

No.	Data Item	Data Value
a	Data collected? DB Name: [ zDataCollected ]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=58 and zItemNb>=0 ]
b	Date of assessment DB Name: [ zFormDate ]	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>Complete Date</i>
1	Please indicate your best guess as to which treatment group you were assigned. DB Name: [ Q01 ]	<input type="radio"/> 1 - Sphincterotomy <input type="radio"/> 2 - Sham Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=139 ]
2	How confident are you that your guess is correct? DB Name: [ Q02 ]	<input type="radio"/> 1 - Extremely <input type="radio"/> 2 - Considerably <input type="radio"/> 3 - Moderately <input type="radio"/> 4 - Slightly <input type="radio"/> 5 - Not at all Data Source: [ zCodeltem ] Data Field: [ zItemNb ] Label Field: [ zItemNm ] Filter: [ zGroupID=140 ]
c	General Comments DB Name: [ zNotes ]	250 char.