

LB1374_IPSISS PID 836

Codebook ▾

Data Dictionary Codebook

02-09-2021 07:22

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Eligibility (eligibility) ^ Collapse									
1	record_id	Record ID	text						
2	incl_crit	Inclusion criterium	text						
3	ic	Informed Consent	yesno, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
4	ic_date Show the field ONLY if: [ic] = '1'	Date of Informed Consent	text (date_dmy), Required						
5	eligibility_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="display: inline-table; vertical-align: middle;"> <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
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1	Unverified								
2	Complete								
Instrument: Masterfile (masterfile) ^ Collapse									
6	multiples	singleton_twin	singleton / twin						
7	chor	chorionicity	leave empty if singleton, MCDA / DCDA if twin						
8	crl	CRL_twin1	length measured in mm						
9	crl2	CRL_twin2	leave empty if singleton, if twins length in mm of twin 2						
10	date_us	date_US	dd/mm/yy						
11	due_date	due_date	dd/mm/yy						
12	dob_mother	DOB_mother	dd/mm/yy						
13	height	height	length in cm						
14	weight	weight	weight in kg						
15	bmi	BMI	leave empty						
16	ethnicity	ethnicity	White / Black / South Asian (=Indian) / East Asian / Mixed						
17	nicotin	nicotin	Yes / No						
18	fh_preeclampsia	Family history = mother had preeclampsia	Yes / No						
19	conception	how did she concieve	Spontaneous / IVF / Ovulation drugs						
20	chron_hypertension	chron_hypertension	Yes / No						
21	dm	Diabetes mellitus	Type 1 / Type 2						
22	sle	Systemic Lupus Erythematodes	Yes / No						
23	aps	Antiphopholipid Syndrome	Yes / No						
24	grav	Which Pregnancy	Number						
25	par	Which Parity	Number						
26	prev_pe	Previous pregnancy with preeclampsia	Yes / No						
27	prev_del_date	Date of last delivery	dd/mm/yy						
28	ga_prev_del	How many weeks pregnant at last delivery	number (for example 36+2)						
29	int_preg_int	How long the interval was between the pregnancies	leave empty						
30	sga	previous small for gestational age baby?	Yes / No						
31	map	mean arterial pressure	number (diastolic*2+systolic*1, all divided by 3) $120/80 = 2 \times 80 + 120 = 280 / 3 = 93.3$						

32	map_mom	this is calculated in first trimester combined screening	leave empty						
33	uta_pi	Uterine artery Doppler pulsatility index	leave empty, you don't have that without screening						
34	uta_pi_mom	UtA_PI_MoM	leave empty						
35	date_pappa	the date the blood was taken for PAPP-A	dd/mm/yy						
36	ga_pappa	how many weeks (I will calculate that)	leave empty						
37	pappa	PAPPA	measurement and units, f.e. 1.546 U/l)						
38	pappa_mom	PAPPA_MoM	if you have it put MOM, if not leave empty						
39	lab_anal_pappa	What machine was used for analysis	Kryptor / Delphia Express / Roche						
40	date_plgf	date_PIGF	dd/mm/yy						
41	ga_plgf	GA_PIGF	leave empty						
42	plgf	PIGF	value (f.e. 50.2pg/ml)						
43	plgf_mom	PIGF_MoM	if you have it put value						
44	lab_analysis_plgf	lab_analysis_PIGF	Kryptor / Delphia Express / Roche						
45	rpe_34	Risk_PE_before34	number of 1:xx, if you don't have it leave empty						
46	rpe_37	Risk_PE_before37	number of 1:xx, if you don't have it leave empty						
47	rpe_42	Risk_PE_before42	number of 1:xx, if you don't have it leave empty						
48	riugr	Risk_IUGR	number of 1:xx, if you don't have it leave empty						
49	rfg	Risk_preterm_del	number of 1:xx, if you don't have it leave empty						
50	aspirin	Section Header: <i>Aspirin</i> Aspirin_yn	Yes / No						
51	aspirin_dosage	Aspirin_dosage	75mg / 100mg / 150mg						
52	aspirin_before_after	aspirin_before_after_screening	Before / After						
53	dob_child	Section Header: <i>Outcome</i> Date of birth of the child	dd/mm/yy						
54	delivery_weeks	how many weeks	number (f.e. 37+2)						
55	mode_del	mode of delivery	Spontaneous / Cesarean Section / Vacuum / Forceps						
56	indication	Indication_delivery	what is the indication for Cesarean section						
57	gender_child1	gender_child1	male / female						
58	birthweight_child1	birthweight_child1	number in g (3500)						
59	bw_percentile_child1	BW_Percentile_child1	which percentile number (f.e. 78)						
60	gender_child2	gender_child2	male / female						
61	birthweight_child2	birthweight_child2	number in g (3500)						
62	bw_percentile_child2	BW_percentile_child2	which percentile number (f.e. 78)						
63	nicu	did the child go to NICU	Yes / No						
64	fetal_anomalies	Fetal_anomalies_child1	Yes / No						
65	nicu2	NICU_child2	text						
66	fetal_anomalies2	Fetal_anomalies_child2	text						
67	gdm	Gestational diabetes	Yes / No						
68	gdm_therapy	GDM_therapy	diet / insulin / metformin						
69	preeclampsia	Preeclampsia	Yes / No						
70	hypertension	hypertension	Yes / No						
71	proteinuria	proteinuria	Yes / No						
72	angio_profil	angio_profil	number of sFlt-1/PIGF Value if available						
73	clin_symp	clinical symptoms	headache, epigastric pain, etc						
74	lab_chang	laboratory changes	for example elevated liver values, low platelets, etc						
75	masterfile_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
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