

| No. | Data Item | Data Value |
|-----|---|---|
| a | Data collected? DB Name: [zDataCollected] | <input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=58 and zItemNb>=0] |
| b | Date of assessment DB Name: [zFormDate] | <div></div> <div></div> <div></div> <div>Complete Date</div> |
| 1 | As a study coordinator, please indicate your best guess as to which treatment group this subject is assigned. DB Name: [Q01] | <input type="radio"/> 1 - Sphincterotomy <input type="radio"/> 2 - Sham Data Source: [zCodelItem] 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: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=140] |
| c | General Comments DB Name: [zNotes] | <div></div> <div>250 char.</div> |