

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> <input type="text"/> <input type="text"/> <input type="text"/> </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: [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> <input type="text"/> </div> <i>250 char.</i>