

Data Dictionary Codebook

MRI Focal boost (PID: 1031)

07/05/2026 11:28am

Instruments		
Instrument	Form Name	Events
Patient Demographic Information	patient_demographic_information	baseline_arm_1
Pre Rt Evaluation	pre_rt_evaluation	baseline_arm_1
Treatment Radiotherapy Details	treatment_radiotherapy_details	baseline_arm_1
Toxicity	toxicity	baseline_arm_1 post_rt_arm_1 6_weeks_fw_arm_1 visit_1_arm_1 visit_2_arm_1 visit_3_arm_1 visit_4_arm_1 visit_5_arm_1 visit_6_arm_1 visit_7_arm_1 visit_8_arm_1 visit_9_arm_1 visit_10_arm_1 visit_11_arm_1 visit_12_arm_1 visit_13_arm_1 visit_14_arm_1 visit_15_arm_1 visit_16_arm_1 visit_17_arm_1 visit_18_arm_1 visit_19_arm_1 visit_20_arm_1 visit_21_arm_1 visit_22_arm_1 visit_23_arm_1 visit_24_arm_1
Follow Up Details	follow_up_details	baseline_arm_1 post_rt_arm_1 6_weeks_fw_arm_1 visit_1_arm_1 visit_2_arm_1 visit_3_arm_1 visit_4_arm_1 visit_5_arm_1 visit_6_arm_1 visit_7_arm_1 visit_8_arm_1 visit_9_arm_1 visit_10_arm_1 visit_11_arm_1 visit_12_arm_1 visit_13_arm_1 visit_14_arm_1 visit_15_arm_1 visit_16_arm_1 visit_17_arm_1 visit_18_arm_1 visit_19_arm_1 visit_20_arm_1 visit_21_arm_1 visit_22_arm_1 visit_23_arm_1 visit_24_arm_1
Eortc Qlqc30	eortc_qlqc30	baseline_arm_1 post_rt_arm_1 visit_1_arm_1 visit_3_arm_1 visit_5_arm_1 visit_7_arm_1 visit_9_arm_1

Instruments		
		visit_11_arm_1 visit_13_arm_1 visit_15_arm_1 visit_17_arm_1 visit_19_arm_1 visit_21_arm_1 visit_23_arm_1
Pr25	pr25	baseline_arm_1 post_rt_arm_1 visit_1_arm_1 visit_3_arm_1 visit_5_arm_1 visit_7_arm_1 visit_9_arm_1 visit_11_arm_1 visit_13_arm_1 visit_15_arm_1 visit_17_arm_1 visit_19_arm_1 visit_21_arm_1 visit_23_arm_1

Events		
Event Name	Unique event name	Event ID
baseline	baseline_arm_1	2492
post_rt	post_rt_arm_1	2493
6_weeks_fw	6_weeks_fw_arm_1	2494
visit_1	visit_1_arm_1	2495
visit_2	visit_2_arm_1	2496
visit_3	visit_3_arm_1	2497
visit_4	visit_4_arm_1	2498
visit_5	visit_5_arm_1	2499
visit_6	visit_6_arm_1	2500
visit_7	visit_7_arm_1	2501
visit_8	visit_8_arm_1	2502
visit_9	visit_9_arm_1	2503
visit_10	visit_10_arm_1	2504
visit_11	visit_11_arm_1	2505
visit_12	visit_12_arm_1	2506
visit_13	visit_13_arm_1	2507
visit_14	visit_14_arm_1	2508
visit_15	visit_15_arm_1	2509
visit_16	visit_16_arm_1	2510
visit_17	visit_17_arm_1	2511
visit_18	visit_18_arm_1	2512
visit_19	visit_19_arm_1	2513
visit_20	visit_20_arm_1	2514
visit_21	visit_21_arm_1	2515
visit_22	visit_22_arm_1	2516
visit_23	visit_23_arm_1	2517
visit_24	visit_24_arm_1	2518

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
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Instrument: Patient Demographic Information (patient_demographic_information)																			
	1	[record_id]	Record ID	text															
	2	[trial_id]	Trial Id	text (integer), Required, Identifier															
	3	[case_id]	Case ID	text, Required Field Annotation: @PLACEHOLDER = 'AB12345'															
	4	[date_of_registration]	Date of Registration	text (date_dmy), Required															
	5	[name]	Name	text, Required															
	6	[contact_no]	Contact No.	text, Required															
	7	[email_id]	Email id	text															
	8	[date_of_birth]	Date of Birth	text (date_dmy, Min: 1918-01-01, Max: 1995-01-01), Required															
	9	[age]	Age	calc, Required Calculation: round(datediff([date_of_registration], [date_of_birth], "y", "dmy"), 0)															
	10	[previous_history_of]	Previous History Of	checkbox, Required <table border="1"> <tr> <td>1</td> <td>previous_history_of__1</td> <td>Smoking</td> </tr> <tr> <td>2</td> <td>previous_history_of__2</td> <td>Alcohol Consumption</td> </tr> <tr> <td>3</td> <td>previous_history_of__3</td> <td>Tobacco Chewing</td> </tr> <tr> <td>4</td> <td>previous_history_of__4</td> <td>Any Other</td> </tr> <tr> <td>5</td> <td>previous_history_of__5</td> <td>No</td> </tr> </table>	1	previous_history_of__1	Smoking	2	previous_history_of__2	Alcohol Consumption	3	previous_history_of__3	Tobacco Chewing	4	previous_history_of__4	Any Other	5	previous_history_of__5	No
1	previous_history_of__1	Smoking																	
2	previous_history_of__2	Alcohol Consumption																	
3	previous_history_of__3	Tobacco Chewing																	
4	previous_history_of__4	Any Other																	
5	previous_history_of__5	No																	
	11	[state]	State	text, Required															
	12	[remarks_comment]	Remarks / Comment	notes															
	13	[patient_demographic_information_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: Pre Rt Evaluation (pre_rt_evaluation)																			
	14	[psa_value]	PSA value <i>ng/ml</i>	text (number), Required															
	15	[psa_report_dated]	PSA report dated	text (date_dmy), Required															
	16	[gleason_score]	Gleason score	radio, Required <table border="1"> <tr> <td>1</td> <td>5+5</td> </tr> <tr> <td>2</td> <td>5+4</td> </tr> <tr> <td>3</td> <td>4+5</td> </tr> <tr> <td>4</td> <td>4+4</td> </tr> <tr> <td>5</td> <td>4+3</td> </tr> <tr> <td>6</td> <td>3+4</td> </tr> <tr> <td>7</td> <td>3+3</td> </tr> </table> Custom alignment: RH	1	5+5	2	5+4	3	4+5	4	4+4	5	4+3	6	3+4	7	3+3	
1	5+5																		
2	5+4																		
3	4+5																		
4	4+4																		
5	4+3																		
6	3+4																		
7	3+3																		
	17	[tumour_stage]	Tumour Stage	radio, Required															

				<table border="1"> <tr><td>1</td><td>T1</td></tr> <tr><td>2</td><td>T2</td></tr> <tr><td>3</td><td>T3a</td></tr> <tr><td>4</td><td>T3b</td></tr> <tr><td>5</td><td>T4a</td></tr> </table> <p>Custom alignment: RH</p>	1	T1	2	T2	3	T3a	4	T3b	5	T4a
1	T1													
2	T2													
3	T3a													
4	T3b													
5	T4a													
18	[nodal_stage]	Nodal Stage	radio, Required <table border="1"> <tr><td>1</td><td>Nx</td></tr> <tr><td>2</td><td>N0</td></tr> <tr><td>3</td><td>N1</td></tr> </table> <p>Custom alignment: RH</p>	1	Nx	2	N0	3	N1					
1	Nx													
2	N0													
3	N1													
19	[turp]	TURP	dropdown, Required <table border="1"> <tr><td>1</td><td>1. Yes</td></tr> <tr><td>2</td><td>2.No</td></tr> </table>	1	1. Yes	2	2.No							
1	1. Yes													
2	2.No													
20	[date_of] Show the field ONLY if: [turp] = '1'	Date of TURP	text (date_dmy)											
21	[remarks_comments]	Remarks / Comments	notes											
22	[pre_rt_evaluation_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: Treatment Radiotherapy Details (treatment_radiotherapy_details)														
23	[treatment_received]	Treatment received	radio, Required <table border="1"> <tr><td>1</td><td>Ultrahypofractionation</td></tr> <tr><td>2</td><td>Moderate hypofractionation</td></tr> </table>	1	Ultrahypofractionation	2	Moderate hypofractionation							
1	Ultrahypofractionation													
2	Moderate hypofractionation													
24	[rt_start_date]	RT Start Date	text (date_dmy), Required											
25	[rt_end_date]	RT End Date	text (date_dmy), Required											
26	[primary]	Section Header: <i>Total Dose</i> Primary cGy	text (number), Required											
27	[nodes]	Nodes cGy	text (number), Required											
28	[nodes_2]	Nodal boost cGy	text (number), Required											
29	[no_of_fractions]	No of Fractions	text (number), Required											
30	[was_rt_withheld_due_to_tox]	Was RT withheld due to toxicity?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No							
1	Yes													
0	No													
31	[toxicity]	If Yes, state number of days withheld days	text (integer), Required Custom alignment: RH											

		Show the field ONLY if: [was_rt_withheld_due_to_tox] = '1'		
	32	[boost_ep]	Section Header: <i>EVALUATION PLAN</i> BOOST	descriptive
	33	[v4200cgy_gtv_boost_ultra] Show the field ONLY if: [treatment_received] = '1'	v4200cgy_gtv_boost_ultra	text (number)
	34	[v3800cgy_gtv_boost_ultra] Show the field ONLY if: [treatment_received] = '1'	v3800cgy_gtv_boost_ultra	text (number)
	35	[v4500cgy_gtv_boost_ultra] Show the field ONLY if: [treatment_received] = '2'	v4500cgy_gtv_boost_ultra	text (number)
	36	[v7700cgy_gtv_boost] Show the field ONLY if: [treatment_received] = '2'	v7700cgy_gtv_boost	text (number)
	37	[v7000cgy_gtv_boost] Show the field ONLY if: [treatment_received] = '2'	v7000cgy_gtv_boost	text (number)
	38	[v8200cgy_gtv_boost]	v8200cgy_gtv_boost	text
	39	[bladder_ep]	Section Header: <i>EVALUATION PLAN</i> BLADDER	descriptive
	40	[v4200cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	v4200cgy_bladder_ultra	text (number)
	41	[v3700cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	v3700cgy_bladder_ultra	text (number)
	42	[v3625cgy_bladder_ultra] Show the field ONLY if:	v3625cgy_bladder_ultra	text (number)

		[treatment_received] = '1'		
	43	[v3500cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	v3500cgy_bladder_ultra	text (number)
	44	[v3350cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V3350cgy_bladder_ultra	text (number)
	45	[v3200cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V3200cgy_bladder_ultra	text (number)
	46	[v2800cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V2800cgy_bladder_ultra	text (number)
	47	[v2500cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V2500cgy_bladder_ultra	text (number)
	48	[v2100cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V2100cgy_bladder_ultra	text (number)
	49	[v1600cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '1'	V1600cgy_bladder_ultra	text (number)
	50	[v1000cgy_bladder_ultra] Show the field ONLY if: [treatment_received] = '2'	V1000cgy_bladder_ultra	text (number)
	51	[v7200cgy_bladder] Show the field ONLY if:	v7200cgy_bladder	text (number)

		[treatment_received] = '2'		
	52	[v6800cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v6800cgy_bladder	text (number)
	53	[v6270cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v6270cgy_bladder	text (number)
	54	[v6100cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v6100cgy_bladder	text (number)
	55	[v5900cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v5900cgy_bladder	text (number)
	56	[v5600cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v5600cgy_bladder	text (number)
	57	[v5300cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v5300cgy_bladder	text (number)
	58	[v4700cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v4700cgy_bladder	text (number)
	59	[v4000cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v4000cgy_bladder	text (number)
	60	[v3200cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v3200cgy_bladder	text (number)
	61	[v2400cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v2400cgy_bladder	text (number)

62	[v1500cgy_bladder] Show the field ONLY if: [treatment_received] = '2'	v1500cgy_bladder	text (number)
63	[v1000cgy_bladder]	v1000cgy_bladder	text
64	[rectum_ep] Show the field ONLY if: [treatment_received] = '1'	RECTUM	descriptive
65	[v4200cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	v4200cgy_rectum_ultra	text (number)
66	[v3700cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	v3700cgy_rectum_ultra	text (number)
67	[v3625cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	v3625cgy_rectum_ultra	text (number)
68	[v3500cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	v3500cgy_rectum_ultra	text (number)
69	[v3350cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V3350cgy_rectum_ultra	text (number)
70	[v3200cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V3200cgy_rectum_ultra	text (number)
71	[v2800cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V2800cgy_rectum_ultra	text (number)

72	[v2500cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V2500cgy_rectum_ultra	text (number)
73	[v2100cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V2100cgy_rectum_ultra	text (number)
74	[v1600cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '1'	V1600cgy_rectum_ultra	text (number)
75	[v1000cgy_rectum_ultra] Show the field ONLY if: [treatment_received] = '2'	V1000cgy_rectum_ultra	text (number)
76	[v7200cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v7200cgy_rectum	text (number)
77	[v6800cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v6800cgy_rectum	text (number)
78	[v6270cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v6270cgy_rectum	text (number)
79	[v6100cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v6100cgy_rectum	text (number)
80	[v5900cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v5900cgy_rectum	text (number)
81	[v5600cgy_rectum] Show the field ONLY if:	v5600cgy_rectum	text (number)

		[treatment_received] = '2'								
	82	[v5300cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v5300cgy_rectum	text (number)						
	83	[v4700cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v4700cgy_rectum	text (number)						
	84	[v4000cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v4000cgy_rectum	text (number)						
	85	[v3200cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v3200cgy_rectum	text (number)						
	86	[v2400cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v2400cgy_rectum	text (number)						
	87	[v1500cgy_rectum] Show the field ONLY if: [treatment_received] = '2'	v1500cgy_rectum	text (number)						
	88	[v1000cgy_rectum]	v1000cgy_rectum	text						
	89	[dvh_data]	DVH data	file						
	90	[remarks_comments_rt]	Remarks/comments	notes, Required						
	91	[treatment_radiotherapy_details_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: Toxicity (toxicity)										
	92	[rtog_toxicity_scoring] Show the field ONLY if: [rtog_toxicity_scoring] = '1'	Section Header: <i>RTOG toxicity</i> RTOG Toxicity scoring	radio, Required <table><tr><td>1</td><td>Done</td></tr><tr><td>2</td><td>Not done</td></tr></table>	1	Done	2	Not done		
1	Done									
2	Not done									

93	[rtog_toxicity_type] Show the field ONLY if: [rtog_toxicity_scoring] = '1'	RTOG Toxicity Type	radio, Required <table><tr><td>1</td><td>Acute Toxicity</td></tr><tr><td>2</td><td>Late Toxicity</td></tr></table>	1	Acute Toxicity	2	Late Toxicity						
1	Acute Toxicity												
2	Late Toxicity												
94	[rtog_toxicity_dated] Show the field ONLY if: [rtog_toxicity_type] = '1'	RTOG Toxicity dated	text, Required										
95	[gi] Show the field ONLY if: [rtog_toxicity_type] = '1'	GI	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4
1	Grade 0												
2	Grade 1												
3	Grade 2												
4	Grade 3												
5	Grade 4												
96	[gu] Show the field ONLY if: [rtog_toxicity_type] = '2'	GU	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4
1	Grade 0												
2	Grade 1												
3	Grade 2												
4	Grade 3												
5	Grade 4												
97	[small_large_intestine] Show the field ONLY if: [rtog_toxicity_type] = '2'	Small & large intestine	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4
1	Grade 0												
2	Grade 1												
3	Grade 2												
4	Grade 3												
5	Grade 4												
98	[bladder] Show the field ONLY if: [rtog_toxicity_scoring] = '1'	Bladder	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4
1	Grade 0												
2	Grade 1												
3	Grade 2												
4	Grade 3												
5	Grade 4												
99	[any_other_toxicity]	Any other Toxicity	text (date_dmy), Required										
100	[ctcae_urinary_tract_toxici]	Section Header: CTCAE toxicity: Urinary tract CTCAE Urinary tract toxicity Date	text, Required										
101	[urinary_frequency]	Urinary Frequency	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2				
1	Grade 0												
2	Grade 1												
3	Grade 2												
102	[urinary_frequency_urgency]	Urinary Urgency	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr></table>	1	Grade 0	2	Grade 1						
1	Grade 0												
2	Grade 1												

				3	Grade 2
	103	[dysuria]	Dysuria	dropdown, Required	1 Grade 0 2 Grade 1
	104	[hematuria]	Hematuria	dropdown, Required	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3 5 Grade 4 6 Grade 5
	105	[urinary_incontinence]	Urinary Incontinence	dropdown, Required	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3
	106	[urinary_tract_obstruction]	Urinary tract obstruction	dropdown, Required	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3 5 Grade 4 6 Grade 5
	107	[cystitis_non_infective]	Cystitis non- infective	dropdown, Required	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3 5 Grade 4 6 Grade 5
	108	[urinary_tract_pain]	Urinary tract Pain	dropdown, Required	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3
	109	[urinary_retention]	Urinary Retention	dropdown	1 Grade 0 2 Grade 1 3 Grade 2 4 Grade 3 5 Grade 4 6 Grade 5

	110	[non_infective_cystitis_cal]	Non-infective cystitis calculated	calc, Required Calculation: max([urinary_frequency], [urinary_frequency_urgency], [dysuria], [hematuria], [urinary_incontinence], [urinary_tract_obstruction], [urinary_tract_pain], [urinary_retention]) - 1												
	111	[ctcae_rectal_toxicity_date]	Section Header: CTCAE toxicity: Rectal toxicity CTCAE Rectal toxicity Date	text, Required												
	112	[constipation]	Constipation	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr><tr><td>6</td><td>Grade 5</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4	6	Grade 5
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
5	Grade 4															
6	Grade 5															
	113	[diarrhea]	Diarrhea	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr><tr><td>6</td><td>Grade 5</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4	6	Grade 5
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
5	Grade 4															
6	Grade 5															
	114	[fecal_incontinence]	Fecal incontinence	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3				
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
	115	[rectal_hemorrhage]	Rectal hemorrhage	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr><tr><td>6</td><td>Grade 5</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4	6	Grade 5
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
5	Grade 4															
6	Grade 5															
	116	[proctitis_2]	Proctitis	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr><tr><td>2</td><td>Grade 1</td></tr><tr><td>3</td><td>Grade 2</td></tr><tr><td>4</td><td>Grade 3</td></tr><tr><td>5</td><td>Grade 4</td></tr><tr><td>6</td><td>Grade 5</td></tr></table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4	6	Grade 5
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
5	Grade 4															
6	Grade 5															
	117	[rectal_pain]	Rectal pain	dropdown, Required <table><tr><td>1</td><td>Grade 0</td></tr></table>	1	Grade 0										
1	Grade 0															

				<table border="1"> <tr><td>2</td><td>Grade 1</td></tr> <tr><td>3</td><td>Grade 2</td></tr> <tr><td>4</td><td>Grade 3</td></tr> </table>	2	Grade 1	3	Grade 2	4	Grade 3						
2	Grade 1															
3	Grade 2															
4	Grade 3															
	118	[rectal_ulcer]	Rectal ulcer	dropdown <table border="1"> <tr><td>1</td><td>Grade 0</td></tr> <tr><td>2</td><td>Grade 1</td></tr> <tr><td>3</td><td>Grade 2</td></tr> <tr><td>4</td><td>Grade 3</td></tr> <tr><td>5</td><td>Grade 4</td></tr> <tr><td>6</td><td>Grade 5</td></tr> </table>	1	Grade 0	2	Grade 1	3	Grade 2	4	Grade 3	5	Grade 4	6	Grade 5
1	Grade 0															
2	Grade 1															
3	Grade 2															
4	Grade 3															
5	Grade 4															
6	Grade 5															
	119	[remark_comments_toxicity]	Remark / Comments	notes												
	120	[toxicity_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: Follow Up Details (follow_up_details)																
	121	[follow_up_done_on_telephone]	Follow up done on telephone	radio, Required <table border="1"> <tr><td>1</td><td>1. Yes</td></tr> <tr><td>2</td><td>2.No</td></tr> </table>	1	1. Yes	2	2.No								
1	1. Yes															
2	2.No															
	122	[date_of_visit]	Date of visit	text (number, Min: 0, Max: 35)												
	123	[ipss_score]	IPSS_SCORE	text												
	124	[patient_status] Show the field ONLY if: [patient_status] = '2'	Patient Status	radio, Required <table border="1"> <tr><td>1</td><td>Alive/NED</td></tr> <tr><td>2</td><td>Alive with disease</td></tr> <tr><td>3</td><td>Death due to disease</td></tr> <tr><td>4</td><td>Death due to other cause</td></tr> <tr><td>5</td><td>lost to follow up</td></tr> <tr><td>6</td><td>Unknown</td></tr> </table>	1	Alive/NED	2	Alive with disease	3	Death due to disease	4	Death due to other cause	5	lost to follow up	6	Unknown
1	Alive/NED															
2	Alive with disease															
3	Death due to disease															
4	Death due to other cause															
5	lost to follow up															
6	Unknown															
	125	[date_of_reccurence] Show the field ONLY if: [patient_status] = '2'	Date of recurrence.	text, Required												
	126	[recurrence_type] Show the field ONLY if: [recurrence_type(1)] = '1'	Recurrence Type	checkbox <table border="1"> <tr><td>1</td><td>recurrence_type__1</td><td>Biochemical Failure</td></tr> <tr><td>2</td><td>recurrence_type__2</td><td>Local Failure</td></tr> <tr><td>3</td><td>recurrence_type__3</td><td>Regional Failure</td></tr> <tr><td>4</td><td>recurrence_type__4</td><td>Distant Failure</td></tr> </table>	1	recurrence_type__1	Biochemical Failure	2	recurrence_type__2	Local Failure	3	recurrence_type__3	Regional Failure	4	recurrence_type__4	Distant Failure
1	recurrence_type__1	Biochemical Failure														
2	recurrence_type__2	Local Failure														
3	recurrence_type__3	Regional Failure														
4	recurrence_type__4	Distant Failure														
	127	[psma_pet_ct_at_recurrence] Show the field ONLY if:	PSMA Pet-Ct at recurrence	yesno <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															

		[psma_pet_ct_at_recurr ence] = '1'																	
	128	[date_of_psm PET CT] Show the field ONLY i f: [psma_pet_ct_at_recurr ence] = '1'	Date of PSMA pet-ct	text															
	129	[details_of_psm PET CT] Show the field ONLY i f: [patient_status] = '2'	Details of PSMA pet-ct	text															
	130	[salvage_treatment] Show the field ONLY i f: [patient_status] = '2'	Salvage _Treatment	<table><tr><td colspan="3">checkbox</td></tr><tr><td>1</td><td>salvage_treatment__1</td><td>1) observation</td></tr><tr><td>2</td><td>salvage_treatment__2</td><td>2) Hormonal Manipulation/ct</td></tr><tr><td>3</td><td>salvage_treatment__3</td><td>3) Chemotherap</td></tr><tr><td>4</td><td>salvage_treatment__4</td><td>4) RT</td></tr></table>	checkbox			1	salvage_treatment__1	1) observation	2	salvage_treatment__2	2) Hormonal Manipulation/ct	3	salvage_treatment__3	3) Chemotherap	4	salvage_treatment__4	4) RT
checkbox																			
1	salvage_treatment__1	1) observation																	
2	salvage_treatment__2	2) Hormonal Manipulation/ct																	
3	salvage_treatment__3	3) Chemotherap																	
4	salvage_treatment__4	4) RT																	
	131	[start_date_of_salvag e_trea] Show the field ONLY i f: [patient_status] = '4'	Start date of salvage treatment	text, Required															
	132	[cause_of_death] Show the field ONLY i f: [patient_status] = '3' or [patient_status] = '4'	Cause of Death	text (date_dmy), Required															
	133	[date_of_death]	Date of Death	text, Required															
	134	[qol_form_filled]	QOL Form Filled	<table><tr><td colspan="2">yesno, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	yesno, Required		1	Yes	0	No									
yesno, Required																			
1	Yes																		
0	No																		
	135	[health_economics_que stionn]	Health economics questionnaire filled	<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																		
	136	[remarks_comments_f_ u]	Remarks / Comments	notes															
	137	[follow_up_details_co mplete]	Section Header: Form Status Complete?	<table><tr><td colspan="2">dropdown</td></tr><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>	dropdown		0	Incomplete	1	Unverified	2	Complete							
dropdown																			
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: Eortc Qlqc30 (eortc_qlqc30)																			
	138	[date_of_qol]	Date of QOL	text, Required Custom alignment: RH															
	139	[q1]	Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase ?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr></table>	dropdown, Required		1	Not at all	2	A little									
dropdown, Required																			
1	Not at all																		
2	A little																		

				<table><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	3	Quite a bit	4	Very much	5	Not recorded				
3	Quite a bit													
4	Very much													
5	Not recorded													
	140	[q2]	Do you have any trouble taking a long walk?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	141	[q3]	Do you have any trouble taking a short walk outside of the house?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	142	[q4]	Do you need to stay in bed or a chair during the day?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	143	[q5]	Do you need help with eating, dressing, washing yourself or using the toilet?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	144	[q6]	Section Header: <i>During the past week:</i> Were you limited in doing either your work or other daily activities ?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													

	145	[q7]	Were you limited in pursuing your hobbies or other leisure time activities ?	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <div>Custom alignment: RH</div>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	146	[q8]	Were you short of breath?	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <div>Custom alignment: RH</div>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	147	[q9]	Have you had pain?	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <div>Custom alignment: RH</div>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	148	[q10]	Did you need to rest?	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <div>Custom alignment: RH</div>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	149	[q11]	Have you had trouble sleeping	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <div>Custom alignment: RH</div>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	150	[q12]	Have you felt weak?	<div>dropdown, Required</div> <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr></table>	1	Not At all	2	A little	3	Quite a bit	4	Very much		
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													

				<div>5 Not recorded</div> <div>Custom alignment: RH</div>
	151	[q13]	Have you lacked appetite?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div> </div> <div>Custom alignment: RH</div>
	152	[q14]	Have you felt nauseated?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div> </div> <div>Custom alignment: RH</div>
	153	[q15]	Have you vomited?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div> </div> <div>Custom alignment: RH</div>
	154	[q16]	Have you been constipated?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div> </div> <div>Custom alignment: RH</div>
	155	[q17]	Have you had diarrhea ?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div> </div> <div>Custom alignment: RH</div>
	156	[q18]	Were you tired?	<div>dropdown, Required</div> <div> <div>1 Not At all</div> <div>2 A little</div> </div>

				<table><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	3	Quite a bit	4	Very much	5	Not recorded				
3	Quite a bit													
4	Very much													
5	Not recorded													
	157	[q19]	Did pain interfere with your daily activities?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	158	[q20]	Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	159	[q21]	Did you feel tense?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	160	[q22]	Did you worry?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	161	[q23]	Did you feel irritable?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	162	[q24]	Did you feel depressed?	dropdown, Required										

				<table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <p>Custom alignment: RH</p>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	163	[q25]	Have you had difficulty remembering things?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <p>Custom alignment: RH</p>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
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3	Quite a bit													
4	Very much													
5	Not recorded													
	164	[q26]	Has your physical condition or medical treatment interfered with your family life?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <p>Custom alignment: RH</p>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	165	[q27]	Has your physical condition or medical treatment interfered with your social activities?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <p>Custom alignment: RH</p>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not At all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	166	[q28]	Has your physical condition or medical treatment caused you financial difficulties?	dropdown, Required <table><tr><td>1</td><td>Not At all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> <p>Custom alignment: RH</p>	1	Not At all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
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4	Very much													
5	Not recorded													
	167	[q29]	How would you rate your overall health during the past week?	dropdown, Required <table><tr><td>1</td><td>1 Very poor</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></table>	1	1 Very poor	2	2	3	3	4	4	5	5
1	1 Very poor													
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				<table border="1"> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7 Excellent</td></tr> <tr><td>8</td><td>Not recorded</td></tr> </table> <p>Custom alignment: RH</p>	6	6	7	7 Excellent	8	Not recorded										
6	6																			
7	7 Excellent																			
8	Not recorded																			
	168	[q30]	. How would you rate your overall quality of life during the past week?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>1 Very poor</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 Excellent</td></tr> <tr><td>8</td><td>Not recorded</td></tr> </table>	1	1 Very poor	2	2	3	3	4	4	5	5	6	6	7	7 Excellent	8	Not recorded
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6	6																			
7	7 Excellent																			
8	Not recorded																			
	169	[remarks_comments_qo1]	Remarks/Comments	<p>notes, Required</p> <p>Custom alignment: RH</p>																
	170	[eortc_qlqc30_complete]	Section Header: <i>Form Status</i> Complete?	<p>dropdown</p> <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																			
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2	Complete																			
Instrument: Pr25 (pr25)																				
	171	[q31]	Have you had to urinate frequently during the day?	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>5</td><td>Not recorded</td></tr> </table> <p>Custom alignment: RH</p>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded						
1	Not at all																			
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4	Very much																			
5	Not recorded																			
	172	[q32]	Have you had to urinate frequently at night?	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>5</td><td>Not recorded</td></tr> </table> <p>Custom alignment: RH</p>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded						
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2	A little																			
3	Quite a bit																			
4	Very much																			
5	Not recorded																			
	173	[q33]	When you felt the urge to pass urine, did you have to hurry to get to the toilet?	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>5</td><td>Not recorded</td></tr> </table> <p>Custom alignment: RH</p>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded						
1	Not at all																			
2	A little																			
3	Quite a bit																			
4	Very much																			
5	Not recorded																			

174	[q34]	Was it difficult for you to get enough sleep, because you needed to get up frequently at night to urinate?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
2	A little												
3	Quite a bit												
4	Very much												
5	Not recorded												
175	[q35]	Have you had difficulty going out of the house because you needed to be close to a toilet?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
2	A little												
3	Quite a bit												
4	Very much												
5	Not recorded												
176	[q36]	Have you had any unintentional release (leakage) of urine?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
2	A little												
3	Quite a bit												
4	Very much												
5	Not recorded												
177	[q37]	Did you have pain when you urinated?	dropdown <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
2	A little												
3	Quite a bit												
4	Very much												
5	Not recorded												
178	[q38]	Answer this question only if you wear an incontinence aid. Has wearing an incontinence aid been a problem for you?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
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3	Quite a bit												
4	Very much												
5	Not recorded												
179	[q39]	Have your daily activities been limited by your urinary problems?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all												
2	A little												
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4	Very much												
5	Not recorded												

				Custom alignment: RH										
	180	[q40]	Have your daily activities been limited by your bowel problems?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	181	[q41]	Have you had any unintentional release (leakage) of stools?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	182	[q42]	Have you had blood in your stools?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	183	[q43]	Did you have a bloated feeling in your abdomen?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	184	[q44]	Did you have hot flushes?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
	185	[q45]	Have you had sore or enlarged nipples or breasts?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr></table>	1	Not at all	2	A little	3	Quite a bit				
1	Not at all													
2	A little													
3	Quite a bit													

				<div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
186	[q46]	Have you had swelling in your legs or ankles?	dropdown, Required	<div>1 Not at all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
187	[q47]	Section Header: <i>During the last 4 weeks...</i> Has weight loss been a problem for you?	dropdown, Required	<div>1 Not at all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
188	[q48]	Has weight gain been a problem for you?	dropdown, Required	<div>1 Not at all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
189	[q49]	Have you felt less masculine as a result of your illness or treatment?	dropdown, Required	<div>1 Not at all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
190	[q50]	To what extent were you interested in sex?	dropdown, Required	<div>1 Not at all</div> <div>2 A little</div> <div>3 Quite a bit</div> <div>4 Very much</div> <div>5 Not recorded</div>
				Custom alignment: RH
191	[q51]	To what extent were you sexually active (with or without intercourse)?	dropdown, Required	<div>1 Not at all</div>

				<table><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	2	A little	3	Quite a bit	4	Very much	5	Not recorded		
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
192	[q52_yn] Show the field ONLY if: [q52_yn] = '1'	YOU HAVE BEEN SEXUALLY ACTIVE OVER THE LAST 4 WEEKS	yesno, Required <table><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													
193	[q52] Show the field ONLY if: [q52_yn] = '1'	To what extent was sex enjoyable for you?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded	
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3	Quite a bit													
4	Very much													
5	Not recorded													
194	[q53] Show the field ONLY if: [q52_yn] = '1'	Did you have difficulty getting or maintaining an erection?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded	
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5	Not recorded													
195	[q54] Show the field ONLY if: [q52_yn] = '1'	Did you have ejaculation problems (eg dry ejaculation)?	dropdown, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table> Custom alignment: RH	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded	
1	Not at all													
2	A little													
3	Quite a bit													
4	Very much													
5	Not recorded													
196	[q55]	Have you felt uncomfortable about being sexually intimate?	dropdown <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little</td></tr><tr><td>3</td><td>Quite a bit</td></tr><tr><td>4</td><td>Very much</td></tr><tr><td>5</td><td>Not recorded</td></tr></table>	1	Not at all	2	A little	3	Quite a bit	4	Very much	5	Not recorded	
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197	[remarks_comments_pr]	Remarks/Comments	notes											
198	[pr25_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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1	Unverified													

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