

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]	<input type="text"/> <i>Complete Date</i>
1	Number of visits to the ER for your pain problem in the past 30 days. DB Name: [Q01]	<input type="text"/> <i>visits</i>
2	Number of hospital admissions for your pain problem in the past 30 days. DB Name: [Q02]	<input type="text"/> <i>visits</i>
3	Total days in the hospital (If none, enter 0) DB Name: [Q03]	<input type="text"/> <i>days</i>
4	Were any biliary-related procedures performed since last study visit? DB Name: [Q04]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
5-1	Procedures performed:	<input type="checkbox"/> ERCP <input type="checkbox"/> EUS <input type="checkbox"/> Abdominal Ultrasound <input type="checkbox"/> CT <input type="checkbox"/> MRCP <input type="checkbox"/> MRI <input type="checkbox"/> Surgery <input type="checkbox"/> Celiac Plexus Block <input type="checkbox"/> Other
6	If other, specify. DB Name: [Q06]	<input type="text"/> <i>100 char.</i>
7	Was the subject referred to Evaluating	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb]

	Physician? DB Name: [Q07]	Label Field: [zItemNm] Filter: [zGroupID=51]
c	General Comments DB Name: [zNotes]	<i>250 char.</i>