangrene, reduced pulses) (MAPPINGS1:t_frmDOVPHN.DOV1NONE) [9] <input type="checkbox"/> None

CDD: MAPPINGS1 Table: t_frmDOVPHN Key Type: PATIENTVISIT

Column Name	Column Data Type
DOV	DATE - DDMONYYYY
DOVCROSS	STRING(2)
DOVCIL	STRING(2)
DOVEXRYN	STRING(2)
DOV1HVYN	STRING(255)
DOV1MIYN	STRING(255)
DOV1RIYN	STRING(255)
DOV1RRYN	STRING(255)
DOV1AEYN	STRING(255)
DOV1HOSPYN	STRING(255)
DOV1PDYN	STRING(255)
DOV1ISCYN	STRING(255)
DOV1NONE	STRING(255)

clever : Treatment Crossover (CROSS)	
Treatment Crossover	
1. Date crossover request made	Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_frmCROSS.CRREQUES)
2. New crossover treatment type	(MAPPINGS1:t_frmCROSS.RNDBSE2ST) [5] <input type="checkbox"/> Randomized to B: SE crossed over to ST (MAPPINGS1:t_frmCROSS.ST2SE) [2] <input type="checkbox"/> Randomized to C: ST crossed over to SE (MAPPINGS1:t_frmCROSS.OMC2SE) [3] <input type="checkbox"/> Randomized to D: OMC crossed over to SE (MAPPINGS1:t_frmCROSS.OMC2ST) [4] <input type="checkbox"/> Randomized to D: OMC crossed over to ST (MAPPINGS1:t_frmCROSS.OTHRTRT) [99] <input type="checkbox"/> Other, specify (MAPPINGS1:t_frmCROSS.TRTOOTH) <div style="border: 1px solid black; padding: 2px; width: 100px;">A200</div>
3. Crossover Committee approval? <i>If No, complete the Protocol Deviation form</i>	(MAPPINGS1:t_frmCROSS.CRAPRVYN) [1] <input type="radio"/> Yes, date approved Req <input type="text"/> / Req <input type="text"/> / Req <input type="text"/> (2006-2015) (MAPPINGS1:t_frmCROSS.CRAPRDTC) [2] <input type="radio"/> No
4. Reason for crossover	(MAPPINGS1:t_frmCROSS.CRCROSS) [1] <input type="radio"/> Pulldown List 1 <input type="text"/> (MAPPINGS1:t_frmCROSS.CRREAS) [99] <input type="radio"/> Other, specify A255 (MAPPINGS1:t_frmCROSS.CRREASOTH)

Pulldown List 1:		
RefName	Display Text	Value
estrCRRest	Rest pain	1
estrCRIschLoss	Ischemic skin ulceration	2
estrCRGang	Gangrene	3
estrCRSevClaud	Refractory severe claudication	4

CDD: MAPPINGS1 Table: t_frmCROSS Key Type: PATIENTVISIT	
Column Name	Column Data Type
CRREQUES	DATE - DDMONYYYY
RNDBSE2ST	STRING(255)
ST2SE	STRING(255)
OMC2SE	STRING(255)
OMC2ST	STRING(255)
OTHRTRT	STRING(255)
TRTOOTH	STRING(200) - A200
CRAPRVYN	STRING(1)
CRAPRDTC	DATE - DDMONYYYY
CRCROSS	NUMERIC
CRREAS	STRING(255) - 1, 2, 3, 4
CRREASOTH	STRING(255) - A255

