

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Complete Date</i>
Cholecystectomy		
1	Date of cholecystectomy surgery DB Name: [Q01]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Day/Month Optional</i>
2	Did you have episodes of abdominal pain before your gall bladder was removed? DB Name: [Q02]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
3a	If 'Yes', how long? DB Name: [Q03A]	
3b	Unit DB Name: [Q03B]	<input type="radio"/> 1 - Day(s) <input type="radio"/> 2 - Week(s) <input type="radio"/> 3 - Month(s) <input type="radio"/> 4 - Year(s) Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=276]
4	Did you have stones or sludge in your gall bladder? DB Name: [Q04]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 2 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=112]
5	Did you have a nuclear (HIDA) scan before the gallbladder was removed? DB Name: [Q05]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 2 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=112]
6	If 'Yes', was it abnormal? DB Name: [Q06]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 2 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=112]
20	What was the ejection fraction? DB Name: [Q20]	<input type="text"/> %
7	Was a US/CT or other imaging performed prior to cholecystectomy? DB Name: [Q07]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 2 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=112]

8a	If 'Yes', what was the duct size? DB Name: [Q08A]	<input type="text" value="mm"/>
8b	Unknown DB Name: [Q08B]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
9	Did your pain episodes go away for a period of time after the gall bladder operation? DB Name: [Q09]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes <input type="radio"/> 2 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=112]
10a	If 'Yes', how long? DB Name: [Q10A]	
10b	Unit DB Name: [Q10B]	<input type="radio"/> 1 - Day(s) <input type="radio"/> 2 - Week(s) <input type="radio"/> 3 - Month(s) <input type="radio"/> 4 - Year(s) Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=276]
Current Pain		
11	Where are your current episodes of abdominal pain located? DB Name: [Q11]	<input type="radio"/> 0 - Epigastric <input type="radio"/> 1 - Right upper quadrant <input type="radio"/> 2 - Both Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=206]
12	Do your pain episodes usually radiate to the back? DB Name: [Q12]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
13	Do your pain episodes ever occur at night? DB Name: [Q13]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
14	Are your pain episodes similar to the pains that you had before the gall bladder operation? DB Name: [Q14]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Unlikely <input type="radio"/> 2 - Maybe <input type="radio"/> 3 - Probably <input type="radio"/> 4 - Definitely <input type="radio"/> 5 - Unknown Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=207]
Pain in the past year		
15	How many times have you been admitted to the hospital in the	<input type="text" value="times"/>

	<p>past year for these abdominal pain episodes? DB Name: [Q15]</p>	
16	<p>Approximately, how many days have you spent in the hospital in the past year for these abdominal pain episodes? DB Name: [Q16]</p>	<p><i>days</i></p>
17	<p>How many visits have you made to the emergency room in the past year for these abdominal pain episodes? DB Name: [Q17]</p>	<p><i>visits</i></p>
18	<p>In addition to your episodes of pain, have you had lesser abdominal discomforts in the right upper quadrant of the abdomen or epigastrium, every day for the last month DB Name: [Q18]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
19	<p>If yes, are these discomforts greater than a level 2 on a scale of 1-10? DB Name: [Q19]</p>	<p><input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodeltem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]</p>
	<p>General Comment DB Name: [zNotes]</p>	<p><i>250 char.</i></p>