

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Participant Consent Form Checklist (participant_consent_form_checklist)			
1	[record_id]	Record ID	text
2	[cfclverc]	Version	dropdown (autocomplete) 1 V1.0 12/07/2018
3	[cfclrddd]	Date of randomisation (from randomisation email)	text (date_dmy), Required
4	[cfclrcvd]	Date consent form received	text (date_dmy), Required
5	[allchecc] Show the field ONLY if: [cfclq1c] = "" and [cfclq2c] = "" and [cfclq3c] = "" and [cfclq4c] = "" and [cfclq5c] = "" and [cfclq6c] = "" and [cfclq7c] = "" and [cfclq8c] = "" and [cfclq9c] = "" and [cfclq10c] = "" and [cfclq11c] = "" and [cfclq12c] = ""	All sections below have been checked and can be completed as yes	radio 1 Yes
6	[cfclq1c] Show the field ONLY if: [allchecc] = ""	Section Header: <i>CONSENT ITEM BOXES</i> 1. Have all obligatory boxes been ticked or initialled?	dropdown (autocomplete) 1 Yes 0 No
7	[cfclq2c] Show the field ONLY if: [allchecc] = ""	Section Header: <i>PARTICIPANT</i> 2. Has the Subject's name been printed?	dropdown (autocomplete) 1 Yes 0 No
8	[cfclq2d] Show the field ONLY if: [cfclq2c] = '0'	Q2 Date file note received	text (date_dmy)
9	[cfclq3c] Show the field ONLY if: [allchecc] = ""	3. Has the Subject personally signed the form?	dropdown (autocomplete) 1 Yes 0 No
10	[cfclq3d] Show the field ONLY if: [cfclq3c] = '0'	Q3 Date file note received	text (date_dmy)
11	[cfclq4c] Show the field ONLY if: [allchecc] = ""	4. Has the Subject personally dated the form?	dropdown (autocomplete) 1 Yes 0 No
12	[cfclq4d]	Q4 Date file note received	text (date_dmy)

	Show the field ONLY if: [cfclq4c] = '0'						
13	[cfclq5c] Show the field ONLY if: [allchecc] = ""	5. Is the Date of Consent before (or on same day as) Randomisation/Registration/Enrolment (and any trial-specific assessments/procedures where applicable)?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
14	[cfclq5d] Show the field ONLY if: [cfclq5c] = '0'	Q5 Date file note received	text (date_dmy)				
15	[cfclq6c] Show the field ONLY if: [allchecc] = ""	Section Header: <i>RESEARCHER</i> 6. Has the Researcher name been printed?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
16	[cfclq6d] Show the field ONLY if: [cfclq6c] = '0'	Q6 Date file note received	text (date_dmy)				
17	[cfclq7c] Show the field ONLY if: [allchecc] = ""	7. Has the Researcher personally signed the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
18	[cfclq7d] Show the field ONLY if: [cfclq7c] = '0'	Q7 Date file note received	text (date_dmy)				
19	[cfclq8c] Show the field ONLY if: [allchecc] = ""	8. Has the Researcher personally dated the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
20	[cfclq8d] Show the field ONLY if: [cfclq8c] = '0'	Q8 Date file note received	text (date_dmy)				
21	[cfclq9c] Show the field ONLY if: [allchecc] = ""	9. Was the Researcher authorised to take consent (as documented on a site delegation log) before/on the date consent was taken?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
22	[cfclq9d] Show the field ONLY if: [cfclq9c] = '0'	Q9 Date file note received	text (date_dmy)				
23	[cfclq10c] Show the field ONLY if: [allchecc] = ""	10. Is the Date of Consent before (or on same day as) Randomisation/Registration/Enrolment (and any trial-specific assessments/procedures where applicable)?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
24	[cfclq10d] Show the field ONLY if: [cfclq10c] = '0'	Q10 Date file note received	text (date_dmy)				

25	[cfclq11c] Show the field ONLY if: [allchecc] = ""	Section Header: <i>VERSION</i> 11. Has the correct version of the PISC been used?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
26	[cfclq11d] Show the field ONLY if: [cfclq11c] = '0'	Q11 Date file note received	text (date_dmy)						
27	[cfclq12c] Show the field ONLY if: [allchecc] = ""	12. Has the correct type of PISC been used (where applicable)?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
28	[cfclq12d] Show the field ONLY if: [cfclq12c] = '0'	Q12 Date file note received	text (date_dmy)						
29	[cfclqv1c]	Section Header: <i>VALID CONSENT RECEIVED?</i> Valid consent Yes/No - please select (this will be validated against the answers provided above)	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
30	[cftctdsd]	Section Header: <i>DATE OF VALID CONSENT</i> Date of valid consent - record in the FIRST INSTANCE OF THIS FORM	text (date_dmy)						
31	[participant_consent_form_checklist_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Eligibility** (eligibility)

32	[rand_no]	Randomisation Number	text (integer, Min: 11001, Max: 122100), Required				
33	[elig_initials]	Initials	text, Identifier				
34	[date_researcher_consent]	Date of researcher consent	text (date_dmy), Required				
35	[date_consent]	Date of patient consent	text (date_dmy), Required				
36	[inc1]	Section Header: <i>Assessment of eligibility: Inclusion criteria</i> 1. Aged 60 years or older	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
37	[inc2]	2. Recent proximal hip fracture including the following types of fracture examples: intracapsular,extracapsular. (Peri-thochanteric, inter- throchanteric,reverse oblique or sub-trochanteric)	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
38	[inc3]	3.Surgical repair by replacement arthroplasty,hemiarthroplasty or internal fixation	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
39	[inc4]	4. Living in their own home prior to hip fracture	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						

40	[inc5]	5. Living and receiving rehabilitation from the NHS in the area covered by the trial sites	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
41	[ex1]	Section Header: <i>Assessment of eligibility: Exclusion criteria</i> 1. Living in residential or nursing homes prior to hip fracture	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
42	[ex2]	2. Participants who are no able to understand English or Welsh	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
43	[ex3]	3. Lacking mental capacity to give informed consent	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
44	[eligname] Show the field ONLY if: [inc1] = '1' and [inc2] = '1' and [inc3] = '1' and [inc4] = '1' and [inc5] = '1' and [ex1] = '0' and [ex2] = '0' and [ex3] = '0'	Name of person confirming eligibilty <i>The person who confirmed eligibility in the medical notes. Please record as on the delegation log.</i>	text, Required						
45	[date_elig]	Date eligibilty confirmed	text (date_dmy), Required						
46	[eligibility_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Randomisation (randomisation)									
47	[screen_num]	Section Header: <i>PLEASE COMPLETE THE DETAILS BELOW USING THE RANDOMISATION CONFIRMATION EMAIL</i> Screening number	text (integer, Min: 1, Max: 100), Required						
48	[date_rand]	Date of Randomisation	text (date_dmy, Min: 2019-05-27, Max: 2021-08-01), Required						
49	[rand_number]	Randomisation number	text (integer, Min: 11001, Max: 122100), Required						
50	[centre_name]	Centre name	text, Required						
51	[randomisation_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Baseline Characteristics (baseline_characteristics)									
52	[pat_dob]	Date of Birth	text (date_dmy), Required, Identifier						
53	[gender]	Gender	radio, Required <table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </table>	1	Male	2	Female		
1	Male								
2	Female								
54	[type_hip_fract]	Type of hip fracture	radio, Required <table border="1"> <tr> <td>1</td> <td>Intracapsular</td> </tr> </table>	1	Intracapsular				
1	Intracapsular								

			<table border="1"> <tr> <td>2</td> <td colspan="2">Extracapsular - Pertrochanteric,</td> </tr> <tr> <td>3</td> <td colspan="2">Extracapsular - inter-trochanteric</td> </tr> <tr> <td>4</td> <td colspan="2">Extracapsular - sub-trochanteric</td> </tr> </table>	2	Extracapsular - Pertrochanteric,		3	Extracapsular - inter-trochanteric		4	Extracapsular - sub-trochanteric																																														
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3	Extracapsular - inter-trochanteric																																																								
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55	[type_hip_surg]	Type of hip surgery	radio, Required <table border="1"> <tr> <td>1</td> <td colspan="2">Total Hip Replacement</td> </tr> <tr> <td>2</td> <td colspan="2">Hemi-arthroplasty</td> </tr> <tr> <td>3</td> <td colspan="2">Internal fixation</td> </tr> <tr> <td>4</td> <td colspan="2">Intra-medullary nailing</td> </tr> </table>	1	Total Hip Replacement		2	Hemi-arthroplasty		3	Internal fixation		4	Intra-medullary nailing																																											
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4	Intra-medullary nailing																																																								
56	[living_arr]	Living arrangements	radio, Required <table border="1"> <tr> <td>1</td> <td colspan="2">Alone</td> </tr> <tr> <td>2</td> <td colspan="2">With others</td> </tr> </table>	1	Alone		2	With others																																																	
1	Alone																																																								
2	With others																																																								
57	[co_morbid]	Important co-morbid conditions <i>If other co-morbidity please record below. The field will display when other co-morbidity is selected</i>	checkbox <table border="1"> <tr> <td>1</td> <td>co_morbid__1</td> <td>Myocardial infarction</td> </tr> <tr> <td>2</td> <td>co_morbid__2</td> <td>Congestive heart failure</td> </tr> <tr> <td>3</td> <td>co_morbid__3</td> <td>Peripheral vascular disease</td> </tr> <tr> <td>4</td> <td>co_morbid__4</td> <td>Cerebrovascular disease</td> </tr> <tr> <td>5</td> <td>co_morbid__5</td> <td>Dementia</td> </tr> <tr> <td>6</td> <td>co_morbid__6</td> <td>Chronic pulmonary disease</td> </tr> <tr> <td>7</td> <td>co_morbid__7</td> <td>Connective tissue disease</td> </tr> <tr> <td>8</td> <td>co_morbid__8</td> <td>Ulcer disease</td> </tr> <tr> <td>9</td> <td>co_morbid__9</td> <td>Mild liver disease</td> </tr> <tr> <td>10</td> <td>co_morbid__10</td> <td>Diabetes</td> </tr> <tr> <td>11</td> <td>co_morbid__11</td> <td>Diabetes with end organ damage</td> </tr> <tr> <td>12</td> <td>co_morbid__12</td> <td>Hemiplegia</td> </tr> <tr> <td>13</td> <td>co_morbid__13</td> <td>Moderate or severe renal disease</td> </tr> <tr> <td>14</td> <td>co_morbid__14</td> <td>Any tumor, leukemia, lymphoma</td> </tr> <tr> <td>15</td> <td>co_morbid__15</td> <td>Moderate or severe liver disease</td> </tr> <tr> <td>16</td> <td>co_morbid__16</td> <td>Metastatic solid tumor</td> </tr> <tr> <td>17</td> <td>co_morbid__17</td> <td>Osteoarthritis</td> </tr> <tr> <td>18</td> <td>co_morbid__18</td> <td>Other co-morbidity</td> </tr> </table>	1	co_morbid__1	Myocardial infarction	2	co_morbid__2	Congestive heart failure	3	co_morbid__3	Peripheral vascular disease	4	co_morbid__4	Cerebrovascular disease	5	co_morbid__5	Dementia	6	co_morbid__6	Chronic pulmonary disease	7	co_morbid__7	Connective tissue disease	8	co_morbid__8	Ulcer disease	9	co_morbid__9	Mild liver disease	10	co_morbid__10	Diabetes	11	co_morbid__11	Diabetes with end organ damage	12	co_morbid__12	Hemiplegia	13	co_morbid__13	Moderate or severe renal disease	14	co_morbid__14	Any tumor, leukemia, lymphoma	15	co_morbid__15	Moderate or severe liver disease	16	co_morbid__16	Metastatic solid tumor	17	co_morbid__17	Osteoarthritis	18	co_morbid__18	Other co-morbidity
1	co_morbid__1	Myocardial infarction																																																							
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18	co_morbid__18	Other co-morbidity																																																							
58	[oth_comorbid]	Other co-morbidity not listed above (Specify) <i>If more than one condition please separate with commas</i>	text																																																						

	Show the field ONLY if: [co_morbid(18)] = '1'																
59	[residence]	Place of residence prior to admission	radio, Required <table border="1"> <tr><td>1</td><td>Owner occupied</td></tr> <tr><td>2</td><td>Private rental</td></tr> <tr><td>3</td><td>Housing association/Local Authority property</td></tr> </table>	1	Owner occupied	2	Private rental	3	Housing association/Local Authority property								
1	Owner occupied																
2	Private rental																
3	Housing association/Local Authority property																
60	[disch_usual_res]	Discharged directly to usual residence	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
61	[place_disch]	Place of discharge from acute and/or community hospital	radio, Required <table border="1"> <tr><td>1</td><td>Owner occupied; Private rental</td></tr> <tr><td>2</td><td>Housing association/Local Authority property</td></tr> <tr><td>3</td><td>Sheltered accommodation</td></tr> <tr><td>4</td><td>Residential care home</td></tr> <tr><td>5</td><td>Nursing home</td></tr> <tr><td>6</td><td>Community hospital</td></tr> <tr><td>7</td><td>Acute hospital</td></tr> </table>	1	Owner occupied; Private rental	2	Housing association/Local Authority property	3	Sheltered accommodation	4	Residential care home	5	Nursing home	6	Community hospital	7	Acute hospital
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2	Housing association/Local Authority property																
3	Sheltered accommodation																
4	Residential care home																
5	Nursing home																
6	Community hospital																
7	Acute hospital																
62	[ethnicity]	Ethnicity <i>If any other ethnic group please specify below. The field will become available once any other ethnic group is selected</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>White British</td></tr> <tr><td>2</td><td>Asian and Asian British</td></tr> <tr><td>3</td><td>Black British and Black</td></tr> <tr><td>4</td><td>Any other ethnic group</td></tr> </table>	1	White British	2	Asian and Asian British	3	Black British and Black	4	Any other ethnic group						
1	White British																
2	Asian and Asian British																
3	Black British and Black																
4	Any other ethnic group																
63	[eth_oth] Show the field ONLY if: [ethnicity] = '4'	Other Ethnicity (specify)	text														
64	[edu_att]	Educational Attainment	dropdown <table border="1"> <tr><td>1</td><td>High school (O Levels/GSCE/NVQ1)</td></tr> <tr><td>2</td><td>College(AS Level/A Levels/City and guildsNVQ2/3 Apprenticeship)</td></tr> <tr><td>3</td><td>Degree (eg BA/Bsc)</td></tr> <tr><td>4</td><td>Higher degree (MA/PHD/PGCE)</td></tr> <tr><td>5</td><td>No formal Qualifications</td></tr> </table>	1	High school (O Levels/GSCE/NVQ1)	2	College(AS Level/A Levels/City and guildsNVQ2/3 Apprenticeship)	3	Degree (eg BA/Bsc)	4	Higher degree (MA/PHD/PGCE)	5	No formal Qualifications				
1	High school (O Levels/GSCE/NVQ1)																
2	College(AS Level/A Levels/City and guildsNVQ2/3 Apprenticeship)																
3	Degree (eg BA/Bsc)																
4	Higher degree (MA/PHD/PGCE)																
5	No formal Qualifications																
65	[prev_occ]	Current or previous occupation	text														
66	[baseline_characteristics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Baseline Participant Booklet Front Page (baseline_participant_booklet_front_page)																	
67	[part_basecomplete]	Date this questionnaire was completed	text (date_dmy, Max: 2021-08-01), Required														

68	[part_base_not_phys]	Where a physical Baseline visit could not take place, please indicate:	radio <table><tr><td>1</td><td>Data collected by telephone/video call (only to be used during COVID crisis)</td></tr><tr><td>2</td><td>Booklet completed by post (only to be used during COVID crisis)</td></tr></table>	1	Data collected by telephone/video call (only to be used during COVID crisis)	2	Booklet completed by post (only to be used during COVID crisis)		
1	Data collected by telephone/video call (only to be used during COVID crisis)								
2	Booklet completed by post (only to be used during COVID crisis)								
69	[baseline_participant_booklet_front_page_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: FEMUR Follow Up (femur_follow_up)

70	[date_of_visit]	Date of visit <i>Or date site confirm visit did not take place</i>	text (date_dmy), Required							
71	[timepoint]	Timepoint of visit	radio, Required <table><tr><td>1</td><td>Week 17</td></tr><tr><td>2</td><td>Week 52</td></tr></table>		1	Week 17	2	Week 52		
1	Week 17									
2	Week 52									
72	[fu_not_phys]	Where a physical follow-up visit could not take place, please indicate:	radio <table><tr><td>1</td><td>Data collected by telephone/video call (only to be used during COVID crisis)</td></tr><tr><td>2</td><td>No visit of any kind undertaken (Specify reason)</td></tr></table>		1	Data collected by telephone/video call (only to be used during COVID crisis)	2	No visit of any kind undertaken (Specify reason)		
1	Data collected by telephone/video call (only to be used during COVID crisis)									
2	No visit of any kind undertaken (Specify reason)									
73	[fu_not_phys_reason] Show the field ONLY if: [fu_not_phys] = '2'	Specify reason	text, Required Field Annotation: @CHARLIMIT = 200							
74	[ae] Show the field ONLY if: [fu_not_phys] <> '2'	Have any AEs occurred since the last visit ?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>		1	Yes	0	No		
1	Yes									
0	No									
75	[fusae] Show the field ONLY if: [fu_not_phys] <> '2'	Have any SAEs occurred since last visit	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>		1	Yes	0	No		
1	Yes									
0	No									
76	[femur_follow_up_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>		0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: 17 Week Participant Booklet Front Page (week_participant_booklet_front_page)

77	[part_17complete]	Date this questionnaire was completed <i>Or date site confirm that visit did not take place/date site completed Hospital Service Use section</i>	text (date_dmy), Required				
78	[part_17_not_phys]	Where a physical follow-up visit could not take place, please indicate:	radio <table><tr><td>1</td><td>Data collected by telephone/video call (only to be used during COVID crisis)</td></tr><tr><td>2</td><td>Booklet completed by post (only to be used during COVID crisis)</td></tr></table>	1	Data collected by telephone/video call (only to be used during COVID crisis)	2	Booklet completed by post (only to be used during COVID crisis)
1	Data collected by telephone/video call (only to be used during COVID crisis)						
2	Booklet completed by post (only to be used during COVID crisis)						

			<table><tr><td>3</td><td>No Booklet data collected from participant (Specify reason)</td></tr></table>	3	No Booklet data collected from participant (Specify reason)				
3	No Booklet data collected from participant (Specify reason)								
79	[part_17_not_phys_reason] Show the field ONLY if: [part_17_not_phys] = '3'	Specify reason <i>If no data collected but participant is still enrolled in trial, please move to Hospital Service Use section and complete as much as possible using medical records</i>	text, Required Field Annotation: @CHARLIMIT = 200						
80	[week_participant_booklet_front_page_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: 52 Week Participant Booklet Front Page (week_participant_booklet_front_page_6725)									
81	[part_52complete]	Date this questionnaire was completed <i>Or date site confirm that visit did not take place/date site completed Hospital Service Use section</i>	text (date_dmy), Required						
82	[part_52_not_phys]	Where a physical follow-up visit could not take place, please indicate:	radio <table><tr><td>1</td><td>Data collected by telephone/video call (only to be used during COVID crisis)</td></tr><tr><td>2</td><td>Booklet completed by post (only to be used during COVID crisis)</td></tr><tr><td>3</td><td>No Booklet data collected from participant (Specify reason)</td></tr></table>	1	Data collected by telephone/video call (only to be used during COVID crisis)	2	Booklet completed by post (only to be used during COVID crisis)	3	No Booklet data collected from participant (Specify reason)
1	Data collected by telephone/video call (only to be used during COVID crisis)								
2	Booklet completed by post (only to be used during COVID crisis)								
3	No Booklet data collected from participant (Specify reason)								
83	[part_52_not_phys_reason] Show the field ONLY if: [part_52_not_phys] = '3'	Specify reason <i>If no data collected but participant is still enrolled in trial, please move to Hospital Service Use section and complete as much as possible using medical records</i>	text, Required Field Annotation: @CHARLIMIT = 200						
84	[week_participant_booklet_front_page_6725_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: 52 Week Hip Fracture Specific Service Use (week_hip_fracture_specific_service_use)									
85	[enable_cent_serv_v2]	Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
86	[enable_cent_num_v2]	Number of units received per week	text (integer)						
87	[enable_cent_units_v2]	Unit of measurement (days, visits, classes)	text						
88	[enable_cent_total_v2]	Total number of units received over the last 35 weeks	text (integer)						
89	[nurse_home_serv1_v2]	Section Header: <i>Nursing Home for Rehabilitation Only</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
90	[nurse_home_num1_v2]	Number of units received per week	text (integer)						
91	[nurse_home_units1_v2]	Unit of measurement (days, visits, classes)	text						

	[2]		
92	[nurse_home_total1_v2]	Total number of units received over the last 35 weeks	text (integer)
93	[falls_prev_serv_v2]	Section Header: <i>Falls Prevention Classes</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
94	[falls_prev_num_v2]	Number of units received per week	text
95	[falls_prev_units_v2]	Unit of measurement (days, visits, classes)	text
96	[falls_prev_total_v2]	Total number of units received over the last 35 weeks	text
97	[nat_exercise_serv_v2]	Section Header: <i>National Exercise Referral Scheme</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
98	[nat_exercise_num_v2]	Number of units received per week	text
99	[nat_exercise_units_v2]	Unit of measurement (days, visits, classes)	text
100	[nat_exercise_total_v2]	Total number of units received over the last 35 weeks	text
101	[charity_serv1_v2]	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
102	[charity_num1_v2]	Number of units received per week	text
103	[charity_units1_v2]	Unit of measurement (days, visits, classes)	text
104	[charity_total1_v2]	Total number of units received over the last 35 weeks	text
105	[charity_serv2_v2]	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
106	[charity_num2_v2]	Number of units received per week	text
107	[charity_units2_v2]	Unit of measurement (days, visits, classes)	text
108	[charity_total2_v2]	Total number of units received over the last 35 weeks	text
109	[charity_serv3_v2]	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
110	[charity_num3_v2]	Number of units received per week	text
111	[charity_units3_v2]	Unit of measurement (days, visits, classes)	text
112	[charity_total3_v2]	Total number of units received over the last 35 weeks	text
113	[local_leisure_serv_v2]	Section Header: <i>Local Leisure Centre</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text

114	[local_leisure_num_v2]	Number of units received per week	text (integer)						
115	[local_leisure_units_v2]	Unit of measurement (days, visits, classes)	text						
116	[local_leisure_cost_v2]	Cost per unit per week	text (number, Max: 999.99)						
117	[local_leisure_total_v2]	Total number of units received over the last 35 weeks	text						
118	[local_gym_serv_v2]	Section Header: <i>Local Gym</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
119	[local_gym_num_v2]	Number of units received per week	text (integer)						
120	[local_gym_units_v2]	Unit of measurement (days, visits, classes)	text						
121	[local_gym_cost_v2]	Cost per unit per week	text (number, Max: 999.99)						
122	[local_gym_total_v2]	Total number of units received over the last 35 weeks	text						
123	[otherserv_serv1_v2]	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
124	[otherserv_num1_v2]	Number of units received per week	text (integer)						
125	[otherserv_units1_v2]	Unit of measurement (days, visits, classes)	text						
126	[otherserv_cost1_v2]	Cost per unit per week	text (number, Max: 999.99)						
127	[otherserv_total1_v2]	Total number of units received over the last 35 weeks	text						
128	[otherserv_serv2_v2]	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
129	[otherserv_num2_v2]	Number of units received per week	text						
130	[otherserv_units2_v2]	Unit of measurement (days, visits, classes)	text						
131	[otherserv_cost2_v2]	Cost per unit per week	text (number, Max: 999.99)						
132	[otherserv_total2_v2]	Total number of units received over the last 35 weeks	text						
133	[otherserv_serv3_v2]	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text						
134	[otherserv_num3_v2]	Number of units received per week	text						
135	[otherserv_units3_v2]	Unit of measurement (days, visits, classes)	text						
136	[otherserv_cost3_v2]	Cost per unit per week	text (number, Max: 999.99)						
137	[otherserv_total3_v2]	Total number of units received over the last 35 weeks	text						
138	[week_hip_fracture_specific_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Nottingham Extended ADL Scale (nottingham_extended_adl_scale)													
139	[nott_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive										
140	[nott1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Walk around outside?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
141	[nott2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Climb Stairs?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
142	[nott3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Get in and out of a car?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
143	[nott4] Show the field ONLY if:	Walk over uneven ground?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr></table>	1	Not at all	2	With Help						
1	Not at all												
2	With Help												

	([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	3	On your own, with difficulty	4	On your own	5	Not completed				
3	On your own, with difficulty												
4	On your own												
5	Not completed												
144	[nott5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Cross roads?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
145	[nott6] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Travel on public transport?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
146	[nott7] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Manage to feed yourself?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
147	[nott8] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <	Manage to make yourself a hot drink?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own		
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												

	> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>5</td><td>Not completed</td></tr></table>	5	Not completed								
5	Not completed												
148	[nott9] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Take hot drinks from one room to another?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
149	[nott10] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Do the washing up?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
150	[nott11] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Make yourself a hot snack?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
151	[nott12] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_ph	Manage your own money when out?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												

	ys] <> 3) or ([event-label] = "Baseline and Randomisation")												
152	[nott13] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Wash small items of clothing?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
153	[nott14] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Do your own housework?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
154	[nott15] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Do your own shopping?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
155	[nott16] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Do a full clothes wash?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												

156	[nott17] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Read newspapers or books?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
157	[nott18] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Use the telephone?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
158	[nott19] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Write letters?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
159	[nott20] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Go out socially?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
160	[nott21] Show the field ONLY if:	Manage your own garden?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr></table>	1	Not at all								
1	Not at all												

	([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed		
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
161	[nott22] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Drive a car?	radio (Matrix), Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>With Help</td></tr><tr><td>3</td><td>On your own, with difficulty</td></tr><tr><td>4</td><td>On your own</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	With Help	3	On your own, with difficulty	4	On your own	5	Not completed
1	Not at all												
2	With Help												
3	On your own, with difficulty												
4	On your own												
5	Not completed												
162	[nottingham_extended_adl_scale_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: HADS (hads)													
163	[hads_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] = 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] = 3)	This form has been disabled, as it has been indicated that No booklet data has been collected from participant or no Carer booklet data has been collected (dependent upon whether you are completing the form in the Participant/Carer event/visit)	descriptive										
164	[hads1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and	I feel tense or 'wound up'	radio, Required <table><tr><td>1</td><td>Most of the time</td></tr><tr><td>2</td><td>A lot of the time</td></tr><tr><td>3</td><td>From time to time, occasionally</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Most of the time	2	A lot of the time	3	From time to time, occasionally	4	Not at all	5	Not completed
1	Most of the time												
2	A lot of the time												
3	From time to time, occasionally												
4	Not at all												
5	Not completed												

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")												
165	[hads2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I still enjoy the things I used to enjoy	radio, Required <table><tr><td>1</td><td>Definitely as much</td></tr><tr><td>2</td><td>Not quite as much</td></tr><tr><td>3</td><td>Only a little</td></tr><tr><td>4</td><td>Hardly at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Definitely as much	2	Not quite as much	3	Only a little	4	Hardly at all	5	Not completed
1	Definitely as much												
2	Not quite as much												
3	Only a little												
4	Hardly at all												
5	Not completed												
166	[hads3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I get a sort of frightened feeling as if something awful is about to happen	radio, Required <table><tr><td>1</td><td>Very definitely and quite badly</td></tr><tr><td>2</td><td>Yes, but not too badly</td></tr><tr><td>3</td><td>A little, but it doesnt worry me</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Very definitely and quite badly	2	Yes, but not too badly	3	A little, but it doesnt worry me	4	Not at all	5	Not completed
1	Very definitely and quite badly												
2	Yes, but not too badly												
3	A little, but it doesnt worry me												
4	Not at all												
5	Not completed												
167	[hads4]	I can laugh and see the funny side of things	radio, Required										

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")		<table><tr><td>1</td><td>As much as I always could</td></tr><tr><td>2</td><td>Not quite so much now</td></tr><tr><td>3</td><td>Definitely not so much now</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	As much as I always could	2	Not quite so much now	3	Definitely not so much now	4	Not at all	5	Not completed
1	As much as I always could												
2	Not quite so much now												
3	Definitely not so much now												
4	Not at all												
5	Not completed												
168	[hads5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	Worrying thoughts go through my mind	radio, Required <table><tr><td>1</td><td>A great deal of the time</td></tr><tr><td>2</td><td>A lot of the time</td></tr><tr><td>3</td><td>Not too often</td></tr><tr><td>4</td><td>Very little</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	A great deal of the time	2	A lot of the time	3	Not too often	4	Very little	5	Not completed
1	A great deal of the time												
2	A lot of the time												
3	Not too often												
4	Very little												
5	Not completed												
169	[hads6] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [c	I feel cheerful	radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Not often</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Most of the time</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Never	2	Not often	3	Sometimes	4	Most of the time	5	Not completed
1	Never												
2	Not often												
3	Sometimes												
4	Most of the time												
5	Not completed												

	arer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")												
170	[hads7] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I can sit at ease and feel relaxed	radio, Required <table><tr><td>1</td><td>Definitely</td></tr><tr><td>2</td><td>Usually</td></tr><tr><td>3</td><td>Not often</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Definitely	2	Usually	3	Not often	4	Not at all	5	Not completed
1	Definitely												
2	Usually												
3	Not often												
4	Not at all												
5	Not completed												
171	[hads8] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I feel as if I am slowed down	radio, Required <table><tr><td>1</td><td>Nearly all of the time</td></tr><tr><td>2</td><td>Very often</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Nearly all of the time	2	Very often	3	Sometimes	4	Not at all	5	Not completed
1	Nearly all of the time												
2	Very often												
3	Sometimes												
4	Not at all												
5	Not completed												
172	[hads9] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I get a sort of frightened feeling like 'butterflies' in the stomach	radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Occasionally</td></tr><tr><td>3</td><td>Quite often</td></tr><tr><td>4</td><td>Very often</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all	2	Occasionally	3	Quite often	4	Very often	5	Not completed
1	Not at all												
2	Occasionally												
3	Quite often												
4	Very often												
5	Not completed												

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")												
173	[hads10] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I have lost interest in my appearance	radio, Required <table><tr><td>1</td><td>Definitely</td></tr><tr><td>2</td><td>I don't take as much care as I should</td></tr><tr><td>3</td><td>I may not take quite as much care</td></tr><tr><td>4</td><td>I take just as much care as ever</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Definitely	2	I don't take as much care as I should	3	I may not take quite as much care	4	I take just as much care as ever	5	Not completed
1	Definitely												
2	I don't take as much care as I should												
3	I may not take quite as much care												
4	I take just as much care as ever												
5	Not completed												
174	[hads11] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I feel restless as if I have to be on the move	radio, Required <table><tr><td>1</td><td>Very much indeed</td></tr><tr><td>2</td><td>Quite a lot</td></tr><tr><td>3</td><td>Not very much</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Very much indeed	2	Quite a lot	3	Not very much	4	Not at all	5	Not completed
1	Very much indeed												
2	Quite a lot												
3	Not very much												
4	Not at all												
5	Not completed												
175	[hads12]	I look forward with enjoyment to things	radio, Required										

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")		<table><tr><td>1</td><td>As much as I ever did</td></tr><tr><td>2</td><td>Rather less than I used to</td></tr><tr><td>3</td><td>Definitely less than I used to</td></tr><tr><td>4</td><td>Hardly at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	As much as I ever did	2	Rather less than I used to	3	Definitely less than I used to	4	Hardly at all	5	Not completed
1	As much as I ever did												
2	Rather less than I used to												
3	Definitely less than I used to												
4	Hardly at all												
5	Not completed												
176	[hads13] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")	I get sudden feelings of panic	radio, Required <table><tr><td>1</td><td>Very often indeed</td></tr><tr><td>2</td><td>Quite often</td></tr><tr><td>3</td><td>Not very often</td></tr><tr><td>4</td><td>Not at all</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Very often indeed	2	Quite often	3	Not very often	4	Not at all	5	Not completed
1	Very often indeed												
2	Quite often												
3	Not very often												
4	Not at all												
5	Not completed												
177	[hads14] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] < > 3) or ([event-label] = "Carer 52 Week" and [c	I can enjoy a good book or radio or television programme	radio, Required <table><tr><td>1</td><td>Often</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Not often</td></tr><tr><td>4</td><td>Very seldom</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Often	2	Sometimes	3	Not often	4	Very seldom	5	Not completed
1	Often												
2	Sometimes												
3	Not often												
4	Very seldom												
5	Not completed												

	arer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation" or [event-label] = "Carer Baseline")										
178	[hads_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: EQ5D (eq5d)											
179	[eq5d_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive								
180	[quest1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Mobility	radio, Required <table><tr><td>1</td><td>I have no problems walking about</td></tr><tr><td>2</td><td>I have some problems walking about</td></tr><tr><td>3</td><td>I am confined to bed</td></tr><tr><td>4</td><td>Not completed</td></tr></table>	1	I have no problems walking about	2	I have some problems walking about	3	I am confined to bed	4	Not completed
1	I have no problems walking about										
2	I have some problems walking about										
3	I am confined to bed										
4	Not completed										
181	[quest2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Self - care	radio, Required <table><tr><td>1</td><td>I have no problems with self care</td></tr><tr><td>2</td><td>I have some problems with washing or dressing myself</td></tr><tr><td>3</td><td>I am unable to wash or dress myself</td></tr><tr><td>4</td><td>Not completed</td></tr></table>	1	I have no problems with self care	2	I have some problems with washing or dressing myself	3	I am unable to wash or dress myself	4	Not completed
1	I have no problems with self care										
2	I have some problems with washing or dressing myself										
3	I am unable to wash or dress myself										
4	Not completed										
182	[quest3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Usual activities	radio, Required <table><tr><td>1</td><td>I have no problems with performing my usual activities</td></tr><tr><td>2</td><td>I have some problems with performing my usual activities</td></tr></table>	1	I have no problems with performing my usual activities	2	I have some problems with performing my usual activities				
1	I have no problems with performing my usual activities										
2	I have some problems with performing my usual activities										

	1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>3</td><td>I am unable to perform my usual activities</td></tr><tr><td>4</td><td>Not completed</td></tr></table>	3	I am unable to perform my usual activities	4	Not completed				
3	I am unable to perform my usual activities										
4	Not completed										
183	[quest4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Pain / Discomfort	radio, Required <table><tr><td>1</td><td>I have no pain or discomfort</td></tr><tr><td>2</td><td>I have moderate pain or discomfort</td></tr><tr><td>3</td><td>I have extreme pain or discomfort</td></tr><tr><td>4</td><td>Not completed</td></tr></table>	1	I have no pain or discomfort	2	I have moderate pain or discomfort	3	I have extreme pain or discomfort	4	Not completed
1	I have no pain or discomfort										
2	I have moderate pain or discomfort										
3	I have extreme pain or discomfort										
4	Not completed										
184	[quest5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Anxiety / Depression	radio, Required <table><tr><td>1</td><td>I am not anxious or depressed</td></tr><tr><td>2</td><td>I am moderately anxious or depressed</td></tr><tr><td>3</td><td>I am extremely anxious or depressed</td></tr><tr><td>4</td><td>Not completed</td></tr></table>	1	I am not anxious or depressed	2	I am moderately anxious or depressed	3	I am extremely anxious or depressed	4	Not completed
1	I am not anxious or depressed										
2	I am moderately anxious or depressed										
3	I am extremely anxious or depressed										
4	Not completed										
185	[quest6] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Your own health state today	text (number, Min: 0, Max: 100), Required								
186	[health_notcomp] Show the field ONLY if: [quest6]= " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52 we	Health state today not completed	radio <table><tr><td>1</td><td></td></tr></table>	1							
1											

	ek_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))								
187	[eq5d_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: VAS (vas)									
188	[vas_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive						
189	[vas_hip_pain] Show the field ONLY if: [vas_pain_notcomp] = " " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Section Header: <i>VAS for hip pain We are interested in learning whether or not you have been affected by hip pain because of hip fracture. How much hip pain do you think you have had because of hip fracture IN THE PAST WEEK? Place a mark on the line below, to indicate the severity of the hip pain:</i> Measurement of marked line	text (number, Min: 0, Max: 10), Required Custom alignment: RH						
190	[pain_total] Show the field ONLY if: [vas_pain_notcomp] = " " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Total length of line	text (number, Min: 0, Max: 10), Required						
191	[vas_pain_notcomp] Show the field ONLY if: [vas_hip_pain] = " " and ([event-label] = "17 We	Line measurement not completed	radio <table><tr><td>1</td><td></td></tr></table>	1					
1									

	ek Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation"))		
192	[vas_fear_fall] Show the field ONLY if: [vas_fall_notcomp] = "and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation"))	Section Header: <i>VAS for fear of falling We are also interested in learning how afraid you are of falling, follow hip fracture. Place a mark on the line below, to indicate how afraid you are of falling:</i> Measurement of marked line	text (number, Min: 0, Max: 10), Required Custom alignment: RH
193	[fall_total] Show the field ONLY if: [vas_fall_notcomp] = "and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation"))	Total length of line	text (number, Min: 0, Max: 10), Required
194	[vas_fall_notcomp] Show the field ONLY if: [vas_fear_fall] =" and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation"))	Line measurement not completed	radio 1
195	[vas_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified

			2	Complete										
Instrument: FES-I (fesi)														
196	[fesi_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive											
197	[fesi1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Section Header: FES-I Now we would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you don't do the activity (e.g if someone else does your shopping for you) please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please tick the box which is closest to your own opinion to show how concerned you are that might fall if you did this activity. Cleaning the house (e.g. sweep, vacuum or dust)	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>		1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned													
2	Somewhat concerned													
3	Fairly concerned													
4	Very concerned													
5	Not completed													
198	[fesi2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Getting dressed or undressed	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>		1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned													
2	Somewhat concerned													
3	Fairly concerned													
4	Very concerned													
5	Not completed													
199	[fesi3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Preparing simple meals	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>		1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned													
2	Somewhat concerned													
3	Fairly concerned													
4	Very concerned													
5	Not completed													
200	[fesi4]	Taking a bath or shower	radio (Matrix), Required											

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
201	[fesi5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Going to the shop	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
202	[fesi6] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Getting in or out of a chair	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
203	[fesi7] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Going up or down stairs	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
204	[fesi8] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17	Walking around in the neighbourhood	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned				
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												

	week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")		<table><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	4	Very concerned	5	Not completed						
4	Very concerned												
5	Not completed												
205	[fesi9] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Reaching for something above your head or on the ground	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
206	[fesi10] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Going to answer the telephone before it stops ringing	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
207	[fesi11] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Walking on a slippery surface (e.g wet or icy)	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
208	[fesi12] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Visiting a friend or relative	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")												
209	[fesi13] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Walking in a place with crowds	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
210	[fesi14] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
211	[fesi15] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Walking up or down a slope	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												
212	[fesi16] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Going out to a social event (e.g. religious service, family gathering or club meeting)	radio (Matrix), Required <table><tr><td>1</td><td>Not at all concerned</td></tr><tr><td>2</td><td>Somewhat concerned</td></tr><tr><td>3</td><td>Fairly concerned</td></tr><tr><td>4</td><td>Very concerned</td></tr><tr><td>5</td><td>Not completed</td></tr></table>	1	Not at all concerned	2	Somewhat concerned	3	Fairly concerned	4	Very concerned	5	Not completed
1	Not at all concerned												
2	Somewhat concerned												
3	Fairly concerned												
4	Very concerned												
5	Not completed												

	[] = "Baseline and Randomisation")								
213	[fesi_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Baseline Questionnairehospital Service Use (baseline_questionnairehospital_service_use)									
214	[inpat1]	Section Header: <i>Inpatient Ward-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text						
215	[inp_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 999)						
216	[inp_reas1]	Reason for using service (e.g. Nature of illness)	text						
217	[inp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
218	[inp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
219	[inpat2]	Section Header: <i>Inpatient Ward-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text						
220	[inp_days2]	Total number of inpatient days	text (integer, Min: 0, Max: 999)						
221	[inp_reas2]	Reason for using service (e.g. Nature of illness)	text						
222	[inp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
223	[inp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
224	[inpat3]	Section Header: <i>Inpatient Ward-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text						
225	[inp_days3]	Total number of inpatient days	text (integer, Min: 0, Max: 999)						
226	[inp_reas3]	Reason for using service (e.g. Nature of illness)	text						
227	[inp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
228	[inp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
229	[outpat1]	Section Header: <i>Outpatient appointments-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text						
230	[outp_days1]	Total number of outpatient days	text (integer, Min: 0, Max: 999)						
231	[outp_reas1]	Reason for using service (e.g. Nature of illness)	text						

232	[outp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
233	[outp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
234	[outpat2]	Section Header: <i>Outpatient appointments-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
235	[outp_days2]	Total number of outpatient days	text (integer, Min: 0, Max: 999)				
236	[outp_reas2]	Reason for using service (e.g. Nature of illness)	text				
237	[outp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
238	[outp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
239	[outpat3]	Section Header: <i>Outpatient appointments-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
240	[outp_days3]	Total number of outpatient days	text (integer, Min: 0, Max: 999)				
241	[outp_reas3]	Reason for using service (e.g. Nature of illness)	text				
242	[outp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
243	[outp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
244	[ae1]	Section Header: <i>Accident and Emergency-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
245	[ae_days1]	Total number of attendances	text (integer, Min: 0, Max: 999)				
246	[ae_reas1]	Reason for using service (e.g. Nature of illness)	text				
247	[ae_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
248	[ae_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
249	[ae2]	Section Header: <i>Accident and Emergency-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
250	[ae_days2]	Total number of attendances	text (integer, Min: 0, Max: 999)				
251	[ae_reas2]	Reason for using service (e.g. Nature of illness)	text				

252	[ae_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
253	[ae_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
254	[ae3]	Section Header: <i>Accident and Emergency-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
255	[ae_days3]	Total number of attendances	text (integer, Min: 0, Max: 999)				
256	[ae_reas3]	Reason for using service (e.g. Nature of illness)	text				
257	[ae_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
258	[ae_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
259	[dayhosp1]	Section Header: <i>Day Hospital-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
260	[dayhosp_days1]	Total number of day attendances	text (integer, Min: 0, Max: 999)				
261	[dayhosp_reas1]	Reason for using service (e.g. Nature of illness)	text				
262	[dayhosp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
263	[dayhosp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
264	[dayhosp2]	Section Header: <i>Day Hospital-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
265	[dayhosp_days2]	Total number of day attendances	text (integer, Min: 0, Max: 999)				
266	[dayhosp_reas2]	Reason for using service (e.g. Nature of illness)	text				
267	[dayhosp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
268	[dayhosp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
269	[dayhosp3]	Section Header: <i>Day Hospital-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
270	[dayhosp_days3]	Total number of day attendances	text (integer, Min: 0, Max: 999)				
271	[dayhosp_reas3]	Reason for using service (e.g. Nature of illness)	text				

272	[dayhosp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
273	[dayhosp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
274	[other1]	Section Header: <i>Other hospital services-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
275	[other_days1]	Total number of units received	text (integer, Min: 0, Max: 999)				
276	[other_units1]	Please specify units	text				
277	[other_reas1]	Reason for using service (e.g. Nature of illness)	text				
278	[other_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
279	[other_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
280	[other2]	Section Header: <i>Other hospital services-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
281	[other_days2]	Total number of units received	text (integer, Min: 0, Max: 999)				
282	[other_units2]	Please specify units	text				
283	[other_reas2]	Reason for using service (e.g. Nature of illness)	text				
284	[other_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
285	[other_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
286	[other3]	Section Header: <i>Other hospital services-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
287	[other_days3]	Total number of units received	text (integer, Min: 0, Max: 999)				
288	[other_units3]	Please specify units	text				
289	[other_reas3]	Reason for using service (e.g. Nature of illness)	text				
290	[other_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
291	[other_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						

292	[baseline_questionnaire_rehospital_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td colspan="2">Incomplete</td></tr><tr><td>1</td><td colspan="2">Unverified</td></tr><tr><td>2</td><td colspan="2">Complete</td></tr></table>			0	Incomplete		1	Unverified		2	Complete				
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Baseline Community Based Service Use (baseline_community_based_service_use)																	
293	[phys_homebase]	Section Header: <i>Physiotherapist</i> Number of home visits	text (integer, Min: 0, Max: 99)														
294	[phys_surgbase]	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 99)														
295	[phys_providerbase]	Provider	checkbox <table><tr><td>1</td><td>phys_providerbase__1</td><td>NHS</td></tr><tr><td>2</td><td>phys_providerbase__2</td><td>Local Authority</td></tr><tr><td>3</td><td>phys_providerbase__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>phys_providerbase__4</td><td>Private organisation</td></tr></table>			1	phys_providerbase__1	NHS	2	phys_providerbase__2	Local Authority	3	phys_providerbase__3	Voluntary Organisation	4	phys_providerbase__4	Private organisation
1	phys_providerbase__1	NHS															
2	phys_providerbase__2	Local Authority															
3	phys_providerbase__3	Voluntary Organisation															
4	phys_providerbase__4	Private organisation															
296	[phys_avg_durationbase]	Average duration (mins)	text (integer, Min: 0, Max: 999)														
297	[phys_comm_hipbase]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
298	[oh_homebase]	Section Header: <i>Occupation health therapist</i> Number of home visits	text (integer, Min: 0, Max: 99)														
299	[oh_surgbase]	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 99)														
300	[oh_providerbase]	Provider	checkbox <table><tr><td>1</td><td>oh_providerbase__1</td><td>NHS</td></tr><tr><td>2</td><td>oh_providerbase__2</td><td>Local Authority</td></tr><tr><td>3</td><td>oh_providerbase__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>oh_providerbase__4</td><td>Private organisation</td></tr></table>			1	oh_providerbase__1	NHS	2	oh_providerbase__2	Local Authority	3	oh_providerbase__3	Voluntary Organisation	4	oh_providerbase__4	Private organisation
1	oh_providerbase__1	NHS															
2	oh_providerbase__2	Local Authority															
3	oh_providerbase__3	Voluntary Organisation															
4	oh_providerbase__4	Private organisation															
301	[oh_avg_durationbase]	Average duration (mins)	text (integer, Min: 0, Max: 999)														
302	[oh_comm_hipbase]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
303	[nurse_homebase]	Section Header: <i>General Practitioner</i> Number of home visits	text (integer, Min: 0, Max: 99)														
304	[nurse_surgbase]	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 99)														
305	[nurse_providerbase]	Provider	checkbox <table><tr><td>1</td><td>nurse_providerbase__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_providerbase__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_providerbase__3</td><td>Voluntary Organisation</td></tr></table>			1	nurse_providerbase__1	NHS	2	nurse_providerbase__2	Local Authority	3	nurse_providerbase__3	Voluntary Organisation			
1	nurse_providerbase__1	NHS															
2	nurse_providerbase__2	Local Authority															
3	nurse_providerbase__3	Voluntary Organisation															

			4	nurse_providerbase__4	Private organisation												
306	[nurse_avg_durationbase]	Average duration (mins)	text (integer, Min: 0, Max: 999)														
307	[nurse_comm_hipbase]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
308	[gp_home2_e99base]	Section Header: <i>Practice Nurse (GP clinic)</i> Number of home visits	text (integer, Min: 0, Max: 99)														
309	[nurse_surg2_e50base]	Number of visits to surgery or clinic	text (integer, Min: 0)														
310	[nurse_provider2_8c5base]	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c5base__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c5base__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c5base__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c5base__4</td><td>Private organisation</td></tr></table>			1	nurse_provider2_8c5base__1	NHS	2	nurse_provider2_8c5base__2	Local Authority	3	nurse_provider2_8c5base__3	Voluntary Organisation	4	nurse_provider2_8c5base__4	Private organisation
1	nurse_provider2_8c5base__1	NHS															
2	nurse_provider2_8c5base__2	Local Authority															
3	nurse_provider2_8c5base__3	Voluntary Organisation															
4	nurse_provider2_8c5base__4	Private organisation															
311	[nurse_avg_duration2_05base]	Average duration (mins)	text (integer, Min: 0, Max: 999)														
312	[nurse_comm_hip2_851base]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
313	[baseline_community_based_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>			0	Incomplete	1	Unverified	2	Complete						
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: 17 and 52 Week hospital Service Use (and_52_week_hospital_service_use)																	
314	[orth1]	Section Header: <i>Orthopaedic Trauma Inpatient Ward immediately following hip fracture</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text														
315	[orth_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 400)														
316	[orth_reas1]	Reason for using service (e.g. Nature of illness)	text														
317	[orth_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
318	[orth_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																
319	[orth2]	Section Header: <i>Surgical Inpatient Ward immediately following hip fracture</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text														
320	[orth_days2]	Total number of inpatient days	text (integer, Min: 0, Max: 400)														
321	[orth_reas2]	Reason for using service (e.g. Nature of illness)	text														

322	[orth_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
323	[orth_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
324	[orth3]	Section Header: <i>Assessment Inpatient Ward -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
325	[orth_days3]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
326	[orth_reas3]	Reason for using service (e.g. Nature of illness)	text				
327	[orth_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
328	[orth_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
329	[surg]	Section Header: <i>Assessment Inpatient Ward-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
330	[surg_days]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
331	[surg_reas]	Reason for using service (e.g. Nature of illness)	text				
332	[surg_hip]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
333	[surg_read]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
334	[ass_inp1]	Section Header: <i>Assessment Inpatient Ward-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
335	[ass_inp_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
336	[ass_inp_reas1]	Reason for using service (e.g. Nature of illness)	text				
337	[ass_inp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
338	[ass_inp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
339	[ass_inp2]	Section Header: <i>Rehabilitation Inpatient Ward-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
340	[ass_inp_days2]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
341	[ass_inp_reas2]	Reason for using service (e.g. Nature of illness)	text				

342	[<i>ass_inp_hip2</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
343	[<i>ass_inp_read2</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
344	[<i>ass_inp3</i>]	Section Header: <i>Rehabilitation Inpatient Ward-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
345	[<i>ass_inp_days3</i>]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
346	[<i>ass_inp_reas3</i>]	Reason for using service (e.g. Nature of illness)	text				
347	[<i>ass_inp_hip3</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
348	[<i>ass_inp_read3</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
349	[<i>rehab_inp1</i>]	Section Header: <i>Rehabilitation Inpatient Ward-3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
350	[<i>rehab_inp_days1</i>]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
351	[<i>rehab_inp_reas1</i>]	Reason for using service (e.g. Nature of illness)	text				
352	[<i>rehab_inp_hip1</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
353	[<i>rehab_inp_read1</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
354	[<i>rehab_inp3</i>]	Section Header: <i>Assessment Outpatient Appointment -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
355	[<i>rehab_inp_days3</i>]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
356	[<i>rehab_inp_reas3</i>]	Reason for using service (e.g. Nature of illness)	text				
357	[<i>rehab_inp_hip3</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
358	[<i>rehab_inp_read3</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
359	[<i>ass_outp1</i>]	Section Header: <i>Assessment Outpatient Appointment-2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
360	[<i>ass_outp_days1</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
361	[<i>ass_outp_reas1</i>]	Reason for using service (e.g. Nature of illness)	text				

362	[<i>ass_outp_hip1</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
363	[<i>ass_outp_read1</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
364	[<i>ass_outp2</i>]	Section Header: <i>Assessment Outpatient Appointment -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
365	[<i>ass_outp_days2</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
366	[<i>ass_outp_reas2</i>]	Reason for using service (e.g. Nature of illness)	text				
367	[<i>ass_outp_hip2</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
368	[<i>ass_outp_read2</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
369	[<i>ass_outp3</i>]	Section Header: <i>Rehabilitation Outpatient Appointment -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
370	[<i>ass_outp_days3</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
371	[<i>ass_outp_reas3</i>]	Reason for using service (e.g. Nature of illness)	text				
372	[<i>ass_outp_hip3</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
373	[<i>ass_outp_read3</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
374	[<i>rehab_outp1</i>]	Section Header: <i>Rehabilitation Outpatient Appointment -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
375	[<i>rehab_outp_days1</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
376	[<i>rehab_outp_reas1</i>]	Reason for using service (e.g. Nature of illness)	text				
377	[<i>rehab_outp_hip1</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
378	[<i>rehab_outp_read1</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
379	[<i>rehab_outp2</i>]	Section Header: <i>Rehabilitation Outpatient Appointment -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
380	[<i>rehab_outp_days2</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
381	[<i>rehab_outp_reas2</i>]	Reason for using service (e.g. Nature of illness)	text				

382	[rehab_outp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
383	[rehab_outp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
384	[rehab_outp3]	Section Header: <i>Continuing Care/Respite Inpatient Ward -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
385	[rehab_outp_days3]	Total number of appointments	text (integer, Min: 0, Max: 400)				
386	[rehab_outp_reas3]	Reason for using service (e.g. Nature of illness)	text				
387	[rehab_outp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
388	[rehab_outp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
389	[contcare1]	Section Header: <i>Continuing Care/Respite Inpatient Ward -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
390	[contcare_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
391	[contcare_reas1]	Reason for using service (e.g. Nature of illness)	text				
392	[contcare_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
393	[contcare_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
394	[contcare2]	Section Header: <i>Continuing Care/Respite Inpatient Ward -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
395	[contcare_days2]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
396	[contcare_reas2]	Reason for using service (e.g. Nature of illness)	text				
397	[contcare_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
398	[contcare_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
399	[contcare3]	Section Header: <i>Medical Inpatient Ward -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
400	[contcare_days3]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
401	[contcare_reas3]	Reason for using service (e.g. Nature of illness)	text				

402	[contcare_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
403	[contcare_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
404	[med_inp1]	Section Header: <i>Medical Inpatient Ward -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
405	[med_inp_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
406	[med_inp_reas1]	Reason for using service (e.g. Nature of illness)	text				
407	[med_inp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
408	[med_inp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
409	[med_inp2]	Section Header: <i>Medical Inpatient Ward -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
410	[med_inp_days2]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
411	[med_inp_reas2]	Reason for using service (e.g. Nature of illness)	text				
412	[med_inp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
413	[med_inp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
414	[med_inp3]	Section Header: <i>Other inpatient ward services -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
415	[med_inp_days3]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
416	[med_inp_reas3]	Reason for using service (e.g. Nature of illness)	text				
417	[med_inp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
418	[med_inp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
419	[other_inp1]	Section Header: <i>Other inpatient ward services -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
420	[other_inp_days1]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
421	[other_inp_reas1]	Reason for using service (e.g. Nature of illness)	text				

422	[<i>other_inp_hip1</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
423	[<i>other_inp_read1</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
424	[<i>other_inp2</i>]	Section Header: <i>Other inpatient ward services -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
425	[<i>other_inp_days2</i>]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
426	[<i>other_inp_reas2</i>]	Reason for using service (e.g. Nature of illness)	text				
427	[<i>other_inp_hip2</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
428	[<i>other_inp_read2</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
429	[<i>other_inp3</i>]	Section Header: <i>Other Outpatient Services -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
430	[<i>other_inp_days3</i>]	Total number of inpatient days	text (integer, Min: 0, Max: 400)				
431	[<i>other_inp_reas3</i>]	Reason for using service (e.g. Nature of illness)	text				
432	[<i>other_inp_hip3</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
433	[<i>other_inp_read3</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
434	[<i>other_outp2</i>]	Section Header: <i>Other Outpatient Services -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
435	[<i>other_outp_days2</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
436	[<i>other_outp_reas2</i>]	Reason for using service (e.g. Nature of illness)	text				
437	[<i>other_outp_hip2</i>]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
438	[<i>other_outp_read2</i>]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
439	[<i>other_outp3</i>]	Section Header: <i>Other Outpatient Services -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
440	[<i>other_outp_days3</i>]	Total number of appointments	text (integer, Min: 0, Max: 400)				
441	[<i>other_outp_reas3</i>]	Reason for using service (e.g. Nature of illness)	text				

442	[other_outp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
443	[other_outp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
444	[ae1_2]	Section Header: <i>Accident and Emergency -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
445	[ae_days1_2]	Total number of attendances	text (integer, Min: 0, Max: 400)				
446	[ae_reas1_2]	Reason for using service (e.g. Nature of illness)	text				
447	[ae_hip1_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
448	[ae_read1_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
449	[ae2_2]	Section Header: <i>Accident and Emergency -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
450	[ae_days2_2]	Total number of attendances	text (integer, Min: 0, Max: 400)				
451	[ae_reas2_2]	Reason for using service (e.g. Nature of illness)	text				
452	[ae_hip2_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
453	[ae_read2_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
454	[ae3_2]	Section Header: <i>Accident and Emergency -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
455	[ae_days3_2]	Total number of attendances	text (integer, Min: 0, Max: 400)				
456	[ae_reas3_2]	Reason for using service (e.g. Nature of illness)	text				
457	[ae_hip3_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
458	[ae_read3_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
459	[dayhosp1_2]	Section Header: <i>Day Hospital -1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
460	[dayhosp_days1_2]	Total number of day attendances	text (integer, Min: 0, Max: 400)				
461	[dayhosp_reas1_2]	Reason for using service (e.g. Nature of illness)	text				

462	[dayhosp_hip1_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
463	[dayhosp_read1_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
464	[dayhosp2_2]	Section Header: <i>Day Hospital -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
465	[dayhosp_days2_2]	Total number of day attendances	text (integer, Min: 0, Max: 400)				
466	[dayhosp_reas2_2]	Reason for using service (e.g. Nature of illness)	text				
467	[dayhosp_hip2_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
468	[dayhosp_read2_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
469	[dayhosp3_2]	Section Header: <i>Day Hospital -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
470	[dayhosp_days3_2]	Total number of day attendances	text (integer, Min: 0, Max: 400)				
471	[dayhosp_reas3_2]	Reason for using service (e.g. Nature of illness)	text				
472	[dayhosp_hip3_2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
473	[dayhosp_read3_2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
474	[other_hosp1]	Section Header: <i>Other hospital services-1</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
475	[other_hosp_days1]	Total number of units received	text (integer, Min: 0)				
476	[other_hosp_units1]	Please specify units	text				
477	[other_hosp_reas1]	Reason for using service (e.g. Nature of illness)	text				
478	[other_hosp_hip1]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
479	[other_hosp_read1]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
480	[other_hosp2]	Section Header: <i>Other Hospital Services -2</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text				
481	[other_hosp_days2]	Total number of units received	text (integer, Min: 0)				

482	[other_hosp_units2]	Please specify units	text						
483	[other_hosp_reas2]	Reason for using service (e.g. Nature of illness)	text						
484	[other_hosp_hip2]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
485	[other_hosp_read2]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
486	[other_hosp3]	Section Header: <i>Other Hospital Services -3</i> Name of ward, clinic, hospital or centre (including acute or community hospital)	text						
487	[other_hosp_days3]	Total number of units received	text (integer, Min: 0)						
488	[other_hosp_units3]	Please specify units	text						
489	[other_hosp_reas3]	Reason for using service (e.g. Nature of illness)	text						
490	[other_hosp_hip3]	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
491	[other_hosp_read3]	Was this a readmission?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
492	[and_52_week_hospital_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Community Based Service Use (community_based_service_use)									
493	[cbsu_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive						
494	[phys_home] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Physiotherapist</i> Number of home visits	text (integer, Min: 0, Max: 400)						

495	[phys_surg] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
496	[phys_provider] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Provider	checkbox <table><tr><td>1</td><td>phys_provider__1</td><td>NHS</td></tr><tr><td>2</td><td>phys_provider__2</td><td>Local Authority</td></tr><tr><td>3</td><td>phys_provider__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>phys_provider__4</td><td>Private organisation</td></tr></table>	1	phys_provider__1	NHS	2	phys_provider__2	Local Authority	3	phys_provider__3	Voluntary Organisation	4	phys_provider__4	Private organisation
1	phys_provider__1	NHS													
2	phys_provider__2	Local Authority													
3	phys_provider__3	Voluntary Organisation													
4	phys_provider__4	Private organisation													
497	[phys_avg_duration] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)												
498	[phys_comm_hip] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
499	[oh_home] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>Occupation health therapist</i> Number of home visits	text (integer, Min: 0, Max: 400)												

	arm_1][part_52_not_ph ys] <> 3)																	
500	[oh_surg] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)															
501	[oh_provider] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Provider	<table><tr><td colspan="3">checkbox</td></tr><tr><td>1</td><td>oh_provider__1</td><td>NHS</td></tr><tr><td>2</td><td>oh_provider__2</td><td>Local Authority</td></tr><tr><td>3</td><td>oh_provider__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>oh_provider__4</td><td>Private organisation</td></tr></table>	checkbox			1	oh_provider__1	NHS	2	oh_provider__2	Local Authority	3	oh_provider__3	Voluntary Organisation	4	oh_provider__4	Private organisation
checkbox																		
1	oh_provider__1	NHS																
2	oh_provider__2	Local Authority																
3	oh_provider__3	Voluntary Organisation																
4	oh_provider__4	Private organisation																
502	[oh_avg_duration] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)															
503	[oh_comm_hip] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Was this hip related?	<table><tr><td colspan="2">yesno</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	yesno		1	Yes	0	No									
yesno																		
1	Yes																	
0	No																	
504	[gp_home] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an	Section Header: <i>Technical Instructors / Rehabilitation Assistants of OTs/ Physiotherapists</i> Number of home visits	text (integer, Min: 0, Max: 400)															

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3)														
505	[gp_surg] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
506	[gp_provider] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Provider	checkbox <table><tr><td>1</td><td>gp_provider__1</td><td>NHS</td></tr><tr><td>2</td><td>gp_provider__2</td><td>Local Authority</td></tr><tr><td>3</td><td>gp_provider__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>gp_provider__4</td><td>Private organisation</td></tr></table>	1	gp_provider__1	NHS	2	gp_provider__2	Local Authority	3	gp_provider__3	Voluntary Organisation	4	gp_provider__4	Private organisation
1	gp_provider__1	NHS													
2	gp_provider__2	Local Authority													
3	gp_provider__3	Voluntary Organisation													
4	gp_provider__4	Private organisation													
507	[gp_avg_duration] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)												
508	[gp_comm_hip] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
509	[nurse_home] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] =	Section Header: <i>District Nurse</i> Number of home visits	text (integer, Min: 0, Max: 400)												

	"52 Week Follow up" and d [52_week_follow_up_arm_1][part_52_not_ph ys] <> 3)														
510	[nurse_surg] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
511	[nurse_provider] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider__4</td><td>Private organisation</td></tr></table>	1	nurse_provider__1	NHS	2	nurse_provider__2	Local Authority	3	nurse_provider__3	Voluntary Organisation	4	nurse_provider__4	Private organisation
1	nurse_provider__1	NHS													
2	nurse_provider__2	Local Authority													
3	nurse_provider__3	Voluntary Organisation													
4	nurse_provider__4	Private organisation													
512	[nurse_avg_duration] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)												
513	[nurse_comm_hip] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
514	[gp_home2_e99] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part 17 not phys] <	Section Header: <i>Social Worker</i> Number of home visits	text (integer, Min: 0, Max: 400)												

	> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)														
515	[nurse_surg2_e50] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
516	[nurse_provider2_8c5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c5__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c5__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c5__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c5__4</td><td>Private organisation</td></tr></table>	1	nurse_provider2_8c5__1	NHS	2	nurse_provider2_8c5__2	Local Authority	3	nurse_provider2_8c5__3	Voluntary Organisation	4	nurse_provider2_8c5__4	Private organisation
1	nurse_provider2_8c5__1	NHS													
2	nurse_provider2_8c5__2	Local Authority													
3	nurse_provider2_8c5__3	Voluntary Organisation													
4	nurse_provider2_8c5__4	Private organisation													
517	[nurse_avg_duration2_05b] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)												
518	[nurse_comm_hip2_851] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
519	[gp_home2_e992_6a5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17	Section Header: <i>General Practitioner</i> Number of home visits	text (integer, Min: 0, Max: 400)												

	week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)																	
520	[nurse_surg2_e502_173] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)															
521	[nurse_provider2_8c52_849] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Provider	<table><tr><td colspan="3">checkbox</td></tr><tr><td>1</td><td>nurse_provider2_8c52_849__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c52_849__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c52_849__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c52_849__4</td><td>Private organisation</td></tr></table>	checkbox			1	nurse_provider2_8c52_849__1	NHS	2	nurse_provider2_8c52_849__2	Local Authority	3	nurse_provider2_8c52_849__3	Voluntary Organisation	4	nurse_provider2_8c52_849__4	Private organisation
checkbox																		
1	nurse_provider2_8c52_849__1	NHS																
2	nurse_provider2_8c52_849__2	Local Authority																
3	nurse_provider2_8c52_849__3	Voluntary Organisation																
4	nurse_provider2_8c52_849__4	Private organisation																
522	[nurse_avg_duration2_02_89d] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Average duration	text (integer, Min: 0, Max: 999)															
523	[nurse_comm_hip2_8512_404] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	<table><tr><td colspan="2">yesno</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	yesno		1	Yes	0	No									
yesno																		
1	Yes																	
0	No																	

524	[gp_home2_e992_6a52_ec] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Practice nurse (GP clinic)</i> Number of home visits	text (integer, Min: 0, Max: 400)														
525	[nurse_surg2_e502_173_2_8c2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)														
526	[nurse_provider2_8c52_2_039] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c52_2_039__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c52_2_039__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c52_2_039__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c52_2_039__4</td><td>Private organisation</td></tr></table>			1	nurse_provider2_8c52_2_039__1	NHS	2	nurse_provider2_8c52_2_039__2	Local Authority	3	nurse_provider2_8c52_2_039__3	Voluntary Organisation	4	nurse_provider2_8c52_2_039__4	Private organisation
1	nurse_provider2_8c52_2_039__1	NHS															
2	nurse_provider2_8c52_2_039__2	Local Authority															
3	nurse_provider2_8c52_2_039__3	Voluntary Organisation															
4	nurse_provider2_8c52_2_039__4	Private organisation															
527	[nurse_avg_duration2_02_c93] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Average duration	text (integer, Min: 0, Max: 999)														
528	[nurse_comm_hip2_8512_2_715] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>			1	Yes	0	No								
1	Yes																
0	No																

	1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)														
529	[gp_home2_e992_6a52_e2_b59] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Psychologist</i> Number of home visits	text (integer, Min: 0, Max: 400)												
530	[nurse_surg2_e502_17322_428] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
531	[nurse_provider2_8c52_2_820] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c52_2_820__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c52_2_820__2</td><td>Local Autho</td></tr><tr><td>3</td><td>nurse_provider2_8c52_2_820__3</td><td>Volun: Organ</td></tr><tr><td>4</td><td>nurse_provider2_8c52_2_820__4</td><td>Privat organ</td></tr></table>	1	nurse_provider2_8c52_2_820__1	NHS	2	nurse_provider2_8c52_2_820__2	Local Autho	3	nurse_provider2_8c52_2_820__3	Volun: Organ	4	nurse_provider2_8c52_2_820__4	Privat organ
1	nurse_provider2_8c52_2_820__1	NHS													
2	nurse_provider2_8c52_2_820__2	Local Autho													
3	nurse_provider2_8c52_2_820__3	Volun: Organ													
4	nurse_provider2_8c52_2_820__4	Privat organ													
532	[nurse_avg_duration2_02_285] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Average duration	text (integer, Min: 0)												

533	[nurse_comm_hip2_8512_2_f1d] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
534	[gp_home2_e992_6a52_e2_0e1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Community Psychiatrist</i> Number of home visits	text (integer, Min: 0, Max: 400)												
535	[nurse_surg2_e502_17322_b8e] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
536	[nurse_provider2_8c52_2_445] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c52_2_445__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c52_2_445__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c52_2_445__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c52_2_445__4</td><td>Private organisation</td></tr></table>	1	nurse_provider2_8c52_2_445__1	NHS	2	nurse_provider2_8c52_2_445__2	Local Authority	3	nurse_provider2_8c52_2_445__3	Voluntary Organisation	4	nurse_provider2_8c52_2_445__4	Private organisation
1	nurse_provider2_8c52_2_445__1	NHS													
2	nurse_provider2_8c52_2_445__2	Local Authority													
3	nurse_provider2_8c52_2_445__3	Voluntary Organisation													
4	nurse_provider2_8c52_2_445__4	Private organisation													
537	[nurse_avg_duration2_02_21e] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Average duration	text (integer, Min: 0)												

	1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)														
538	[nurse_comm_hip2_8512_2_78c] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
539	[gp_home2_e992_6a52_e2_f45] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Counsellor</i> Number of home visits	text (integer, Min: 0, Max: 400)												
540	[nurse_surg2_e502_173_22_53e] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of visits to surgery or clinic	text (integer, Min: 0, Max: 400)												
541	[nurse_provider2_8c52_2_0f7] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Provider	checkbox <table><tr><td>1</td><td>nurse_provider2_8c52_2_0f7__1</td><td>NHS</td></tr><tr><td>2</td><td>nurse_provider2_8c52_2_0f7__2</td><td>Local Authority</td></tr><tr><td>3</td><td>nurse_provider2_8c52_2_0f7__3</td><td>Voluntary Organisation</td></tr><tr><td>4</td><td>nurse_provider2_8c52_2_0f7__4</td><td>Private organisation</td></tr></table>	1	nurse_provider2_8c52_2_0f7__1	NHS	2	nurse_provider2_8c52_2_0f7__2	Local Authority	3	nurse_provider2_8c52_2_0f7__3	Voluntary Organisation	4	nurse_provider2_8c52_2_0f7__4	Private organisation
1	nurse_provider2_8c52_2_0f7__1	NHS													
2	nurse_provider2_8c52_2_0f7__2	Local Authority													
3	nurse_provider2_8c52_2_0f7__3	Voluntary Organisation													
4	nurse_provider2_8c52_2_0f7__4	Private organisation													

542	[nurse_avg_duration2_02_107] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Average duration	text (integer, Min: 0)						
543	[nurse_comm_hip2_8512_2_c21] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
544	[community_based_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Medication (medication)									
545	[medication_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive						
546	[med_taken_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Medication taken (trade name) 1	text						
547	[dose_unit_1]	Dose per unit	text						

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		
548	[num_units_day_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of units per day	text
549	[prn_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total units prescribed if as PRN (as required)	text
550	[route_admin_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Route of administration	text
551	[med_first_date_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	First Day	text (date_dmy, Min: 2019-06-01)

552	[med_first_partial_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for First Day 1, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
553	[med_last_date_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Last Day	text (date_dmy, Min: 2019-06-01)				
554	[med_last_partial_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for Last Day 1, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
555	[med_ongoing_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Ongoing at date of completion questionnaire	radio <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes						
556	[hip_related_1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						

	arm_1][part_52_not_phys] <> 3)		
557	[med_taken_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Medication taken (trade name) 2	text
558	[dose_unit_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Dose per unit	text
559	[num_units_day_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units per day	text
560	[prn_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total units prescribed if as PRN (as required)	text
561	[route_admin_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and	Route of administration	text

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3)						
562	[med_first_date_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	First Day	text (date_dmy, Min: 2019-06-01)				
563	[med_first_partial_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for First Day 2, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
564	[med_last_date_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Last Day	text (date_dmy, Min: 2019-06-01)				
565	[med_last_partial_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for Last Day 2, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
566	[med_ongoing_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] =	Ongoing at date of completion questionnaire	radio <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes						

	"52 Week Follow up" and d [52_week_follow_up_arm_1][part_52_not_phys] <> 3)						
567	[hip_related_2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
568	[med_taken_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Medication taken (trade name) 3	text				
569	[dose_unit_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Dose per unit	text				
570	[num_units_day_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units per day	text				
571	[prn_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <	Total units prescribed if as PRN (as required)	text				

	> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)						
572	[route_admin_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Route of administration	text				
573	[med_first_date_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	First Day	text (date_dmy, Min: 2019-06-01)				
574	[med_first_partial_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for First Day 3, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
575	[med_last_date_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Last Day	text (date_dmy, Min: 2019-06-01)				
576	[med_last_partial_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for Last Day 3, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						

	1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		
577	[med_ongoing_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Ongoing at date of completion questionnaire	radio 1 Yes
578	[hip_related_3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno 1 Yes 0 No
579	[med_taken_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Medication taken (trade name) 4	text
580	[dose_unit_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Dose per unit	text
581	[num_units_day_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17	Number of units per day	text

	week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_ph ys] <> 3)						
582	[prn_4] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Total units prescribed if as PRN (as required)	text				
583	[route_admin_4] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Route of administration	text				
584	[med_first_date_4] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	First Day	text (date_dmy, Min: 2019-06-01)				
585	[med_first_partial_4] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Where only a partial date can be provided for First Day 4, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
586	[med_last_date_4] Show the field ONLY i f:	Last Day	text (date_dmy, Min: 2019-06-01)				

	([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)						
587	[med_last_partial_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Where only a partial date can be provided for Last Day 4, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
588	[med_ongoing_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Ongoing at date of completion questionnaire	radio <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes						
589	[hip_related_4] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
590	[med_taken_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Medication taken (trade name) 5	text				
591	[dose_unit_5]	Dose per unit	text				

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		
592	[num_units_day_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of units per day	text
593	[prn_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total units prescribed if as PRN (as required)	text
594	[route_admin_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Route of administration	text
595	[med_first_date_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	First Day	text (date_dmy, Min: 2019-06-01)

596	[med_first_partial_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for First Day 5, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
597	[med_last_date_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Last Day	text (date_dmy, Min: 2019-06-01)				
598	[med_last_partial_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Where only a partial date can be provided for Last Day 5, please enter a nearest full date above and confirm	radio <table><tr><td>1</td><td>Month and year only known</td></tr><tr><td>2</td><td>Year only known</td></tr></table>	1	Month and year only known	2	Year only known
1	Month and year only known						
2	Year only known						
599	[med_ongoing_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Ongoing at date of completion questionnaire	radio <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes		
1	Yes						
600	[hip_related_5] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Was this hip related?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						

	arm_1][part_52_not_ph ys] <> 3)								
601	[medication_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 17 and 52 Week Hip Fracture Specific Service

Use (and_52_week_hip_fracture_specific_service_use)

602	[hfssu_disabled] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] = 3) or ([event-label] = "5 2 Week Follow up" and [52_week_follow_up_ar m_1][part_52_not_phy s] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive
603	[enable_cent_serv] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Section Header: <i>Enablement Centre for Rehabilitation Only</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
604	[enable_cent_num] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Number of units received per week	text (integer)
605	[enable_cent_units] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Unit of measurement (please specify)	text

606	[enable_cent_total] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total number of units received over the last (17/35) weeks	text (integer)
607	[nurse_home_serv1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Nursing Home for Rehabilitation Only</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
608	[nurse_home_num1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of units received per week (Days)	text (integer)
609	[nurse_home_total1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total number of units received over the last (17/35) weeks	text (integer)
610	[falls_prev_serv] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Falls Prevention Classes</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text

	arm_1][part_52_not_ph ys] <> 3)		
611	[falls_prev_num] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Number of units received per week (Classes)	text
612	[falls_prev_total] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Total number of units received over the last (17/35) weeks	text
613	[nat_exercise_serv] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Section Header: <i>National Exercise Referral Scheme</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
614	[nat_exercise_num] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3)	Number of units received per week (Attendance)	text
615	[nat_exercise_total] Show the field ONLY i f: ([event-label] = "17 We ek Follow up" and [17_ week_follow_up_arm_ 1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" an	Total number of units received over the last (17/35) weeks	text

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		
616	[charity_serv1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
617	[charity_num1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units received per week	text
618	[charity_units1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Unit of measurement (please specify)	text
619	[charity_total1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total number of units received over the last (17/35) weeks	text
620	[charity_serv2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] =	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text

	"52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		
621	[charity_num2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units received per week	text
622	[charity_units2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Unit of measurement (Please specify)	text
623	[charity_total2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total number of units received over the last (17/35) weeks	text
624	[charity_serv3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>Charity Services (e.g Red Cross Home from Hospital)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
625	[charity_num3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <	Number of units received per week	text

	> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		
626	[charity_units3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Unit of measurement (Please specify)	text
627	[charity_total3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total number of units received over the last (17/35) weeks	text
628	[local_leisure_serv] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>Local Leisure Centre</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
629	[local_leisure_num] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units received per week	text (integer)
630	[local_leisure_units] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Unit of measurement (Please specify)	text

	1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		
631	[local_leisure_cost] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Cost per unit per week	text (number, Max: 999.99)
632	[local_leisure_total] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total number of units received over the last (17/35) weeks	text
633	[local_gym_serv] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>Local Gym</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
634	[local_gym_num] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Number of units received per week	text (integer)
635	[local_gym_units] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_	Unit of measurement (Please specify)	text

	week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		
636	[local_gym_cost] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Cost per unit per week	text (number, Max: 999.99)
637	[local_gym_total] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total number of units received over the last (17/35) weeks	text
638	[otherserv_serv1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
639	[otherserv_num1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of units received per week	text (integer)
640	[otherserv_units1] Show the field ONLY if:	Unit of measurement (Please specify)	text

	([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		
641	[otherserv_cost1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Cost per unit per week	text (number, Max: 999.99)
642	[otherserv_total1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total number of units received over the last (17/35) weeks	text
643	[otherserv_serv2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
644	[otherserv_num2] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Number of units received per week	text
645	[otherserv_units2]	Unit of measurement (Please specify)	text

	Show the field ONLY if: (([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3))		
646	[otherserv_cost2] Show the field ONLY if: (([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3))	Cost per unit per week	text (number, Max: 999.99)
647	[otherserv_total2] Show the field ONLY if: (([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3))	Total number of units received over the last (17/35) weeks	text
648	[otherserv_serv3] Show the field ONLY if: (([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3))	Section Header: <i>Other (please specify)</i> Name of centre/service and location (e.g outpatient community hospital, inpatient acute hospital)	text
649	[otherserv_num3] Show the field ONLY if: (([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3))	Number of units received per week	text

650	[otherserv_units3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Unit of measurement (Please specify)	text						
651	[otherserv_cost3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Cost per unit per week	text (number, Max: 999.99)						
652	[otherserv_total3] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total number of units received over the last (17/35) weeks	text						
653	[and_52_week_hip_fracture_specific_service_use_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: AMTS (amts)									
654	[amts_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive						
655	[age] Show the field ONLY if:	Section Header: <i>The participant should be asked the following questions by the person administering the AMTS and the total score should be calculated. If the AMTS is less than 8</i>	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr></table>	0	Incorrect	1	Correct		
0	Incorrect								
1	Correct								

	([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	then the Principal Investigator should be notified to reassess mental capacity. age?	<table><tr><td>2</td><td>Not completed</td></tr></table>	2	Not completed				
2	Not completed								
656	[time] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Time?(to nearest hour)	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
657	[year] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Year?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
658	[nameplace] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3) or ([event-label] = "Baseline and Randomisation")	Name of this place?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
659	[ident] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <	Identification of two persons (eg doctor, nurse)?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								

	> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")								
660	[dob] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Date of birth?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
661	[yr_war] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Last year of second world war?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
662	[present_mon] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Name of present monarch?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
663	[countback] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_ph	Count backwards from 20 to 1	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								

	ys] <> 3) or ([event-label] = "Baseline and Randomisation")								
664	[add_recall] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Address recall correct?	radio (Matrix), Required <table><tr><td>0</td><td>Incorrect</td></tr><tr><td>1</td><td>Correct</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	0	Incorrect	1	Correct	2	Not completed
0	Incorrect								
1	Correct								
2	Not completed								
665	[score1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation")	Abbreviated mental test score	text (integer, Min: 0, Max: 10), Required						
666	[amts_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Grip Strength Test (grip_strength_test)									
667	[gst_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive						
668	[right1] Show the field ONLY if: [right_1_notdone] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] =	Right (1) KG	text (number, Min: 0, Max: 99), Required						

	"52 Week Follow up" and d [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3) or ([event-labe l] = "Baseline and Rand omisation"))		
669	[right_1_notdone] Show the field ONLY i f: [right1] = " and (([event -label] = "17 Week Follo w up" and [17_week_fo llow_up_arm_1][part_1 7_not_phys] <> 3) or ([e vent-label] = "52 Week Follow up" and [52_we ek_follow_up_arm_1][p art_52_not_phys] <> 3) or ([event-label] = "Bas eline and Randomisati on"))	Right (1) Not done	radio 1
670	[right2] Show the field ONLY i f: [right_2_notdone] = " a nd (([event-label] = "17 Week Follow up" and [1 7_week_follow_up_arm _1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_ arm_1][part_52_not_ph ys] <> 3) or ([event-labe l] = "Baseline and Rand omisation"))	Right (2) KG	text (number, Min: 0, Max: 99), Required
671	[right_2_notdone] Show the field ONLY i f: [right2] = " and (([event -label] = "17 Week Follo w up" and [17_week_fo llow_up_arm_1][part_1 7_not_phys] <> 3) or ([e vent-label] = "52 Week Follow up" and [52_we ek_follow_up_arm_1][p art_52_not_phys] <> 3) or ([event-label] = "Bas eline and Randomisati on"))	Right (2) Not done	radio 1
672	[right3] Show the field ONLY i f: [right_3_notdone] = " a nd (([event-label] = "17 Week Follow up" and [1 7_week_follow_up_arm _1][part_17_not_phys] <> 3) or ([event-label] =	Right (3) KG	text (number, Min: 0, Max: 99), Required

	"52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))		
673	[right_3_notdone] Show the field ONLY if: [right3] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Right (3) Not done	radio 1
674	[left1] Show the field ONLY if: [left_1_notdone] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Left (1) KG	text (number, Min: 0, Max: 99), Required
675	[left_1_notdone] Show the field ONLY if: [left1] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Left (1) Not done	radio 1
676	[left2] Show the field ONLY if: [left_2_notdone] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] =	Left (2) KG	text (number, Min: 0, Max: 99), Required

	"52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))		
677	[left_2_notdone] Show the field ONLY if: [left2] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Left (2) Notdone	radio 1
678	[left3] Show the field ONLY if: [left_3_notdone] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Left (3) KG	text (number, Min: 0, Max: 99), Required
679	[left_3_notdone] Show the field ONLY if: [left3] = " and ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] <> 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3) or ([event-label] = "Baseline and Randomisation"))	Left (3) Not done	radio 1
680	[griptest_notdone] Show the field ONLY if: [right_1_notdone] = '1' and [right_2_notdone] = '1' and [right_3_notdone] = '1' and [left_1_notdone] = '1' and [left_2_	If the participant was unable to complete the test, please indicate the reason for this	text

	notdone] = '1' and [left_3_notdone] = '1'																
681	[grip_strength_test_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Short Physical Score Sheet (short_physical_score_sheet)																	
682	[spss_disabled] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] = 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no booklet data has been collected from participant	descriptive														
683	[a_sidebyside] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	A. Side by side stand	radio <table><tr><td>1</td><td>Held for 10 sec</td></tr><tr><td>2</td><td>Not held for 10 sec</td></tr><tr><td>3</td><td>Not attempted</td></tr></table>	1	Held for 10 sec	2	Not held for 10 sec	3	Not attempted								
1	Held for 10 sec																
2	Not held for 10 sec																
3	Not attempted																
684	[a_seconds] Show the field ONLY if: [a_sidebyside] = '2'	Number of seconds held if less than 10 sec	text (integer, Max: 9)														
685	[a_reason] Show the field ONLY if: [a_sidebyside] = '3' or [a_sidebyside] = '2'	If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not hold position unassisted</td></tr><tr><td>4</td><td>Not attempted, you felt unsafe</td></tr><tr><td>5</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>6</td><td>Participant unable to understand instructions</td></tr><tr><td>7</td><td>Other (specify)</td></tr><tr><td>8</td><td>Participant refused</td></tr></table>	1	Tried but unable	2	Participant could not hold position unassisted	4	Not attempted, you felt unsafe	5	Not attempted, participant felt unsafe	6	Participant unable to understand instructions	7	Other (specify)	8	Participant refused
1	Tried but unable																
2	Participant could not hold position unassisted																
4	Not attempted, you felt unsafe																
5	Not attempted, participant felt unsafe																
6	Participant unable to understand instructions																
7	Other (specify)																
8	Participant refused																
686	[a_reason_other] Show the field ONLY if: [a_reason] = '7'	Specify Other	text														
687	[b_semitandem_stand]	Section Header: B. Semi-Tandem Stand	radio <table><tr><td>1</td><td>Held for 10 sec</td></tr></table>	1	Held for 10 sec												
1	Held for 10 sec																

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		<table><tr><td>2</td><td>Not held for 10 sec</td></tr><tr><td>3</td><td>Not attempted</td></tr></table>	2	Not held for 10 sec	3	Not attempted										
2	Not held for 10 sec																
3	Not attempted																
688	[b_seconds] Show the field ONLY if: [b_semitandem_stand] = '2'	Number of seconds held if less than 10 sec	text (integer, Max: 9)														
689	[b_reason] Show the field ONLY if: [b_semitandem_stand] = '2' or [b_semitandem_stand] = '3'	If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not hold position unassisted</td></tr><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	1	Tried but unable	2	Participant could not hold position unassisted	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused
1	Tried but unable																
2	Participant could not hold position unassisted																
3	Not attempted, you felt unsafe																
4	Not attempted, participant felt unsafe																
5	Participant unable to understand instructions																
6	Other (specify)																
7	Participant refused																
690	[b_reason_other] Show the field ONLY if: [b_reason] = '6'	Specify Other Reason	text														
691	[c_tandem_stand] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: C. Tandem Stand	radio <table><tr><td>1</td><td>Held for 10 sec</td></tr><tr><td>2</td><td>Held for 3 to 9.99 sec</td></tr><tr><td>3</td><td>Held for < than 3 sec</td></tr><tr><td>4</td><td>Not attempted</td></tr></table>	1	Held for 10 sec	2	Held for 3 to 9.99 sec	3	Held for < than 3 sec	4	Not attempted						
1	Held for 10 sec																
2	Held for 3 to 9.99 sec																
3	Held for < than 3 sec																
4	Not attempted																
692	[c_seconds] Show the field ONLY if: [c_tandem_stand] = '2' or [c_tandem_stand] = '3'	Number of seconds held if less than 10 sec	text (integer, Max: 9)														
693	[c_reason] Show the field ONLY if: [c_tandem_stand] = '2' or [c_tandem_stand] =	If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not hold position unassisted</td></tr></table>	1	Tried but unable	2	Participant could not hold position unassisted										
1	Tried but unable																
2	Participant could not hold position unassisted																

	'3' or [c_tandem_stand] = '4'		<table><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused
3	Not attempted, you felt unsafe												
4	Not attempted, participant felt unsafe												
5	Participant unable to understand instructions												
6	Other (specify)												
7	Participant refused												
694	[c_reason_other] Show the field ONLY if: [c_reason] = '7'	Specify Other	text										
695	[d_score] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Total balance tests score	text (integer, Min: 0, Max: 4)										
696	[gait_speed_course] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>GAIT SPEED TEST SCORING</i> Length of walk test course	radio <table><tr><td>1</td><td>Four meters</td></tr><tr><td>2</td><td>Three meters</td></tr></table>	1	Four meters	2	Three meters						
1	Four meters												
2	Three meters												
697	[a1_gait_speed_time1] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>A. Time for First Gait Speed Test (sec)</i> 1. Time for 3 or 4 meters (sec) <i>Please record in seconds</i>	text (number, Min: 0, Max: 9)										
698	[a2_gait_reason] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	2. If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not walk assisted</td></tr><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr></table>	1	Tried but unable	2	Participant could not walk assisted	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe		
1	Tried but unable												
2	Participant could not walk assisted												
3	Not attempted, you felt unsafe												
4	Not attempted, participant felt unsafe												

	d [52_week_follow_up_arm_1][part_52_not_phys] <> 3)		<table><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused								
5	Participant unable to understand instructions																
6	Other (specify)																
7	Participant refused																
699	[a2_otherreason] Show the field ONLY if: [a2_gait_reason] = '6'	Other reason	text														
700	[a3_aids] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	3. Aids for first walk	radio <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Cane</td></tr><tr><td>3</td><td>Other</td></tr></table>	1	None	2	Cane	3	Other								
1	None																
2	Cane																
3	Other																
701	[a3_comment] Show the field ONLY if: [a3_aids] = '3'	Comments	text														
702	[b1_gait_speed_time] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	Section Header: <i>B. Time for Second Gait Speed Test (sec)</i> 1. Time for 3 or 4 meters (sec)	text (number, Min: 0, Max: 9)														
703	[b2_gait_reason] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] <> 3)	2. If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not walk assisted</td></tr><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	1	Tried but unable	2	Participant could not walk assisted	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused
1	Tried but unable																
2	Participant could not walk assisted																
3	Not attempted, you felt unsafe																
4	Not attempted, participant felt unsafe																
5	Participant unable to understand instructions																
6	Other (specify)																
7	Participant refused																
704	[b2_otherreason] Show the field ONLY if: [b2_gait_reason] = '6'	Other reason	text														
705	[b3_aids]	3. Aids for first walk	radio <table><tr><td>1</td><td>None</td></tr></table>	1	None												
1	None																

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)		<table><tr><td>2</td><td>Cane</td></tr><tr><td>3</td><td>Other</td></tr></table>	2	Cane	3	Other				
2	Cane										
3	Other										
706	[b3_comment] Show the field ONLY if: [b3_aids] = '3'	Comments	text								
707	[short_times] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>What is the time for the faster of the two walks?</i> Record the shorter of the two times	text (number)								
708	[one_walk_time] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	If only 1 walk done, record that time	text (number)								
709	[unable_walk] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	If the participant was unable to do the walk (0 points)	radio <table><tr><td>0</td><td>0 Points</td></tr></table>	0	0 Points						
0	0 Points										
710	[three_mtr_walk] Show the field ONLY if: [gait_speed_course] = '2'	Section Header: For 3 meter walk	radio <table><tr><td>1</td><td>If time is more than 6.52 sec</td></tr><tr><td>2</td><td>If time is 4.66 to 6.52</td></tr><tr><td>3</td><td>If time is 3.62 to 4.65</td></tr><tr><td>4</td><td>If time is less than 3.62</td></tr></table>	1	If time is more than 6.52 sec	2	If time is 4.66 to 6.52	3	If time is 3.62 to 4.65	4	If time is less than 3.62
1	If time is more than 6.52 sec										
2	If time is 4.66 to 6.52										
3	If time is 3.62 to 4.65										
4	If time is less than 3.62										

711	[four_mtr_walk] Show the field ONLY if: [gait_speed_course] = '1'	For 4 meter walk	radio <table><tr><td>1</td><td>If time is more than 8.70 sec</td></tr><tr><td>2</td><td>If time is 6.21 to 8.70</td></tr><tr><td>3</td><td>If time is 4.82 to 6.20</td></tr><tr><td>4</td><td>If time is less than 4.82</td></tr></table>	1	If time is more than 8.70 sec	2	If time is 6.21 to 8.70	3	If time is 4.82 to 6.20	4	If time is less than 4.82						
1	If time is more than 8.70 sec																
2	If time is 6.21 to 8.70																
3	If time is 4.82 to 6.20																
4	If time is less than 4.82																
712	[a_safestand] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Single chair stand test</i> A. Safe to stand without help	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																
0	No																
713	[b_results] Show the field ONLY if: [a_safestand] = '1'	B. Results	radio <table><tr><td>1</td><td>Participant stood without using arms</td></tr><tr><td>2</td><td>Participant used arms to stand</td></tr><tr><td>3</td><td>Test not completed</td></tr></table>	1	Participant stood without using arms	2	Participant used arms to stand	3	Test not completed								
1	Participant stood without using arms																
2	Participant used arms to stand																
3	Test not completed																
714	[c_stand_reason] Show the field ONLY if: [b_results] = '3'	C. If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not stand unassisted</td></tr><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	1	Tried but unable	2	Participant could not stand unassisted	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused
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2	Participant could not stand unassisted																
3	Not attempted, you felt unsafe																
4	Not attempted, participant felt unsafe																
5	Participant unable to understand instructions																
6	Other (specify)																
7	Participant refused																
715	[c_stand_reason_oth] Show the field ONLY if: [c_stand_reason] = '6'	Other reason	text														
716	[a_safestand_rep] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Repeated Chair Stand Test</i> A. Safe to stand 5 times	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																
0	No																
717	[b_timestand] Show the field ONLY if:	B. If five stands done successfully, record time in seconds. Time to complete 5 stands	text														

	[a_safestand_rep] = '1'																
718	[c_stand_reason_repeat] Show the field ONLY if: [a_safestand_rep] = '0'	C. If participant did not attempt test or failed, circle why	radio <table><tr><td>1</td><td>Tried but unable</td></tr><tr><td>2</td><td>Participant could not stand unassisted</td></tr><tr><td>3</td><td>Not attempted, you felt unsafe</td></tr><tr><td>4</td><td>Not attempted, participant felt unsafe</td></tr><tr><td>5</td><td>Participant unable to understand instructions</td></tr><tr><td>6</td><td>Other (specify)</td></tr><tr><td>7</td><td>Participant refused</td></tr></table>	1	Tried but unable	2	Participant could not stand unassisted	3	Not attempted, you felt unsafe	4	Not attempted, participant felt unsafe	5	Participant unable to understand instructions	6	Other (specify)	7	Participant refused
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3	Not attempted, you felt unsafe																
4	Not attempted, participant felt unsafe																
5	Participant unable to understand instructions																
6	Other (specify)																
7	Participant refused																
719	[c_stand_reason_oth2] Show the field ONLY if: [c_stand_reason_repeat] = '6'	Specify Other	text														
720	[repeat_chair_score] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Scoring the repeated chair test	radio <table><tr><td>0</td><td>Participant unable to complete 5 chair stands or completes stands in >60 sec</td></tr><tr><td>1</td><td>If chair stand time is 16.70 sec or more</td></tr><tr><td>2</td><td>If chair stand time is 13.70 to 16.69 sec or more</td></tr><tr><td>3</td><td>If chair stand time is 11.20 to 13.69 sec</td></tr><tr><td>4</td><td>If chair stand time is 11.19 sec or less</td></tr></table>	0	Participant unable to complete 5 chair stands or completes stands in >60 sec	1	If chair stand time is 16.70 sec or more	2	If chair stand time is 13.70 to 16.69 sec or more	3	If chair stand time is 11.20 to 13.69 sec	4	If chair stand time is 11.19 sec or less				
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3	If chair stand time is 11.20 to 13.69 sec																
4	If chair stand time is 11.19 sec or less																
721	[total_balance_score] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Section Header: <i>Scoring for Complete Short Physical Performance Battery</i> Total balance test score	text (number, Min: 0, Max: 4)														
722	[gait_speed_score] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Gait speed test score	text (number, Min: 0, Max: 4)														
723	[chair_stand_score]	Chair stand test score	text (number, Min: 0, Max: 4)														

	Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)								
724	[total_score] Show the field ONLY if: ([event-label] = "17 Week Follow up" and [17_week_follow_up_arm_1][part_17_not_phys] < > 3) or ([event-label] = "52 Week Follow up" and [52_week_follow_up_arm_1][part_52_not_phys] < > 3)	Total Score	text (integer, Min: 0, Max: 12)						
725	[short_physical_score_sheet_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Hip Fracture Rehabilitation Workbook (hip_fracture_rehabilitation_workbook)									
726	[hipfrac]	Section Header: <i>Section 1- My hip fracture story</i> How did your hip fracture happen?	text						
727	[likehosp]	What was it like in the hospital?	text						
728	[challfar]	What challenges have you overcome in your recovery so far?	text						
729	[rehab_adl]	What is the most important aspect of recovery for you?	text						
730	[rehab_prog]	Is there anything specific you are worried about or would like help with?	text						
731	[helprec]	Section Header: <i>Section 3- Recovery</i> What has been most helpful in your recovery so far? e.g. exercises, equipment from the therapist, talking to others about your experience	text						
732	[greatimprov]	What have you made the greatest improvement with so far?	text						
733	[achievenext]	What do you want to achieve next?	text						
734	[helpdo]	What would help you do this?	text						
735	[feelreco]	Section Header: <i>Recovery progress</i> How do you feel about your recovery? line measurement	text (integer, Min: 0, Max: 10)						
736	[feelreco_2]	How do you feel about your recovery? Total line measurement	text (integer, Min: 0, Max: 10)						
737	[makebet]	What helps make this better?	text						
738	[exerbest]	Which exercises work best for you?	text						

739	[bigchal]	What is the biggest challenge you have overcome so far?	text																						
740	[improrec]	Is there anything that would help improve your recovery?	text																						
741	[page5_what_is]	Section Header: <i>Section 4- Workbook progress</i> What is a hip fracture? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
1	Read																								
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742	[page5_help]	What is a hip fracture? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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743	[page6_who]	Who is this workbook for? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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744	[page6_help]	Who is this workbook for? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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745	[page7_freq]	Frequently asked questions 1 Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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746	[page7_help]	Frequently asked questions 1 How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4												
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747	[page8_what]	What happens after surgery? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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748	[page8_help]	What happens after surgery? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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749	[page9_think]	Things to think about? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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750	[page9_help]	Things to think about? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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751	[page11_movehome]	Moving back to your own home? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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752	[page_11_help]	Moving back to your own home? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr></table>	0	not recorded	1	1																		
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753	[page13_movehosp]	Moving to a community hospital? Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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754	[page13_help]	Moving to a community hospital? How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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755	[page14_hip]	Hip fracture stories Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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756	[page14_help]	Hip fracture stories How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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757	[page16_myhip]	My hip fracture story Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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758	[page16_help]	My hip fracture story How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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759	[page17_role]	The role of the health and social care team Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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760	[page17_help]	The role of the health and social care team How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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761	[page20_recover]	Your recovery Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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762	[page20_help]	Your recovery How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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763	[page22_goals]	Setting goals Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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764	[page22_help]	Setting goals How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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765	[page23_using]	Using the goal setting diary Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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767	[page25_freq2]	Frequently asked questions 2 Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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769	[page27_hiprecover]	My hip fracture story-recovery Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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770	[page27_help]	My hip fracture story-recovery How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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771	[page28_freq3]	Frequently asked questions 3 Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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772	[page28_help]	Frequently asked questions 3 How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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773	[page29_progress]	Recovery progress Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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775	[page31_reducing]	Reducing the chances of having another fall Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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776	[page31_help]	Reducing the chances of having another fall How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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777	[page32_continuing]	Continuing your recovery Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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778	[page32_help]	Continuing your recovery How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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779	[page33_workbook]	Workbook progress Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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780	[page33_help]	Workbook progress How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr></table>	0	not recorded	1	1																		
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781	[page34_useful]	Useful contacts Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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782	[page34_help]	Useful contacts How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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783	[page36_example]	Exercise examples Read?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Read</td></tr><tr><td>2</td><td>Read box not completed on form</td></tr></table>	1	Read	2	Read box not completed on form																		
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784	[page36_help]	Exercise examples How helpful?	dropdown (autocomplete), Required <table><tr><td>0</td><td>not recorded</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr></table>	0	not recorded	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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785	[hip_fracture_rehabilitation_workbook_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr></table>	0	Incomplete	1	Unverified																		
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786	[aenum]	Adverse Event number <i>eg 001,002,003</i>	text (integer, Min: 1, Max: 100) Field Annotation: Please record a medical diagnosis where possible.																								
787	[event]	Adverse Event Term	text																								
788	[relationship]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly														
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789	[severity]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe																		
1	Mild																										
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790	[sae]	SAE <i>If yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes and related to intervention please contact CTSC. If unrelated please complete the SAE form	1	Yes	0	No																				
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791	[aedate_onset_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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792	[aedate_of_onset] Show the field ONLY if: [aedate_onset_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
793	[aedate_onset_month] Show the field ONLY if: [aedate_onset_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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794	[aedate_onset_year] Show the field ONLY if: [aedate_onset_full] = '2' or [aedate_onset_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																										
795	[actiontnone] Show the field ONLY if: [actiont(1)] = "" and [actiont(2)] = "" and [actiont(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actiontnone__0</td><td>None</td></tr></table>			0	actiontnone__0	None																					
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796	[actiont] Show the field ONLY if: [actiontnone(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>actiont__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>actiont__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>actiont__88</td><td>Other</td></tr></table>			1	actiont__1	Intervention discontinued	2	actiont__2	Hospital admission	88	actiont__88	Other															
1	actiont__1	Intervention discontinued																											
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88	actiont__88	Other																											
797	[actionother] Show the field ONLY if: [actiont(88)] = '1'	Other (specify)	text																										
798	[aedate_offset_full]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>			1	Full date	2	Month and year	3	Year only																		
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799	[aedate_of_offset] Show the field ONLY if: [aedate_offset_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																										
800	[aedate_offset_month] Show the field ONLY if: [aedate_offset_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>			1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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801	[aedate_offset_year] Show the field ONLY if: [aedate_offset_full] = '2' or [aedate_offset_full]	Date of Resolution - year	text (integer, Min: 2019)																										

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802	[outcome]	Outcome <i>If fatal - please complete SAE form.</i>	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: If fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown
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3	Ongoing at final follow up												
4	Fatal												
5	Unknown												
803	[completedby]	Completed by	text										
804	[aenum1]	Adverse Event number <i>eg 001,002,003</i>	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.										
805	[event1]	Adverse Event Term	text										
806	[relationship1]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly
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5	Almost Certainly												
807	[severity1]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe				
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2	Moderate												
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808	[sae1]	SAE <i>if yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No						
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809	[aedate_onset1_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only				
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2	Month and year												
3	Year only												
810	[aedate_of_onset1] Show the field ONLY if: [aedate_onset1_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)										
811	[aedate_onset1_month] Show the field ONLY if: [aedate_onset1_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr></table>	1	January	2	February	3	March	4	April		
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3	March												
4	April												

			<table><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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12	December																		
812	[aedate_onset1_year] Show the field ONLY if: [aedate_onset1_full] = '2' or [aedate_onset1_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																
813	[actionnone1] Show the field ONLY if: [action1(1)] = " and [action1(2)] = " and [action1(88)] = "	Action taken	checkbox <table><tr><td>0</td><td>actionnone1__0</td><td>None</td></tr></table>	0	actionnone1__0	None													
0	actionnone1__0	None																	
814	[action1] Show the field ONLY if: [actionnone1(0)] = "	Action taken	checkbox <table><tr><td>1</td><td>action1__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action1__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action1__88</td><td>Other</td></tr></table>	1	action1__1	Intervention discontinued	2	action1__2	Hospital admission	88	action1__88	Other							
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815	[actionother1] Show the field ONLY if: [action1(88)] = '1'	Other (specify)	text																
816	[aedate_offset1_full]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only										
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817	[aedate_of_offset1] Show the field ONLY if: [aedate_offset1_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																
818	[aedate_offset1_month] Show the field ONLY if: [aedate_offset1_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August
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9	September												
10	October												
11	November												
12	December												
819	[aedate_offset1_year] Show the field ONLY if: [aedate_offset1_full] = '2' or [aedate_offset1_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)										
820	[outcome1]	Outcome if fatal - please complete SAE form.	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown
1	Resolved												
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821	[initials1]	Completed by	text										
822	[aenum2]	Adverse Event number eg 001,002,003	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.										
823	[event2]	Adverse Event Term	text										
824	[relationship2]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly
1	Unrelated												
2	Unlikely												
3	Possibly												
4	Probably												
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825	[severity2]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe				
1	Mild												
2	Moderate												
3	Severe												
826	[sae2]	SAE if yes, please complete SAE form	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No						
1	Yes												
0	No												
827	[aedate_onset2_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only				
1	Full date												
2	Month and year												
3	Year only												
828	[aedate_of_onset2]	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)										

	Show the field ONLY if: [aedate_onset2_full] = '1'																										
829	[aedate_onset2_month] Show the field ONLY if: [aedate_onset2_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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830	[aedate_onset2_year] Show the field ONLY if: [aedate_onset2_full] = '2' or [aedate_onset2_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																								
831	[actionnone2] Show the field ONLY if: [action2(1)] = "" and [action2(2)] = "" and [action2(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actionnone2__0</td><td>None</td></tr></table>	0	actionnone2__0	None																					
0	actionnone2__0	None																									
832	[action2] Show the field ONLY if: [actionnone2(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>action2__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action2__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action2__88</td><td>Other</td></tr></table>	1	action2__1	Intervention discontinued	2	action2__2	Hospital admission	88	action2__88	Other															
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833	[actionother2] Show the field ONLY if: [action2(88)] = '1'	Other (specify)	text																								
834	[aedate_offset2_full]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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835	[aedate_of_offset2] Show the field ONLY if: [aedate_offset2_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																								

836	[aedate_offset2_month] Show the field ONLY if: [aedate_offset2_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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837	[aedate_offset2_year] Show the field ONLY if: [aedate_offset2_full] = '2' or [aedate_offset2_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)																								
838	[outcome2]	Outcome if fatal - please complete SAE form.	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown														
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839	[initial2]	Completed by	text																								
840	[aenum3]	Adverse Event number eg 001,002,003	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.																								
841	[event3]	Adverse Event Term	text																								
842	[relationship3]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly														
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843	[severity3]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe																		
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844	[sae3]	SAE if yes, please complete SAE form	yesno <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes																						
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845	[aedate_onset3_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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846	[aedate_of_onset3] Show the field ONLY if: [aedate_onset3_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
847	[aedate_onset3_month] Show the field ONLY if: [aedate_onset3_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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848	[aedate_onset3_year] Show the field ONLY if: [aedate_onset3_full] = '2' or [aedate_onset3_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																								
849	[actionnone3] Show the field ONLY if: [action3(1)] = "" and [action3(2)] = "" and [action3(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actionnone3__0</td><td>None</td></tr></table>	0	actionnone3__0	None																					
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850	[action3] Show the field ONLY if: [actionnone3(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>action3__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action3__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action3__88</td><td>Other</td></tr></table>	1	action3__1	Intervention discontinued	2	action3__2	Hospital admission	88	action3__88	Other															
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851	[actionother3] Show the field ONLY if: [action3(88)] = '1'	Other (specify)	text																								
852	[aedate_offset3_full]	Date of Resolution - full date?	dropdown (autocomplete)																								

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853	[aedate_offset3] Show the field ONLY if: [aedate_offset3_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																								
854	[aedate_offset3_month] Show the field ONLY if: [aedate_offset3_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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855	[aedate_offset3_year] Show the field ONLY if: [aedate_offset3_full] = '2' or [aedate_offset3_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)																								
856	[outcome3]	Outcome if fatal - please complete SAE form.	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown														
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857	[initial3]	Completed by	text																								
858	[aenum4]	Adverse Event number eg 001,002,003	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.																								
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860	[relationship4]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly																		
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862	[sae4]	SAE <i>if yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No																				
1	Yes																										
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863	[aedate_onset4_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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864	[aedate_of_onset4] Show the field ONLY i f: [aedate_onset4_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
865	[aedate_onset4_month] Show the field ONLY i f: [aedate_onset4_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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866	[aedate_onset4_year] Show the field ONLY i f: [aedate_onset4_full] = '2' or [aedate_onset4_f ull] = '3'	Date of Onset - year	text (integer, Min: 2019)																								
867	[actionnone4] Show the field ONLY i f: [action4(1)] = " and [act ion4(2)] = " and [action 4(88)] = "	Action taken	checkbox <table><tr><td>0</td><td>actionnone4__0</td><td>None</td></tr></table>	0	actionnone4__0	None																					
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868	[action4]	Action taken	checkbox																								

	Show the field ONLY if: [actionnone4(0)] = ""		<table><tr><td>1</td><td>action4__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action4__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action4__88</td><td>Other</td></tr></table>	1	action4__1	Intervention discontinued	2	action4__2	Hospital admission	88	action4__88	Other															
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869	[actionother4] Show the field ONLY if: [action4(88)] = '1'	Other (specify)	text																								
870	[aedate_offset4_full1]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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880	[sae5]	SAE <i>if yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No																				
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903	[actionnone6] Show the field ONLY if: [action6(1)] = "" and [action6(2)] = "" and [action6(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actionnone6__0</td><td>None</td></tr></table>	0	actionnone6__0	None																			
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904	[action6] Show the field ONLY if: [actionnone6(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>action6__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action6__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action6__88</td><td>Other</td></tr></table>	1	action6__1	Intervention discontinued	2	action6__2	Hospital admission	88	action6__88	Other													
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916	[sae7]	SAE if yes, please complete SAE form	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No						
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917	[aedate_onset7_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only				
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918	[aedate_of_onset7] Show the field ONLY if: [aedate_onset7_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)										

919	[aedate_onset7_month] Show the field ONLY if: [aedate_onset7_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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933	[severity8]	Severity	dropdown (autocomplete)<table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe												
1	Mild																				
2	Moderate																				
3	Severe																				
934	[sae8]	SAE <i>if yes, please complete SAE form</i>	yesno<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No														
1	Yes																				
0	No																				

935	[aedate_onset8_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td colspan="2">Full date</td></tr><tr><td>2</td><td colspan="2">Month and year</td></tr><tr><td>3</td><td colspan="2">Year only</td></tr></table>			1	Full date		2	Month and year		3	Year only																												
1	Full date																																								
2	Month and year																																								
3	Year only																																								
936	[aedate_of_onset8] Show the field ONLY if: [aedate_onset8_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																																						
937	[aedate_onset8_month] Show the field ONLY if: [aedate_onset8_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td colspan="2">January</td></tr><tr><td>2</td><td colspan="2">February</td></tr><tr><td>3</td><td colspan="2">March</td></tr><tr><td>4</td><td colspan="2">April</td></tr><tr><td>5</td><td colspan="2">May</td></tr><tr><td>6</td><td colspan="2">June</td></tr><tr><td>7</td><td colspan="2">July</td></tr><tr><td>8</td><td colspan="2">August</td></tr><tr><td>9</td><td colspan="2">September</td></tr><tr><td>10</td><td colspan="2">October</td></tr><tr><td>11</td><td colspan="2">November</td></tr><tr><td>12</td><td colspan="2">December</td></tr></table>			1	January		2	February		3	March		4	April		5	May		6	June		7	July		8	August		9	September		10	October		11	November		12	December	
1	January																																								
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11	November																																								
12	December																																								
938	[aedate_onset8_year] Show the field ONLY if: [aedate_onset8_full] = '2' or [aedate_onset8_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																																						
939	[actionnone8] Show the field ONLY if: [action8(1)] = "" and [action8(2)] = "" and [action8(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actionnone8__0</td><td>None</td></tr></table>			0	actionnone8__0	None																																	
0	actionnone8__0	None																																							
940	[action8] Show the field ONLY if: [actionnone8(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>action8__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action8__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action8__88</td><td>Other</td></tr></table>			1	action8__1	Intervention discontinued	2	action8__2	Hospital admission	88	action8__88	Other																											
1	action8__1	Intervention discontinued																																							
2	action8__2	Hospital admission																																							
88	action8__88	Other																																							
941	[actionother8] Show the field ONLY if: [action8(88)] = '1'	Other (specify)	text																																						
942	[aedate_offset8_full]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td colspan="2">Full date</td></tr><tr><td>2</td><td colspan="2">Month and year</td></tr><tr><td>3</td><td colspan="2">Year only</td></tr></table>			1	Full date		2	Month and year		3	Year only																												
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2	Month and year																																								
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943	[aedate_offset8] Show the field ONLY if: [aedate_offset8_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																								
944	[aedate_offset8_month] Show the field ONLY if: [aedate_offset8_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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11	November																										
12	December																										
945	[aedate_offset8_year] Show the field ONLY if: [aedate_offset8_full] = '2' or [aedate_offset8_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)																								
946	[outcome8]	Outcome <i>if fatal - please complete SAE form.</i>	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown														
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947	[initial8]	Completed by	text																								
948	[aenum9]	Adverse Event number <i>eg 001,002,003</i>	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.																								
949	[event9]	Adverse Event Term	text																								
950	[relationship9]	Relationship to intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly														
1	Unrelated																										
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3	Possibly																										
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951	[severity9]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr></table>	1	Mild																						
1	Mild																										

			<table><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	2	Moderate	3	Severe																				
2	Moderate																										
3	Severe																										
952	[sae9]	SAE <i>if yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No																				
1	Yes																										
0	No																										
953	[aedate_onset9_full1]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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2	Month and year																										
3	Year only																										
954	[aedate_of_onset9] Show the field ONLY if: [aedate_onset9_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
955	[aedate_onset9_month] Show the field ONLY if: [aedate_onset9_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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956	[aedate_onset9_year] Show the field ONLY if: [aedate_onset9_full] = '2' or [aedate_onset9_full] = '3'	Date of Onset - year	text (integer, Min: 2019)																								
957	[actionone9] Show the field ONLY if: [action9(1)] = "" and [action9(2)] = "" and [action9(88)] = ""	Action taken	checkbox <table><tr><td>0</td><td>actionone9__0</td><td>None</td></tr></table>	0	actionone9__0	None																					
0	actionone9__0	None																									
958	[action9] Show the field ONLY if: [actionone9(0)] = ""	Action taken	checkbox <table><tr><td>1</td><td>action9__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action9__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action9__88</td><td>Other</td></tr></table>	1	action9__1	Intervention discontinued	2	action9__2	Hospital admission	88	action9__88	Other															
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959	[actionother9] Show the field ONLY if: [action9(88)] = '1'	Other (specify)	text																								
960	[aedate_offset9_full] 	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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961	[aedate_of_offset9] Show the field ONLY if: [aedate_offset9_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																								
962	[aedate_offset9_month] Show the field ONLY if: [aedate_offset9_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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963	[aedate_offset9_year] Show the field ONLY if: [aedate_offset9_full] = '2' or [aedate_offset9_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)																								
964	[outcome9] 	Outcome <i>if fatal - please complete SAE form.</i>	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	1	Resolved	2	Resolved with sequelae	3	Ongoing at final follow up	4	Fatal	5	Unknown														
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965	[initial9] 	Completed by	text																								
966	[aenum10] 	Adverse Event number <i>eg 001,002,003</i>	text (number, Min: 1, Max: 100) Field Annotation: please ensure AEs are sequential and a medical diagnosis is provided.																								
967	[event10] 	Adverse Event Term	text																								

968	[relationship10]	Relationship to allocated intervention	dropdown (autocomplete) <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly														
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969	[severity10]	Severity	dropdown (autocomplete) <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe																		
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970	[sae10]	SAE <i>if yes, please complete SAE form</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: if yes, please complete SAE form	1	Yes	0	No																				
1	Yes																										
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971	[aedate_onset10_full]	Date of Onset - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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972	[aedate_of_onset10] Show the field ONLY i f: [aedate_onset10_full] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
973	[aedate_onset10_mont h] Show the field ONLY i f: [aedate_onset10_full] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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12	December																										
974	[aedate_onset10_year] Show the field ONLY i f: [aedate_onset10_full] = '2' or [aedate_onset10_ full] = '3'	Date of Onset - year	text (integer, Min: 2019)																								

975	[actionnone10] Show the field ONLY if: [action10(1)] = " and [action10(2)] = " and [action10(88)] = "	Action taken	checkbox <table><tr><td>0</td><td>actionnone10__0</td><td>None</td></tr></table>	0	actionnone10__0	None																					
0	actionnone10__0	None																									
976	[action10] Show the field ONLY if: [actionnone10(0)] = "	Action taken	checkbox <table><tr><td>1</td><td>action10__1</td><td>Intervention discontinued</td></tr><tr><td>2</td><td>action10__2</td><td>Hospital admission</td></tr><tr><td>88</td><td>action10__88</td><td>Other</td></tr></table>	1	action10__1	Intervention discontinued	2	action10__2	Hospital admission	88	action10__88	Other															
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977	[actionother10] Show the field ONLY if: [action10(88)] = '1'	Other (specify)	text																								
978	[aedate_offset10_full1]	Date of Resolution - full date?	dropdown (autocomplete) <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
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979	[aedate_of_offset10] Show the field ONLY if: [aedate_offset10_full] = '1'	Date of Resolution - full date	text (date_dmy, Min: 2019-06-01)																								
980	[aedate_offset10_monthh] Show the field ONLY if: [aedate_offset10_full] = '2'	Date of Resolution - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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981	[aedate_offset10_yearr] Show the field ONLY if: [aedate_offset10_full] = '2' or [aedate_offset10_full] = '3'	Date of Resolution - year	text (integer, Min: 2019)																								
982	[outcome10]	Outcome <i>if fatal - please complete SAE form.</i>	dropdown (autocomplete) <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr></table>	1	Resolved	2	Resolved with sequelae																				
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			<table><tr><td>3</td><td>Ongoing at final follow up</td></tr><tr><td>4</td><td>Fatal</td></tr><tr><td>5</td><td>Unknown</td></tr></table> Field Annotation: if fatal - please complete SAE form.	3	Ongoing at final follow up	4	Fatal	5	Unknown
3	Ongoing at final follow up								
4	Fatal								
5	Unknown								
983	[initial10]	Completed by	text						
984	[adverse_events_completed]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: SAE P1 (sae_p1)									
985	[dateaware]	Section Header: <i>Details of report</i> Date centre became aware of the event	text (date_dmy), Required						
986	[saetype]	Type of report	radio, Required <table><tr><td>1</td><td>Initial report</td></tr><tr><td>2</td><td>Follow up report</td></tr><tr><td>3</td><td>Final report</td></tr></table>	1	Initial report	2	Follow up report	3	Final report
1	Initial report								
2	Follow up report								
3	Final report								
987	[funumber] Show the field ONLY if: [saetype]='2'	Follow up report number	text (integer, Min: 1, Max: 100)						
988	[sae_dob]	Section Header: <i>Patient details</i> Date of birth	text (date_dmy), Required, Identifier						
989	[saegender]	Gender	dropdown (autocomplete), Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	1	Male	2	Female		
1	Male								
2	Female								
990	[sae_diagnosis] Show the field ONLY if: [diagnosis_notknown] = "	Section Header: <i>Description of event</i> Diagnosis(signs and symptoms if diagnosis not available, relevant tests, lab data, if outcome is resolved with sequelae, specify sequelae here, etc.)	notes						
991	[diagnosis_notknown] Show the field ONLY if: [sae_diagnosis] = "	Diagnosis not known	radio <table><tr><td>1</td><td>Diagnosis unknown</td></tr></table>	1	Diagnosis unknown				
1	Diagnosis unknown								
992	[sae_onset_full]	Date of onset - full date?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only
1	Full date								
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993	[sae_onset] Show the field ONLY if: [sae_onset_full] = '1'	Date of onset - full date	text (date_dmy, Min: 2019-06-01)						
994	[sae_onset_month] Show the field ONLY if:	Date of onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr></table>	1	January				
1	January								

	[sae_onset_full] = '2'		<table><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
2	February																								
3	March																								
4	April																								
5	May																								
6	June																								
7	July																								
8	August																								
9	September																								
10	October																								
11	November																								
12	December																								
995	[sae_onset_year] Show the field ONLY if: [sae_onset_full] = '2' or [sae_onset_full] = '3'	Date of onset - year	text (integer, Min: 2019)																						
996	[saetime] Show the field ONLY if: [sae_onset] <> " and [time_notknown] = "	Time of onset	text (time)																						
997	[time_notknown] Show the field ONLY if: [sae_onset] <> " and [saetime] = ""	Time not known	radio <table><tr><td>1</td><td>Time unknown</td></tr></table>	1	Time unknown																				
1	Time unknown																								
998	[saecriteria]	Serious Criteria (check all that apply)	checkbox, Required <table><tr><td>1</td><td>saecriteria__1</td><td>Death</td></tr><tr><td>2</td><td>saecriteria__2</td><td>Immediately life-threatening</td></tr><tr><td>3</td><td>saecriteria__3</td><td>Required Hospitalisation</td></tr><tr><td>4</td><td>saecriteria__4</td><td>Prolonged Hospitaliasation</td></tr><tr><td>5</td><td>saecriteria__5</td><td>Persistent or significant disability/incapacity</td></tr><tr><td>6</td><td>saecriteria__6</td><td>Medically significant/important</td></tr></table>	1	saecriteria__1	Death	2	saecriteria__2	Immediately life-threatening	3	saecriteria__3	Required Hospitalisation	4	saecriteria__4	Prolonged Hospitaliasation	5	saecriteria__5	Persistent or significant disability/incapacity	6	saecriteria__6	Medically significant/important				
1	saecriteria__1	Death																							
2	saecriteria__2	Immediately life-threatening																							
3	saecriteria__3	Required Hospitalisation																							
4	saecriteria__4	Prolonged Hospitaliasation																							
5	saecriteria__5	Persistent or significant disability/incapacity																							
6	saecriteria__6	Medically significant/important																							
999	[dod] Show the field ONLY if: [saecriteria(1)] = '1'	Date of death	text (date_dmy)																						
1000	[sae_medspec] Show the field ONLY if: [saecriteria(6)] = '1'	Medically significant/important please specify	text																						
1001	[aenumber]	Please state which Adverse Event number this relates to	text (number, Min: 1, Max: 100), Required																						

		(as recorded on the AE section):							
1002	[aenumber_2] Show the field ONLY if: [aenumber] <> "	AE number 2	text (number, Min: 1, Max: 100)						
1003	[aenumber_3] Show the field ONLY if: [aenumber_2] <> "	AE number 3	text (number, Min: 1, Max: 100)						
1004	[aenumber_4] Show the field ONLY if: [aenumber_3] <> "	AE number 4	text (number, Min: 1, Max: 100)						
1005	[aenumber_5] Show the field ONLY if: [aenumber_4] <> "	AE number 5	text (number, Min: 1, Max: 100)						
1006	[sae_medhis]	Relevant Medical History (if none please record N/A)	notes, Required						
1007	[saeseverity]	PI assessment of severity	radio, Required <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe
1	Mild								
2	Moderate								
3	Severe								
1008	[sae_p1_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: SAE P2 (sae_p2)									
1009	[sitere relation] Show the field ONLY if: [no_action] = "	Site assessment of relationship to study intervention <i>If possibly, probably or almost certainly related this must be reported to CTRC within 24 hours</i>	radio, Required <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr></table>	1	Unrelated	2	Unlikely		
1	Unrelated								
2	Unlikely								
1010	[sawe] Show the field ONLY if: [no_action] = "	Section Header: <i>Action taken</i> Intervention modifications	radio <table><tr><td>2</td><td>Temporary interruption</td></tr><tr><td>3</td><td>Permanent discontinuation</td></tr></table>	2	Temporary interruption	3	Permanent discontinuation		
2	Temporary interruption								
3	Permanent discontinuation								
1011	[saeciomed s] Show the field ONLY if: [no_action] = "	Concomitant Medications	radio <table><tr><td>1</td><td>Treated with concomitant medications</td></tr></table>	1	Treated with concomitant medications				
1	Treated with concomitant medications								
1012	[saegp_1] Show the field ONLY if: [no_action] = "	Hospitalisation/GP	radio <table><tr><td>1</td><td>Hospital admission</td></tr></table>	1	Hospital admission				
1	Hospital admission								
1013	[saegp_2] Show the field ONLY if: [no_action] = "		radio <table><tr><td>1</td><td>Admission to ICU</td></tr></table>	1	Admission to ICU				
1	Admission to ICU								
1014	[saegp_3]		radio						

	Show the field ONLY if: [no_action] = "		1 Prolongation of hospital stay
1015	[saegp_4] Show the field ONLY if: [no_action] = "		radio 1 Attendance at GP
1016	[saegp_5] Show the field ONLY if: [no_action] = "		radio 1 Attendance at A&E
1017	[saegp_6] Show the field ONLY if: [no_action] = "		radio 1 GP home vist
1018	[othersae] Show the field ONLY if: [no_action] = "	All other actions taken	text
1019	[no_action] Show the field ONLY if: [sawe] = " and [saecio meds] = " and [saegp_1] = " and [saegp_2] = " and [saegp_3] = " and [saegp_4] = " and [saegp_5] = " and [saegp_6] = " and [othersae] = "	No action taken	radio 1 No action taken
1020	[sae_p2_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: SAE P3 (sae_p3)			
1021	[saecause] Show the field ONLY if: [siterelation] = '1'	Section Header: <i>Serious safety event outcome</i> Most likely cause if not intervention	radio, Required 1 Disease under study 2 Other illness 3 Protocol procedure 4 Lack of efficacy
1022	[saeoutcome]	SAE Outcome	radio, Required 1 Resolved 2 Resolved with sequelae 3 Not resolved/ongoing 4 Ongoing at final follow up 5 Fatal 6 Unknown
1023	[sae_offset_full]	Date of offset - full date?	dropdown (autocomplete), Required 1 Full date

	Show the field ONLY if: [saeoutcome] = '1' or [saeoutcome] = '2' or [saeoutcome] = '5'		<table><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	2	Month and year	3	Year only																				
2	Month and year																										
3	Year only																										
1024	[saedoo] Show the field ONLY if: [sae_offset_full] = '1'	Date of offset - full date	text (date_dmy)																								
1025	[sae_offset_month] Show the field ONLY if: [sae_offset_full] = '2'	Date of offset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																										
2	February																										
3	March																										
4	April																										
5	May																										
6	June																										
7	July																										
8	August																										
9	September																										
10	October																										
11	November																										
12	December																										
1026	[sae_offset_year] Show the field ONLY if: [sae_offset_full] = '2' or [sae_offset_full] = '3'	Date of offset - year	text (integer, Min: 2019)																								
1027	[saetimeoff] Show the field ONLY if: [saedoo] <> "" and [saeofftime] = "	Time of offset	text (time)																								
1028	[saeofftime] Show the field ONLY if: [saedoo] <> "" and [saetimeoff] = "	Time Unknown	radio <table><tr><td>1</td><td>Time Unknown</td></tr></table>	1	Time Unknown																						
1	Time Unknown																										
1029	[patientstatus] Show the field ONLY if: [saeoutcome] <> ""	Patient status	radio, Required <table><tr><td>1</td><td>Continuing in trial</td></tr><tr><td>2</td><td>Completed trial</td></tr><tr><td>3</td><td>Withdrawn from intervention</td></tr></table>	1	Continuing in trial	2	Completed trial	3	Withdrawn from intervention																		
1	Continuing in trial																										
2	Completed trial																										
3	Withdrawn from intervention																										
1030	[saename]	Section Header: <i>Reporting Investigator Authorisation</i> Name	text, Required																								
1031	[sae_p3_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										

Instrument: Ctrc Use Only SAE P4 (ctrc_use_only_sae_p4)															
1032	[ci_seriousness]	Section Header: <i>Chief Investigator/ Medical reviewer - review of relationship and assessment of expectedness</i> CI Seriousness assessment	dropdown (autocomplete) <table><tr><td>1</td><td>Death</td></tr><tr><td>2</td><td>Immediately life threatening</td></tr><tr><td>3</td><td>Required Hospitalisation</td></tr><tr><td>4</td><td>Prolonged existing hospitalisation</td></tr><tr><td>5</td><td>Persistent or significant disability/incapacity</td></tr><tr><td>6</td><td>Medically significant/important</td></tr></table>	1	Death	2	Immediately life threatening	3	Required Hospitalisation	4	Prolonged existing hospitalisation	5	Persistent or significant disability/incapacity	6	Medically significant/important
1	Death														
2	Immediately life threatening														
3	Required Hospitalisation														
4	Prolonged existing hospitalisation														
5	Persistent or significant disability/incapacity														
6	Medically significant/important														
1033	[ci_specify] Show the field ONLY if: [ci_seriousness] = '6'	Specify	text												
1034	[ci_relation]	C.I assessment of relationship to intervention	radio, Required <table><tr><td>1</td><td>Unrelated</td></tr><tr><td>2</td><td>Unlikely</td></tr><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	1	Unrelated	2	Unlikely	3	Possibly	4	Probably	5	Almost Certainly		
1	Unrelated														
2	Unlikely														
3	Possibly														
4	Probably														
5	Almost Certainly														
1035	[cisiterelation2]	C.I assessment of expectedness	radio, Required <table><tr><td>1</td><td>Expected</td></tr><tr><td>2</td><td>Unexpected</td></tr></table>	1	Expected	2	Unexpected								
1	Expected														
2	Unexpected														
1036	[saename2_aac]	C.I / Medical reviewer name	text, Required												
1037	[cidate]	Date Completed	text (date_dmy), Required												
1038	[ctrc_use_only_sae_p4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Participant Withdrawal (participant_withdrawal)															
1039	[withdraw_dec]	Who made the decision to withdraw ?	radio, Required <table><tr><td>1</td><td>Clinican</td></tr><tr><td>2</td><td>Participant/legal representative(s)</td></tr></table>	1	Clinican	2	Participant/legal representative(s)								
1	Clinican														
2	Participant/legal representative(s)														
1040	[clinreasons] Show the field ONLY if: [withdraw_dec] = '1'	If clinican withdrew - reasons why	radio, Required <table><tr><td>1</td><td>Death</td></tr><tr><td>2</td><td>Participant transferred to a non participating centre</td></tr><tr><td>3</td><td>Other (specify)</td></tr></table>	1	Death	2	Participant transferred to a non participating centre	3	Other (specify)						
1	Death														
2	Participant transferred to a non participating centre														
3	Other (specify)														
1041	[clin_other] Show the field ONLY if: [clinreasons] = '3'	Other(specify)	text												

1042	[part_withdraw] Show the field ONLY if: [withdraw_dec] = '2'	If participant/legal representative(s) withdrew - reasons why	radio, Required <table><tr><td>1</td><td>Withdrawal of all consent for further follow up</td></tr><tr><td>2</td><td>Other (specify)</td></tr></table>	1	Withdrawal of all consent for further follow up	2	Other (specify)		
1	Withdrawal of all consent for further follow up								
2	Other (specify)								
1043	[parwith_other] Show the field ONLY if: [part_withdraw] = '2'	Other (Specify)	text						
1044	[withdrawal_date]	Date of withdrawal	text (date_dmy), Required						
1045	[participant_withdrawal_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Carer Consent Form Checklist (carer_consent_form_checklist)									
1046	[carerrand_number]	Randomisation number	text						
1047	[cfcl1verccarer]	Version	dropdown (autocomplete) <table><tr><td>1</td><td>V3.0 01/04/2019</td></tr></table>	1	V3.0 01/04/2019				
1	V3.0 01/04/2019								
1048	[cfcl1rcvdcarer]	Date consent form received	text (date_dmy), Required						
1049	[allchecccarer] Show the field ONLY if: [cfclq1ccarer] = "" and [cfclq2ccarer] = "" and [cfclq3ccarer] = "" and [cfclq4ccarer] = "" and [cfclq5ccarer] = "" and [cfclq6ccarer] = "" and [cfclq7ccarer] = "" and [cfclq8ccarer] = "" and [cfclq9ccarer] = "" and [cfclq10ccarer] = "" and [cfclq11ccarer] = "" and [cfclq12ccarer] = ""	All sections below have been checked and can be completed as yes	radio <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								
1050	[cfclq1ccarer] Show the field ONLY if: [allchecccarer] = ""	Section Header: <i>CONSENT ITEM BOXES</i> 1. Have all obligatory boxes been ticked or initialised?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
1051	[cfclq2ccarer] Show the field ONLY if: [allchecccarer] = ""	Section Header: <i>PARTICIPANT</i> 2. Has the Subject's name been printed?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
1052	[cfclq2dcarer] Show the field ONLY if: [cfclq2ccarer] = '0'	Q2 Date file note received	text (date_dmy)						
1053	[cfclq3ccarer] Show the field ONLY if: [allchecccarer] = ""	3. Has the Subject personally signed the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
1054	[cfclq3dcarer]	Q3 Date file note received	text (date_dmy)						

	Show the field ONLY if: [cfclq3ccarer] = '0'						
1055	[cfclq4ccarer] Show the field ONLY if: [allcheccarer] = ""	4. Has the Subject personally dated the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1056	[cfclq4dcarer] Show the field ONLY if: [cfclq4ccarer] = '0'	Q4 Date file note received	text (date_dmy)				
1057	[cfclq5ccarer] Show the field ONLY if: [allcheccarer] = ""	5. Is the Date of Consent before (or on same day as) any trial-specific assessments/procedures where applicable?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1058	[cfclq5dcarer] Show the field ONLY if: [cfclq5ccarer] = '0'	Q5 Date file note received	text (date_dmy)				
1059	[cfclq6ccarer] Show the field ONLY if: [allcheccarer] = ""	Section Header: <i>RESEARCHER</i> 6. Has the Researcher name been printed?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1060	[cfclq6dcarer] Show the field ONLY if: [cfclq6ccarer] = '0'	Q6 Date file note received	text (date_dmy)				
1061	[cfclq7ccarer] Show the field ONLY if: [allcheccarer] = ""	7. Has the Researcher personally signed the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1062	[cfclq7dcarer] Show the field ONLY if: [cfclq7ccarer] = '0'	Q7 Date file note received	text (date_dmy)				
1063	[cfclq8ccarer] Show the field ONLY if: [allcheccarer] = ""	8. Has the Researcher personally dated the form?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1064	[cfclq8dcarer] Show the field ONLY if: [cfclq8ccarer] = '0'	Q8 Date file note received	text (date_dmy)				
1065	[cfclq9ccarer] Show the field ONLY if: [allcheccarer] = ""	9. Was the Researcher authorised to take consent (as documented on a site delegation log) before/on the date consent was taken?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
1066	[cfclq9dcarer] Show the field ONLY if: [cfclq9ccarer] = '0'	Q9 Date file note received	text (date_dmy)				

1067	[cfclq10ccarer] Show the field ONLY if: [allcheccarer] = ""	10. Is the Date of Consent before (or on same day as any trial-specific assessments/procedures where applicable?	dropdown (autocomplete) 1 Yes 0 No
1068	[cfclq10dcarer] Show the field ONLY if: [cfclq10ccarer] = '0'	Q10 Date file note received	text (date_dmy)
1069	[cfclq11ccarer] Show the field ONLY if: [allcheccarer] = ""	Section Header: <i>VERSION</i> 11. Has the correct version of the PISC been used?	dropdown (autocomplete) 1 Yes 0 No
1070	[cfclq11dcarer] Show the field ONLY if: [cfclq11ccarer] = '0'	Q11 Date file note received	text (date_dmy)
1071	[cfclq12ccarer] Show the field ONLY if: [allcheccarer] = ""	12. Has the correct type of PISC been used (where applicable)?	dropdown (autocomplete) 1 Yes 0 No
1072	[cfclq12dcarer] Show the field ONLY if: [cfclq12ccarer] = '0'	Q12 Date file note received	text (date_dmy)
1073	[cfclqv1ccarer]	Section Header: <i>VALID CONSENT RECEIVED?</i> Valid consent Yes/No - please select (this will be validated against the answers provided above)	dropdown (autocomplete) 1 Yes 0 No
1074	[cftctdsdcarer]	Section Header: <i>DATE OF VALID CONSENT</i> Date of valid consent - record in the FIRST INSTANCE OF THIS FORM	text (date_dmy)
1075	[carer_consent_form_checklist_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Carer Consent (carer_consent)			
1076	[carer_rand]	Randomisation number	text (number, Min: 11001, Max: 122100), Required
1077	[carer_consent]	Carer consent date	text (date_dmy, Min: 2019-06-07, Max: 2021-08-01), Required
1078	[carer_consent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Baseline Carer Booklet Front Page (baseline_carer_booklet_front_page)			
1079	[carer_basecomplete]	Date this questionnaire was completed	text (date_dmy), Required
1080	[carer_base_not_phys]	Where a physical Baseline visit could not take place, please indicate:	radio 1 Data collected by telephone/video call (only to be used during COVID

			crisis) 2 Booklet completed by post (only to be used during COVID crisis)
1081	[baseline_carer_booklet_front_page_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: 17 Week Carer Booklet Front Page (week_carer_booklet_front_page)			
1082	[carer_17complete]	Date this questionnaire was completed <i>Or date site confirm that no carer booklet data was collected</i>	text (date_dmy), Required
1083	[carer_17_not_phys]	Where a physical follow-up visit could not take place, please indicate:	radio 1 Data collected by telephone/video call (only to be used during COVID crisis) 2 Booklet completed by post (only to be used during COVID crisis) 3 No Carer Booklet data collected (Specify reason)
1084	[carer_17_not_phys_reason]	Specify reason	text, Required Field Annotation: @CHARLIMIT = 200 Show the field ONLY if: [carer_17_not_phys] = '3'
1085	[week_carer_booklet_front_page_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: 52 Week Carer Booklet Front Page (week_carer_booklet_front_page_d667)			
1086	[carer_52complete]	Date this questionnaire was completed <i>Or date site confirm that no carer booklet data was collected</i>	text (date_dmy), Required
1087	[carer_52_not_phys]	Where a physical follow-up visit could not take place, please indicate:	radio 1 Data collected by telephone/video call (only to be used during COVID crisis) 2 Booklet completed by post (only to be used during COVID crisis) 3 No Carer Booklet data collected (Specify reason)
1088	[carer_52_not_phys_reason]	Specify reason	text, Required Field Annotation: @CHARLIMIT = 200 Show the field ONLY if: [carer_52_not_phys] = '3'
1089	[week_carer_booklet_front_page_d667_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified

			<table><tr><td>2</td><td>Complete</td></tr></table>	2	Complete				
2	Complete								
Instrument: Caregiver Strain Index (caregiver_strain_index)									
1090	[csi_disabled] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] = 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] = 3)	This form has been disabled, as it has been indicated that no carer booklet data has been collected	descriptive						
1091	[csi1] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	Section Header: <i>I am going to read a list of things that other people have found to be difficult. Would you tell me whether any of these apply to you?</i> Sleep is disturbed (e.g., because the patient is in and out of bed or wanders around at night)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1092	[csi2] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	It is inconvenient (e.g., because helping takes so much time or it's a long drive over to help)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1093	[csi3] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	It is a physical strain (e.g., because of lifting in and out of a chair; effort or concentration is required)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1094	[csi4] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	It is confining (e.g., helping restricts free time or cannot go visiting)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								

	7_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")								
1095	[csi5] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	There have been family adjustments (e.g., because helping has disrupted routine; there has been no privacy)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1096	[csi6] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	There have been changes in personal plans (e.g., had to turn down a job; could not go on vacation)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1097	[csi7] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	There have been emotional adjustments (e.g., because of severe arguments)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1098	[csi8] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	Some behavior is upsetting (e.g., because of incontinence; the patient has trouble remembering things; or the patient accuses people of taking things)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								

	t-label] = "Carer Baseline")								
1099	[csi9] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	It is upsetting to find the patient has changed so much from his/her former self (e.g., he/she is a different person than he/she used to be)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1100	[csi10] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	There have been work adjustments (e.g., because of having to take time off)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1101	[csi11] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	It is a financial strain	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1102	[csi12] Show the field ONLY if: ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline")	Feeling completely overwhelmed (e.g., because of worry about the patient ; concerns about how you will manage)	radio (Matrix), Required <table><tr><td>1</td><td>Yes=1</td></tr><tr><td>0</td><td>No=0</td></tr><tr><td>2</td><td>Not completed</td></tr></table>	1	Yes=1	0	No=0	2	Not completed
1	Yes=1								
0	No=0								
2	Not completed								
1103	[csi_score] Show the field ONLY if: [total_notcomp] = " and ([event-label] = "Care	Total Score (Count yes responses. Any positive answer may indicate a need for intervention in that area. A score of 7 or higher indicates a high level of stress.)	text (integer)						

	r 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline"))		
1104	[total_notcomp] Show the field ONLY if: [csi_score] = " and ([event-label] = "Carer 17 Week" and [carer_17_week_arm_1][carer_17_not_phys] <> 3) or ([event-label] = "Carer 52 Week" and [carer_52_week_arm_1][carer_52_not_phys] <> 3) or ([event-label] = "Carer Baseline"))	Total score not completed	radio 0
1105	[caregiver_strain_index_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Carer Withdrawal (carer_withdrawal)			
1106	[carer_withdraw]	If carer withdrew - reasons why	radio, Required 1 Withdrawal of all consent for further follow up 2 Other (specify)
1107	[carer_withoth] Show the field ONLY if: [carer_withdraw] = '2'	Other (specify)	text
1108	[car_withdate]	Date of withdrawal	text (date_dmy), Required
1109	[carer_withdrawal_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Ctrc Use Only Related SAE Tracker (ctrc_use_only_related_sae_tracker)			
1110	[saetrack_num1]	SAE number 1	text (number, Min: 1, Max: 10)
1111	[saetrack_rec1]	Date received	text (date_dmy, Min: 2019-06-01)
1112	[saetrack_ent1]	Date entered	text (date_dmy, Min: 2019-06-01)
1113	[saetrack_num2]	SAE number 2	text (number, Min: 1, Max: 10)
1114	[saetrack_rec2]	Date received	text (date_dmy, Min: 2019-06-01)
1115	[saetrack_ent2]	Date entered	text (date_dmy, Min: 2019-06-01)
1116	[saetrack_num3]	SAE number 3	text (number, Min: 1, Max: 10)
1117	[saetrack_rec3]	Date received	text (date_dmy, Min: 2019-06-01)

1118	[saetrack_ent3]	Date entered	text (date_dmy, Min: 2019-06-01)						
1119	[saetrack_num4]	SAE number 4	text (number, Min: 1, Max: 10)						
1120	[saetrack_rec4]	Date received	text (date_dmy, Min: 2019-06-01)						
1121	[saetrack_ent4]	Date entered	text (date_dmy, Min: 2019-06-01)						
1122	[saetrack_num5]	SAE number 5	text (number, Min: 1, Max: 10)						
1123	[saetrack_rec5]	Date received	text (date_dmy, Min: 2019-06-01)						
1124	[saetrack_ent5]	Date entered	text (date_dmy, Min: 2019-06-01)						
1125	[saetrack_num6]	SAE number 6	text (number, Min: 1, Max: 10)						
1126	[saetrack_rec6]	Date received	text (date_dmy, Min: 2019-06-01)						
1127	[saetrack_ent6]	Date entered	text (date_dmy, Min: 2019-06-01)						
1128	[saetrack_num7]	SAE number 7	text (number, Min: 1, Max: 10)						
1129	[saetrack_rec7]	Date received	text (date_dmy, Min: 2019-06-01)						
1130	[saetrack_ent7]	Date entered	text (date_dmy, Min: 2019-06-01)						
1131	[saetrack_num8]	SAE number 8	text (number, Min: 1, Max: 10)						
1132	[saetrack_rec8]	Date received	text (date_dmy, Min: 2019-06-01)						
1133	[saetrack_ent8]	Date entered	text (date_dmy, Min: 2019-06-01)						
1134	[saetrack_num9]	SAE number 9	text (number, Min: 1, Max: 10)						
1135	[saetrack_rec9]	Date received	text (date_dmy, Min: 2019-06-01)						
1136	[saetrack_ent9]	Date entered	text (date_dmy, Min: 2019-06-01)						
1137	[saetrack_num10]	SAE number 10	text (number, Min: 1, Max: 10)						
1138	[saetrack_rec10]	Date received	text (date_dmy, Min: 2019-06-01)						
1139	[saetrack_ent10]	Date entered	text (date_dmy, Min: 2019-06-01)						
1140	[ctrc_use_only_related_sae_tracker_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Ctrc Use Only Related SAE P1 (ctrc_use_only_related_sae_p1)									
1141	[saenumber_v2]	SAE Number	text (integer, Min: 1, Max: 999), Required						
1142	[dateaware_v2]	Section Header: <i>Details of report</i> Date centre research team became aware of the event	text (date_dmy, Min: 2019-06-01), Required						
1143	[datereported_v2]	Date of report	text (date_dmy, Min: 2019-06-01), Required						
1144	[saetype_v2]	Type of report	radio, Required <table><tr><td>1</td><td>Initial report</td></tr><tr><td>2</td><td>Follow up report</td></tr><tr><td>3</td><td>Final report</td></tr></table>	1	Initial report	2	Follow up report	3	Final report
1	Initial report								
2	Follow up report								
3	Final report								
1145	[funumber_v2] Show the field ONLY if: [saetype_v2]='2'	if follow up report please confirm number ?	text (integer, Min: 1, Max: 100)						
1146	[randnumber_v2]	Section Header: <i>Patient details</i> Randomisation No.	text (integer, Min: 11001, Max: 122100), Required						
1147	[dob_v2]	Date of Birth	text (date_dmy), Required, Identifier						

1148	[saegender_v2]	Gender	dropdown (autocomplete), Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table>	1	Male	2	Female																				
1	Male																										
2	Female																										
1149	[diag_v2] Show the field ONLY if: [diag_unknown] = ""	Section Header: <i>Description of event</i> Event: (diagnosis or signs and symptoms if diagnosis not available, relevant tests, lab data, if outcome is resolved with sequelae, specify sequelae here, etc)	notes Custom alignment: LV																								
1150	[diag_unknown] Show the field ONLY if: [diag_v2] = ""	Diagnosis unknown ?	radio <table><tr><td>1</td><td>Diagnosis unknown</td></tr></table>	1	Diagnosis unknown																						
1	Diagnosis unknown																										
1151	[sae_onset_full_v2]	Date of Onset - full date?	dropdown (autocomplete), Required <table><tr><td>1</td><td>Full date</td></tr><tr><td>2</td><td>Month and year</td></tr><tr><td>3</td><td>Year only</td></tr></table>	1	Full date	2	Month and year	3	Year only																		
1	Full date																										
2	Month and year																										
3	Year only																										
1152	[saeonset_v2] Show the field ONLY if: [sae_onset_full_v2] = '1'	Date of Onset - full date	text (date_dmy, Min: 2019-06-01)																								
1153	[sae_onset_month_v2] Show the field ONLY if: [sae_onset_full_v2] = '2'	Date of Onset - month	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																										
2	February																										
3	March																										
4	April																										
5	May																										
6	June																										
7	July																										
8	August																										
9	September																										
10	October																										
11	November																										
12	December																										
1154	[sae_onset_year_v2] Show the field ONLY if: [sae_onset_full_v2] = '2' or [sae_onset_full_v2] = '3'	Date of Onset - year	text (integer, Min: 2019)																								
1155	[saetime_v2] Show the field ONLY if: [saeonset_v2] <> "" and [on_timeknown_v2] = ""	Time of Onset	text (time)																								
1156	[on_timeknown_v2] Show the field ONLY if:	Time Unknown	radio <table><tr><td>1</td><td>Time unknown</td></tr></table>	1	Time unknown																						
1	Time unknown																										

	[saeonset_v2] <> " and [saetime_v2] = ""																				
1157	[saecriteria_v2] Show the field ONLY if: [saecriteria_v2(1)] = '1'	Serious Criteria (check all that apply)	checkbox, Required <table><tr><td>1</td><td>saecriteria_v2__1</td><td>Death</td></tr><tr><td>2</td><td>saecriteria_v2__2</td><td>Immediately life-threatening</td></tr><tr><td>3</td><td>saecriteria_v2__3</td><td>Required Hospitalisation</td></tr><tr><td>4</td><td>saecriteria_v2__4</td><td>Prolonged existing hospitalisation</td></tr><tr><td>5</td><td>saecriteria_v2__5</td><td>Persistent or significant disability/incapacity</td></tr><tr><td>6</td><td>saecriteria_v2__6</td><td>Medically significant/important</td></tr></table>	1	saecriteria_v2__1	Death	2	saecriteria_v2__2	Immediately life-threatening	3	saecriteria_v2__3	Required Hospitalisation	4	saecriteria_v2__4	Prolonged existing hospitalisation	5	saecriteria_v2__5	Persistent or significant disability/incapacity	6	saecriteria_v2__6	Medically significant/important
1	saecriteria_v2__1	Death																			
2	saecriteria_v2__2	Immediately life-threatening																			
3	saecriteria_v2__3	Required Hospitalisation																			
4	saecriteria_v2__4	Prolonged existing hospitalisation																			
5	saecriteria_v2__5	Persistent or significant disability/incapacity																			
6	saecriteria_v2__6	Medically significant/important																			
1158	[dod_v2] Show the field ONLY if: [saecriteria_v2(1)] = '1'	Date of death	text (date_dmy, Min: 2019-06-01)																		
1159	[seacriteria_other_v2] Show the field ONLY if: [saecriteria_v2(6)] = '1'	Specify	text																		
1160	[aenumber_v2] Show the field ONLY if: [aenumber_v2] <> "	Section Header: Please state which Adverse Event number this relates to (as recorded on the AE form):	text (integer, Min: 1, Max: 100), Required Custom alignment: LH																		
1161	[aenumber2_v2] Show the field ONLY if: [aenumber_v2] <> "	AE number 2:	text (integer, Min: 1, Max: 100) Custom alignment: LH																		
1162	[aenumber3_v2] Show the field ONLY if: [aenumber2_v2] <> "	AE number 3:	text (integer, Min: 1, Max: 100) Custom alignment: LH																		
1163	[aenumber4_v2] Show the field ONLY if: [aenumber3_v2] <> "	AE number 4:	text (integer, Min: 1, Max: 100) Custom alignment: LH																		
1164	[aenumber5_v2] Show the field ONLY if: [aenumber4_v2] <> "	AE number 5:	text (integer, Min: 1, Max: 100) Custom alignment: LH																		
1165	[medhis_v2] Show the field ONLY if: [aenumber4_v2] <> "	Relevant Medical History	notes, Required Custom alignment: LV																		
1166	[saeseverity_v2] Show the field ONLY if: [aenumber4_v2] <> "	PI assessment of severity	radio, Required <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table>	1	Mild	2	Moderate	3	Severe												
1	Mild																				
2	Moderate																				
3	Severe																				

1167	[ctrc_use_only_related_sae_p1_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Ctrc Use Only Related SAE P2 (ctrc_use_only_related_sae_p2)									
1168	[siterelegation_v2]	PI assessment of relationship to intervention	radio, Required <table><tr><td>3</td><td>Possibly</td></tr><tr><td>4</td><td>Probably</td></tr><tr><td>5</td><td>Almost Certainly</td></tr></table>	3	Possibly	4	Probably	5	Almost Certainly
3	Possibly								
4	Probably								
5	Almost Certainly								
1169	[no_action_v2] Show the field ONLY if: [sawe_v2] = "" and [saeciomedsv2] = "" and [saegp1_v2] = "" and [saegp2_v2] = "" and [saegp3_v2] = "" and [saegp4_v2] = "" and [saegp5_v2] = "" and [othersae_v2] = ""	Section Header: <i>Action taken</i> No action taken	radio <table><tr><td>1</td><td>No action taken</td></tr></table>	1	No action taken				
1	No action taken								
1170	[sawe_v2] Show the field ONLY if: [no_action_v2] = ""	Intervention modifications	radio <table><tr><td>1</td><td>Temporary interruption</td></tr><tr><td>2</td><td>Permament discontinuation</td></tr></table>	1	Temporary interruption	2	Permament discontinuation		
1	Temporary interruption								
2	Permament discontinuation								
1171	[saeciomedsv2] Show the field ONLY if: [no_action_v2] = ""	Concomitant medication	radio <table><tr><td>1</td><td>Treated with concomitant medication</td></tr></table>	1	Treated with concomitant medication				
1	Treated with concomitant medication								
1172	[saegp1_v2] Show the field ONLY if: [no_action_v2] = ""	Hospitalisation/GP	radio <table><tr><td>1</td><td>Hospital admission</td></tr></table>	1	Hospital admission				
1	Hospital admission								
1173	[saegp2_v2] Show the field ONLY if: [no_action_v2] = ""		radio <table><tr><td>1</td><td>Prolongation of hospital stay</td></tr></table>	1	Prolongation of hospital stay				
1	Prolongation of hospital stay								
1174	[saegp3_v2] Show the field ONLY if: [no_action_v2] = ""		radio <table><tr><td>1</td><td>Attendance at GP</td></tr></table>	1	Attendance at GP				
1	Attendance at GP								
1175	[saegp4_v2] Show the field ONLY if: [no_action_v2] = ""		radio <table><tr><td>1</td><td>Attendance at A and E</td></tr></table>	1	Attendance at A and E				
1	Attendance at A and E								
1176	[saegp5_v2] Show the field ONLY if: [no_action_v2] = ""		radio <table><tr><td>1</td><td>GP home visit</td></tr></table>	1	GP home visit				
1	GP home visit								

1177	[othersae_v2] Show the field ONLY if: [no_action_v2] = "	All other actions	radio 1 Other
1178	[sae_actionspecify] Show the field ONLY if: [othersae_v2] <> "	Specify	text
1179	[ctrc_use_only_related_sae_p2_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Ctrc Use Only Related SAE P3 (ctrc_use_only_related_sae_p3)

1180	[saeoutcome_v2]	SAE Outcome	radio, Required 1 Resolved 2 Resolved with sequelae 3 Not resolved/ongoing 4 Ongoing at final follow up 5 Fatal 6 Unknown
1181	[sae_offset_full_v2]	Date of Offset - full date?	dropdown (autocomplete), Required 1 Full date 2 Month and year 3 Year only
1182	[saedoo_v2] Show the field ONLY if: [sae_offset_full_v2] = '1'	Date of Offset - full date	text (date_dmy, Min: 2019-06-01)
1183	[sae_offset_month_v2] Show the field ONLY if: [sae_offset_full_v2] = '2'	Date of Offset - month	dropdown (autocomplete) 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December
1184	[sae_offset_year_v2] Show the field ONLY if:	Date of Offset - year	text (integer, Min: 2019)

	[sae_offset_full_v2] = '2' or [sae_offset_full_v2] = '3'														
1185	[saetimeoff_v2] Show the field ONLY if: [saedoo_v2] <> "" and [off_timeknown_v2] = "	Time of offset	text												
1186	[off_timeknown_v2] Show the field ONLY if: [saedoo_v2] <> "" and [saetimeoff_v2] = " "	Time Unknown	radio <table><tr><td>1</td><td>Time Unknown</td></tr></table>	1	Time Unknown										
1	Time Unknown														
1187	[patientstatus_v2]	Patient status	radio, Required <table><tr><td>1</td><td>Continuing in study</td></tr><tr><td>2</td><td>Completed study</td></tr><tr><td>3</td><td>Withdrawn from intervention</td></tr></table>	1	Continuing in study	2	Completed study	3	Withdrawn from intervention						
1	Continuing in study														
2	Completed study														
3	Withdrawn from intervention														
1188	[saename_v2]	Section Header: <i>Health Care Professional Authorisation</i> Name	text, Required												
1189	[sae_signature]	Signature	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
1190	[saedatecomp_v2]	Date signed	text (date_dmy, Min: 2019-06-01), Required												
1191	[ctrc_use_only_related_sae_p3_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Ctrc Use Only Related SAE P4 (ctrc_use_only_related_sae_p4)															
1192	[saedaterec_v2]	Section Header: <i>Reporter Information</i> Date received by reporter	text (date_dmy, Min: 2019-06-01), Required												
1193	[sae_reporter]	Name and address of reporter	notes, Required Custom alignment: LV												
1194	[sae_ciseriousness]	Section Header: <i>CI seriousness assessment</i> CI Seriousness Assessment	radio, Required <table><tr><td>1</td><td>Death</td></tr><tr><td>2</td><td>Immediately life-threatening</td></tr><tr><td>3</td><td>Required Hospitalisation</td></tr><tr><td>4</td><td>Prolonged existing hospitalisation</td></tr><tr><td>5</td><td>Persistent or significant disability/incapacity</td></tr><tr><td>6</td><td>Medically significant / important</td></tr></table>	1	Death	2	Immediately life-threatening	3	Required Hospitalisation	4	Prolonged existing hospitalisation	5	Persistent or significant disability/incapacity	6	Medically significant / important
1	Death														
2	Immediately life-threatening														
3	Required Hospitalisation														
4	Prolonged existing hospitalisation														
5	Persistent or significant disability/incapacity														
6	Medically significant / important														
1195	[sae_ciassessspecify] Show the field ONLY if: [sae_ciseriousness] = '6'	Specify	text												

1196	[ci_intervention]	Section Header: <i>CI Assessment of expectedness</i> Intervention	radio, Required 1 Enhanced rehabilitation therapy
1197	[cisiterelation_v2]	C.I assessment of relationship to intervention	radio, Required 1 Unrelated 2 Unlikely 3 Possibly 4 Probably 5 Almost Certainly
1198	[cisiterelation2_v2]	C.I assessment of expectedness	radio, Required 1 Expected 2 Unexpected
1199	[saename2_aac_v2]	Section Header: <i>Chief Investigator Authorisation</i> C.I name	text, Required
1200	[sae_cisign]	Signature	yesno, Required 1 Yes 0 No
1201	[cidate_v2]	Date signed	text (date_dmy, Min: 2019-06-01), Required
1202	[exp_repor_v2]	Section Header: <i>Page to be completed by CTRC Expedited reporting</i> Was expedited reporting required ?	yesno, Required 1 Yes 0 No
1203	[namectr1_v2] Show the field ONLY if: [exp_repor_v2] = '1'	Section Header: <i>Report to REC</i> Name	text
1204	[sae_recsign] Show the field ONLY if: [exp_repor_v2] = '1'	Signature	yesno 1 Yes 0 No
1205	[ctrcdate21_v2] Show the field ONLY if: [exp_repor_v2] = '1'	Date Reported	text (date_dmy, Min: 2019-06-01)
1206	[namectr2_v2] Show the field ONLY if: [exp_repor_v2] = '1'	Section Header: <i>Report to Sponsor</i> Name	text
1207	[sae_sponsign] Show the field ONLY if: [exp_repor_v2] = '1'	Signature	yesno 1 Yes 0 No
1208	[ctrcdate22_v2] Show the field ONLY if: [exp_repor_v2] = '1'	Date Reported	text (date_dmy, Min: 2019-06-01)
1209	[ctrc_use_only_related_sae_p4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete

			<table border="1"> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	1	Unverified	2	Complete																							
1	Unverified																													
2	Complete																													
Instrument: Therapy Session Record (therapy_session_record)																														
1210	[therapy_initial]	Initials	text, Identifier																											
1211	[therapy_date]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01), Required																											
1212	[therapy_role]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox, Required <table border="1"> <tr> <td>1</td> <td>therapy_role__1</td> <td>Occupational Therapist</td> </tr> <tr> <td>2</td> <td>therapy_role__2</td> <td>Physiotherapist</td> </tr> <tr> <td>3</td> <td>therapy_role__3</td> <td>OT assistant</td> </tr> <tr> <td>4</td> <td>therapy_role__4</td> <td>Physiotherapy assistant</td> </tr> <tr> <td>5</td> <td>therapy_role__5</td> <td>Technical instructor</td> </tr> <tr> <td>6</td> <td>therapy_role__6</td> <td>Nurse</td> </tr> <tr> <td>7</td> <td>therapy_role__7</td> <td>Social Worker</td> </tr> <tr> <td>8</td> <td>therapy_role__8</td> <td>Social Care</td> </tr> <tr> <td>9</td> <td>therapy_role__9</td> <td>Other(please specify)</td> </tr> </table>	1	therapy_role__1	Occupational Therapist	2	therapy_role__2	Physiotherapist	3	therapy_role__3	OT assistant	4	therapy_role__4	Physiotherapy assistant	5	therapy_role__5	Technical instructor	6	therapy_role__6	Nurse	7	therapy_role__7	Social Worker	8	therapy_role__8	Social Care	9	therapy_role__9	Other(please specify)
1	therapy_role__1	Occupational Therapist																												
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5	therapy_role__5	Technical instructor																												
6	therapy_role__6	Nurse																												
7	therapy_role__7	Social Worker																												
8	therapy_role__8	Social Care																												
9	therapy_role__9	Other(please specify)																												
1213	[therapy_specify] Show the field ONLY if: [therapy_role(9)] = '1'	Other (Specify)	text																											
1214	[therapy_ohband]	Occupational Therapist Band(s)	text																											
1215	[therapy_physioband]	Physiotherapist Band(s)	text																											
1216	[therapy_otaband]	OT assistant Band(s)	text																											
1217	[therapy_physaband]	Physiotherapy assistant Band(s)	text																											
1218	[therapy_techband]	Technical instructor Band(s)	text																											
1219	[therapy_nurseband]	Nurse Band(s)	text																											
1220	[therapy_socialwband]	Social Worker Band(s)	text																											
1221	[therapy_socialcband]	Social Care Band(s)	text																											
1222	[therapy_otherband] Show the field ONLY if: [therapy_role(9)] = '1'	Other Band(s)	text																											
1223	[therapy_location]	Please provide the location of this session	checkbox, Required <table border="1"> <tr> <td>1</td> <td>therapy_location__1</td> <td>Patient's own home</td> </tr> <tr> <td>2</td> <td>therapy_location__2</td> <td>Care home where patient lives permanently</td> </tr> <tr> <td>3</td> <td>therapy_location__3</td> <td>Community hospital outpatients</td> </tr> </table>	1	therapy_location__1	Patient's own home	2	therapy_location__2	Care home where patient lives permanently	3	therapy_location__3	Community hospital outpatients																		
1	therapy_location__1	Patient's own home																												
2	therapy_location__2	Care home where patient lives permanently																												
3	therapy_location__3	Community hospital outpatients																												

			4	therapy_location__4	Acute hospital outpatients
			5	therapy_location__5	Other (please specify)
1224	[therapy_othspec] Show the field ONLY if: [therapy_location(5)] = '1'	Other specify	text		
1225	[therapy_dirassesst]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (number)		
1226	[therapy_dirassesssf]	Further details	text		
1227	[therapy_dirphyst]	Physical exercises (time in minutes)	text (number)		
1228	[therapy_dirphysf]	Further details	text		
1229	[therapy_diractt]	Activities of daily living practice (time in minutes)	text (number)		
1230	[therapy_diractf]	Further details	text		
1231	[therapy_dirgoalt]	Goal-setting (time in minutes)	text (number)		
1232	[therapy_dirgoalhf]	Further details	text		
1233	[therapy_dirdisct]	Discussion of care and progress (time in minutes)	text (number)		
1234	[therapy_dirdiscf]	Further details	text		
1235	[therapy_diremott]	Emotional support (time in minutes)	text (number)		
1236	[therapy_diremotf]	Further details	text		
1237	[therapy_dirdiscreft]	Discussion of referral to a follow on service (time in minutes)	text (number)		
1238	[therapy_dirdiscreff]	Further details	text		
1239	[therapy_dirtravt]	Travel to and from session (time in minutes)	text (number)		
1240	[therapy_dirtravf]	Further details	text		
1241	[therapy_dirotht]	Other (please specify in the further details column)	text		
1242	[therapy_dirothf]	Further details	text		
1243	[therapy_indirreft]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (number)		
1244	[therapy_indirreff]	Further details	text		
1245	[therapy_indirphot]	Phone contact with patient (time in minutes)	text (number)		
1246	[therapy_indirphof]	Further details	text		
1247	[therapy_indircontt]	Contact with MDT about patient (time in minutes)	text (number)		
1248	[therapy_indircontf]	Further details	text		
1249	[therapy_indirpatt]	Patient admin (time in minutes)	text (number)		
1250	[therapy_indirpatf]	Further details	text		
1251	[therapy_indirtravt]	Travel to and from session (time in minutes)	text (number)		
1252	[therapy_indirtravf]	Further details	text		
1253	[therapy_indirotht]	Other (time in minutes) <i>Please specify in the further details field</i>	text (number)		
1254	[therapy_indirothf]	Further details	text		
1255	[therapy_total]	Total time spent on this therapy session	text (number, Min: 0)		

1256	[therapy_session_reco rd_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: Extra Rehabilitation Therapy Session Record (extra_rehabilitation_therapy_session_record)																		
1257	[therapy_initialex]	Initials	text, Identifier															
1258	[therapy_dateex]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)															
1259	[therapy_roleex]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_roleex__1</td> <td>Occupational Therapist</td> </tr> <tr> <td>2</td> <td>therapy_roleex__2</td> <td>Physiotherapist</td> </tr> <tr> <td>3</td> <td>therapy_roleex__3</td> <td>OT assistant</td> </tr> <tr> <td>4</td> <td>therapy_roleex__4</td> <td>Physiotherapy assistant</td> </tr> <tr> <td>5</td> <td>therapy_roleex__5</td> <td>Technical instructor</td> </tr> </table>	1	therapy_roleex__1	Occupational Therapist	2	therapy_roleex__2	Physiotherapist	3	therapy_roleex__3	OT assistant	4	therapy_roleex__4	Physiotherapy assistant	5	therapy_roleex__5	Technical instructor
1	therapy_roleex__1	Occupational Therapist																
2	therapy_roleex__2	Physiotherapist																
3	therapy_roleex__3	OT assistant																
4	therapy_roleex__4	Physiotherapy assistant																
5	therapy_roleex__5	Technical instructor																
1260	[therapy_ohbandex]	Occupational Therapist Band(s)	text															
1261	[therapy_physiobandex]	Physiotherapist Band(s)	text															
1262	[therapy_otabandex]	OT assistant Band(s)	text															
1263	[therapy_physabandex]	Physiotherapy assistant Band(s)	text															
1264	[therapy_techbandex]	Technical instructor Band(s)	text															
1265	[therapy_locationex]	Please provide the location of this session	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_locationex__1</td> <td>Patient's own home</td> </tr> <tr> <td>2</td> <td>therapy_locationex__2</td> <td>Care home where patient lives permanently</td> </tr> <tr> <td>3</td> <td>therapy_locationex__3</td> <td>Community hospital outpatients</td> </tr> <tr> <td>4</td> <td>therapy_locationex__4</td> <td>Acute hospital outpatients</td> </tr> <tr> <td>5</td> <td>therapy_locationex__5</td> <td>Other (please specify)</td> </tr> </table>	1	therapy_locationex__1	Patient's own home	2	therapy_locationex__2	Care home where patient lives permanently	3	therapy_locationex__3	Community hospital outpatients	4	therapy_locationex__4	Acute hospital outpatients	5	therapy_locationex__5	Other (please specify)
1	therapy_locationex__1	Patient's own home																
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3	therapy_locationex__3	Community hospital outpatients																
4	therapy_locationex__4	Acute hospital outpatients																
5	therapy_locationex__5	Other (please specify)																
1266	[therapy_otherspecex] Show the field ONLY if: [therapy_locationex(5)] = '1'	Other specify	text															
1267	[therapy_dirassesste x]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text															
1268	[therapy_dirassessfe x]	Further details	text															
1269	[therapy_dirphystex]	Physical exercises (time in minutes)	text (integer, Min: 0)															

1270	[therapy_dirphysfex]	Further details	text
1271	[therapy_diracttex]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)
1272	[therapy_diractfex]	Further details	text
1273	[therapy_dirgoaltex]	Goal-setting and use of workbook (time in minutes)	text (number, Min: 0)
1274	[therapy_dirgoalfex]	Further details	text
1275	[therapy_dirdisctex]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)
1276	[therapy_dirdiscfex]	Further details	text
1277	[therapy_diremottex]	Emotional support (time in minutes)	text (integer, Min: 0)
1278	[therapy_diremotfex]	Further details	text
1279	[therapy_dirdiscreftex]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)
1280	[therapy_dirdiscreffex]	Further details	text
1281	[therapy_dirtravtex]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1282	[therapy_dirtravfex]	Further details	text
1283	[therapy_dirothtex]	Other (please specify in the further details column)	text
1284	[therapy_dirothfex]	Further details	text
1285	[therapy_indirreftex]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)
1286	[therapy_indirreffex]	Further details	text
1287	[therapy_indirphotex]	Phone contact with patient (time in minutes)	text (integer, Min: 0)
1288	[therapy_indirphofex]	Further details	text
1289	[therapy_indirconttex]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)
1290	[therapy_indircontfex]	Further details	text
1291	[therapy_indirpattex]	Patient admin (time in minutes)	text (integer, Min: 0)
1292	[therapy_indirpatfex]	Further details	text
1293	[therapy_indirtravtex]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1294	[therapy_indirtravfex]	Further details	text
1295	[therapy_indirothtex]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)
1296	[therapy_indirothfex]	Further details	text
1297	[therapy_notime1]	No time spent on this workbook in this session	radio 1
Show the field ONLY if: [therapy_goalext] = " and [therapy_goalexf] = " and [therapy_revext] = " and [therapy_revextf] = " and [therapy_ansext] = " and [therapy_ansextf] = " and [therapy_othextt] = " and [therapy_othextf] = "			

1298	[therapy_goaltext] Show the field ONLY if: [therapy_notime1] = "	Goal setting (time in minutes)	text (integer, Min: 0)												
1299	[therapy_goaltextf] Show the field ONLY if: [therapy_notime1] = "	Further details	text												
1300	[therapy_revtext] Show the field ONLY if: [therapy_notime1] = "	Reviewing progress (time in minutes)	text (integer, Min: 0)												
1301	[therapy_revtextf] Show the field ONLY if: [therapy_notime1] = "	Further details	text												
1302	[therapy_anstext] Show the field ONLY if: [therapy_notime1] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)												
1303	[therapy_anstextf] Show the field ONLY if: [therapy_notime1] = "	Further details	text												
1304	[therapy_othexttt] Show the field ONLY if: [therapy_notime1] = "	Other (time in minutes)	text (integer, Min: 0)												
1305	[therapy_othexttf] Show the field ONLY if: [therapy_notime1] = "	Further details	text												
1306	[therapy_othexttttotal]	Total time spent on this therapy session	text (number, Min: 0)												
1307	[extra_rehabilitation_therapy_session_record_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Extra Rehabilitation Therapy Session Record -Session 2 (extra_rehabilitation_therapy_session_record_sessio)															
1308	[therapy_initialex2]	Initials	text, Identifier												
1309	[therapy_dateex2]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)												
1310	[therapy_roleex2]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table><tr><td>1</td><td>therapy_roleex2__1</td><td>Occupational Therapist</td></tr><tr><td>2</td><td>therapy_roleex2__2</td><td>Physiotherapist</td></tr><tr><td>3</td><td>therapy_roleex2__3</td><td>OT assistant</td></tr><tr><td>4</td><td>therapy_roleex2__4</td><td>Physiotherapy</td></tr></table>	1	therapy_roleex2__1	Occupational Therapist	2	therapy_roleex2__2	Physiotherapist	3	therapy_roleex2__3	OT assistant	4	therapy_roleex2__4	Physiotherapy
1	therapy_roleex2__1	Occupational Therapist													
2	therapy_roleex2__2	Physiotherapist													
3	therapy_roleex2__3	OT assistant													
4	therapy_roleex2__4	Physiotherapy													

					assistant
			5	therapy_roleex2__5	Technical instructor
1311	[therapy_ohbandex2]	Occupational Therapist Band(s)	text		
1312	[therapy_physiobandex2]	Physiotherapist Band(s)	text		
1313	[therapy_otabandex2]	OT assistant Band(s)	text		
1314	[therapy_physabandex2]	Physiotherapy assistant Band(s)	text		
1315	[therapy_techbandex2]	Technical instructor Band(s)	text		
1316	[therapy_locationex2]	Please provide the location of this session	checkbox		
			1	therapy_locationex2__1	Patient's own home
			2	therapy_locationex2__2	Care home where patient lives permanently
			3	therapy_locationex2__3	Community hospital outpatients
			4	therapy_locationex2__4	Acute hospital outpatients
5	therapy_locationex2__5	Other (please specify)			
1317	[therapy_othspeceex2]	Other specify	text		
1318	[therapy_dirassesstex2]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (integer, Min: 0)		
1319	[therapy_dirassessfex2]	Further details	text		
1320	[therapy_dirphystex2]	Physical exercises (time in minutes)	text (integer, Min: 0)		
1321	[therapy_dirphysfex2]	Further details	text		
1322	[therapy_diracttex2]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)		
1323	[therapy_diractfex2]	Further details	text		
1324	[therapy_dirgoaltex2]	Goal-setting and use of workbook (time in minutes)	text (integer, Min: 0)		
1325	[therapy_dirgoalffex2]	Further details	text		
1326	[therapy_dirdisctex2]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)		
1327	[therapy_dirdiscfex2]	Further details	text		
1328	[therapy_diremottex2]	Emotional support (time in minutes)	text (integer, Min: 0)		
1329	[therapy_diremotfex2]	Further details	text		
1330	[therapy_dirdiscrefte x2]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)		
1331	[therapy_dirdiscreffe x2]	Further details	text		
1332	[therapy_dirtravtex2]	Travel to and from session (time in minutes)	text (integer, Min: 0)		
1333	[therapy_dirtravfex2]	Further details	text		

1334	[therapy_dirothtex2]	Other (please specify in the further details column)	text
1335	[therapy_dirothfex2]	Further details	text
1336	[therapy_indirreftex2]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)
1337	[therapy_indirreffex2]	Further details	text
1338	[therapy_indirphotex2]	Phone contact with patient (time in minutes)	text (integer, Min: 0)
1339	[therapy_indirphofex2]	Further details	text
1340	[therapy_indirconttex2]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)
1341	[therapy_indircontfex2]	Further details	text
1342	[therapy_indirpattex2]	Patient admin (time in minutes)	text (integer, Min: 0)
1343	[therapy_indirpatfex2]	Further details	text
1344	[therapy_indirtravtex2]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1345	[therapy_indirtravfex2]	Further details	text
1346	[therapy_indirothtex2]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)
1347	[therapy_indirothfex2]	Further details	text
1348	[therapy_notime12] Show the field ONLY if: [therapy_goalext2] = " or [therapy_goalexf2] = " or [therapy_revext2] = " or [therapy_revexf2] = " or [therapy_ansext2] = " or [therapy_ansextf2] = " or [therapy_othe xtt2] = " or [therapy_ot hextf2] = "	No time spent on this workbook in this session	radio ☐ 1 ☐
1349	[therapy_goalext2] Show the field ONLY if: [therapy_notime12] = "	Goal setting (time in minutes)	text (integer, Min: 0)
1350	[therapy_goalexf2] Show the field ONLY if: [therapy_notime12] = "	Further details	text
1351	[therapy_revext2] Show the field ONLY if: [therapy_notime12] = "	Reviewing progress (time in minutes)	text (integer, Min: 0)
1352	[therapy_revexf2]	Further details	text

	Show the field ONLY if: [therapy_notime12] = "								
1353	[therapy_ansext2] Show the field ONLY if: [therapy_notime12] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)						
1354	[therapy_ansextf2] Show the field ONLY if: [therapy_notime12] = "	Further details	text						
1355	[therapy_othextt2] Show the field ONLY if: [therapy_notime12] = "	Other (time in minutes)	text (integer, Min: 0)						
1356	[therapy_othextf2] Show the field ONLY if: [therapy_notime12] = "	Further details	text						
1357	[therapy_othexttotal2]	Total time spent on this therapy session	text (number, Min: 0)						
1358	[extra_rehabilitation_therapy_session_record_session_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Extra Rehabilitation Therapy Session Record-Session 3 (extra_rehabilitation_therapy_session_recordsession)

1359	[therapy_initialex3]	Initials	text, Identifier																	
1360	[therapy_dateex3]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)																	
1361	[therapy_roleex3]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table><tr><td>1</td><td>therapy_roleex3__1</td><td>Occupational Therapist</td></tr><tr><td>2</td><td>therapy_roleex3__2</td><td>Physiotherapist</td></tr><tr><td>3</td><td>therapy_roleex3__3</td><td>OT assistant</td></tr><tr><td>4</td><td>therapy_roleex3__4</td><td>Physiotherapy assistant</td></tr><tr><td>5</td><td>therapy_roleex3__5</td><td>Technical instructor</td></tr></table>			1	therapy_roleex3__1	Occupational Therapist	2	therapy_roleex3__2	Physiotherapist	3	therapy_roleex3__3	OT assistant	4	therapy_roleex3__4	Physiotherapy assistant	5	therapy_roleex3__5	Technical instructor
1	therapy_roleex3__1	Occupational Therapist																		
2	therapy_roleex3__2	Physiotherapist																		
3	therapy_roleex3__3	OT assistant																		
4	therapy_roleex3__4	Physiotherapy assistant																		
5	therapy_roleex3__5	Technical instructor																		
1362	[therapy_ohbandex3]	Occupational Therapist Band(s)	text																	
1363	[therapy_physiobandex3]	Physiotherapist Band(s)	text																	
1364	[therapy_otabandex3]	OT assistant Band(s)	text																	
1365	[therapy_physabandex3]	Physiotherapy assistant Band(s)	text																	
1366	[therapy_techbandex3]	Technical instructor Band(s)	text																	
1367	[therapy_locationex3]	Please provide the location of this session	checkbox <table><tr><td>1</td><td>therapy_locationex3__1</td><td>Patient's</td></tr></table>			1	therapy_locationex3__1	Patient's												
1	therapy_locationex3__1	Patient's																		

			<table><tr><td></td><td></td><td>own home</td></tr><tr><td>2</td><td>therapy_locationex3__2</td><td>Care home where patient lives permanently</td></tr><tr><td>3</td><td>therapy_locationex3__3</td><td>Community hospital outpatients</td></tr><tr><td>4</td><td>therapy_locationex3__4</td><td>Acute hospital outpatients</td></tr><tr><td>5</td><td>therapy_locationex3__5</td><td>Other (please specify)</td></tr></table>			own home	2	therapy_locationex3__2	Care home where patient lives permanently	3	therapy_locationex3__3	Community hospital outpatients	4	therapy_locationex3__4	Acute hospital outpatients	5	therapy_locationex3__5	Other (please specify)
		own home																
2	therapy_locationex3__2	Care home where patient lives permanently																
3	therapy_locationex3__3	Community hospital outpatients																
4	therapy_locationex3__4	Acute hospital outpatients																
5	therapy_locationex3__5	Other (please specify)																
1368	[therapy_othspecex3]	Other specify	text															
1369	[therapy_dirassesstex3]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (integer, Min: 0)															
1370	[therapy_dirassessfex3]	Further details	text															
1371	[therapy_dirphystex3]	Physical exercises (time in minutes)	text (integer, Min: 0)															
1372	[therapy_dirphysfex3]	Further details	text															
1373	[therapy_diracttex3]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)															
1374	[therapy_diractfex3]	Further details	text															
1375	[therapy_dirgoaltex3]	Goal-setting and use of workbook (time in minutes)	text (integer, Min: 0)															
1376	[therapy_dirgoalffex3]	Further details	text															
1377	[therapy_dirdisctex3]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)															
1378	[therapy_dirdiscfex3]	Further details	text															
1379	[therapy_diremottex3]	Emotional support (time in minutes)	text (integer, Min: 0)															
1380	[therapy_diremotfex3]	Further details	text															
1381	[therapy_dirdiscrefte3]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)															
1382	[therapy_dirdiscreffe3]	Further details	text															
1383	[therapy_dirtravtex3]	Travel to and from session (time in minutes)	text (integer, Min: 0)															
1384	[therapy_dirtravfex3]	Further details	text															
1385	[therapy_dirothtex3]	Other (please specify in the further details column)	text															
1386	[therapy_dirothfex3]	Further details	text															
1387	[therapy_indirreftex3]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)															
1388	[therapy_indirreffex3]	Further details	text															
1389	[therapy_indirphotex3]	Phone contact with patient (time in minutes)	text (integer, Min: 0)															
1390	[therapy_indirphofex3]	Further details	text															
1391	[therapy_indirconttex3]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)															

1392	[therapy_indircontfex3]	Further details	text
1393	[therapy_indirpattex3]	Patient admin (time in minutes)	text (integer, Min: 0)
1394	[therapy_indirpatfex3]	Further details	text
1395	[therapy_indirtravtex3]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1396	[therapy_indirtravfex3]	Further details	text
1397	[therapy_indirothtex3]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)
1398	[therapy_indirothfex3]	Further details	text
1399	[therapy_notime13] Show the field ONLY if: [therapy_goalex3] = " and [therapy_goalex3] = " and [therapy_revext3] = " and [therapy_revext3] = " and [therapy_ansext3] = " and [therapy_ansext3] = " and [therapy_othextt3] = " and [therapy_othext3] = "	No time spent on this workbook in this session	radio 1
1400	[therapy_goalex3] Show the field ONLY if: [therapy_notime13] = "	Goal setting (time in minutes)	text (integer, Min: 0)
1401	[therapy_goalex3] Show the field ONLY if: [therapy_notime13] = "	Further details	text
1402	[therapy_revext3] Show the field ONLY if: [therapy_notime13] = "	Reviewing progress (time in minutes)	text (integer, Min: 0)
1403	[therapy_revext3] Show the field ONLY if: [therapy_notime13] = "	Further details	text
1404	[therapy_ansext3] Show the field ONLY if: [therapy_notime13] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)
1405	[therapy_ansext3] Show the field ONLY if: [therapy_notime13] = "	Further details	text
1406	[therapy_othextt3]	Other (time in minutes)	text (integer, Min: 0)

	Show the field ONLY if: [therapy_notime13] = "																	
1407	[therapy_othextf3] Show the field ONLY if: [therapy_notime13] = "	Further details	text															
1408	[therapy_othexttotal3]	Total time spent on this therapy session	text (integer, Min: 0)															
1409	[extra_rehabilitation_therapy_session_recordsession_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: Extra Rehabilitation Therapy Session Record-Session 4 (extra_rehabilitation_therapy_session_recordse_69dd)																		
1410	[therapy_initialex4]	Initials	text, Identifier															
1411	[therapy_dateex4]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)															
1412	[therapy_roleex4]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table border="1"> <tr> <td>1</td><td>therapy_roleex4__1</td><td>Occupational Therapist</td></tr> <tr> <td>2</td><td>therapy_roleex4__2</td><td>Physiotherapist</td></tr> <tr> <td>3</td><td>therapy_roleex4__3</td><td>OT assistant</td></tr> <tr> <td>4</td><td>therapy_roleex4__4</td><td>Physiotherapy assistant</td></tr> <tr> <td>5</td><td>therapy_roleex4__5</td><td>Technical instructor</td></tr> </table>	1	therapy_roleex4__1	Occupational Therapist	2	therapy_roleex4__2	Physiotherapist	3	therapy_roleex4__3	OT assistant	4	therapy_roleex4__4	Physiotherapy assistant	5	therapy_roleex4__5	Technical instructor
1	therapy_roleex4__1	Occupational Therapist																
2	therapy_roleex4__2	Physiotherapist																
3	therapy_roleex4__3	OT assistant																
4	therapy_roleex4__4	Physiotherapy assistant																
5	therapy_roleex4__5	Technical instructor																
1413	[therapy_ohbandex4]	Occupational Therapist Band(s)	text															
1414	[therapy_physiobandex4]	Physiotherapist Band(s)	text															
1415	[therapy_otabandex4]	OT assistant Band(s)	text															
1416	[therapy_physabandex4]	Physiotherapy assistant Band(s)	text															
1417	[therapy_techbandex4]	Technical instructor Band(s)	text															
1418	[therapy_locationex4]	Please provide the location of this session	checkbox <table border="1"> <tr> <td>1</td><td>therapy_locationex4__1</td><td>Patient's own home</td></tr> <tr> <td>2</td><td>therapy_locationex4__2</td><td>Care home where patient lives permanently</td></tr> <tr> <td>3</td><td>therapy_locationex4__3</td><td>Community hospital outpatients</td></tr> <tr> <td>4</td><td>therapy_locationex4__4</td><td>Acute hospital outpatients</td></tr> <tr> <td>5</td><td>therapy_locationex4__5</td><td>Other (please</td></tr> </table>	1	therapy_locationex4__1	Patient's own home	2	therapy_locationex4__2	Care home where patient lives permanently	3	therapy_locationex4__3	Community hospital outpatients	4	therapy_locationex4__4	Acute hospital outpatients	5	therapy_locationex4__5	Other (please
1	therapy_locationex4__1	Patient's own home																
2	therapy_locationex4__2	Care home where patient lives permanently																
3	therapy_locationex4__3	Community hospital outpatients																
4	therapy_locationex4__4	Acute hospital outpatients																
5	therapy_locationex4__5	Other (please																

				specify)
1419	[therapy_othspece4]	Other specify	text	
1420	[therapy_dirassesstex4]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (integer, Min: 0)	
1421	[therapy_dirassessfex4]	Further details	text	
1422	[therapy_dirphystex4]	Physical exercises (time in minutes)	text (integer, Min: 0)	
1423	[therapy_dirphysfex4]	Further details	text	
1424	[therapy_diracttex4]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)	
1425	[therapy_diractfex4]	Further details	text	
1426	[therapy_dingoaltex4]	Goal-setting and use of workbook (time in minutes)	text (integer, Min: 0)	
1427	[therapy_dingoalfex4]	Further details	text	
1428	[therapy_dirdisctex4]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)	
1429	[therapy_dirdiscfex4]	Further details	text	
1430	[therapy_diremottex4]	Emotional support (time in minutes)	text (integer, Min: 0)	
1431	[therapy_diremotfex4]	Further details	text	
1432	[therapy_dirdiscrefte4]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)	
1433	[therapy_dirdiscreffe4]	Further details	text	
1434	[therapy_dirtravtex4]	Travel to and from session (time in minutes)	text (integer, Min: 0)	
1435	[therapy_dirtravfex4]	Further details	text	
1436	[therapy_dirothtex4]	Other (please specify in the further details column)	text	
1437	[therapy_dirothfex4]	Further details	text	
1438	[therapy_indirreftex4]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)	
1439	[therapy_indirreffex4]	Further details	text	
1440	[therapy_indirphotex4]	Phone contact with patient (time in minutes)	text (integer, Min: 0)	
1441	[therapy_indirphofex4]	Further details	text	
1442	[therapy_indirconttex4]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)	
1443	[therapy_indircontfex4]	Further details	text	
1444	[therapy_indirpattex4]	Patient admin (time in minutes)	text (integer, Min: 0)	
1445	[therapy_indirpatfex4]	Further details	text	
1446	[therapy_indirtravtex4]	Travel to and from session (time in minutes)	text (integer, Min: 0)	
1447	[therapy_indirtravfex4]	Further details	text	
1448	[therapy_indirothtex4]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)	

1449	[therapy_indirothfex4]	Further details	text
1450	[therapy_notime14] Show the field ONLY if: [therapy_goalext4] = " and [therapy_goalexf4] = " and [therapy_revext4] = " and [therapy_revexf4] = " and [therapy_ansext4] = " and [therapy_ansextf4] = " and [therapy_othextt4] = " and [therapy_othextf4] = "	No time spent on this workbook in this session	radio 1
1451	[therapy_goalext4] Show the field ONLY if: [therapy_notime14] = "	Goal setting (time in minutes)	text (integer, Min: 0)
1452	[therapy_goalexf4] Show the field ONLY if: [therapy_notime14] = "	Further details	text
1453	[therapy_revext4] Show the field ONLY if: [therapy_notime14] = "	Reviewing progress (time in minutes)	text (integer, Min: 0)
1454	[therapy_revexf4] Show the field ONLY if: [therapy_notime14] = "	Further details	text
1455	[therapy_ansext4] Show the field ONLY if: [therapy_notime14] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)
1456	[therapy_ansextf4] Show the field ONLY if: [therapy_notime14] = "	Further details	text
1457	[therapy_othextt4] Show the field ONLY if: [therapy_notime14] = "	Other (time in minutes)	text
1458	[therapy_othextf4] Show the field ONLY if: [therapy_notime14] = "	Further details	text
1459	[therapy_othexttotal4]	Total time spent on this therapy session	text (integer, Min: 0)
1460	[extra_rehabilitation_therapy_session_recode_69dd_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified

			2	Complete															
Instrument: Extra Rehabilitation Therapy Session Record-Session 5 (extra_rehabilitation_therapy_session_recordse_c279)																			
1461	[therapy_initialex5]	Initials	text, Identifier																
1462	[therapy_dateex5]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)																
1463	[therapy_roleex5]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_roleex5__1</td> <td>Occupational Therapist</td> </tr> <tr> <td>2</td> <td>therapy_roleex5__2</td> <td>Physiotherapist</td> </tr> <tr> <td>3</td> <td>therapy_roleex5__3</td> <td>OT assistant</td> </tr> <tr> <td>4</td> <td>therapy_roleex5__4</td> <td>Physiotherapy assistant</td> </tr> <tr> <td>5</td> <td>therapy_roleex5__5</td> <td>Technical instructor</td> </tr> </table>		1	therapy_roleex5__1	Occupational Therapist	2	therapy_roleex5__2	Physiotherapist	3	therapy_roleex5__3	OT assistant	4	therapy_roleex5__4	Physiotherapy assistant	5	therapy_roleex5__5	Technical instructor
1	therapy_roleex5__1	Occupational Therapist																	
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4	therapy_roleex5__4	Physiotherapy assistant																	
5	therapy_roleex5__5	Technical instructor																	
1464	[therapy_ohbandex5]	Occupational Therapist Band(s)	text																
1465	[therapy_physiobandex5]	Physiotherapist Band(s)	text																
1466	[therapy_otabandex5]	OT assistant Band(s)	text																
1467	[therapy_physabandex5]	Physiotherapy assistant Band(s)	text																
1468	[therapy_techbandex5]	Technical instructor Band(s)	text																
1469	[therapy_locationex5]	Please provide the location of this session	checkbox <table border="1"> <tr> <td>1</td> <td>therapy_locationex5__1</td> <td>Patient's own home</td> </tr> <tr> <td>2</td> <td>therapy_locationex5__2</td> <td>Care home where patient lives permanently</td> </tr> <tr> <td>3</td> <td>therapy_locationex5__3</td> <td>Community hospital outpatients</td> </tr> <tr> <td>4</td> <td>therapy_locationex5__4</td> <td>Acute hospital outpatients</td> </tr> <tr> <td>5</td> <td>therapy_locationex5__5</td> <td>Other (please specify)</td> </tr> </table>		1	therapy_locationex5__1	Patient's own home	2	therapy_locationex5__2	Care home where patient lives permanently	3	therapy_locationex5__3	Community hospital outpatients	4	therapy_locationex5__4	Acute hospital outpatients	5	therapy_locationex5__5	Other (please specify)
1	therapy_locationex5__1	Patient's own home																	
2	therapy_locationex5__2	Care home where patient lives permanently																	
3	therapy_locationex5__3	Community hospital outpatients																	
4	therapy_locationex5__4	Acute hospital outpatients																	
5	therapy_locationex5__5	Other (please specify)																	
1470	[therapy_othspeceex5]	Other specify	text																
1471	[therapy_dirassesstex5]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (integer, Min: 0)																
1472	[therapy_dirassessfex5]	Further details	text																
1473	[therapy_dirphystex5]	Physical exercises (time in minutes)	text (integer, Min: 0)																
1474	[therapy_dirphysfex5]	Further details	text																
1475	[therapy_diracttex5]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)																
1476	[therapy_diractfex5]	Further details	text																

1477	[therapy_dirgoaltext5]	Goal-setting and use of workbook (time in minutes)	text (integer, Min: 0)
1478	[therapy_dirgoaltext5]	Further details	text
1479	[therapy_dirdisctext5]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)
1480	[therapy_dirdisctext5]	Further details	text
1481	[therapy_diremotttext5]	Emotional support (time in minutes)	text (integer, Min: 0)
1482	[therapy_diremotttext5]	Further details	text
1483	[therapy_dirdiscreftext5]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)
1484	[therapy_dirdiscreftext5]	Further details	text
1485	[therapy_dirtravtext5]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1486	[therapy_dirtravtext5]	Further details	text
1487	[therapy_dirothtext5]	Other (please specify in the further details column)	text
1488	[therapy_dirothtext5]	Further details	text
1489	[therapy_indirreftext5]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)
1490	[therapy_indirreftext5]	Further details	text
1491	[therapy_indirphotext5]	Phone contact with patient (time in minutes)	text (integer, Min: 0)
1492	[therapy_indirphotext5]	Further details	text
1493	[therapy_indirconttext5]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)
1494	[therapy_indirconttext5]	Further details	text
1495	[therapy_indirpatttext5]	Patient admin (time in minutes)	text (integer, Min: 0)
1496	[therapy_indirpatttext5]	Further details	text
1497	[therapy_indirtravtext5]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1498	[therapy_indirtravtext5]	Further details	text
1499	[therapy_indirothtext5]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)
1500	[therapy_indirothtext5]	Further details	text
1501	[therapy_notime15]	No time spent on this workbook in this session Show the field ONLY if: [therapy_goalext5] = "" and [therapy_goalexft5] = "" and [therapy_revext5] = "" and [therapy_revextft5] = "" and [therapy_ansext5] = "" and [therapy_ansextft5] = "" and [therapy_othext5] = "" and	radio ☐ 1 ☐

	d [therapy_othextf5] = " "								
1502	[therapy_goalex5] Show the field ONLY if: [therapy_notime15] = "	Goal setting (time in minutes)	text (integer, Min: 0)						
1503	[therapy_goalex5] Show the field ONLY if: [therapy_notime15] = "	Further details	text						
1504	[therapy_revext5] Show the field ONLY if: [therapy_notime15] = "	Reviewing progress (time in minutes)	text (integer, Min: 0)						
1505	[therapy_revext5] Show the field ONLY if: [therapy_notime15] = "	Further details	text						
1506	[therapy_ansext5] Show the field ONLY if: [therapy_notime15] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)						
1507	[therapy_ansextf5] Show the field ONLY if: [therapy_notime15] = "	Further details	text						
1508	[therapy_othextt5] Show the field ONLY if: [therapy_notime15] = "	Other (time in minutes)	text (integer, Min: 0)						
1509	[therapy_othextf5] Show the field ONLY if: [therapy_notime15] = "	Further details	text						
1510	[therapy_othexttotal5]	Total time spent on this therapy session	text (integer, Min: 0)						
1511	[extra_rehabilitation_therapy_session_recordse_c279_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Extra Rehabilitation Therapy Session Record-Session 6 (extra_rehabilitation_therapy_session_recordse_7798)									
1512	[therapy_initialex6]	Initials	text, Identifier						
1513	[therapy_dateex6]	Section Header: <i>Session details</i> Date of session	text (date_dmy, Min: 2019-06-01, Max: 2021-08-01)						
1514	[therapy_roleex6]	Please tick the role(s) and record the band(s) of person(s) conducting this session below	checkbox <table><tr><td>1</td><td>therapy_roleex6__1</td><td>Occupational Therapist</td></tr><tr><td>2</td><td>therapy_roleex6__2</td><td>Physiotherapist</td></tr></table>	1	therapy_roleex6__1	Occupational Therapist	2	therapy_roleex6__2	Physiotherapist
1	therapy_roleex6__1	Occupational Therapist							
2	therapy_roleex6__2	Physiotherapist							

			<table> <tr> <td>3</td><td>therapy_roleex6__3</td><td>OT assistant</td></tr> <tr> <td>4</td><td>therapy_roleex6__4</td><td>Physiotherapy assistant</td></tr> <tr> <td>5</td><td>therapy_roleex6__5</td><td>Technical instructor</td></tr> </table>	3	therapy_roleex6__3	OT assistant	4	therapy_roleex6__4	Physiotherapy assistant	5	therapy_roleex6__5	Technical instructor						
3	therapy_roleex6__3	OT assistant																
4	therapy_roleex6__4	Physiotherapy assistant																
5	therapy_roleex6__5	Technical instructor																
1515	[therapy_ohbandex6]	Occupational Therapist Band(s)	text															
1516	[therapy_physiobandex6]	Physiotherapist Band(s)	text															
1517	[therapy_otabandex6]	OT assistant Band(s)	text															
1518	[therapy_physabandex6]	Physiotherapy assistant Band(s)	text															
1519	[therapy_techbandex6]	Technical instructor Band(s)	text															
1520	[therapy_locationex6]	Please provide the location of this session	checkbox <table> <tr> <td>1</td><td>therapy_locationex6__1</td><td>Patient's own home</td></tr> <tr> <td>2</td><td>therapy_locationex6__2</td><td>Care home where patient lives permanently</td></tr> <tr> <td>3</td><td>therapy_locationex6__3</td><td>Community hospital outpatients</td></tr> <tr> <td>4</td><td>therapy_locationex6__4</td><td>Acute hospital outpatients</td></tr> <tr> <td>5</td><td>therapy_locationex6__5</td><td>Other (please specify)</td></tr> </table>	1	therapy_locationex6__1	Patient's own home	2	therapy_locationex6__2	Care home where patient lives permanently	3	therapy_locationex6__3	Community hospital outpatients	4	therapy_locationex6__4	Acute hospital outpatients	5	therapy_locationex6__5	Other (please specify)
1	therapy_locationex6__1	Patient's own home																
2	therapy_locationex6__2	Care home where patient lives permanently																
3	therapy_locationex6__3	Community hospital outpatients																
4	therapy_locationex6__4	Acute hospital outpatients																
5	therapy_locationex6__5	Other (please specify)																
1521	[therapy_othspeceex6]	Other specify	text															
1522	[therapy_dirassesstex6]	Section Header: <i>DIRECT Care activities</i> Assessment or Reassessment (time in minutes)	text (integer, Min: 0)															
1523	[therapy_dirassessfex6]	Further details	text															
1524	[therapy_dirphystex6]	Physical exercises (time in minutes)	text (integer, Min: 0)															
1525	[therapy_dirphysfex6]	Further details	text															
1526	[therapy_diracttex6]	Activities of daily living practice (time in minutes)	text (integer, Min: 0)															
1527	[therapy_diractfex6]	Further details	text															
1528	[therapy_dirgoaltex6]	Goal-setting and use of workbook (time in minutes)	text (integer, Min: 0)															
1529	[therapy_dirgoalffex6]	Further details	text															
1530	[therapy_dirdisttex6]	Discussion of care and progress (time in minutes)	text (integer, Min: 0)															
1531	[therapy_dirdiscfex6]	Further details	text															
1532	[therapy_diremottex6]	Emotional support (time in minutes)	text (integer, Min: 0)															
1533	[therapy_diremotfex6]	Further details	text															
1534	[therapy_dirdiscrefte x6]	Discussion of referral to a follow on service (time in minutes)	text (integer, Min: 0)															
1535	[therapy_dirdiscreffe x6]	Further details	text															

1536	[therapy_dirtravtex6]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1537	[therapy_dirtravfex6]	Further details	text
1538	[therapy_dirothtex6]	Other (please specify in the further details column)	text
1539	[therapy_dirothfex6]	Further details	text
1540	[therapy_indirref6]	Section Header: <i>INDIRECT Care activities</i> Referring to another service (time in minutes)	text (integer, Min: 0)
1541	[therapy_indirreffex6]	Further details	text
1542	[therapy_indirphotex6]	Phone contact with patient (time in minutes)	text (integer, Min: 0)
1543	[therapy_indirphofex6]	Further details	text
1544	[therapy_indircont6]	Contact with MDT about patient (time in minutes)	text (integer, Min: 0)
1545	[therapy_indircontfex6]	Further details	text
1546	[therapy_indirpattex6]	Patient admin (time in minutes)	text (integer, Min: 0)
1547	[therapy_indirpatfex6]	Further details	text
1548	[therapy_indirtravtex6]	Travel to and from session (time in minutes)	text (integer, Min: 0)
1549	[therapy_indirtravfex6]	Further details	text
1550	[therapy_indiroth6]	Other (time in minutes) <i>Please specify in the further details field</i>	text (integer, Min: 0)
1551	[therapy_indirothfex6]	Further details	text
1552	[therapy_notime16] Show the field ONLY if: [therapy_goalext6] = " and [therapy_goalexf6] = " and [therapy_revext6] = " and [therapy_revexf6] = " and [therapy_ansext6] = " and [therapy_ansextf6] = " and [therapy_othextt6] = " and [therapy_othextf6] = "	No time spent on this workbook in this session	radio ☐ 1 ☐
1553	[therapy_goalext6] Show the field ONLY if: [therapy_notime16] = "	Goal setting (time in minutes)	text (integer, Min: 0)
1554	[therapy_goalexf6] Show the field ONLY if: [therapy_notime16] = "	Further details	text
1555	[therapy_revext6]	Reviewing progress (time in minutes)	text (integer, Min: 0)

	Show the field ONLY if: [therapy_notime16] = "								
1556	[therapy_revextf6] Show the field ONLY if: [therapy_notime16] = "	Further details	text						
1557	[therapy_ansextf6] Show the field ONLY if: [therapy_notime16] = "	Answering patient questions stimulated by workbook (time in minutes)	text (integer, Min: 0)						
1558	[therapy_ansextf6] Show the field ONLY if: [therapy_notime16] = "	Further details	text						
1559	[therapy_othextt6] Show the field ONLY if: [therapy_notime16] = "	Other (time in minutes)	text (integer, Min: 0)						
1560	[therapy_othextf6] Show the field ONLY if: [therapy_notime16] = "	Further details	text						
1561	[therapy_othexttotal6]	Total time spent on this therapy session	text (integer, Min: 0)						
1562	[extra_rehabilitation_therapy_session_recode_7798_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Rehabilitation Goal Setting Diary (rehabilitation_goal_setting_diary)

1563	[rehab_date1]	Date	text (date_dmy), Required							
1564	[rehab_goal1]	My goal is:	text, Required							
1565	[rehab_achieve1]	I will achieve my goal by doing:	text, Required							
1566	[work_day1]	Day 1- Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>		1	yes	2	no	0	not completed
1	yes									
2	no									
0	not completed									
1567	[com_day1]	Comments	text							
1568	[work_day2]	Day 2-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>		1	yes	2	no	0	not completed
1	yes									
2	no									
0	not completed									
1569	[com_day2]	Comments	text							
1570	[work_day3]	Day 3-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>		1	yes	2	no		
1	yes									
2	no									

			<table><tr><td>0</td><td>not completed</td></tr></table>	0	not completed				
0	not completed								
1571	[com_day3]	Comments	text						
1572	[work_day4]	Day 4-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>	1	yes	2	no	0	not completed
1	yes								
2	no								
0	not completed								
1573	[com_day4]	Comments	text						
1574	[work_day5]	Day 5-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>	1	yes	2	no	0	not completed
1	yes								
2	no								
0	not completed								
1575	[com_day5]	Comments	text						
1576	[work_day6]	Day 6-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>	1	yes	2	no	0	not completed
1	yes								
2	no								
0	not completed								
1577	[com_day6]	Comments	text						
1578	[work_day7]	Day 7-Did you work on your goal today?	dropdown (autocomplete), Required <table><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr><tr><td>0</td><td>not completed</td></tr></table>	1	yes	2	no	0	not completed
1	yes								
2	no								
0	not completed								
1579	[com_day7]	Comments	text						
1580	[achieve_line1] Show the field ONLY if: [line_notcomp1] ="	How do you feel about your achievements/progress? Please record line measurement	text (integer, Min: 0, Max: 10), Required						
1581	[achieve_total1] Show the field ONLY if: [line_notcomp1] ="	How do you feel about your achievements/progress? Please record full length of the line	text (integer, Min: 0, Max: 10), Required						
1582	[line_notcomp1] Show the field ONLY if: [achieve_line1] = "	Line measurement not completed	radio, Required <table><tr><td>1</td><td>Line measurement not completed</td></tr></table>	1	Line measurement not completed				
1	Line measurement not completed								
1583	[progress_day1]	What could be done to improve how you feel about your progress?	text, Required						
1584	[rehabilitation_goal_setting_diary_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								