

[Unspecified]

Annotated Design For Trial: epigen2

Protocol: StudyVersion1

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Time and Events Schedule For Study: epigen2					
	Assessment	CRF	Baseline (Base) [S]	FAMILY INFORMATION (FAMINFO) [S]	Conflict (Conflict) [U/R/D]
1	DEMOGRAPHICS	DEM	1		
2	SMOKING/ALCOHOL/DRUGS	SAD	2		
3	PAST MEDICAL HISTORY	MED	3		
4	CONTRACEPTION/PREGNANCY	CON	4-DF		
5	PREGNANCY	PRE	5-RF-DF		
6	AEDS TAKEN DURING PREGNANCY	AED	6-RF-DF		
7	NEUROLOGICAL EXAMINATIONS	NEU	7-RF		
8	GENERAL CLINICAL EXAMINATION	GEN	8-RF		
9	DIAGNOSIS OF EPILEPSY	DIA	9-RF		
10	OTHER DIAGNOSES	OED	10-RF		
11	NON-MEDICAL EPILEPSY TREATMENT	TRE	11-RF		
12	SEIZURES AND TREATMENT	SEI	12-RF		
13	SEIZURES AND TREATMENT CONTINUED	SEC	13-RF		
14	STATUS EPILEPTICUS	EPI	14-RF		
15	AED HISTORY	AEH	15-RF		
16	OTHER MEDICATIONS	OTM	16-RF		
17	INVESTIGATION RESULTS - CT	CTS	17-RF		
18	INVESTIGATION RESULTS - MRI	MRI	18-RF		
19	INVESTIGATION RESULTS - SPECT	SPE	19-RF		
20	INVESTIGATION RESULTS - SISCOM	SIS	20-RF		
21	INVESTIGATION RESULTS - PET	PET	21-RF		
22	INVESTIGATION RESULTS - EEG	EEG	22-RF		
23	INVESTIGATION RESULTS - TELEMETRY	TEL	23-RF		
24	INVESTIGATION RESULTS - TELEMETRY (CONTINUED A)	TEA	24-RF		
25	PSYCHOMETRY	PSY	25-RF		
26	WADA	WAD	26-RF		
27	VISUAL FIELDS	VIS	27-RF		
28	HAEMATOLOGY/BIOCHEMISTRY	HAE	28-RF		
29	OTHER TESTS	OTH	29-RF		
30	NOTES	NOT	30-RF		
31	FAMILY ETHNICITY/HISTORY	HIS		1	
32	FAMILY MEMBERS AFFECTED BY EPILEPSY AND/OR FS	FAM		2-RF-DF	

Key: [S] = Scheduled Visit [O] = Optional Visit [D] = Dynamic Visit [U] = Unscheduled Visit [R] = Repeating Visit
C = Common Form DF = Dynamic Form RF = Repeating Form

epigen2 : SYSTEM SCREENING (SCR)

1.	Patient Initials <i>(Enter a dash if no middle initial)</i>	A3 (MAPPINGS1:t_frmScr.txtScrPatInit)
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Item Design Notes:

Item No.	Design Note
1.	mapped from Screening form to PI form

CDD: MAPPINGS1 Table: t_frmScr Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
txtScrPatInit	STRING(3) - A3	

epigen2 : SYSTEM ENROLLMENT (Enr)**Patient Number**

1.	Do You Wish To Enroll This Patient?	(MAPPINGS1:t_frmEnr.cgENRL) [1] <input type="checkbox"/> Yes
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CDD: MAPPINGS1 Table: t_frmEnr Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
cgENRL	STRING(255)	

epigen2 : DEMOGRAPHICS (DEM)		
DEMOGRAPHICS		
	Site: [read-only]	(MAPPINGS1:t_frDEMOG.ccSITE)
1.	Gender:	(MAPPINGS1:t_frDEMOG.rcGENDER) [1] <input type="radio"/> Male [2] <input type="radio"/> Female
2.	Date Of Birth:	NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frDEMOG.dcDOBDT)
3.	DNA Number:	A30 (MAPPINGS1:t_frDEMOG.txDNAN)
4.	Informed Consent Signed:	Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frDEMOG.pcINFC)
5.*	Occupation Type:	Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_frDEMOG.pcOCCU)
6.*	Name Of Neurologist Following Patient:	A50 (MAPPINGS1:t_frDEMOG.txNEUR)
7.*	Name Of Patient's General Practitioner/Primary Care Physician:	A50 (MAPPINGS1:t_frDEMOG.txGPCP)
8.*	Patient's General Practitioner's/Primary Care Physician's Phone Number:	A20 (MAPPINGS1:t_frDEMOG.txGPPN)
9.*	Patient's General Practitioner's/Primary Care Physician's Email:	A50 (MAPPINGS1:t_frDEMOG.txGPEN)
10.*	Marital Status:	Pulldown List 3 <input type="button" value="v"/> (MAPPINGS1:t_frDEMOG.pcMARI)
11.*	Dominant Hand:	(MAPPINGS1:t_frDEMOG.rcDOMI) [1] <input type="radio"/> Right [2] <input type="radio"/> Left [3] <input type="radio"/> Ambidextrous/Mixed
EDUCATION		
12.*	Did The Patient Attend A Special School?:	(MAPPINGS1:t_frDEMOG.rcSCHOOL) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown
13.*	Number Of Years Of Education Patient Has Completed (Count starts from primary school/6 years of age, and if a school year is repeated it only counts as one year):	Pulldown List 4 <input type="button" value="v"/> (MAPPINGS1:t_frDEMOG.pcYEARS)
* Item is not required		

Form Design Note:
If Female Is Selected For Gender Then The Contraception Form Will Dynamically Appear

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieYES	Yes	1	
ieNO	No	2	
ieUNKN	Unknown	3	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
iePROF	Professional/Managerial	1	
ieSKIL	Skilled Non-Manual	2	
ieUNSK	Unskilled Non-Manual	3	
ieSKIM	Skilled Manual	4	

ieUNSM	Unskilled Manual	5	
ieUNEM	Unemployed	6	
ieSTUD	Student	7	
ieUNCL	Unclassified	99	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieSING	Single	1	
ieMARR	Married	2	
ieDIVO	Divorced	3	
ieWITH	With Partner	4	
ieWIDO	Widowed	5	
ieSEPA	Separated	6	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ie0	0	0	
ie1	1	1	
ie2	2	2	
ie3	3	3	
ie4	4	4	
ie5	5	5	
ie6	6	6	
ie7	7	7	
ie8	8	8	
ie9	9	9	
ie10	10	10	
ie11	11	11	
ie12	12	12	
ie13	13	13	
ie14	14	14	
ie15	15	15	
ie16	16	16	
ie17	17+	17	
ie18	Still Studying	18	

CDD: MAPPINGS1 Table: t_frDEMOG Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
ccSITE	STRING(255)	
rcGENDER	NUMERIC	
dcDOBDT	DATE - DDMONYYYY	
txDNAN	STRING(30) - A30	
pcINFC	STRING(255) - 1, 2, 3	
pcOCCU	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 99	
txNEUR	STRING(50) - A50	
txGPCP	STRING(50) - A50	

txGPPN	STRING(20) - A20	
txGPEM	STRING(50) - A50	
pcMARI	STRING(255) - 1, 2, 3, 4, 5, 6	
rcDOMI	NUMERIC	
rcSCHOOL	NUMERIC	
pcYEARS	STRING(255) - 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18	

epigen2 : SMOKING/ALCOHOL/DRUGS (SAD)	
SMOKING, ALCOHOL, AND DRUGS	
<p>1.* Does Patient Currently Smoke?:</p>	<p>(MAPPINGS1:t_frSMOKE.rcSMOKE) [1] <input type="radio"/> Yes What?: <input type="text"/> Pull Down List 1 (MAPPINGS1:t_frSMOKE.pcSMWHAT) How Much?: <input type="text"/> xxxxxxxx. (MAPPINGS1:t_frSMOKE.txMUCH) (MAPPINGS1:t_frSMOKE.rcMUCH) <input type="radio"/> [1] Per Day <input type="radio"/> [2] Per Week <input type="radio"/> [3] Per Month (MAPPINGS1:t_frSMOKE.rcSMOKPA) Was Smoking Different In The Past?: [1] <input type="radio"/> Yes How Much?: <input type="text"/> xxxxxxxx. (MAPPINGS1:t_frSMOKE.txSMOKPY) Per <input type="text"/> Pull Down List 2 (MAPPINGS1:t_frSMOKE.pcSMOKPY) Until When?: <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk (1910-2020) (MAPPINGS1:t_frSMOKE.dcSMOKPY) <input type="radio"/> [2] No <input type="radio"/> [3] Unknown [2] <input type="radio"/> No (MAPPINGS1:t_frSMOKE.rcSMOKEP) Did Patient Smoke In The Past?: [1] <input type="radio"/> Yes How Much?: <input type="text"/> xxxxxxxx. (MAPPINGS1:t_frSMOKE.txSMOKEY) Per <input type="text"/> Pull Down List 3 (MAPPINGS1:t_frSMOKE.pcSMOKEY) When Stopped?: <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk (1910-2020) (MAPPINGS1:t_frSMOKE.dcSMOKEY) <input type="radio"/> [2] No <input type="radio"/> [3] Unknown <input type="radio"/> [3] Unknown</p>
<p>2.* Does Patient Currently Drink?</p>	<p>(MAPPINGS1:t_frSMOKE.rcDRINK) [1] <input type="radio"/> Yes How Many Units Per Week? (See EHELPDRINK on Homepage for Conversions): <input type="text"/> Pull Down List 4 (MAPPINGS1:t_frSMOKE.pcDRINKY) (MAPPINGS1:t_frSMOKE.rcDRINPA) Was Drinking Pattern Different In The Past?: [1] <input type="radio"/> Yes How Much Per Week?: <input type="text"/> Pull Down List 5 (MAPPINGS1:t_frSMOKE.pcpWEEK) Until When?: <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk (1910-2020) (MAPPINGS1:t_frSMOKE.dcpWEEK) <input type="radio"/> [2] No <input type="radio"/> [3] Unknown [2] <input type="radio"/> No (MAPPINGS1:t_frSMOKE.rcDRINNP) Did Patient Drink In The Past?: [1] <input type="radio"/> Yes How Much Per Week?(See EHELPDRINK on Homepage for Conversions): <input type="text"/> Pull Down List 6 (MAPPINGS1:t_frSMOKE.pcDRINNP) When Stopped?: <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk / <input type="text"/> NReq/Unk (1910-2020) (MAPPINGS1:t_frSMOKE.dcDRINNP) <input type="radio"/> [2] No <input type="radio"/> [3] Unknown <input type="radio"/> [3] Unknown</p>
<p>3.* Does Patient Currently Use Recreational Drugs?:</p>	<p>(MAPPINGS1:t_frSMOKE.rcDRUG) [1] <input type="radio"/> Yes Drug1: Which One (s)?: <input type="text"/> Pull Down List 7 (MAPPINGS1:t_frSMOKE.pcDRUG1) Frequency of Usage: <input type="text"/> Pull Down List 8 (MAPPINGS1:t_frSMOKE.pcUSE1) Drug2: Which One (s)?: <input type="text"/> Pull Down List 9 (MAPPINGS1:t_frSMOKE.pcDRUG2) Frequency of Usage: <input type="text"/> Pull Down List 10 (MAPPINGS1:t_frSMOKE.pcUSE2) Drug3: Which One (s)?: <input type="text"/> Pull Down List 11 (MAPPINGS1:t_frSMOKE.pcDRUG3) Frequency of Usage: <input type="text"/> Pull Down List 12 (MAPPINGS1:t_frSMOKE.pcUSE3)</p>

(s)?:
 (MAPPINGS1:t_frSMOKE.rcDIFF)
 Was Pattern Different In The Past? **[1]** Yes DRUG #1 Which One(s)?: Pulldown List 13 (MAPPINGS1:t_frSMOKE.pcDDRUG1)
 DRUG #1 Frequency of Usage: Pulldown List 14 (MAPPINGS1:t_frSMOKE.pcDUSE1)
 DRUG #1 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcDIME1) Until When?: 2020)
 DRUG #2 Which One(s)?: Pulldown List 15 (MAPPINGS1:t_frSMOKE.pcDDRUG2)
 DRUG #2 Frequency of Usage: Pulldown List 16 (MAPPINGS1:t_frSMOKE.pcDUSE2)
 DRUG #2 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcDIME2) Until When?: 2020)
 DRUG #3 Which One(s)?: Pulldown List 17 (MAPPINGS1:t_frSMOKE.pcDDRUG3)
 DRUG #3 Frequency of Usage: Pulldown List 18 (MAPPINGS1:t_frSMOKE.pcDUSE3)
 DRUG #3 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcDIME3) Until When?: 2020)
 [2] No
 [3] Unknown

[2] No
 (MAPPINGS1:t_frSMOKE.rcDRUGN)
 Did Patient Use Drugs In The Past? **[1]** Yes DRUG #1 Which One(s)?: Pulldown List 19 (MAPPINGS1:t_frSMOKE.pcNDRUG1)
 DRUG #1 Frequency of Usage: Pulldown List 20 (MAPPINGS1:t_frSMOKE.pcNUSE1)
 DRUG #1 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcNTIME1) Until When?: 2020)
 DRUG #2 Which One(s)?: Pulldown List 21 (MAPPINGS1:t_frSMOKE.pcNDRUG2)
 DRUG #2 Frequency of Usage: Pulldown List 22 (MAPPINGS1:t_frSMOKE.pcNUSE2)
 DRUG #2 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcNTIME2) Until When?: 2020)
 DRUG #3 Which One(s)?: Pulldown List 23 (MAPPINGS1:t_frSMOKE.pcNDRUG3)
 DRUG #3 Frequency of Usage: Pulldown List 24 (MAPPINGS1:t_frSMOKE.Copy_of_pcDUSE3)
 DRUG #3 NReq/Unk / NReq/Unk / NReq/Unk (1910- (MAPPINGS1:t_frSMOKE.dcNTIME3) Until When?: 2020)
 [2] No
 [3] Unknown

[3] Unknown

* Item is not required

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCIGARE	Cigarettes	1	
ieCIGARS	Cigars	2	
iePIPE	Pipe	3	
ieOTHER	Other	4	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
iePERDAY	Per Day	1	
iePERWEE	Per Week	2	
iePERMON	Per Month	3	

Pulldown List 3:			
RefName	Display Text	Value	Design Note

RefName	Display Text	Value	Design Note
iePERDAY	Per Day	1	
iePERWEE	Per Week	2	
iePERMON	Per Month	3	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieNone	None	0	
ie120	1-20	1	
ie2130	21-30	2	
ie30	>30	3	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ie120	1-20	1	
ie2130	21-30	2	
ie30	>30	3	
ieNone	None	0	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ie120	1-20	1	
ie2130	21-30	2	
ie30	>30	3	
ieNone	None	0	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	

ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pulldown List 13:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pull-down List 14:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pull-down List 15:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pull-down List 16:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pull-down List 17:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pull-down List 18:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pull-down List 19:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	

ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 20:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pulldown List 21:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 22:			
RefName	Display Text	Value	Design Note
ieOCCA	Occasional	1	
ieREGU	Regular	2	

Pulldown List 23:			
RefName	Display Text	Value	Design Note
ieAMPH	Amphetamines	1	
ieCANN	Cannabis/Marijuana	2	
ieCOCA	Cocaine	3	
ieECST	Ecstasy (MDMA)	4	
ieFLUN	Flunitrazepam (Rohypnol (R))	5	
ieGAMM	GHB (Gamma-Hydroxybutyrate)	6	
ieKETA	Ketamine	7	
ieLSD	LSD	8	
ieOPIA	Opiates (e.g. Heroin)	9	
ieOTHR	Other	10	

Pulldown List 24:			
RefName	Display Text	Value	Design Note

ieOCCA	Occasional	1	
ieREGU	Regular	2	

CDD: MAPPINGS1 Table: t_frSMOKE Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcSMOKPY	DATE - DDMONYYYY	
rcSMOKEP	NUMERIC	
txSMOKEY	FLOAT - F10.0	
pcSMOKEY	STRING(255) - 1, 2, 3	
dcSMOKEY	DATE - DDMONYYYY	
rcDRINK	NUMERIC	
pcDRINKY	STRING(255) - 0, 1, 2, 3	
rcDRINPA	NUMERIC	
pcPWEAK	STRING(255) - 1, 2, 3, 0	
dcPWEAK	DATE - DDMONYYYY	
rcDRINNP	NUMERIC	
pcDRINNP	STRING(255) - 1, 2, 3, 0	
dcDRINNP	DATE - DDMONYYYY	
pcDRUG1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcUSE1	STRING(255) - 1, 2	
pcDRUG2	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
rcDRUG	NUMERIC	
rcSMOKE	NUMERIC	
pcSMWHAT	STRING(255) - 1, 2, 3, 4	
txMUCH	FLOAT - F10.0	
rcMUCH	NUMERIC	
rcSMOKPA	NUMERIC	
txSMOKPY	FLOAT - F10.0	
pcSMOKPY	STRING(255) - 1, 2, 3	
pcDDRUG3	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcDUSE3	STRING(255) - 1, 2	
dcDTIME3	DATE - DDMONYYYY	
rcDRUGN	NUMERIC	
pcNDRUG1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcNUSE1	STRING(255) - 1, 2	
dcNTIME1	DATE - DDMONYYYY	
pcUSE2	STRING(255) - 1, 2	
pcDRUG3	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
rcDIFF	NUMERIC	
pcDDRUG1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcDUSE1	STRING(255) - 1, 2	
dcDTIME1	DATE - DDMONYYYY	
pcDDRUG2	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcDUSE2	STRING(255) - 1, 2	
dcDTIME2	DATE - DDMONYYYY	
pcUSE3	STRING(255) - 1, 2	

pcNDRUG2	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcNUSE2	STRING(255) - 1, 2	
dcNTIME2	DATE - DDMONYYYY	
pcNDRUG3	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
Copy_of_pcDUSE3	STRING(255) - 1, 2	
dcNTIME3	DATE - DDMONYYYY	

epigen2 : PAST MEDICAL HISTORY (MED)	
PREGNANCY, BIRTH, MILESTONES	
1.*	<p>Were There Any Problems During Mother's Pregnancy?:</p> <p>(MAPPINGS1:t_frMEDHIS.rcPROBLE)</p> <p>[1] <input type="radio"/> Yes, What Problems: (MAPPINGS1:t_frMEDHIS.cgECLAMP) [1] <input type="checkbox"/> Eclampsia (MAPPINGS1:t_frMEDHIS.cgHAEM) [2] <input type="checkbox"/> Haemorrhage (MAPPINGS1:t_frMEDHIS.cgHYPER) [3] <input type="checkbox"/> Hypertension (MAPPINGS1:t_frMEDHIS.cgIGR) [4] <input type="checkbox"/> Intrauterine Growth Retardation (MAPPINGS1:t_frMEDHIS.cgPLAC) [5] <input type="checkbox"/> Placenta Praevia (MAPPINGS1:t_frMEDHIS.cgPREEC) [6] <input type="checkbox"/> Pre-Eclampsia And/Or Toxaemia Of Pregnancy (MAPPINGS1:t_frMEDHIS.cgPREM) [7] <input type="checkbox"/> Premature Separation Of Placenta (MAPPINGS1:t_frMEDHIS.cgPOTHER) [8] <input type="checkbox"/> Other</p> <p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>
2.*	<p>Were There Any Problems At Birth Or Neonatal Period?:</p> <p>(MAPPINGS1:t_frMEDHIS.rcBIRTH)</p> <p>[1] <input type="radio"/> Yes, Explain: (MAPPINGS1:t_frMEDHIS.cgBREA) [1] <input type="checkbox"/> Breach Presentation (MAPPINGS1:t_frMEDHIS.cgFEED) [2] <input type="checkbox"/> Feeding Difficulties (MAPPINGS1:t_frMEDHIS.cgFORC) [3] <input type="checkbox"/> Forceps Delivery (MAPPINGS1:t_frMEDHIS.cgHYPO) [4] <input type="checkbox"/> Hypoxia/Foetal Distress (MAPPINGS1:t_frMEDHIS.cgINTRA) [5] <input type="checkbox"/> Intracranial Bleeding (MAPPINGS1:t_frMEDHIS.cgJAUN) [6] <input type="checkbox"/> Jaundice (MAPPINGS1:t_frMEDHIS.cgLBW) How Many Grams At Birth: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txLBW) [7] <input type="checkbox"/> Low Birth Weight (MAPPINGS1:t_frMEDHIS.cgMECO) [8] <input type="checkbox"/> Meconium Aspiration (MAPPINGS1:t_frMEDHIS.cgPERI) [9] <input type="checkbox"/> Perinatal Maternal Haemorrhage (MAPPINGS1:t_frMEDHIS.cgPREMA) How Many Weeks At Birth?: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txPREM) [10] <input type="checkbox"/> Prematurity (MAPPINGS1:t_frMEDHIS.cgPROL) [11] <input type="checkbox"/> Prolonged Labor (MAPPINGS1:t_frMEDHIS.cgOTHE) [12] <input type="checkbox"/> Other</p> <p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>
3.*	<p>Was Patient's Motor Development Normal?:</p> <p>(MAPPINGS1:t_frMEDHIS.rcMOTOR)</p> <p>[1] <input type="radio"/> Yes [2] <input type="radio"/> No</p> <p>(MAPPINGS1:t_frMEDHIS.cgSIT) Patient Sat At What Age (In Months): xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txSIT) [1] <input type="checkbox"/> Patient Was Slow To Sit: (MAPPINGS1:t_frMEDHIS.cgWALK) Patient Walked At What Age (In Months): xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txWALK) [2] <input type="checkbox"/> Patient Was Slow To Walk: (MAPPINGS1:t_frMEDHIS.cgREGR) From Age: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txREGR) (MAPPINGS1:t_frMEDHIS.rcREGR) [3] <input type="checkbox"/> Motor Regression: [1] <input type="radio"/> Months [2] <input type="radio"/> Years</p> <p>(MAPPINGS1:t_frMEDHIS.cgNEVES) [4] <input type="checkbox"/> Patient Never Sat (MAPPINGS1:t_frMEDHIS.cgNEVEW)</p>

		<p>[5] <input type="checkbox"/> Patient Never Walked (MAPPINGS1:t_frMEDHIS.cgUNSP) [6] <input type="checkbox"/> Unspecified [3] <input type="radio"/> Unknown</p>
4.*	<p>Was Patient's Speech Development Normal?:</p>	<p>(MAPPINGS1:t_frMEDHIS.rcSPEE) [1] <input type="radio"/> Yes [2] <input type="radio"/> No (MAPPINGS1:t_frMEDHIS.cgSPEAK) Patient Spoke First Words At What Age (In Months): xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txSPEAK) [1] <input type="checkbox"/> Late To Speak First Words: (MAPPINGS1:t_frMEDHIS.cgSENT) Patient Spoke Sentences At What Age (In Months): xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txSENT) [2] <input type="checkbox"/> Late To Speak In Sentences: (MAPPINGS1:t_frMEDHIS.cgSREGR) From Age: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txSREGR) (MAPPINGS1:t_frMEDHIS.rcSREGR) [3] <input type="checkbox"/> Speech Regression: [1] <input type="radio"/> Months [2] <input type="radio"/> Years (MAPPINGS1:t_frMEDHIS.cgPNS) [4] <input type="checkbox"/> Patient Never Spoke (MAPPINGS1:t_frMEDHIS.cgSPEEU) [5] <input type="checkbox"/> Unspecified [3] <input type="radio"/> Unknown</p>
PREDISPOSING FACTORS		
5.*	<p>History Of CNS Infection?:</p>	<p>(MAPPINGS1:t_frMEDHIS.rcCNSI) [1] <input type="radio"/> Yes (MAPPINGS1:t_frMEDHIS.cgENCEPH) [1] <input type="checkbox"/> Encephalitis What Was Age Of Onset?: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txENCEPH) (MAPPINGS1:t_frMEDHIS.rcENCEPH) [1] <input type="radio"/> Months [2] <input type="radio"/> Years What Type Of Encephalitis?: Pulldown List 1 (MAPPINGS1:t_frMEDHIS.pcENCEPH) (MAPPINGS1:t_frMEDHIS.rcENCEPC) Were There Lasting Complications Other Than Epilepsy?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No (MAPPINGS1:t_frMEDHIS.cgMENIN) [2] <input type="checkbox"/> Meningitis What Was Age Of Onset?: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txMENIN) (MAPPINGS1:t_frMEDHIS.rcMENIN) [1] <input type="radio"/> Months [2] <input type="radio"/> Years What Type Of Meningitis?: Pulldown List 2 (MAPPINGS1:t_frMEDHIS.pcMENIN) (MAPPINGS1:t_frMEDHIS.rcMENINC) Were There Lasting Complications Other Than Epilepsy?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>
6.	<p>History Of Febrile Seizures (FS)?:</p>	<p>(MAPPINGS1:t_frMEDHIS.rcFS) [1] <input type="radio"/> Yes Age At First FS (In Months): xxxxxxxx. (6.0 =< n <= 72.0) (MAPPINGS1:t_frMEDHIS.txFSYAGE) (MAPPINGS1:t_frMEDHIS.rcFSHOSP) Ever Hospitalized For FS? [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown For How Long Did Longest FS Last? (In Minutes): xxxxxxxx. Or (MAPPINGS1:t_frMEDHIS.txFSLONG) (MAPPINGS1:t_frMEDHIS.cgFSLONG) [1] <input type="checkbox"/> Unknown (MAPPINGS1:t_frMEDHIS.rcFSEPS) Ever Had More Than 1 Episode Of FS In 24 Hours? [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frMEDHIS.rcFSLAT) Ever Had Lateralizing Features During Or Following FS?: [1] <input type="radio"/> Yes</p>

		<p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>Age At Last FS (In Months): xxxxxxxx. (6.0 =< n <= 72.0) (MAPPINGS1:t_frMEDHIS.txFSLAST)</p> <p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>
7.	FS Classification: [read-only]	A255 (MAPPINGS1:t_frMEDHIS.txFSCLAS)
8.*	History Of Head Injury:	<p>(MAPPINGS1:t_frMEDHIS.rcHEAD) [1] <input type="radio"/> Yes</p> <p>Age: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txAGE) (MAPPINGS1:t_frMEDHIS.rcAGE) [1] <input type="radio"/> Months [2] <input type="radio"/> Years</p> <p>(MAPPINGS1:t_frMEDHIS.rcLOC) Loss Of Consciousness: [1] <input type="radio"/> Yes If Yes, Duration: xxxxxxxx. (MAPPINGS1:t_frMEDHIS.txLOCY) Per Pulldown List 3 (MAPPINGS1:t_frMEDHIS.pcLOCY) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>(MAPPINGS1:t_frMEDHIS.cgSF) [1] <input type="checkbox"/> Skull Fracture (MAPPINGS1:t_frMEDHIS.cgILC) [2] <input type="checkbox"/> Intracranial Lesion - Contusion (MAPPINGS1:t_frMEDHIS.cgILEH) [3] <input type="checkbox"/> Intracranial Lesion - Epidural Hemorrhage (MAPPINGS1:t_frMEDHIS.cgILSH) [4] <input type="checkbox"/> Intracranial Lesion - Subdural Hemorrhage (MAPPINGS1:t_frMEDHIS.cgILSA) [5] <input type="checkbox"/> Intracranial Lesion - Subarachnoidal Hemorrhage (MAPPINGS1:t_frMEDHIS.cgILIH) [6] <input type="checkbox"/> Intracranial Lesion - Intracerebral Hemorrhage (MAPPINGS1:t_frMEDHIS.cgILUH) [7] <input type="checkbox"/> Intracranial Lesion - Unspecified Hemorrhage (MAPPINGS1:t_frMEDHIS.cgILU) [8] <input type="checkbox"/> Intracranial Lesion - Unspecified (MAPPINGS1:t_frMEDHIS.cgNI) [9] <input type="checkbox"/> Neurosurgical Intervention (MAPPINGS1:t_frMEDHIS.cgLCOE) [10] <input type="checkbox"/> Lasting Complications Other Than Epilepsy</p> <p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>

* Item is not required

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieVIRA	Viral	1	
ieBACT	Bacterial	2	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieVIRA	Viral	1	
ieBACT	Bacterial	2	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieMIN	Minutes	1	
ieHOURL	Hours	2	

ieDAYS	Days	3
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CDD: MAPPINGS1 Table: t_frMEDHIS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
cgHAEM	STRING(255)	
cgHYPER	STRING(255)	
cgIGR	STRING(255)	
cgPLAC	STRING(255)	
cgPREEC	STRING(255)	
cgPREM	STRING(255)	
cgPOTHER	STRING(255)	
rcBIRTH	NUMERIC	
cgBREA	STRING(255)	
cgFEED	STRING(255)	
cgFORC	STRING(255)	
cgHYPO	STRING(255)	
cgINTRA	STRING(255)	
cgJAUN	STRING(255)	
cgLBW	STRING(255)	
txLBW	FLOAT - F10.0	
cgMECO	STRING(255)	
cgPERI	STRING(255)	
cgPREMA	STRING(255)	
txPREM	FLOAT - F10.0	
cgPROL	STRING(255)	
cgOTHE	STRING(255)	
rcMOTOR	NUMERIC	
cgSIT	STRING(255)	
txSIT	FLOAT - F10.0	
cgREGR	STRING(255)	
txREGR	FLOAT - F10.0	
rcREGR	NUMERIC	
cgNEVES	STRING(255)	
cgNEVEW	STRING(255)	
cgUNSP	STRING(255)	
rcSPEE	NUMERIC	
cgSPEAK	STRING(255)	
txSPEAK	FLOAT - F10.0	
cgSENT	STRING(255)	
txSENT	FLOAT - F10.0	
cgSREGR	STRING(255)	
txSREGR	FLOAT - F10.0	
rcSREGR	NUMERIC	
cgPNS	STRING(255)	
cgSPEEU	STRING(255)	
rcCNSI	NUMERIC	

cgENCEPH	STRING(255)	
txENCEPH	FLOAT - F10.0	
rcENCEPH	NUMERIC	
pcENCEPH	STRING(255) - 1, 2	
rcENCEPC	NUMERIC	
cgMENIN	STRING(255)	
txMENIN	FLOAT - F10.0	
rcMENIN	NUMERIC	
pcMENIN	STRING(255) - 1, 2	
rcMENINC	NUMERIC	
rcFS	NUMERIC	
txFSYAGE	FLOAT - F10.0	
rcFSHOSP	NUMERIC	
txFSLONG	FLOAT - F10.0	
cgFSLONG	STRING(255)	
rcFSEPS	NUMERIC	
rcFSLAT	NUMERIC	
txFSLAST	FLOAT - F10.0	
txFSCLAS	STRING(255) - A255	
rcHEAD	NUMERIC	
txAGE	FLOAT - F10.0	
rcAGE	NUMERIC	
rcLOC	NUMERIC	
txLOCY	FLOAT - F10.0	
pcLOCY	STRING(255) - 1, 2, 3	
cgSF	STRING(255)	
cgILC	STRING(255)	
cgILEH	STRING(255)	
cgILSH	STRING(255)	
cgILSA	STRING(255)	
cgILIH	STRING(255)	
cgILUH	STRING(255)	
cgILU	STRING(255)	
cgNI	STRING(255)	
cgLCOE	STRING(255)	
rcPROBLE	NUMERIC	
cgECLAMP	STRING(255)	
cgWALK	STRING(255)	
txWALK	FLOAT - F10.0	

epigen2 : CONTRACEPTION/PREGNANCY (CON)	
CONTRACEPTION	
1.* Use Of Contraceptive Method?:	(MAPPINGS1:t_frCONTRA.rcCONT) [1] <input type="radio"/> Yes (MAPPINGS1:t_frCONTRA.rcCONTY) Which Type?: [1] <input type="radio"/> (MAPPINGS1:t_frCONTRA.rcOC) Oral Contraceptives [1] <input type="radio"/> Estroprogesterone Pulldown List 1 (MAPPINGS1:t_frCONTRA.pcESTR) [2] <input type="radio"/> Progesterone (minipill) [3] <input type="radio"/> Unspecified [2] <input type="radio"/> Transdermal Estroprogesterone [3] <input type="radio"/> Vaginal Estroprogesterone [4] <input type="radio"/> Parental Progesterone Pulldown List 2 (MAPPINGS1:t_frCONTRA.pcPPRO) [5] <input type="radio"/> Other, Specify: A50 (MAPPINGS1:t_frCONTRA.txOT) Since When NReq/Unk / NReq/Unk / NReq/Unk (1910-2020) (MAPPINGS1:t_frCONTRA.dcCONTY) If Oral Contraceptives Was Chosen Above, Name (Brand or Generic, Optional): A50 (MAPPINGS1:t_frCONTRA.txOC) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown
PREGNANCY	
2.* Has Patient Ever Been Pregnant?:	(MAPPINGS1:t_frCONTRA.rcPREG) [1] <input type="radio"/> Yes How Many Times?: xxxxxxxxxx (MAPPINGS1:t_frCONTRA.txPRYES) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown
* Item is not required	

Form Design Note:
 If Yes Is Selected For Has Patient Ever Been Pregnant Then The Pregnancy Form Will Dynamically Appear

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieMONO	Monophasic	1	
ieBIPH	Biphasic	2	
ieTRIP	Triphasic	3	
ieSEQU	Sequential	4	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieMINI	Minipill	1	
ieMEDR	Medroxyprogesterone (IM)	2	

CDD: MAPPINGS1 Table: t_frCONTRA Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
rcCONT	NUMERIC	
rcCONTY	NUMERIC	
rcOC	NUMERIC	

pcESTR	STRING(255) - 1, 2, 3, 4	
pcPPRO	STRING(255) - 1, 2	
txOT	STRING(50) - A50	
dcCONTY	DATE - DDMONYYYY	
txOC	STRING(50) - A50	
rcPREG	NUMERIC	
txPRYES	NUMERIC - N10	

epigen2 : PREGNANCY (PRE) - Repeating Form														
#	Date	Complications	Outcome	Weeks	Condition	Pediatrician	Family History	Folic Acid	Pregnancy Seizures	Postpartum Seizures	AEDs	Drugs		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PREGNANCY														
1.*	Estimated Conception Date:							NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frPREG.dcCONDAT)						
2.*	Complications:							(MAPPINGS1:t_frPREG.rcCOMP) [1] <input type="radio"/> Yes, Indicate Which Complication(s): (MAPPINGS1:t_frPREG.cgECLAMP) [1] <input type="checkbox"/> Eclampsia (MAPPINGS1:t_frPREG.cgHAEM) [2] <input type="checkbox"/> Haemorrhage (MAPPINGS1:t_frPREG.cgHYPER) [3] <input type="checkbox"/> Hypertension (MAPPINGS1:t_frPREG.cgIGR) [4] <input type="checkbox"/> Intrauterine Growth Retardation (MAPPINGS1:t_frPREG.cgPLAC) [5] <input type="checkbox"/> Placenta Praevia (MAPPINGS1:t_frPREG.cgPREEC) [6] <input type="checkbox"/> Pre-Eclampsia And/Or Toxaemia Of Pregnancy (MAPPINGS1:t_frPREG.cgPREM) [7] <input type="checkbox"/> Premature Separation Of Placenta (MAPPINGS1:t_frPREG.cgPOTHER) [8] <input type="checkbox"/> Other [2] <input type="radio"/> No [3] <input type="radio"/> Unknown						
3.*	Outcome:							(MAPPINGS1:t_frPREG.rcOUTC) [1] <input type="radio"/> Completed [2] <input type="radio"/> Miscarriage [3] <input type="radio"/> Stillbirth [4] <input type="radio"/> Ongoing						
4.*	Weeks To Outcome:							xxxxxxxx. (0.0 =< n <= 44.0) (MAPPINGS1:t_frPREG.txWEEK)						
5.*	Child's Condition:							(MAPPINGS1:t_frPREG.rcCHIL) [1] <input type="radio"/> Healthy [2] <input type="radio"/> Major Congenital Malformation (MAPPINGS1:t_frPREG.cgCAMA) [1] <input type="checkbox"/> Cardiac Malformation (MAPPINGS1:t_frPREG.cgCLEF) [2] <input type="checkbox"/> Cleft Palate (MAPPINGS1:t_frPREG.cgFACI) [3] <input type="checkbox"/> Facial Dysmorphism (Other Than Cleft Palate) (MAPPINGS1:t_frPREG.cgGAST) [4] <input type="checkbox"/> Gastro-Intestinal Tract Defect (MAPPINGS1:t_frPREG.cgGENI) [5] <input type="checkbox"/> Genito-Urinary Tract Defect (MAPPINGS1:t_frPREG.cgNEUR) [6] <input type="checkbox"/> Neural Tube Defect/Spina Bifida (MAPPINGS1:t_frPREG.cgSKEL) [7] <input type="checkbox"/> Skeleton Malformation (MAPPINGS1:t_frPREG.cgMAOT) [8] <input type="checkbox"/> Other (MAPPINGS1:t_frPREG.cgMAUN) [9] <input type="checkbox"/> Unspecified [3] <input type="radio"/> Minor Congenital Malformation [4] <input type="radio"/> Psychomotor Delay [5] <input type="radio"/> Unknown						

6.*	If Any Choice Other Than Healthy Was Checked For Child's Condition, Then Please Provide Details Of Neonatologist/Pediatrician/Geneticist:	A200	(MAPPINGS1:t_frPREG.txNEON)
7.*	Family History Of Malformations?:	(MAPPINGS1:t_frPREG.rcHIST) [1] <input type="radio"/> Yes, Details: If Yes, Please Specify: A200 (MAPPINGS1:t_frPREG.txHISTY) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown	
8.*	Folic Acid Across Conception?:	(MAPPINGS1:t_frPREG.rcFOLIC) [1] <input type="radio"/> Yes Dose (in mg/day): xxxxxxxxx (MAPPINGS1:t_frPREG.txFOLICY) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown	
9.*	Seizures During Pregnancy?:	(MAPPINGS1:t_frPREG.rcSEIZ) [1] <input type="radio"/> None [2] <input type="radio"/> Epilepsy Onset During Pregnancy [3] <input type="radio"/> Less Than Usual [4] <input type="radio"/> More Than Usual [5] <input type="radio"/> Unchanged	
10.*	Seizures During 3 Months Postpartum?:	(MAPPINGS1:t_frPREG.rcSEIZP) [1] <input type="radio"/> None [2] <input type="radio"/> Epilepsy Onset During Post-Partum [3] <input type="radio"/> Less Than Usual [4] <input type="radio"/> More Than Usual [5] <input type="radio"/> Unchanged	
11.*	AEDs During Pregnancy?:	(MAPPINGS1:t_frPREG.rcAEDS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown	
12.*	Were Any Other Drugs Used During The Pregnancy?:	(MAPPINGS1:t_frPREG.rcDRUGS) [1] <input type="radio"/> Yes, Please Specify Which Ones: Drug 1: A100 (MAPPINGS1:t_frPREG.txDRUG1) Drug 2: A100 (MAPPINGS1:t_frPREG.txDRUG2) Drug 3: A100 (MAPPINGS1:t_frPREG.txDRUG3) Drug 4: A100 (MAPPINGS1:t_frPREG.txDRUG4) [2] <input type="radio"/> No [3] <input type="radio"/> Unknown	
* Item is not required			

Form Design Note:
 If Yes Is Selected For AEDs During Pregnancy Then The AEDs During Pregnancy Form Will Dynamically Appear

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frAEDPRE

CDD: MAPPINGS1 Table: t_frPREG Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcCONDAT	DATE - DDMYYYYY	

rcCOMP	NUMERIC	
cgECLAMP	STRING(255)	
cgHAEM	STRING(255)	
cgHYPER	STRING(255)	
cgSKEL	STRING(255)	
cgMAOT	STRING(255)	
cgMAUN	STRING(255)	
txNEON	STRING(200) - A200	
rcHIST	NUMERIC	
txHISTY	STRING(200) - A200	
rcFOLIC	NUMERIC	
txFOLICY	NUMERIC - N10	
rcSEIZ	NUMERIC	
rcSEIZP	NUMERIC	
rcAEDS	NUMERIC	
rcDRUGS	NUMERIC	
txDRUG1	STRING(100) - A100	
txDRUG2	STRING(100) - A100	
txDRUG3	STRING(100) - A100	
cgIGR	STRING(255)	
txDRUG4	STRING(100) - A100	
cgPLAC	STRING(255)	
cgPREEC	STRING(255)	
cgPREM	STRING(255)	
cgPOTHER	STRING(255)	
rcOUTC	NUMERIC	
txWEEK	FLOAT - F10.0	
rcCHIL	NUMERIC	
cgCAMA	STRING(255)	
cgCLEF	STRING(255)	
cgFACI	STRING(255)	
cgGAST	STRING(255)	
cgGENI	STRING(255)	
cgNEUR	STRING(255)	

epigen2 : AEDS TAKEN DURING PREGNANCY (AED) - Repeating Form						
#		AED Name	Start Date	Stop Date	Dose	Taken Postpartum?
1	<input type="text"/>					
AEDs						
1.*	Which AED Was Taken?:			Pull down List 1 <input type="text"/> (MAPPINGS1:t_frAEDPRE.pcAED) If Other Was Checked, Please Specify:		A100 (MAPPINGS1:t_frAEDPRE.txAED)
2.*	Start Date:			<input type="text"/> NReq/Unk <input type="text"/> / <input type="text"/> NReq/Unk <input type="text"/> / <input type="text"/> NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frAEDPRE.dcAEDSTA)		
3.*	Stop Date:			<input type="text"/> NReq/Unk <input type="text"/> / <input type="text"/> NReq/Unk <input type="text"/> / <input type="text"/> NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frAEDPRE.dcAEDSTO)		
4.*	Dose (in mg/day):			<input type="text"/> xxxxxxxxx. (MAPPINGS1:t_frAEDPRE.txDOSE)		
5.*	Was This AED Taken During The First 3 Months Of Pregnancy?:			(MAPPINGS1:t_frAEDPRE.rcAED3MO) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown		
* Item is not required						

Pull down List 1:			
RefName	Display Text	Value	Design Note
ieACET	Acetazolamide	1	
ieBRIVA2	Brivaracetam	30	
ieCARB	Carbamazepine	2	
ieCARBR	Carbamazepine Retard	3	
ieCLOB	Clobazam	4	
ieCLON	Clonazepam	5	
ieETHO	Ethosuximide	6	
ieFELB	Felbamate	7	
ieGABA	Gabapentin	8	
ieLACO	Lacosamide	25	
ieLAMO	Lamotrigine	9	
ieLAMOT	Lamotrigine XR	26	
ieLEVE	Levetiracetam	10	
ieLEVETI	Levetiracetam XR	27	
ieOXCA	Oxcarbazepine	11	
iePERMP	Perampanel	31	
iePHEN	Phenobarbital	12	
iePHET	Phenytoin Tablets (Diphantoin)	13	
iePHEC	Phenytoin Capsules (Epanutin)	14	
iePREG	Pregabalin	15	
iePRIM	Primidone	16	
ieRETIG	Retigabine	28	
ieRUFIN	Rufinamide	29	
ieTIAG	Tiagabine	17	

ieTOPI	Topiramate	18	
ieVALP	Valproic Acid	19	
ieVALA	Valproic Acid Slow Release (Chrono)	20	
ieVIGA	Vigabatrin	21	
ieZONI	Zonisamide	22	
ieAEDO	Other	23	

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frPREG

CDD: MAPPINGS1 Table: t_frAEDPRE Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcAED	STRING(255) - 1, 30, 2, 3, 4, 5, 6, 7, 8, 25, 9, 26, 10, 27, 11, 31, 12, 13, 14, 15, 16, 28, 29, 17, 18, 19, 20, 21, 22, 23	
txAED	STRING(100) - A100	
dcAEDSTA	DATE - DDMONYYYY	
dcAEDSTO	DATE - DDMONYYYY	
txDOSE	FLOAT - F10.0	
rcAED3MO	NUMERIC	

epigen2 : NEUROLOGICAL EXAMINATIONS (NEU) - Repeating Form											
#	Date	Clinician	Result	Higher Cortical Functions	Speech Disturbances	Cranial Nerve Abnormality	Motor Abnormalities	Sensory Abnormalities	Coordination Abnormalities	Unspecified	
1											
NEUROLOGICAL EXAMINATION											
1.*	Date Of Neurological Examination:						NRReq/Unk <input type="button" value="v"/> / NRReq/Unk <input type="button" value="v"/> / NRReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frNEURO.dcNEURDT)				
2.*	Name Of Clinician:						A50 (MAPPINGS1:t_frNEURO.txNEURCL)				
3.*	Result:						(MAPPINGS1:t_frNEURO.rcNEURES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (MAPPINGS1:t_frNEURO.cgHCF) [1] <input type="checkbox"/> Higher Cortical Functions (Please Answer Item 4 Below) (MAPPINGS1:t_frNEURO.cgSD) [2] <input type="checkbox"/> Speech Disturbances (Please Answer Item 5 Below) (MAPPINGS1:t_frNEURO.cgCNA) [3] <input type="checkbox"/> Cranial Nerve Abnormalities (Please Answer Item 6 Below) (MAPPINGS1:t_frNEURO.cgMA) [4] <input type="checkbox"/> Motor Abnormalities (Please Answer Item 7 Below) (MAPPINGS1:t_frNEURO.cgSA) [5] <input type="checkbox"/> Sensory Abnormalities (Please Answer Item 8 Below) (MAPPINGS1:t_frNEURO.cgCA) [6] <input type="checkbox"/> Coordination Abnormalities (Please Answer Item 9 Below) (MAPPINGS1:t_frNEURO.cgUNSPEC) [7] <input type="checkbox"/> Unspecified (Please Answer Item 10 Below)				
4.*	Higher Cortical Functions:						Details A100 (MAPPINGS1:t_frNEURO.txHCF) (MAPPINGS1:t_frNEURO.cgCOGIMP) Mini Mental Status Score A100 (MAPPINGS1:t_frNEURO.txCOGIMP) [1] <input type="checkbox"/> Cognitive Impairment (MAPPINGS1:t_frNEURO.cgMENSLO) [2] <input type="checkbox"/> Mental Slowing				
5.*	Speech Disturbances:						Details: A100 (MAPPINGS1:t_frNEURO.txSPEDIS) (MAPPINGS1:t_frNEURO.cgDYSP) [1] <input type="checkbox"/> Dysphasia/Aphasia (MAPPINGS1:t_frNEURO.cgDYSA) [2] <input type="checkbox"/> Dysarthria (MAPPINGS1:t_frNEURO.cgNOSP) [3] <input type="checkbox"/> No Speech				
6.*	Cranial Nerve Abnormality:						Details: A100 (MAPPINGS1:t_frNEURO.txCNA) (MAPPINGS1:t_frNEURO.cgIIDV) [1] <input type="checkbox"/> II Optic Nerve Decreased Visual Acuity (MAPPINGS1:t_frNEURO.cgIIVF) Specify: Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frNEURO.pcVFD) [2] <input type="checkbox"/> II Optic Nerve Visual Field Defect (MAPPINGS1:t_frNEURO.cgIIAF) Specify: Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_frNEURO.pcABFU) [3] <input type="checkbox"/> II Optic Nerve Abnormal Fundus (MAPPINGS1:t_frNEURO.cgIIMI) [4] <input type="checkbox"/> II Optic Nerve Miosis/Mydriasis (MAPPINGS1:t_frNEURO.cgIIIO) [5] <input type="checkbox"/> III, IV, VI Eye Movements Ophthalmoparesis/Strabismus (MAPPINGS1:t_frNEURO.cgIIIB) [6] <input type="checkbox"/> III, IV, VI Eye Movements Broken Pursuit (MAPPINGS1:t_frNEURO.cgIIIA) [7] <input type="checkbox"/> III, IV, VI Eye Movements Abnormal Saccades (MAPPINGS1:t_frNEURO.cgIIIN) [8] <input type="checkbox"/> III, IV, VI Eye Movements Nystagmus (MAPPINGS1:t_frNEURO.cgFAPA) [9] <input type="checkbox"/> Facial Paresis				

		(MAPPINGS1:t_frNEURO.cgDEHD) [10] <input type="checkbox"/> Decreased Hearing/Deafness
7.*	Motor Abnormalities:	Details: A100 (MAPPINGS1:t_frNEURO.txMOAB) (MAPPINGS1:t_frNEURO.cgPARE) [1] <input type="checkbox"/> Paresis/Plegia (MAPPINGS1:t_frNEURO.cgMUSC) [2] <input type="checkbox"/> Muscle Atrophy (MAPPINGS1:t_frNEURO.cgSPAS) [3] <input type="checkbox"/> Spasticity (MAPPINGS1:t_frNEURO.cgHYPORE) [4] <input type="checkbox"/> Hyporeflexia/Areflexia (MAPPINGS1:t_frNEURO.cgHYPERR) [5] <input type="checkbox"/> Hyperreflexia/Clonus (MAPPINGS1:t_frNEURO.cgUPGO) [6] <input type="checkbox"/> Upgoing Plantar(s)/Babinski Sign (MAPPINGS1:t_frNEURO.cgINVMOV) Specify: Pulldown List 3 <input type="checkbox"/> (MAPPINGS1:t_frNEURO.pcINVMOV) [7] <input type="checkbox"/> Involuntary Movements
8.*	Sensory Abnormalities:	Details: A100 (MAPPINGS1:t_frNEURO.txSENABN) (MAPPINGS1:t_frNEURO.cgSENABN) [1] <input type="checkbox"/> Hypoesthesia
9.*	Coordination Abnormalities:	Details: A100 (MAPPINGS1:t_frNEURO.txCOORAB) (MAPPINGS1:t_frNEURO.cgATAG) [1] <input type="checkbox"/> Ataxia-Gait (MAPPINGS1:t_frNEURO.cgATAL) [2] <input type="checkbox"/> Ataxia-Limb (MAPPINGS1:t_frNEURO.cgATDY) [3] <input type="checkbox"/> Dysmetria (MAPPINGS1:t_frNEURO.cgATDD) [4] <input type="checkbox"/> Dysdiadochokinesis
10.*	Unspecified:	Details: A100 (MAPPINGS1:t_frNEURO.txUNSPEC)
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieVIHE	Hemianopsia	1	
ieVIQU	Quadrantanopsia	2	
ieVICO	Concentric Restriction	3	
ieVIOT	Other	4	
ieVIUN	Unspecified	5	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieAPOA	Optic Atrophy	1	
ieAPPA	Papilledema	2	
ieAPOT	Other	3	
ieAPUN	Unspecified	4	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieTREM	Tremor	1	
ieINOT	Other	2	

CDD: MAPPINGS1 Table: t_frNEURO Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcNEURDT	DATE - DDMONYYYY	
txNEURCL	STRING(50) - A50	
rcNEURES	NUMERIC	
cgNOSP	STRING(255)	
txCNA	STRING(100) - A100	
cgIIDV	STRING(255)	
cgIIVF	STRING(255)	
pcVFD	STRING(255) - 1, 2, 3, 4, 5	
cgIIAF	STRING(255)	
pcABFU	STRING(255) - 1, 2, 3, 4	
cgIIMI	STRING(255)	
cgIIIO	STRING(255)	
cgIIIB	STRING(255)	
cgIIIA	STRING(255)	
cgIIIN	STRING(255)	
cgFAPA	STRING(255)	
cgHCF	STRING(255)	
cgSD	STRING(255)	
cgCNA	STRING(255)	
cgMA	STRING(255)	
cgSA	STRING(255)	
cgCA	STRING(255)	
cgUNSPEC	STRING(255)	
txHCF	STRING(100) - A100	
cgCOGIMP	STRING(255)	
txCOGIMP	STRING(100) - A100	
cgMENSLO	STRING(255)	
txSPEDIS	STRING(100) - A100	
cgDYS	STRING(255)	
cgDYSA	STRING(255)	
cgDEHD	STRING(255)	
txMOAB	STRING(100) - A100	
cgPARE	STRING(255)	
cgMUSC	STRING(255)	
cgSPAS	STRING(255)	
cgHYPOR	STRING(255)	
cgHYPERR	STRING(255)	
cgUPGO	STRING(255)	
cgINVMOV	STRING(255)	
pcINVMOV	STRING(255) - 1, 2	
txSENABN	STRING(100) - A100	
cgSENABN	STRING(255)	
txCOORAB	STRING(100) - A100	

cgATAL	STRING(255)	
cgADY	STRING(255)	
cgATDD	STRING(255)	
txUNSPEC	STRING(100) - A100	
cgATAG	STRING(255)	

epigen2 : GENERAL CLINICAL EXAMINATION (GEN) - Repeating Form					
#		Clinician	Date	Result	Details
1	<input type="text"/>				
GENERAL CLINICAL EXAMINATION					
1.*	Name Of Clinician:	A50 (MAPPINGS1:t_frGCEXAM.txCLNAME)			
2.*	Date Of General Clinical Examination:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frGCEXAM.dcEXAMDT)			
3.*	Result:	(MAPPINGS1:t_frGCEXAM.rcRESULT) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (MAPPINGS1:t_frGCEXAM.cgDYSMOR) [1] <input type="checkbox"/> Dysmorphism (MAPPINGS1:t_frGCEXAM.cgCUTAN) [2] <input type="checkbox"/> Cutaneous Hallmarks (MAPPINGS1:t_frGCEXAM.cgOTHER) A50 (MAPPINGS1:t_frGCEXAM.txABOT) [3] <input type="checkbox"/> Other			
4.*	Details:	A50 (MAPPINGS1:t_frGCEXAM.txGCDETS)			
* Item is not required					

Column Name	Column Data Type	Design Note
txCLNAME	STRING(50) - A50	
dcEXAMDT	DATE - DDMONYYYY	
rcRESULT	NUMERIC	
cgDYSMOR	STRING(255)	
cgCUTAN	STRING(255)	
cgOTHER	STRING(255)	
txABOT	STRING(50) - A50	
txGCDETS	STRING(50) - A50	

epigen2 : DIAGNOSIS OF EPILEPSY (DIA) - Repeating Form			
#		Classification	Specify
1			

EPILEPSY SYNDROME DIAGNOSIS

1. Primary Classification:

(MAPPINGS1:t_frDIAEPI.rcPRICLS)

[1] Generalized Idiopathic Age Related | Pulldown List 1 (MAPPINGS1:t_frDIAEPI.pcGIAR)

[2] Generalized Cryptogenic | Pulldown List 2 (MAPPINGS1:t_frDIAEPI.pcGC)

[3] Generalized Symptomatic | Pulldown List 3 (MAPPINGS1:t_frDIAEPI.pcGS)

[4] Generalized Unclassified

[5] Localization-Related Idiopathic | Pulldown List 4 (MAPPINGS1:t_frDIAEPI.pclRI)

[6] Localization-Related Cryptogenic | Pulldown List 5 (MAPPINGS1:t_frDIAEPI.pclRC)

[7] Localization-Related Symptomatic, Temporal Lobe (See EHELPDIAEPI on Homepage) | xxxxx (1 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.tcLRSTL) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 6 (MAPPINGS1:t_frDIAEPI.pclRSTL)

[8] Localization-Related Symptomatic, Frontal Lobe (See EHELPDIAEPI on Homepage) | xxxxx (2 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.txLRSFL) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 7 (MAPPINGS1:t_frDIAEPI.pclRSFL)

[9] Localization-Related Symptomatic, Parietal Lobe (See EHELPDIAEPI on Homepage) | xxxxx (2 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.txLRSPL) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 8 (MAPPINGS1:t_frDIAEPI.pclRSPL)

[10] Localization-Related Symptomatic, Occipital Lobe (See EHELPDIAEPI on Homepage) | xxxxx (2 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.txLRSOL) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 9 (MAPPINGS1:t_frDIAEPI.pclRSOL)

[11] Localization-Related Symptomatic, Bi-Multilobar (See EHELPDIAEPI on Homepage) | xxxxx (2 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.txLRSBM) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 10 (MAPPINGS1:t_frDIAEPI.pclRSBM)

[12] Localization-Related Symptomatic, Unknown Focus (See EHELPDIAEPI on Homepage) | xxxxx (2 =< n <= 128) | (MAPPINGS1:t_frDIAEPI.txLRSUF) | If Patient Has Brain Tumor, Indicate Grade: | Pulldown List 11 (MAPPINGS1:t_frDIAEPI.pclRSUF)

[13] Localization-Related Symptomatic, Unclassified

[14] Localization-Related Unclassified

[15] Undetermined Syndrome With Focal And Generalized Features | Pulldown List 12 (MAPPINGS1:t_frDIAEPI.pcUSFG)

[16] Special Syndrome, FS

[17] Special Syndrome, Acute Provoked Seizures | Pulldown List 13 (MAPPINGS1:t_frDIAEPI.pcSSAP)

[18] Special Syndrome, Isolated Seizures

[19] Special Syndrome, Isolated Status Epilepticus

[20] Special Syndrome, Unclassified

		[21] <input type="radio"/> Unclassified [22] <input type="radio"/> Non-Epileptic Attack Disorder Pulldown List 14 <input type="button" value="v"/> (MAPPINGS1:t_frDIAEPI.pcNEAD)
2.*	If Other Was Selected Above For Any Choice, Please Specify:	A200 (MAPPINGS1:t_frDIAEPI.txSPECIF)
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieBMEI	Benign Myoclonic Epilepsy Of Infancy	1	
ieCAE	Childhood Absence Epilepsy	2	
ieJAE	Juvenile Absence Epilepsy	3	
ieJME	Juvenile Myoclonic Epilepsy	4	
ieEWGT	Epilepsy With Generalized Tonic-Clonic Seizures Only	5	
ieESPS	Epilepsy With Seizures Precipitated By Specific Modes Of Activation	6	
ieGIOT	Other	7	
ieGIUN	Unclassified	8	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieWS	West Syndrome	1	
ieLGS	Lennox-Gastaut Syndrome	2	
ieEMAS	Epilepsy With Myoclonic Astatic Seizures	3	
ieEWMA	Epilepsy With Myoclonic Absences	4	
ieCROT	Other	5	
ieCRUN	Unclassified	6	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieEME	Early Myoclonic Encephalopathy	1	
ieEIEB	Early Infantile Encephalopathy With Burst Suppression	2	
ieIEMP	Inborn Error Of Metabolism Phenylketonuria	3	
ieIEMD	Inborn Error Of Metabolism D-Glyceridacidemia	4	
ieIEMB	Inborn Error Of Metabolism Bipterin Deficiency	5	
ieIEMT	Inborn Error Of Metabolism Tay-Sachs Disease	6	
ieIEMS	Inborn Error Of Metabolism Sandhoff Disease	7	
ieIEMF	Inborn Error Of Metabolism Pyridoxine Deficiency	8	
ieIEMG	Inborn Error Of Metabolism Gaucher's Disease	9	
ieIEMC	Inborn Error Of Metabolism Cherry Red Spot Myoclonus Syndrome	10	
ieIEML	Inborn Error Of Metabolism Ceroid Lipofuscinosis Early Infantile	11	
ieIEMI	Inborn Error Of Metabolism Ceroid Lipofuscinosis Late Infantile	12	
ieIEMJ	Inborn Error Of Metabolism Ceroid Lipofuscinosis Juvenile	13	
ieIEMA	Inborn Error Of Metabolism Ceroid Lipofuscinosis Adult	14	
ieIEMO	Inborn Error Of Metabolism Other	15	
ieSSTS	Specific Syndrome Tuberous Sclerosis	16	

ieSSNO	Specific Syndrome Neurofibromatosis I	17
ieSSNT	Specific Syndrome Neurofibromatosis II	18
ieSSSW	Specific Syndrome Sturge Weber Syndrome	19
ieSSH	Specific Syndrome Hamartomas	20
ieSSO	Specific Syndrome Other	21
ieSSU	Specific Syndrome Unclassified	22
ieMCGA	Malformation Of Cortical Development Abnormality Of Gyration Agyria/Macrogyria	23
ieMCGL	Malformation Of Cortical Development Abnormality Of Gyration Lissencephaly-Pachygyria	24
ieMCGP	Malformation Of Cortical Development Abnormality Of Gyration Polymicrogyria	25
ieMCGS	Malformation Of Cortical Development Abnormality Of Gyration Schizencephaly	26
ieMCGM	Malformation Of Cortical Development Abnormality Of Gyration Minor Gyration Changes	27
ieMCGU	Malformation Of Cortical Development Abnormality Of Gyration Unclassified	28
ieMCM	Malformation Of Cortical Development Megencephaly	29
ieMCH	Malformation Of Cortical Development Hemimegencephaly	30
ieMCSE	Malformation Of Cortical Development Heterotopia Subependymal	31
ieMCSC	Malformation Of Cortical Development Heterotopia Subcortical	32
ieMCSA	Malformation Of Cortical Development Heterotopia Subarachnoid	33
ieMCHU	Malformation Of Cortical Development Heterotopia Unclassified	34
ieMCDC	Malformation Of Cortical Development Double Cortex	35
ieMCFC	Malformation Of Cortical Development Focal Cortical Dysplasia	36
ieMCDG	Malformation Of Cortical Development Dentate Granule Cell Layer Dispersion/Duplication	37
ieMCDU	Malformation Of Cortical Development Unclassified	38
ieMCOT	Other	39

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieBCEC	Benign Childhood Epilepsy With Centrottemporal Spikes	1	
ieCEOP	Childhood Epilepsy With Occipital Paroxysms	2	
iePRE	Primary Reading Epilepsy	3	
ieADNE	Autosomal Dominant Nocturnal Frontal Lobe Epilepsy	4	
ieFPEW	Focal Partial Epilepsy With Variable Foci	5	
ieADLT	Autosomal Dominant Lateral TLE	6	
ieADMT	Autosomal Dominant Mesial TLE	7	
iePEPS	Partial Epilepsy With Pericentral Spikes	8	
ieLOOT	Other	9	
ieLOUN	Unclassified	10	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieTLE	Temporal Lobe Epilepsy	1	
ieFLE	Frontal Lobe Epilepsy	2	
iePLE	Parietal Lobe Epilepsy	3	
ieOLE	Occipital Lobe Epilepsy	4	
ieBME	Bi-Multilobar Epilepsy	5	
ieUF	Unknown Focus	6	
ieTLUN	Unclassified	7	

Pull-down List 6:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	
ieGRUD	Unclassified	5	

Pull-down List 7:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	
ieGRUD	Unclassified	5	

Pull-down List 8:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	
ieGRUD	Unclassified	5	

Pull-down List 9:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	
ieGRUD	Unclassified	5	

Pull-down List 10:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	
ieGRUD	Unclassified	5	

Pull-down List 11:			
RefName	Display Text	Value	Design Note
ieGR1D	I	1	
ieGR2D	II	2	
ieGR3D	III	3	
ieGR4D	IV	4	

ieGRUD	Unclassified	5
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Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieUSNS	Undetermined Syndrome With Focal And Generalized Features, Neonatal Seizures	1	
ieUSSM	Undetermined Syndrome With Focal And Generalized Features, SMEI	2	
ieUSES	Undetermined Syndrome With Focal And Generalized Features, ESES	3	
ieUSAE	Undetermined Syndrome With Focal And Generalized Features, Acquired Epileptic Aphasia	4	
ieUSPL	Undetermined Syndrome With Focal And Generalized Features, Progressive Myoclonus Epilepsy, Lafora Body Disease	5	
ieUSPU	Undetermined Syndrome With Focal And Generalized Features, Progressive Myoclonus Epilepsy, Unverricht-Lundborg Disease	6	
ieUSPM	Undetermined Syndrome With Focal And Generalized Features, Progressive Myoclonus Epilepsy, Mitochondrial Cytopathy, MERRF	7	
ieUSPO	Undetermined Syndrome With Focal And Generalized Features, Progressive Myoclonus Epilepsy, Mitochondrial Cytopathy, Other	8	
ieUSCA	Undetermined Syndrome With Focal And Generalized Features, Chromosomal Aberrations	9	
ieUSPE	Undetermined Syndrome With Focal And Generalized Features, Postanoxic Encephalopathy	10	
ieUSCD	Undetermined Syndrome With Focal And Generalized Features, Coeliac Disease	11	
ieUSUN	Undetermined Syndrome With Focal And Generalized Features, Unclassified	12	

Pulldown List 13:			
RefName	Display Text	Value	Design Note
ieIVM	Infectious Viral Meningitis	1	
ieIVE	Infectious Viral Encephalitis	2	
ieIVC	Infectious Viral Cerebritis	3	
ieIVH	Infectious Viral HIV	4	
ieIVU	Infectious Viral Unclassified	5	
ieIBM	Infectious Bacterial Meningitis	6	
ieIBE	Infectious Bacterial Encephalitis	7	
ieIBC	Infectious Bacterial Cerebritis	8	
ieIBA	Infectious Bacterial Abscess	9	
ieIBV	Infectious Bacterial Ventriculitis	10	
ieIBU	Infectious Bacterial Unclassified	11	
ieIC	Infectious Cysticercosis	12	
ieIWD	Infectious Whipple's Disease	13	
ieIT	Infectious Toxoplasmosis	14	
ieICJD	Infectious CJD	15	
ieINVC	Infectious New Variant CJD	16	
ieIO	Infectious Other	17	
ieIU	Infectious Unclassified	18	
ieTRAU	Traumatic	19	
ieSCD	Stroke/Cerebrovascular Disease	20	
ieDAB	Drugs-Antibiotics	21	
ieDAD	Drugs-Antidiabetics	22	
ieDH	Drugs-Hormonal	23	
ieDAA	Drugs-Anti-Arrhythmics	24	
ieDADP	Drugs-Antidepressants	25	
ieDAP	Drugs-Antipsychotics	26	
ieDS	Drugs-Stimulants	27	

ieDA	Drugs-Anesthetics	28
ieDBW	Drugs-Benzodiazepine Withdrawal	29
ieDBAW	Drugs-Barbiturate Withdrawal	30
ieDO	Drugs-Opiates	31
ieDAM	Drugs-Anti-Malarials	32
ieDASD	Drugs-Anti-Spasticity Drugs	33
ieDOTH	Drugs-Other	34
ieDUNC	Drugs-Unclassified	35
ieTMAW	Toxic/Metabolic Alcohol Withdrawal	36
ieTMRC	Toxic/Metabolic Radiographic Contrast Media	37
ieTMH	Toxic/Metabolic Hypoglycaemia	38
ieTMHG	Toxic/Metabolic Hyperglycaemia	39
ieTMHN	Toxic/Metabolic Hyponatraemia	40
ieTMHT	Toxic/Metabolic Hypernatraemia	41
ieTMHC	Toxic/Metabolic Hypocalcaemia	42
ieTMHL	Toxic/Metabolic Hypercalcaemia	43
ieTMHM	Toxic/Metabolic Hypomagnesaemia	44
ieTMHK	Toxic/Metabolic Hypokalaemia	45
ieTMPK	Toxic/Metabolic Hyperkalaemia	46
ieTMHF	Toxic/Metabolic Hepatic Failure	47
ieTMRF	Toxic/Metabolic Renal Failure	48
ieTMHO	Toxic/Metabolic Hypoxia	49
ieTMHA	Toxic/Metabolic Hyperammonaemia	50
ieTMHE	Toxic/Metabolic Hyperthermia	51
ieTMO	Toxic/Metabolic Other	52
ieTMUN	Toxic/Metabolic Unclassified	53

Pulldown List 14:			
RefName	Display Text	Value	Design Note
ieNECO	Convulsive	1	
ieNENC	Non-Convulsive	2	
ieNEUN	Unclassified	3	

CDD: MAPPINGS1 Table: t_frDIAEPI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
rcPRICLS	NUMERIC	
pcGIAR	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8	
pcGC	STRING(255) - 1, 2, 3, 4, 5, 6	
pcGS	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39	
pcLRI	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
pcLRC	STRING(255) - 1, 2, 3, 4, 5, 6, 7	
tcLRSTL	NUMERIC - N5	
pcLRSTL	STRING(255) - 1, 2, 3, 4, 5	
txLRSFL	NUMERIC - N5	
pcLRSFL	STRING(255) - 1, 2, 3, 4, 5	
txLRSPL	NUMERIC - N5	

pcLRSPL	STRING(255) - 1, 2, 3, 4, 5	
txLRSOL	NUMERIC - N5	
pcLRSOL	STRING(255) - 1, 2, 3, 4, 5	
txLRSBM	NUMERIC - N5	
pcLRSBM	STRING(255) - 1, 2, 3, 4, 5	
txLRSUF	NUMERIC - N5	
pcLRSUF	STRING(255) - 1, 2, 3, 4, 5	
pcUSFG	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	
pcSSAP	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53	
pcNEAD	STRING(255) - 1, 2, 3	
txSPECIF	STRING(200) - A200	

epigen2 : OTHER DIAGNOSES (OED) - Repeating Form						
#		Date	Type	Currently Active	Details	
1	<input type="text"/>					
OTHER DIAGNOSES						
1.*	Date Of Diagnosis:	<input type="text"/> / <input type="text"/> / <input type="text"/> (1910-2020) (MAPPINGS1:t_frOTH DIA.dcDIAGDT)				
2.*	Type Of Diagnosis:	(MAPPINGS1:t_frOTH DIA.rcDIATYP) [1] <input type="radio"/> Neurological Diagnosis Type: <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcNEUDIA) [2] <input type="radio"/> Non-Neurological Diagnosis [3] <input type="radio"/> (MAPPINGS1:t_frOTH DIA.rcPSYC) Psychiatric [1] <input type="radio"/> Psychosis <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcPSYC) (MAPPINGS1:t_frOTH DIA.cgPSYC) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [2] <input type="radio"/> Affective Disorder <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcAFFE) (MAPPINGS1:t_frOTH DIA.cgAFFE) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [3] <input type="radio"/> Irritability/Aggression (MAPPINGS1:t_frOTH DIA.cgIRRI) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [4] <input type="radio"/> Anxiety <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcANXI) (MAPPINGS1:t_frOTH DIA.cgANXI) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [5] <input type="radio"/> Personality Disorder <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcPERDIS) (MAPPINGS1:t_frOTH DIA.cgPERDIS) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [6] <input type="radio"/> Somatoform Disorder <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcSOMA) (MAPPINGS1:t_frOTH DIA.cgSOMA) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [7] <input type="radio"/> Eating Disorder <input type="text"/> (MAPPINGS1:t_frOTH DIA.pcEATD) (MAPPINGS1:t_frOTH DIA.cgEATD) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal [10] <input type="radio"/> Other (MAPPINGS1:t_frOTH DIA.cgPSOT) Occurrence Of Symptoms In Relation To Seizures: [1] <input type="checkbox"/> -ictal [2] <input type="checkbox"/> -postictal [3] <input type="checkbox"/> -interictal				
3.*	Is This Diagnosis Currently Active?:	(MAPPINGS1:t_frOTH DIA.rcDIAACT) [1] <input type="radio"/> Yes [2] <input type="radio"/> No				

4.*	Details:	A100	(MAPPINGS1:t_frOTH DIA.txDODETS)
* Item is not required			

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieCDI	Cerebrovascular Disease Ischemic	1	
ieCDH	Cerebrovascular Disease Haemorrhagic	2	
ieDEME	Dementia	3	
ieHM	Headache Migraine	4	
ieHTT	Headache Tension Type	5	
ieHOU	Headache Other/Unspecified	6	
ieHDC	Hydrocephalus	7	
ieMD	Movement Disorder	8	
ieNEPA	Neuropathy	9	
ieNDOT	Other	10	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieSCHI	Schizophreniform	1	
ieMANI	Manic	2	
ieDEPR	Depressive	3	
ieALTE	Alternative Psychosis Of Epilepsy	4	
iePSOT	Other	5	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieEUPH	Euphoria/Manic Features	1	
ieDPRE	Depression	2	
ieMADE	Major Depression	3	
ieBIDO	Bipolar Disorder	4	
ieDYST	Dysthymia	5	
ieAOT	Other	6	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieOCD	Obsessive Compulsive Disorder	1	
iePD	Panic Disorder	2	
iePHOB	Phobia	3	
ieANOT	Other	4	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
iePS	Paranoid/Schizoid	1	
ieABN	Antisocial/Borderline/Narcissistic	2	
ieADOC	Avoidant/Dependent/Obsessive-Compulsive	3	
iePDOT	Other	4	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieCONV	Conversion	1	
ieSOMA	Somatization	2	
ieSDOT	Other	3	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieANOR	Anorexia Nervosa	1	
ieBULI	Bulimia	2	
ieEDOT	Other	3	

CDD: MAPPINGS1 Table: t_froTHDIA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
cgIRRI	STRING(255)	
pcANXI	STRING(255) - 1, 2, 3, 4	
cgANXI	STRING(255)	
pcPERDIS	STRING(255) - 1, 2, 3, 4	
cgPERDIS	STRING(255)	
pcSOMA	STRING(255) - 1, 2, 3	
cgSOMA	STRING(255)	
pcEATD	STRING(255) - 1, 2, 3	
cgEATD	STRING(255)	
cgPSOT	STRING(255)	
rcDIAACT	NUMERIC	
txDODETS	STRING(100) - A100	
dcDIAGDT	DATE - DDMONYYYY	
rcDIATYP	NUMERIC	
pcNEUDIA	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	
rcPSYC	NUMERIC	
pcPSYC	STRING(255) - 1, 2, 3, 4, 5	
cgPSYC	STRING(255)	
pcAFFE	STRING(255) - 1, 2, 3, 4, 5, 6	
cgAFFE	STRING(255)	

epigen2 : NON-MEDICAL EPILEPSY TREATMENT (TRE) - Repeating Form										
#	Date	Surgeon	Procedure	Tissue Available	Diagnosis	Informed Consent	Complications	Outcome Class		
1										
NON-MEDICAL EPILEPSY TREATMENT										
1.*	Date Of Procedure:	NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frEPTRET.dcPROCDT)								
2.*	Name Of Surgeon:	A50 (MAPPINGS1:t_frEPTRET.txPROCDR)								
3.*	Procedure:	Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frEPTRET.pcPROC)								
4.*	Tissue Available:	(MAPPINGS1:t_frEPTRET.rcTISS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown								
5.*	If Tissue Available Is Yes, Then What Was The Anatomopathological Diagnosis:	(MAPPINGS1:t_frEPTRET.rcTIAVAL) [1] <input type="radio"/> Hippocampal Sclerosis [2] <input type="radio"/> Other: If Other, Please Specify: A100 (MAPPINGS1:t_frEPTRET.txTIAVAL)								
6.*	If Tissue Available Is Yes, Then Is Consent For Research Available?:	(MAPPINGS1:t_frEPTRET.rcTICONS) [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown								
7.*	Were There Any Complications?:	(MAPPINGS1:t_frEPTRET.rcTICOMP) [1] <input type="radio"/> Yes, Check All Of The Following That Apply (MAPPINGS1:t_frEPTRET.cgINTINF) [1] <input type="checkbox"/> Intracranial Infection (MAPPINGS1:t_frEPTRET.rcINTINF) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frEPTRET.cgSYSINF) [2] <input type="checkbox"/> Systemic Infection (MAPPINGS1:t_frEPTRET.rcSYSINF) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frEPTRET.cgHEMPLA) [3] <input type="checkbox"/> Hemiparesis/Plegia (MAPPINGS1:t_frEPTRET.rcHEMPLA) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frEPTRET.cgTNP) [4] <input type="checkbox"/> Third Nerve Palsy (MAPPINGS1:t_frEPTRET.rcTNP) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frEPTRET.cgVFD) [5] <input type="checkbox"/> Visual Field Defect (MAPPINGS1:t_frEPTRET.rcVFD) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown (MAPPINGS1:t_frEPTRET.cgLD)								

		<p>[6] <input type="checkbox"/> Language Deficit (MAPPINGS1:t_frEPTRET.rcLD) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>(MAPPINGS1:t_frEPTRET.cgCD) [7] <input type="checkbox"/> Cognitive Deficit (MAPPINGS1:t_frEPTRET.rcCD) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>(MAPPINGS1:t_frEPTRET.cgMD) [8] <input type="checkbox"/> Mood Disorder (MAPPINGS1:t_frEPTRET.rcMD) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>(MAPPINGS1:t_frEPTRET.cgMORT) [9] <input type="checkbox"/> Mortality (MAPPINGS1:t_frEPTRET.cgOTSP) [10] <input type="checkbox"/> Other Specify: A100 (MAPPINGS1:t_frEPTRET.txOTSP) (MAPPINGS1:t_frEPTRET.rcOTSP) Has Patient Recovered From This?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p> <p>[2] <input type="radio"/> No [3] <input type="radio"/> Unknown</p>
8.*	Seizure Outcome Class (See EHELPSEIZURE on Homepage):	<p>(MAPPINGS1:t_frEPTRET.rcOUTCO) [1] <input type="radio"/> 1 [2] <input type="radio"/> 1A [3] <input type="radio"/> 2 [4] <input type="radio"/> 3 [5] <input type="radio"/> 4, %Reduction (This Should Always Be A Negative Value >=50%): xxx. (MAPPINGS1:t_frEPTRET.txOUT4) [6] <input type="radio"/> 5, % Change (This Should Fall In The Range Of >-50% To <=100%): xxx. (MAPPINGS1:t_frEPTRET.txOUT5) [7] <input type="radio"/> 6, % Increase (This Should Always Be A Positive Value > 100%): xxx. (MAPPINGS1:t_frEPTRET.txOUT6)</p>
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieSLTL	Surgery-Lateral Temporal Lobectomy	1	
ieSATL	Surgery-Anterior Temporal Lobectomy	2	
ieSSA	Surgery-Selective Amygdalohippocampectomy	3	
ieSMTD	Surgery-Mesial Temporal Disconnection	4	
ieSTL	Surgery-Temporal Lobectomy	5	
ieSFL	Surgery-Frontal Lobectomy	6	
ieSPL	Surgery-Parietal Lobectomy	7	
ieSOL	Surgery-Occipital Lobectomy	8	
ieSMR	Surgery-Multilobar Resection	9	
ieSFH	Surgery-Functional Hemispherectomy	10	
ieSAH	Surgery-Anatomical Hemispherectomy	11	

ieSCL	Surgery-Complete Lesionectomy	12	
ieSPLN	Surgery-Partial Lesionectomy	13	
ieSCC	Surgery-Corpus Callosotomy	14	
ieSST	Surgery-Subpial Transections	15	
ieSO	Surgery-Other	16	
ieVNS	Vagal Nerve Stimulation	17	
ieGK	Gamma-Knife	18	
ieDEEPBR	Deep Brain Stimulation (RNS or DBS)	19	

CDD: MAPPINGS1 Table: t_frEPTRET Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcPROCDT	DATE - DDMYYYYY	
txPROCDR	STRING(50) - A50	
pcPROC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19	
rcTISS	NUMERIC	
rcTIAVAL	NUMERIC	
txTIAVAL	STRING(100) - A100	
rcTICONS	NUMERIC	
rcTICOMP	NUMERIC	
cgINTINF	STRING(255)	
rcINTINF	NUMERIC	
cgSYSINF	STRING(255)	
rcSYSINF	NUMERIC	
cgHEMPLA	STRING(255)	
rcOTSP	NUMERIC	
rcOUTCO	NUMERIC	
txOUT4	FLOAT - F4.0	
txOUT5	FLOAT - F4.0	
txOUT6	FLOAT - F4.0	
rcHEMPLA	NUMERIC	
cgTNP	STRING(255)	
rcTNP	NUMERIC	
cgVFD	STRING(255)	
rcVFD	NUMERIC	
cgLD	STRING(255)	
rcLD	NUMERIC	
cgCD	STRING(255)	
rcCD	NUMERIC	
cgMD	STRING(255)	
rcMD	NUMERIC	
cgMORT	STRING(255)	
cgOTSP	STRING(255)	
txOTSP	STRING(100) - A100	

epigen2 : SEIZURES AND TREATMENT (SEI) - Repeating Form														
#	Type	Focus	Hemisphere	Date	Baseline Frequency	Warning Description	Warning Mean Duration	Seizure Description	Seizure Mean Duration	Postictal Phase Description	Postictal Phase Mean Duration	Seizure Trigger	Occur	Notes
1	<input type="checkbox"/>													
SEIZURE DESCRIPTIONS														
1.	Seizure Type:							Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frSEITRE.pcSETYPE)						
2.*	If Seizure Type Was Simple Partial, Complex Partial, Secondary GTCS, or Unclassified Partial, Indicate Focus:							Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_frSEITRE.pcSEFOCU)						
3.*	If Seizure Type Was Simple Partial, Complex Partial, Secondary GTCS, or Unclassified Partial, Indicate Hemisphere:							Pulldown List 3 <input type="button" value="v"/> (MAPPINGS1:t_frSEITRE.pcHEMI)						
4.*	Date Of First Seizure Of This Type:							NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frSEITRE.dcSEITDT)						
5.*	Baseline Frequency:							xxxxxxxx. (MAPPINGS1:t_frSEITRE.txBASEFR) (MAPPINGS1:t_frSEITRE.rcBASEFR) [1] <input type="radio"/> Per Day [2] <input type="radio"/> Per Week [3] <input type="radio"/> Per Month [4] <input type="radio"/> Per Year						
6.*	Warning Description:							A200 (MAPPINGS1:t_frSEITRE.txWARN)						
7.*	Warning Mean Duration:							xxxxxxxx. (MAPPINGS1:t_frSEITRE.txWAMEAN) (MAPPINGS1:t_frSEITRE.rcWAMEAN) [1] <input type="radio"/> Seconds [2] <input type="radio"/> Minutes						
8.*	Seizure Description:							A200 (MAPPINGS1:t_frSEITRE.txSEIZU)						
9.*	Seizure Mean Duration:							xxxxxxxx. (MAPPINGS1:t_frSEITRE.txSEMEAN) (MAPPINGS1:t_frSEITRE.rcSEMEAN) [1] <input type="radio"/> Seconds [2] <input type="radio"/> Minutes						
10.*	Postical Phase Description:							A200 (MAPPINGS1:t_frSEITRE.txPOSTI)						
11.*	Postictal Phase Mean Duration:							xxxxxxxx. (MAPPINGS1:t_frSEITRE.txPOMEAN) (MAPPINGS1:t_frSEITRE.rcPOMEAN) [1] <input type="radio"/> Minutes [2] <input type="radio"/> Hours						
12.*	Seizure Triggers (Select All That Apply):							(MAPPINGS1:t_frSEITRE.cgFLIC) [1] <input type="checkbox"/> Flickering Or Bright Lights (MAPPINGS1:t_frSEITRE.cgFEVE) [2] <input type="checkbox"/> Fever/Infections (MAPPINGS1:t_frSEITRE.cgSLEE) [3] <input type="checkbox"/> Sleep Deprivation/Fatigue (MAPPINGS1:t_frSEITRE.cgALCO) [4] <input type="checkbox"/> Alcohol (MAPPINGS1:t_frSEITRE.cgSOUN) [5] <input type="checkbox"/> Sounds/Noise (MAPPINGS1:t_frSEITRE.cgSTRE) [6] <input type="checkbox"/> Stress/Anxiety/Emotions (MAPPINGS1:t_frSEITRE.cgEATI) [7] <input type="checkbox"/> Eating (MAPPINGS1:t_frSEITRE.cgTHIN) [8] <input type="checkbox"/> Thinking/Concentrating (MAPPINGS1:t_frSEITRE.cgMENS) [9] <input type="checkbox"/> Menstrual Periods (MAPPINGS1:t_frSEITRE.cgSEOT) Specify: A100 (MAPPINGS1:t_frSEITRE.txSEOT) [10] <input type="checkbox"/> Other,						
13.*	When Do Seizures Occur?:							Pulldown List 4 <input type="button" value="v"/> (MAPPINGS1:t_frSEITRE.pcOCCUR)						
14.*	Notes:							A200 (MAPPINGS1:t_frSEITRE.txSENOTE)						

* Item is not required

Item Design Notes:	
Item No.	Design Note
11.	This Form Is Associated With The Seizures And Treatment Continued Form.

Pulldown List 1:			
RefName	Display Text	Value	Design Note
iePGTC	Primary Generalized Tonic Clonic	1	
ieABSE	Absence	2	
ieCLOC	Clonic	3	
ieTONI	Tonic	4	
ieATON	Atonic	5	
ieMYOC	Myoclonic	6	
ieSIMP	Simple Partial	7	
ieCOPA	Complex Partial	8	
ieSGTC	Secondary Generalized Tonic Clonic Seizures	9	
ieUP	Unclassified Partial	10	
ieUGTC	Unclassified Generalized Tonic Clonic Seizures	11	
ieNEC	Non-Epileptic Convulsive	12	
ieNOEP	Non-Epileptic Non-Convulsive	13	
ieUNCE	Uncertain	14	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieFRON	Frontal	1	
ieTEMP	Temporal	2	
ieEXTR	Extratemporal	3	
ieMOTO	Motor Cortex	4	
ieSENS	Sensory Cortex	5	
iePARI	Parietal Cortex (Excluding Sensory Cortex)	6	
ieOCCI	Occipital	7	
ieDIFF	Diffuse	8	
ieFOUN	Unclassified	9	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieHLEF	Left	1	
ieHRIG	Right	2	
ieUNLA	Unlateralized	3	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieANYT	Any Time	1	
ieMNOC	Mostly Nocturnal	2	

ieANOC	All Nocturnal	3
ieMDAY	Mostly Daytime	4
ieADAY	All Daytime	5
ieMORN	Mostly Or Exclusively In The Morning Or On Awakening	6

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frSEICON

CDD: MAPPINGS1 Table: t_frSEITRE Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcSETYPE	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	
pcSEFOCU	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
pcHEMI	STRING(255) - 1, 2, 3	
dcSEITDT	DATE - DDMONYYYY	
txBASEFR	FLOAT - F10.0	
rcBASEFR	NUMERIC	
txWARN	STRING(200) - A200	
txWAMEAN	FLOAT - F10.0	
rcWAMEAN	NUMERIC	
txSEIZU	STRING(200) - A200	
txSEMEAN	FLOAT - F10.0	
rcSEMEAN	NUMERIC	
txPOSTI	STRING(200) - A200	
txPOMEAN	FLOAT - F10.0	
rcPOMEAN	NUMERIC	
cgFLIC	STRING(255)	
cgFEVE	STRING(255)	
cgSLEE	STRING(255)	
cgALCO	STRING(255)	
cgSOUN	STRING(255)	
cgSTRE	STRING(255)	
cgEATI	STRING(255)	
cgTHIN	STRING(255)	
cgMENS	STRING(255)	
cgSEOT	STRING(255)	
txSEOT	STRING(100) - A100	
pcOCCUR	STRING(255) - 1, 2, 3, 4, 5, 6	
txSENOTE	STRING(200) - A200	

epigen2 : SEIZURES AND TREATMENT CONTINUED (SEC) - Repeating Form				
#		Date	Frequency	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SEIZURE FREQUENCY

1.*	Date of Change In Frequency:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frSEICON.dcSEIZDT)
2.*	Frequency:	xxxxxxxx. (MAPPINGS1:t_frSEICON.tcSEIZFR) (MAPPINGS1:t_frSEICON.rcSEIZFR) [1] <input type="radio"/> Per Day [2] <input type="radio"/> Per Week [3] <input type="radio"/> Per Month [4] <input type="radio"/> Per Year

* Item is not required

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frSEITRE

CDD: MAPPINGS1 Table: t_frSEICON Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcSEIZDT	DATE - DDMONYYYY	
tcSEIZFR	FLOAT - F10.0	
rcSEIZFR	NUMERIC	

epigen2 : STATUS EPILEPTICUS (EPI) - Repeating Form								
#	Date	Precipitating Factors	Type	Description	Duration	Complications		
1	<input type="text"/>							
STATUS DESCRIPTION								
1.*	Date:				NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frSTAETPI.dcSTATDT)			
2.*	Precipitating Factor(s):				(MAPPINGS1:t_frSTAETPI.cgANTI) [1] <input type="checkbox"/> Antiepileptic Drug Underdosing (MAPPINGS1:t_frSTAETPI.cgCNSI) [2] <input type="checkbox"/> CNS Infectious Syndrome (MAPPINGS1:t_frSTAETPI.cgOTIS) [3] <input type="checkbox"/> Other Infectious Syndrome (MAPPINGS1:t_frSTAETPI.cgMETA) [4] <input type="checkbox"/> Metabolic Disturbance (MAPPINGS1:t_frSTAETPI.cgOTCI) [5] <input type="checkbox"/> Other CNS Insult (MAPPINGS1:t_frSTAETPI.cgUNOT) [6] <input type="checkbox"/> Unknown/Other			
3.*	Type:				Pulldown List 1 <input type="text"/> (MAPPINGS1:t_frSTAETPI.pcSTTYPE)			
4.*	Description:				A100 (MAPPINGS1:t_frSTAETPI.txSTDESC)			
5.*	Duration:				xxxxxxxx. (MAPPINGS1:t_frSTAETPI.txSTDURA) (MAPPINGS1:t_frSTAETPI.rcSTDURA) [1] <input type="radio"/> Minutes [2] <input type="radio"/> Hours [3] <input type="radio"/> Days			
6.*	Complications:				A100 (MAPPINGS1:t_frSTAETPI.txSTCOMP)			
* Item is not required								

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieEPCO	Convulsive	1	
ieEPAB	Absence	2	
ieEPSP	Simple Partial	3	
ieEPCP	Complex Partial	4	
ieEPUN	Unspecified Non-Convulsive	5	
ieEPUS	Unsure	6	

CDD: MAPPINGS1 Table: t_frSTAETPI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcSTTYPE	STRING(255) - 1, 2, 3, 4, 5, 6	
txSTDESC	STRING(100) - A100	
txSTDURA	FLOAT - F10.0	
rcSTDURA	NUMERIC	
txSTCOMP	STRING(100) - A100	
cgANTI	STRING(255)	
cgCNSI	STRING(255)	
cgOTIS	STRING(255)	
cgMETA	STRING(255)	

cgOTCI	STRING(255)	
cgUNOT	STRING(255)	
dcSTATDT	DATE - DDMONYYYY	

epigen2 : AED HISTORY (AEH) - Repeating Form																			
#	AED	Start Date	Stop Date	Maintenance Dose	Body Weight For Main. Dose	Serum Level For Main. Dose	Maintenance Date	Dosing Time	Max Dose	Body Weight For Max. Dose	Serum Level For Max. Dose	Maximum Date	Dose Time	Reason	ADR1	ADR2	ADR3	ADR4	
1	<input type="checkbox"/>																		
ANTI-EPILEPTIC DRUG HISTORY																			
1.*	AED:							Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frAEDH.pcAEDN) If Other Was Checked, Please Specify: A100 (MAPPINGS1:t_frAEDH.txAEDN)											
2.*	Start Date:							NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcaESTAR)											
3.*	Stop Date:							NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcaESTOP)											
4.*	Maintenance Dose (in mg/Day) (See EHELPMAIN on Homepage for Definition of Maintenance Dose) :							xxxxxxxx. (MAPPINGS1:t_frAEDH.txMAIN)											
5.*	Body Weight At Maintenance Dose (in Kgs):							xxxxxxxx. (MAPPINGS1:t_frAEDH.txBODY)											
6.*	Serum Level At Maintenance Dose:							xxxxxxxx. (MAPPINGS1:t_frAEDH.txSERUM) (MAPPINGS1:t_frAEDH.rcSERUM) [1] <input type="radio"/> ug/ml [2] <input type="radio"/> umol/l											
7.*	Date Serum Level At Maintenance Dose Was Drawn:							NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frAEDH.dtMAINDT)											
8.*	Is Time Between Last Drug Administration And This Serum Level Assessment Known:							(MAPPINGS1:t_frAEDH.rcDOSTIM) [1] <input type="radio"/> Yes, Time: xxxxxxxx. (MAPPINGS1:t_frAEDH.txDOSETM) (MAPPINGS1:t_frAEDH.rcDOSETM) [1] <input type="radio"/> Minutes [2] <input type="radio"/> Hours [2] <input type="radio"/> (MAPPINGS1:t_frAEDH.scTROUGH) No, Then Was This Drawn At Trough Level?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown											
9.*	Maximum Dosage (in mg/Day):							xxxxxxxx. (MAPPINGS1:t_frAEDH.txMAXDOS)											
10.*	Body Weight At Maximum Dose (in Kgs):							xxxxxxxx. (MAPPINGS1:t_frAEDH.txBODWT)											
11.*	Serum Level At Maximum Dose:							xxxxxxxx. (MAPPINGS1:t_frAEDH.txSERLEV) (MAPPINGS1:t_frAEDH.rcSERLEV) [1] <input type="radio"/> ug/ml [2] <input type="radio"/> umol/l											
12.*	Date Serum Level At Maximum Dose Was Drawn:							NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> / NReq/Unk <input type="button" value="v"/> (1910-2020) (MAPPINGS1:t_frAEDH.dtMAXDT)											
13.*	Is Time Between Last Drug Administration And This Serum Level Assessment Known:							(MAPPINGS1:t_frAEDH.rcSERTIM) [1] <input type="radio"/> Yes, Time: xxxxxxxx. (MAPPINGS1:t_frAEDH.txSERUTM) (MAPPINGS1:t_frAEDH.rcSERUTM) [1] <input type="radio"/> Minutes [2] <input type="radio"/> Hours [2] <input type="radio"/> (MAPPINGS1:t_frAEDH.rcSETROU) No, Then Was This Drawn At Trough Level?: [1] <input type="radio"/> Yes [2] <input type="radio"/> No [3] <input type="radio"/> Unknown											
14.*	Reason Stopped (Pick All That Apply):							(MAPPINGS1:t_frAEDH.cgINEFF) [1] <input type="checkbox"/> Inefficient (MAPPINGS1:t_frAEDH.cgADR) [2] <input type="checkbox"/> Adverse Drug Reactions (MAPPINGS1:t_frAEDH.cgPREGNA) [3] <input type="checkbox"/> Pregnancy (MAPPINGS1:t_frAEDH.cgINCOMP) [4] <input type="checkbox"/> Incompliance (MAPPINGS1:t_frAEDH.cgUNSURE)											

		<input type="checkbox"/> [5] Unsure (MAPPINGS1:t_frAEDH.cgOTHERR) A100 (MAPPINGS1:t_frAEDH.txOTHERR) <input type="checkbox"/> [6] Other:
15.*	Adverse Drug Reaction #1:	Reaction#1 Description: <input type="text" value="Pulldown List 2"/> (MAPPINGS1:t_frAEDH.pcr1REAC) Type: <input type="text" value="Pulldown List 3"/> (MAPPINGS1:t_frAEDH.pcr1TYPE) Reaction#1 Severity: <input type="text" value="Pulldown List 4"/> (MAPPINGS1:t_frAEDH.pcr1SEVE) Reaction#1 Confidence Level: <input type="text" value="Pulldown List 5"/> (MAPPINGS1:t_frAEDH.pcr1CONF) AED Dose At The Time Reaction #1 Occurred (in mg/Day): <input type="text" value="xxxxxxxxx"/> (MAPPINGS1:t_frAEDH.txR1DOSE) Reaction#1 Start Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr1STAR) Reaction#1 End Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr1END)
16.*	Adverse Drug Reaction #2:	Reaction#2 Description: <input type="text" value="Pulldown List 6"/> (MAPPINGS1:t_frAEDH.pcr2REAC) Type: <input type="text" value="Pulldown List 7"/> (MAPPINGS1:t_frAEDH.pcr2TYPE) Reaction#2 Severity: <input type="text" value="Pulldown List 8"/> (MAPPINGS1:t_frAEDH.pcr2SEVE) Reaction#2 Confidence Level: <input type="text" value="Pulldown List 9"/> (MAPPINGS1:t_frAEDH.pcr2CONF) AED Dose At The Time Reaction #2 Occurred (in mg/Day): <input type="text" value="xxxxxxxxx"/> (MAPPINGS1:t_frAEDH.txR2DOSE) Reaction#2 Start Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr2STAR) Reaction#2 End Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr2END)
17.*	Adverse Drug Reaction #3:	Reaction#3 Description: <input type="text" value="Pulldown List 10"/> (MAPPINGS1:t_frAEDH.pcr3REAC) Type: <input type="text" value="Pulldown List 11"/> (MAPPINGS1:t_frAEDH.pcr3TYPE) Reaction#3 Severity: <input type="text" value="Pulldown List 12"/> (MAPPINGS1:t_frAEDH.pcr3SEVE) Reaction#3 Confidence Level: <input type="text" value="Pulldown List 13"/> (MAPPINGS1:t_frAEDH.pcr3CONF) AED Dose At The Time Reaction #3 Occurred (in mg/Day): <input type="text" value="xxxxxxxxx"/> (MAPPINGS1:t_frAEDH.txR3DOSE) Reaction#3 Start Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr3STAR) Reaction#3 End Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr3END)
18.*	Adverse Drug Reaction #4:	Reaction#4 Description: <input type="text" value="Pulldown List 14"/> (MAPPINGS1:t_frAEDH.pcr4REAC) Type: <input type="text" value="Pulldown List 15"/> (MAPPINGS1:t_frAEDH.pcr4TYPE) Reaction#4 Severity: <input type="text" value="Pulldown List 16"/> (MAPPINGS1:t_frAEDH.pcr4SEVE) Reaction#4 Confidence Level: <input type="text" value="Pulldown List 17"/> (MAPPINGS1:t_frAEDH.pcr4CONF) AED Dose At The Time Reaction #4 Occurred (in mg/Day): <input type="text" value="xxxxxxxxx"/> (MAPPINGS1:t_frAEDH.txR4DOSE) Reaction#4 Start Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr4STAR) Reaction#4 End Date: <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> / <input type="text" value="NReq/Unk"/> (1910-2020) (MAPPINGS1:t_frAEDH.dcr4END)
* Item is not required		

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieACET	Acetazolamide	1	
ieBRIVA	Brivaracetem	30	
ieCARB	Carbamazepine	2	
ieCARBR	Carbamazepine Retard	3	
ieCLOB	Clobazam	4	
ieCLON	Clonazepam	5	
ieETHO	Ethosuximide	6	
ieFELB	Felbamate	7	
ieGABA	Gabapentin	8	
ieLACO	Lacosamide	25	
ieLAMO	Lamotrigine	9	
ieLAMOT	Lamotrigine XR	26	

ieLEVE	Levetiracetam	10
ieLEVETI	Levetiracetam XR	27
ieOXCA	Oxcarbazepine	11
iePERMP	Perampanel	31
iePHEN	Phenobarbital	12
iePHET	Phenytoin Tablets (Diphantoin)	13
iePHEC	Phenytoin Capsules (Epanutin)	14
iePREG	Pregabalin	15
iePRIM	Primidone	16
ieRETIG	Retigabine	28
ieRUFIN	Rufinamide	29
ieTIAG	Tiagabine	17
ieTOPI	Topiramate	18
ieVALP	Valproic Acid	19
ieVALA	Valproic Acid Slow Release (Chrono)	20
ieVIGA	Vigabatrin	21
ieZONI	Zonisamide	22
ieAEDO	Other	23

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieAAI	Agitation/Aggression/Irritability	1	
ieAN	Agranulocytosis/Neutropenia	2	
ieAF	Amnesia/Forgetfulness	3	
ieAR	Arthralgia	4	
ieBVD	Blurred Vision/Diplopia	5	
ieCD	Concentration Difficulties	6	
ieCONF	Confusion	7	
ieDMD	Depressed Mood/Depression	8	
ieENCE	Encephalopathy	9	
ieEDI	Erectile Dysfunction/Impotence	10	
ieGIS	Gastrointestinal Symptoms	11	
ieGHG	Gum Hypertrophy/Gingivitis	12	
ieHL	Hair Loss	13	
ieHA	Headache	14	
ieHD	Hepatic Dysfunction	15	
ieHIRS	Hirsutism	16	
ieHS	Hyponatraemia/SIADH (Syndrome Of Inappropriate Secretion Of Anti-Diuretic Hormone)	17	
ieINSO	Insomnia	18	
ieOSTE	Osteoporosis	19	
iePANC	Pancreatitis	20	
iePARA	Paraesthesia	21	
iePO	Polycystic Ovaries	22	
iePOS	Polycystic Ovary Syndrome	23	
iePSYC	Psychosis	24	
ieRASH	Rash	25	

ieRENA	Renal Stones	26	
ieSSSF	Sleepiness/Somnolence/Sedation/Fatigue/Lethargy	27	
ieSMSD	Slowed Mentation Or Speech Difficulties	28	
ieSJS	Stevens-Johnson Syndrome	29	
ieTHRO	Thrombocytopenia	30	
ieTRE	Tremor	31	
ieUDVA	Unsteadiness/Dizziness/Vertigo/Ataxia	32	
ieVFD	Visual Field Defect	33	
ieWG	Weight Gain	34	
ieWLA	Weight Loss/Anorexia	35	
ieAROT	Other	36	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieTYPA	Type A - Accentuated	1	
ieTYPB	Type B - Bizarre	2	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
iePOSS	Possible	1	
iePROB	Probable	2	
ieDEFI	Definite	3	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieAAI	Agitation/Aggression/Irritability	1	
ieAN	Agranulocytosis/Neutropenia	2	
ieAF	Amnesia/Forgetfulness	3	
ieAR	Arthralgia	4	
ieBVD	Blurred Vision/Diplopia	5	
ieCD	Concentration Difficulties	6	
ieCONF	Confusion	7	
ieDMD	Depressed Mood/Depression	8	
ieENCE	Encephalopathy	9	
ieEDI	Erectile Dysfunction/Impotence	10	
ieGIS	Gastrointestinal Symptoms	11	
ieGHG	Gum Hypertrophy/Gingivitis	12	
ieHL	Hair Loss	13	
ieHA	Headache	14	
ieHD	Hepatic Dysfunction	15	

ieHIRS	Hirsutism	16	
ieHS	Hyponatraemia/SIADH (Syndrome Of Inappropriate Secretion Of Anti-Diuretic Hormone)	17	
ieINSO	Insomnia	18	
ieOSTE	Osteoporosis	19	
iePANC	Pancreatitis	20	
iePARA	Paraesthesia	21	
iePO	Polycystic Ovaries	22	
iePOS	Polycystic Ovary Syndrome	23	
iePSYC	Psychosis	24	
ieRASH	Rash	25	
ieRENA	Renal Stones	26	
ieSSSF	Sleepiness/Somnolence/Sedation/Fatigue/Lethargy	27	
ieSMSD	Slowed Mentation Or Speech Difficulties	28	
ieSJS	Stevens-Johnson Syndrome	29	
ieTHRO	Thrombocytopenia	30	
ieTRE	Tremor	31	
ieUDVA	Unsteadiness/Dizziness/Vertigo/Ataxia	32	
ieVFD	Visual Field Defect	33	
ieWG	Weight Gain	34	
ieWLA	Weight Loss/Anorexia	35	
ieAROT	Other	36	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieTYPA	Type A - Accentuated	1	
ieTYPB	Type B - Bizarre	2	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 9:			
RefName	Display Text	Value	Design Note
iePOSS	Possible	1	
iePROB	Probable	2	
ieDEFI	Definite	3	

Pulldown List 10:			
RefName	Display Text	Value	Design Note
ieAAI	Agitation/Aggression/Irritability	1	
ieAN	Agranulocytosis/Neutropenia	2	
ieAF	Amnesia/Forgetfulness	3	
ieAR	Arthralgia	4	
ieBVD	Blurred Vision/Diplopia	5	

ieCD	Concentration Difficulties	6	
ieCONF	Confusion	7	
ieDMD	Depressed Mood/Depression	8	
ieENCE	Encephalopathy	9	
ieEDI	Erectile Dysfunction/Impotence	10	
ieGIS	Gastrointestinal Symptoms	11	
ieGHG	Gum Hypertrophy/Gingivitis	12	
ieHL	Hair Loss	13	
ieHA	Headache	14	
ieHD	Hepatic Dysfunction	15	
ieHIRS	Hirsutism	16	
ieHS	Hyponatraemia/SIADH (Syndrome Of Inappropriate Secretion Of Anti-Diuretic Hormone)	17	
ieINSO	Insomnia	18	
ieOSTE	Osteoporosis	19	
iePANC	Pancreatitis	20	
iePARA	Paraesthesia	21	
iePO	Polycystic Ovaries	22	
iePOS	Polycystic Ovary Syndrome	23	
iePSYC	Psychosis	24	
ieRASH	Rash	25	
ieRENA	Renal Stones	26	
ieSSSF	Sleepiness/Somnolence/Sedation/Fatigue/Lethargy	27	
ieSMSD	Slowed Mentation Or Speech Difficulties	28	
ieSJS	Stevens-Johnson Syndrome	29	
ieTHRO	Thrombocytopenia	30	
ieTRE	Tremor	31	
ieUDVA	Unsteadiness/Dizziness/Vertigo/Ataxia	32	
ieVFD	Visual Field Defect	33	
ieWG	Weight Gain	34	
ieWLA	Weight Loss/Anorexia	35	
ieAROT	Other	36	

Pulldown List 11:			
RefName	Display Text	Value	Design Note
ieTYPA	Type A - Accentuated	1	
ieTYPB	Type B - Bizarre	2	

Pulldown List 12:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 13:			
RefName	Display Text	Value	Design Note
iePOSS	Possible	1	

iePROB	Probable	2	
ieDEFI	Definite	3	

Pulldown List 14:			
RefName	Display Text	Value	Design Note
ieAAI	Agitation/Aggression/Irritability	1	
ieAN	Agranulocytosis/Neutropenia	2	
ieAF	Amnesia/Forgetfulness	3	
ieAR	Arthralgia	4	
ieBVD	Blurred Vision/Diplopia	5	
ieCD	Concentration Difficulties	6	
ieCONF	Confusion	7	
ieDMD	Depressed Mood/Depression	8	
ieENCE	Encephalopathy	9	
ieEDI	Erectile Dysfunction/Impotence	10	
ieGIS	Gastrointestinal Symptoms	11	
ieGHG	Gum Hypertrophy/Gingivitis	12	
ieHL	Hair Loss	13	
ieHA	Headache	14	
ieHD	Hepatic Dysfunction	15	
ieHIRS	Hirsutism	16	
ieHS	Hyponatraemia/SIADH (Syndrome Of Inappropriate Secretion Of Anti-Diuretic Hormone)	17	
ieINSO	Insomnia	18	
ieOSTE	Osteoporosis	19	
iePANC	Pancreatitis	20	
iePARA	Paraesthesia	21	
iePO	Polycystic Ovaries	22	
iePOS	Polycystic Ovary Syndrome	23	
iePSYC	Psychosis	24	
ieRASH	Rash	25	
ieRENA	Renal Stones	26	
ieSSSF	Sleepiness/Somnolence/Sedation/Fatigue/Lethargy	27	
ieSMSD	Slowed Mentation Or Speech Difficulties	28	
ieSJS	Stevens-Johnson Syndrome	29	
ieTHRO	Thrombocytopenia	30	
ieTRE	Tremor	31	
ieUDVA	Unsteadiness/Dizziness/Vertigo/Ataxia	32	
ieVFD	Visual Field Defect	33	
ieWG	Weight Gain	34	
ieWLA	Weight Loss/Anorexia	35	
ieAROT	Other	36	

Pulldown List 15:			
RefName	Display Text	Value	Design Note
ieTYPA	Type A - Accentuated	1	
ieTYPB	Type B - Bizarre	2	

Pulldown List 16:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 17:			
RefName	Display Text	Value	Design Note
iePOSS	Possible	1	
iePROB	Probable	2	
ieDEFI	Definite	3	

CDD: MAPPINGS1 Table: t_frAEDH Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcAEDN	STRING(255) - 1, 30, 2, 3, 4, 5, 6, 7, 8, 25, 9, 26, 10, 27, 11, 31, 12, 13, 14, 15, 16, 28, 29, 17, 18, 19, 20, 21, 22, 23	
txAEDN	STRING(100) - A100	
dcAESTAR	DATE - DDMONYYYY	
dcAESTOP	DATE - DDMONYYYY	
txMAIN	FLOAT - F10.0	
txBODY	FLOAT - F10.0	
txSERUM	FLOAT - F10.0	
rcSERUM	NUMERIC	
dtMAINDT	DATE - DDMONYYYY	
rcDOSTIM	NUMERIC	
txDOSETM	FLOAT - F10.0	
rcDOSETM	NUMERIC	
scTROUGH	NUMERIC	
txMAXDOS	FLOAT - F10.0	
cgPREGNA	STRING(255)	
cgINCOMP	STRING(255)	
cgUNSURE	STRING(255)	
cgOTHERR	STRING(255)	
txOTHERR	STRING(100) - A100	
pcR1REAC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	
pcR1TYPE	STRING(255) - 1, 2	
pcR1SEVE	STRING(255) - 1, 2, 3	
pcR1CONF	STRING(255) - 1, 2, 3	
txR1DOSE	FLOAT - F10.0	
dcR1STAR	DATE - DDMONYYYY	
dcR1END	DATE - DDMONYYYY	
pcR2REAC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	
pcR2TYPE	STRING(255) - 1, 2	
txBODWT	FLOAT - F10.0	
txSERLEV	FLOAT - F10.0	
rcSERLEV	NUMERIC	

dtMAXDT	DATE - DDMONYYYY	
rcSERTIM	NUMERIC	
txSERUTM	FLOAT - F10.0	
rcSERUTM	NUMERIC	
rcSETROU	NUMERIC	
cgINEFF	STRING(255)	
cgADR	STRING(255)	
pcR4SEVE	STRING(255) - 1, 2, 3	
pcR4CONF	STRING(255) - 1, 2, 3	
txR4DOSE	FLOAT - F10.0	
dcR4STAR	DATE - DDMONYYYY	
dcR4END	DATE - DDMONYYYY	
pcR2SEVE	STRING(255) - 1, 2, 3	
pcR2CONF	STRING(255) - 1, 2, 3	
txR2DOSE	FLOAT - F10.0	
dcR2STAR	DATE - DDMONYYYY	
dcR2END	DATE - DDMONYYYY	
pcR3REAC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	
pcR3TYPE	STRING(255) - 1, 2	
pcR3SEVE	STRING(255) - 1, 2, 3	
pcR3CONF	STRING(255) - 1, 2, 3	
txR3DOSE	FLOAT - F10.0	
dcR3STAR	DATE - DDMONYYYY	
dcR3END	DATE - DDMONYYYY	
pcR4REAC	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	
pcR4TYPE	STRING(255) - 1, 2	

epigen2 : OTHER MEDICATIONS (OTM) - Repeating Form								
#		Generic Name	Brand Name	Med Class	Start Date	Stop Date	Max. Dose	
1	<input type="text"/>							
OTHER MEDICATIONS								
1.*	Generic Name Of Medication:	A100		(MAPPINGS1:t_frOTHMED.txNAMMED)				
2.*	Brand Name Of Medication (If Generic Name Unknown):	A100		(MAPPINGS1:t_frOTHMED.txBRAMED)				
3.*	Class Of Medication:	Pulldown List 1 <input type="text"/> (MAPPINGS1:t_frOTHMED.pcMEDLCA) If Other, Specify:		A100		(MAPPINGS1:t_frOTHMED.txMEDLCA)		
4.*	Start Date:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020)		(MAPPINGS1:t_frOTHMED.dcMEDSTM)				
5.*	Stop Date:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020)		(MAPPINGS1:t_frOTHMED.dcMEDETM)				
6.*	Maximum Dosage (in mg/Day):	xxxxxxx.		(MAPPINGS1:t_frOTHMED.txOMMAX)				
* Item is not required								

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieAMIO	Amiodarone	1	
ieANTA	Antacid	2	
ieANDE	Antidepressant, Non-SSRI Or Tricyclic	3	
ieAFD	Antifungal Drug	4	
ieAPD	Antipsychotic	5	
ieATA	Antituberculosis Agent	6	
ieATD	Antitumoral Drug	7	
ieASP	Aspirin	8	
ieCCB	Calcium Channel Blocker	9	
ieCIME	Cimetidine	10	
ieCIPR	Ciprofloxacin	11	
ieCORT	Corticosteroid	12	
ieCYCL	Cyclosporine	13	
ieMACR	Macrolide	14	
ieNARC	Narcotic Analgesic	15	
ieNB	Neuromuscular Blocker	16	
ieNNRT	Non-Nucleoside Reverse Transcriptase Inhibitor	17	
ieNRTI	Nucleoside Reverse Transcriptase Inhibitor	18	
ieORCO	Oral Contraceptive	19	
iePROP	Propoxyphene	20	
iePI	Protease Inhibitor	21	
iePPI	Proton Pump Inhibitor	22	
ieSSRI	SSRI	23	
ieTHEO	Theophylline	24	
ieTICL	Ticlopidine	25	
ieTRIC	Tricyclic Antidepressant	26	

ieWARF	Warfarin	27
ieMEOT	Other	28

CDD: MAPPINGS1 Table: t_frOTHMED Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
txNAMMED	STRING(100) - A100	
txBRAMED	STRING(100) - A100	
pcMEDLCA	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28	
txMEDLCA	STRING(100) - A100	
dcMEDSTM	DATE - DDMONYYYY	
dcMEDETM	DATE - DDMONYYYY	
txOMMAX	FLOAT - F10.0	

epigen2 : INVESTIGATION RESULTS - CT (CTS) - Repeating Form										
#	Date	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3		
1										
INVESTIGATION RESULTS - CT										
1.*	Date: [editable]	Req/Unk <input type="checkbox"/> / Req/Unk <input type="checkbox"/> / Req/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frINVRES.dcINVDT)								
2.*	Result:	(MAPPINGS1:t_frINVRES.rcINVRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown								
3.*	Abnormality #1:	Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frINVRES.pcABNO1) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVRES.txABNO1)								
4.*	Site (Select All That Apply) #1:	(MAPPINGS1:t_frINVRES.cgLEFR1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVRES.cgLEOC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVRES.cgLEPA1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVRES.cgLETE1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVRES.cgLEHE1) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVRES.cgRIFR1) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVRES.cgRIOCI1) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVRES.cgRIPA1) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVRES.cgRITE1) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVRES.cgRIHE1) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVRES.cgBRAI1) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVRES.cgCERE1) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVRES.cgMULT1) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVRES.cgGENE1) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVRES.cgSIOT1) [15] <input type="checkbox"/> Other								
5.*	Abnormality #2:	Pulldown List 2 <input type="checkbox"/> (MAPPINGS1:t_frINVRES.pcABNO2) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVRES.txABNO2)								
6.*	Site (Select All That Apply) #2:	(MAPPINGS1:t_frINVRES.cgLEFR2) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVRES.cgLEOC2) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVRES.cgLEPA2) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVRES.cgLETE2) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVRES.cgLEHE2) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVRES.cgRIFR2) [6] <input type="checkbox"/> Right Frontal								

		<p>(MAPPINGS1:t_frINVRES.cgRIOC2) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVRES.cgRIPA2) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVRES.cgRITE2) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVRES.cgRIHE2) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVRES.cgBRAI2) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVRES.cgCERE2) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVRES.cgMULT2) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVRES.cgGENE2) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVRES.cgSIOT2) [15] <input type="checkbox"/> Other/Unspecified</p>
7.*	Abnormality #3:	<p>Pull-down List 3 <input type="button" value="v"/> (MAPPINGS1:t_frINVRES.pcABNO3) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVRES.txABNO3)</p>
8.*	Site (Select All That Apply) #3:	<p>(MAPPINGS1:t_frINVRES.cgLEFR3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVRES.cgLEOC3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVRES.cgLEPA3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVRES.cgLETE3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVRES.cgLEHE3) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVRES.cgRIFR3) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVRES.cgRIOC3) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVRES.cgRIPA3) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVRES.cgRITE3) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVRES.cgRIHE3) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVRES.cgBRAI3) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVRES.cgCERE3) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVRES.cgMULT3) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVRES.cgGENE3) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVRES.cgSIOT3) [15] <input type="checkbox"/> Other</p>
* Item is not required		

Pull-down List 1:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATFO	Atrophy, Focal	3	
ieATGE	Atrophy, Generalized	4	

ieCAVE	Cavernoma	5
ieENCF	Encephalitis	6
ieENCM	Encephalomalacia	7
ieHYIS	Hypoxia/Ischaemia	8
ieMOCD	Malformation Of Cortical Development	9
ieSTRO	Stroke	10
ieTRAM	Trauma	11
ieTUMO	Tumour	12
ieABOT	Other	13

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATFO	Atrophy, Focal	3	
ieATGE	Atrophy, Generalized	4	
ieCAVE	Cavernoma	5	
ieENCF	Encephalitis	6	
ieENCM	Encephalomalacia	7	
ieHYIS	Hypoxia/Ischaemia	8	
ieMOCD	Malformation Of Cortical Development	9	
ieSTRO	Stroke	10	
ieTRAM	Trauma	11	
ieTUMO	Tumour	12	
ieABOT	Other	13	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATFO	Atrophy, Focal	3	
ieATGE	Atrophy, Generalized	4	
ieCAVE	Cavernoma	5	
ieENCF	Encephalitis	6	
ieENCM	Encephalomalacia	7	
ieHYIS	Hypoxia/Ischaemia	8	
ieMOCD	Malformation Of Cortical Development	9	
ieSTRO	Stroke	10	
ieTRAM	Trauma	11	
ieTUMO	Tumour	12	
ieABOT	Other	13	

CDD: MAPPINGS1 Table: t_frINVRES Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcINVDT	DATE - DDMONYYYY	
rcINVRES	NUMERIC	

pcABNO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	
txABNO1	STRING(100) - A100	
cgLEFR1	STRING(255)	
cgLEOC1	STRING(255)	
cgLEPA1	STRING(255)	
cgLETE1	STRING(255)	
cgLEHE1	STRING(255)	
cgRIFR1	STRING(255)	
cgRIOCI	STRING(255)	
cgRIPA1	STRING(255)	
cgRITE1	STRING(255)	
cgRIHE1	STRING(255)	
cgBRAI1	STRING(255)	
cgCERE1	STRING(255)	
cgMULT1	STRING(255)	
cgGENE1	STRING(255)	
cgSIOT1	STRING(255)	
pcABNO2	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	
txABNO2	STRING(100) - A100	
cgBRAI3	STRING(255)	
cgCERE3	STRING(255)	
cgMULT3	STRING(255)	
cgGENE3	STRING(255)	
cgSIOT3	STRING(255)	
cgLEFR2	STRING(255)	
cgLEOC2	STRING(255)	
cgLEPA2	STRING(255)	
cgLETE2	STRING(255)	
cgLEHE2	STRING(255)	
cgRIFR2	STRING(255)	
cgRIOCI	STRING(255)	
cgRIPA2	STRING(255)	
cgRITE2	STRING(255)	
cgRIHE2	STRING(255)	
cgBRAI2	STRING(255)	
cgCERE2	STRING(255)	
cgMULT2	STRING(255)	
cgGENE2	STRING(255)	
cgSIOT2	STRING(255)	
pcABNO3	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	
txABNO3	STRING(100) - A100	
cgLEFR3	STRING(255)	
cgLEOC3	STRING(255)	
cgLEPA3	STRING(255)	
cgLETE3	STRING(255)	
cgLEHE3	STRING(255)	

	STRING(255)	
cgRIOC3	STRING(255)	
cgRIPA3	STRING(255)	
cgRITE3	STRING(255)	
cgRIHE3	STRING(255)	

epigen2 : INVESTIGATION RESULTS - MRI (MRI) - Repeating Form											
#		Date	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3		
1											
INVESTIGATION RESULTS - MRI											
1.*	Date: [editable]						NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frINV MRI.dcMRIDT)				
2.*	Result:						(MAPPINGS1:t_frINV MRI.rcMRIRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown				
3.*	Abnormality #1:						Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frINV MRI.pcMABNO1) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINV MRI.txMABNO1)				
4.*	Site (Select All That Apply) #1:						(MAPPINGS1:t_frINV MRI.cgMRLF1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINV MRI.cgMRLO1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINV MRI.cgMRLP1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINV MRI.cgMRLT1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINV MRI.cgMRLH1) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINV MRI.cgMRRF1) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINV MRI.cgMRRO1) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINV MRI.cgMRRP1) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINV MRI.cgMRRT1) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINV MRI.cgMRRH1) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINV MRI.cgMRBR1) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINV MRI.cgMRCE1) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINV MRI.cgMRMU1) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINV MRI.cgMRGE1) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINV MRI.cgMROT1) [15] <input type="checkbox"/> Other/Unspecified				
5.*	Abnormality #2:						Pulldown List 2 <input type="checkbox"/> (MAPPINGS1:t_frINV MRI.pcMABNO2) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINV MRI.txMABNO2)				
6.*	Site (Select All That Apply) #2:						(MAPPINGS1:t_frINV MRI.cgMRLF2) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINV MRI.cgMRLO2) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINV MRI.cgMRLP2) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINV MRI.cgMRLT2) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINV MRI.cgMRLH2) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINV MRI.cgMRRF2) [6] <input type="checkbox"/> Right Frontal				

		(MAPPINGS1:t_frINVMRI.cgMRRO2) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVMRI.cgMRRP2) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVMRI.cgMRRT2) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVMRI.cgMRRH2) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVMRI.cgMRBR2) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVMRI.cgMRCE2) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVMRI.cgMRMU2) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVMRI.cgMRGE2) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVMRI.cgMROT2) [15] <input type="checkbox"/> Other/Unspecified
7.*	Abnormality #3:	Pull-down List 3 <input type="checkbox"/> (MAPPINGS1:t_frINVMRI.pcMABNO3) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVMRI.txMABNO3)
8.*	Site (Select All That Apply) #3:	(MAPPINGS1:t_frINVMRI.cgMRLF3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVMRI.cgMRLO3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVMRI.cgMRLP3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVMRI.cgMRLT3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVMRI.cgMRLH3) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVMRI.cgMRRF3) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVMRI.cgMRRO3) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVMRI.cgMRRP3) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVMRI.cgMRRT3) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVMRI.cgMRRH3) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVMRI.cgMRBR3) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVMRI.cgMRCE3) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVMRI.cgMRMU3) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVMRI.cgMRGE3) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVMRI.cgMROT3) [15] <input type="checkbox"/> Other/Unspecified
* Item is not required		

Pull-down List 1:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATRO	Atrophy	3	
ieCANO	Cavernoma	4	

ieENPH	Encephalitis	5
ieHISC	Hippocampal Sclerosis	6
ieHPXA	Hypoxia/Ischaemia	7
ieCODE	Malformation Of Cortical Development	8
ieSTRK	Stroke	9
ieTRMA	Trauma	10
ieTUMR	Tumour	11
ieAOTH	Other	12

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATRO	Atrophy	3	
ieCANO	Cavernoma	4	
ieENPH	Encephalitis	5	
ieHISC	Hippocampal Sclerosis	6	
ieHPXA	Hypoxia/Ischaemia	7	
ieCODE	Malformation Of Cortical Development	8	
ieSTRK	Stroke	9	
ieTRMA	Trauma	10	
ieTUMR	Tumour	11	
ieAOTH	Other	12	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieARAC	Arachnoid Cyst	1	
ieARTE	Arterio-Venous Malformation	2	
ieATRO	Atrophy	3	
ieCANO	Cavernoma	4	
ieCODE	Malformation Of Cortical Development	8	
ieENPH	Encephalitis	5	
ieHISC	Hippocampal Sclerosis	6	
ieHPXA	Hypoxia/Ischaemia	7	
ieSTRK	Stroke	9	
ieTRMA	Trauma	10	
ieTUMR	Tumour	11	
ieAOTH	Other	12	

CDD: MAPPINGS1 Table: t_frINVMRI Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcMRIDT	DATE - DDMONYYYY	
rcMRIRES	NUMERIC	
pcMABNO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	
txMABNO1	STRING(100) - A100	
cgMRLF1	STRING(255)	

cgMRLO1	STRING(255)	
cgMRLP1	STRING(255)	
cgMRLT1	STRING(255)	
cgMRLH1	STRING(255)	
cgMRRF1	STRING(255)	
cgMRRO1	STRING(255)	
cgMRRP1	STRING(255)	
cgMRRT1	STRING(255)	
cgMRRH1	STRING(255)	
cgMRBR1	STRING(255)	
cgMRCE1	STRING(255)	
cgMRMU1	STRING(255)	
cgMRGE1	STRING(255)	
cgMROT1	STRING(255)	
pcMABNO2	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	
txMABNO2	STRING(100) - A100	
cgMRLF2	STRING(255)	
cgMRLO2	STRING(255)	
cgMRLP2	STRING(255)	
cgMRLT2	STRING(255)	
cgMRLH2	STRING(255)	
cgMRRF2	STRING(255)	
cgMRRO2	STRING(255)	
cgMRRP2	STRING(255)	
cgMRRT2	STRING(255)	
cgMRRH2	STRING(255)	
cgMRBR2	STRING(255)	
cgMRCE2	STRING(255)	
cgMRMU2	STRING(255)	
cgMRGE2	STRING(255)	
cgMROT2	STRING(255)	
pcMABNO3	STRING(255) - 1, 2, 3, 4, 8, 5, 6, 7, 9, 10, 11, 12	
txMABNO3	STRING(100) - A100	
cgMRLF3	STRING(255)	
cgMRLO3	STRING(255)	
cgMRLP3	STRING(255)	
cgMRLT3	STRING(255)	
cgMRLH3	STRING(255)	
cgMRRF3	STRING(255)	
cgMRRO3	STRING(255)	
cgMRRP3	STRING(255)	
cgMRRT3	STRING(255)	
cgMRRH3	STRING(255)	
cgMRBR3	STRING(255)	
cgMRCE3	STRING(255)	
cgMRMU3	STRING(255)	

	STRING(255)	
cgMROT3	STRING(255)	

epigen2 : INVESTIGATION RESULTS - SPECT (SPE) - Repeating Form											
#	Date	Type	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INVESTIGATION RESULTS - SPECT											
1.*	Date: [editable]					NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frINVSpe.dcSPEdT)					
2.*	Type:					(MAPPINGS1:t_frINVSpe.rcSPETYP) [1] <input type="radio"/> Ictal [2] <input type="radio"/> Interictal					
3.*	Result:					(MAPPINGS1:t_frINVSpe.rcINVSpe) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown					
4.*	Abnormality #1:					PullDown List 1 <input type="text"/> (MAPPINGS1:t_frINVSpe.pcSABNO1) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSpe.txSABNO1)					
5.*	Site (Select All That Apply) #1:					(MAPPINGS1:t_frINVSpe.cgSLEFR1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSpe.cgSLEOC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSpe.cgSLEPA1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSpe.cgSLETE1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSpe.cgSLEHE1) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSpe.cgSRIFR1) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVSpe.cgSRIOC1) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSpe.cgSRIPA1) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSpe.cgSRITE1) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSpe.cgSRIHE1) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSpe.cgSBRAI1) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSpe.cgSCERE1) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSpe.cgSMULT1) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSpe.cgSGENE1) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSpe.cgSSIOT1) [15] <input type="checkbox"/> Other/Unspecified					
6.*	Abnormality #2:					PullDown List 2 <input type="text"/> (MAPPINGS1:t_frINVSpe.pcSABNO2) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSpe.txSABNO2)					
7.*	Site (Select All That Apply) #2:					(MAPPINGS1:t_frINVSpe.cgSLEFR2) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSpe.cgSLEOC2) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSpe.cgSLEPA2) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSpe.cgSLETE2) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSpe.cgSLEHE2)					

		<p>[5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSpe.cgSRIFR2) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVSpe.cgSRIOC2) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSpe.cgSRIPA2) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSpe.cgSRITE2) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSpe.cgSRIHE2) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSpe.cgSBRAI2) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSpe.cgSCERE2) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSpe.cgSMULT2) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSpe.cgSGENE2) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSpe.cgSSIOT2) [15] <input type="checkbox"/> Other/Unspecified</p>
8.*	Abnormality #3:	Pulldown List 3 <input type="button" value="v"/> (MAPPINGS1:t_frINVSpe.pcsABNO3) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSpe.txSABNO3)
9.*	Site (Select All That Apply) #3:	<p>(MAPPINGS1:t_frINVSpe.cgSLEFR3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSpe.cgSLEOC3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSpe.cgSLEPA3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSpe.cgSLETE3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSpe.cgSLEHE3) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSpe.cgSRIFR3) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVSpe.cgSRIOC3) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSpe.cgSRIPA3) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSpe.cgSRITE3) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSpe.cgSRIHE3) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSpe.cgSBRAI3) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSpe.cgSCERE3) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSpe.cgSMULT3) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSpe.cgSGENE3) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSpe.cgSSIOT3) [15] <input type="checkbox"/> Other/Unspecified</p>
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	

ieHOPZ	Other	3
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Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	
ieHOPZ	Other	3	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	
ieHOPZ	Other	3	

Column Name	Column Data Type	Design Note
dcSPEDT	DATE - DDMONYYYY	
rcSPETYP	NUMERIC	
rcINVSPE	NUMERIC	
pcSABNO1	STRING(255) - 1, 2, 3	
txSABNO1	STRING(100) - A100	
cgSLEFR1	STRING(255)	
cgSLEOC1	STRING(255)	
cgSLEPA1	STRING(255)	
cgSLETE1	STRING(255)	
cgSLEHE1	STRING(255)	
cgSRIFR1	STRING(255)	
cgSRIOC1	STRING(255)	
cgSRIPA1	STRING(255)	
cgSRITE1	STRING(255)	
cgSRIHE1	STRING(255)	
cgSBRAI1	STRING(255)	
cgSCERE1	STRING(255)	
cgSMULT1	STRING(255)	
cgSGENE1	STRING(255)	
cgSSIOT1	STRING(255)	
pcSABNO2	STRING(255) - 1, 2, 3	
txSABNO2	STRING(100) - A100	
cgSLEFR2	STRING(255)	
cgSLEOC2	STRING(255)	
cgSLEPA2	STRING(255)	
cgSLETE2	STRING(255)	
cgSLEHE2	STRING(255)	
cgSRIFR2	STRING(255)	
cgSRIOC2	STRING(255)	
cgSRIPA2	STRING(255)	

cgSRITE2	STRING(255)	
cgSRIHE2	STRING(255)	
cgSBRAI2	STRING(255)	
cgSCERE2	STRING(255)	
cgSMULT2	STRING(255)	
cgSGENE2	STRING(255)	
cgSSIOT2	STRING(255)	
pcSABNO3	STRING(255) - 1, 2, 3	
txSABNO3	STRING(100) - A100	
cgSLEFR3	STRING(255)	
cgSLEOC3	STRING(255)	
cgSLEPA3	STRING(255)	
cgSLETE3	STRING(255)	
cgSLEHE3	STRING(255)	
cgSRIFR3	STRING(255)	
cgSRIOC3	STRING(255)	
cgSRIPA3	STRING(255)	
cgSRITE3	STRING(255)	
cgSRIHE3	STRING(255)	
cgSBRAI3	STRING(255)	
cgSCERE3	STRING(255)	
cgSMULT3	STRING(255)	
cgSGENE3	STRING(255)	
cgSSIOT3	STRING(255)	

epigen2 : INVESTIGATION RESULTS - SISCOM (SIS) - Repeating Form										
#		Date	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3	
1	<input type="checkbox"/>									
INVESTIGATION RESULTS - SISCOM										
1.*	Date: [editable]					NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frINVSIS.dcSISDST)				
2.*	Result:					(MAPPINGS1:t_frINVSIS.rcSISRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown				
3.*	Abnormality #1:					Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frINVSIS.pcCABNO1) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSIS.txCABNO1)				
4.*	Site (Select All That Apply) #1:					(MAPPINGS1:t_frINVSIS.cgCLEFR1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSIS.cgCLEOC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSIS.cgCLEPA1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSIS.cgCLETE1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSIS.cgCLEHE1) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSIS.cgCRIFR1) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVSIS.cgCRIOC1) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSIS.cgCRIPA1) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSIS.cgCRITE1) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSIS.cgCRIHE1) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSIS.cgCBRAI1) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSIS.cgCCERE1) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSIS.cgCMULT1) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSIS.cgCGENE1) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSIS.cgCSIOT1) [15] <input type="checkbox"/> Other/Unspecified				
5.*	Abnormality #2:					Pulldown List 2 <input type="checkbox"/> (MAPPINGS1:t_frINVSIS.pcCABNO2) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSIS.txCABNO2)				
6.*	Site (Select All That Apply) #2:					(MAPPINGS1:t_frINVSIS.cgCLEFR2) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSIS.cgCLEOC2) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSIS.cgCLEPA2) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSIS.cgCLETE2) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSIS.cgCLEHE2) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSIS.cgCRIFR2) [6] <input type="checkbox"/> Right Frontal				

		<p>(MAPPINGS1:t_frINVSIS.cgCRIOC2) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSIS.cgCRIPA2) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSIS.cgCRITE2) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSIS.cgCRIHE2) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSIS.cgCBRAI2) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSIS.cgCCERE2) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSIS.cgCMULT2) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSIS.cgCGENE2) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSIS.cgCSIOT2) [15] <input type="checkbox"/> Other/Unspecified</p>
7.*	Abnormality #3:	Pulldown List 3 <input type="button" value="▼"/> (MAPPINGS1:t_frINVSIS.pcCABNO3) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVSIS.txCABNO3)
8.*	Site (Select All That Apply) #3:	<p>(MAPPINGS1:t_frINVSIS.cgCLEFR3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVSIS.cgCLEOC3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVSIS.cgCLEPA3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVSIS.cgCLETE3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVSIS.cgCLEHE3) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVSIS.cgCRIFR3) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVSIS.cgCRIOC3) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVSIS.cgCRIPA3) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVSIS.cgCRITE3) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVSIS.cgCRIHE3) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVSIS.cgCBRAI3) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVSIS.cgCCERE3) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVSIS.cgCMULT3) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVSIS.cgCGENE3) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVSIS.cgCSIOT3) [15] <input type="checkbox"/> Other/Unspecified</p>
* Item is not required		

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	
ieHOPZ	Other	3	

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Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	
ieHOPZ	Other	3	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieHOPE	Hypoperfusion	1	
ieHOPY	Hyperperfusion	2	
ieHOPZ	Other	3	

Column Name	Column Data Type	Design Note
dcSISDT	DATE - DDMONYYYY	
cgCBRAI1	STRING(255)	
cgCCERE1	STRING(255)	
cgCMULT1	STRING(255)	
cgCGENE1	STRING(255)	
cgCSIOT1	STRING(255)	
pcCABNO2	STRING(255) - 1, 2, 3	
txCABNO2	STRING(100) - A100	
cgCLEFR2	STRING(255)	
cgCLEOC2	STRING(255)	
cgCLEPA2	STRING(255)	
cgCLETE2	STRING(255)	
cgCLEHE2	STRING(255)	
cgCRIFR2	STRING(255)	
cgCRIOC2	STRING(255)	
rcSISRES	NUMERIC	
pcCABNO1	STRING(255) - 1, 2, 3	
txCABNO1	STRING(100) - A100	
cgCLEFR1	STRING(255)	
cgCLEOC1	STRING(255)	
cgCLEPA1	STRING(255)	
cgCLETE1	STRING(255)	
cgCLEHE1	STRING(255)	
cgCRIFR1	STRING(255)	
cgCRIOC1	STRING(255)	
cgCRIPA1	STRING(255)	
cgCRITE1	STRING(255)	
cgCRIHE1	STRING(255)	
cgCLETE3	STRING(255)	
cgCLEHE3	STRING(255)	
cgCRIFR3	STRING(255)	
cgCRIOC3	STRING(255)	

cgCRIPA3	STRING(255)	
cgCRITE3	STRING(255)	
cgCRIHE3	STRING(255)	
cgCBRAI3	STRING(255)	
cgCCERE3	STRING(255)	
cgCMULT3	STRING(255)	
cgCGENE3	STRING(255)	
cgCSIOT3	STRING(255)	
cgCRIPA2	STRING(255)	
cgCRITE2	STRING(255)	
cgCRIHE2	STRING(255)	
cgCBRAI2	STRING(255)	
cgCCERE2	STRING(255)	
cgCMULT2	STRING(255)	
cgCGENE2	STRING(255)	
cgCSIOT2	STRING(255)	
pcCABNO3	STRING(255) - 1, 2, 3	
txCABNO3	STRING(100) - A100	
cgCLEFR3	STRING(255)	
cgCLEOC3	STRING(255)	
cgCLEPA3	STRING(255)	

epigen2 : INVESTIGATION RESULTS - PET (PET) - Repeating Form											
#	Date	Type	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INVESTIGATION RESULTS - PET											
1.*	Date: <i>[editable]</i>					NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frINVPET.dcPETDT)					
2.*	Type:					(MAPPINGS1:t_frINVPET.rcPETTYP) [1] <input type="radio"/> Fluorodeoxyglucose (FDG) [2] <input type="radio"/> Methionine [3] <input type="radio"/> Flumazenil [4] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frINVPET.txPETOTH)					
3.*	Result:					(MAPPINGS1:t_frINVPET.rcPETRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown					
4.*	Abnormality #1:					Pulldown List 1 <input type="text"/> (MAPPINGS1:t_frINVPET.pcPABNO1) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVPET.txPABNO1)					
5.*	Site (Select All That Apply) #1:					(MAPPINGS1:t_frINVPET.cgPLEFR1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVPET.cgPLEOC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVPET.cgPLEPA1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVPET.cgPLETE1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVPET.cgPLEHE1) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVPET.cgPRIFR1) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVPET.cgPRIOC1) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVPET.cgPRIPA1) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVPET.cgPRITE1) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVPET.cgPRIHE1) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVPET.cgPBRA11) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVPET.cgPCERE1) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVPET.cgPMULT1) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVPET.cgPGENE1) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVPET.cgPSIOT1) [15] <input type="checkbox"/> Other/Unspecified					
6.*	Abnormality #2:					Pulldown List 2 <input type="text"/> (MAPPINGS1:t_frINVPET.pcPABNO2) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVPET.txPABNO2)					
7.*	Site (Select All That Apply) #2:					(MAPPINGS1:t_frINVPET.cgPLEFR2) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVPET.cgPLEOC2) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVPET.cgPLEPA2) [3] <input type="checkbox"/> Left Parietal					

		<p>(MAPPINGS1:t_frINVPET.cgPLETE2) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVPET.cgPLEHE2) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVPET.cgPRIFR2) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVPET.cgPRIOC2) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVPET.cgPRIPA2) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVPET.cgPRITE2) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVPET.cgPRIHE2) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVPET.cgPBRAI2) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVPET.cgPCERE2) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVPET.cgPMULT2) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVPET.cgPGENE2) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVPET.cgPSIOT2) [15] <input type="checkbox"/> Other/Unspecified</p>
8.*	Abnormality #3:	<p>Pull down List 3 <input type="button" value="v"/> (MAPPINGS1:t_frINVPET.pcpABNO3) If Other Was Checked, Specify: A100 (MAPPINGS1:t_frINVPET.txPABNO3)</p>
9.*	Site (Select All That Apply) #3:	<p>(MAPPINGS1:t_frINVPET.cgPLEFR3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVPET.cgPLEOC3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVPET.cgPLEPA3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVPET.cgPLETE3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVPET.cgPLEHE3) [5] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVPET.cgPRIFR3) [6] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVPET.cgPRIOC3) [7] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVPET.cgPRIPA3) [8] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVPET.cgPRITE3) [9] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVPET.cgPRIHE3) [10] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVPET.cgPBRAI3) [11] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frINVPET.cgPCERE3) [12] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frINVPET.cgPMULT3) [13] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVPET.cgPGENE3) [14] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVPET.cgPSIOT3) [15] <input type="checkbox"/> Other/Unspecified</p>
* Item is not required		

Pull down List 1:			
RefName	Display Text	Value	Design Note

ieHYME	Hypometabolism	1	
ieHYMT	Hypermetabolism	2	
ieHYMO	Other	3	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieHYME	Hypometabolism	1	
ieHYMT	Hypermetabolism	2	
ieHYMO	Other	3	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieHYME	Hypometabolism	1	
ieHYMT	Hypermetabolism	2	
ieHYMO	Other	3	

CDD: MAPPINGS1 Table: t_frINVPET Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcPETDT	DATE - DDMONYYYY	
rcPETTYP	NUMERIC	
txPETOTH	STRING(100) - A100	
rcPETRES	NUMERIC	
pcPABNO1	STRING(255) - 1, 2, 3	
txPABNO1	STRING(100) - A100	
cgPLEFR1	STRING(255)	
cgPLEOC1	STRING(255)	
cgPLEPA1	STRING(255)	
cgPLETE1	STRING(255)	
cgPLEHE1	STRING(255)	
cgPRIFR1	STRING(255)	
cgPRIOC1	STRING(255)	
cgPRIPA1	STRING(255)	
cgPRITE1	STRING(255)	
cgPRIHE1	STRING(255)	
cgPBRAI1	STRING(255)	
cgPCERE1	STRING(255)	
cgPMULT1	STRING(255)	
cgPGENE1	STRING(255)	
cgPSIOT1	STRING(255)	
pcPABNO2	STRING(255) - 1, 2, 3	
txPABNO2	STRING(100) - A100	
cgPLEFR2	STRING(255)	
cgPLEOC2	STRING(255)	
cgPLEPA2	STRING(255)	
cgPLETE2	STRING(255)	
cgPLEFR3	STRING(255)	

cgPLEOC3	STRING(255)	
cgPLEPA3	STRING(255)	
cgPLETE3	STRING(255)	
cgPLEHE3	STRING(255)	
cgPRIFR3	STRING(255)	
cgPRIOC3	STRING(255)	
cgPRIPA3	STRING(255)	
cgPRITE3	STRING(255)	
cgPRIHE3	STRING(255)	
cgPBRAI3	STRING(255)	
cgPCERE3	STRING(255)	
cgPMULT3	STRING(255)	
cgPGENE3	STRING(255)	
cgPSIOT3	STRING(255)	
cgPLEHE2	STRING(255)	
cgPRIFR2	STRING(255)	
cgPRIOC2	STRING(255)	
cgPRIPA2	STRING(255)	
cgPRITE2	STRING(255)	
cgPRIHE2	STRING(255)	
cgPBRAI2	STRING(255)	
cgPCERE2	STRING(255)	
cgPMULT2	STRING(255)	
cgPGENE2	STRING(255)	
cgPSIOT2	STRING(255)	
pcPABNO3	STRING(255) - 1, 2, 3	
txPABNO3	STRING(100) - A100	

epigen2 : INVESTIGATION RESULTS - EEG (EEG) - Repeating Form										
#	Date	Result	Abnormality #1	Site #1	Abnormality #2	Site #2	Abnormality #3	Site #3		
1										
INVESTIGATION RESULTS - EEG										
1.*	Date: [editable]				NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frINVEEG.dcEEGDT)					
2.*	Result:				(MAPPINGS1:t_frINVEEG.rcEEGRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown					
3.*	Abnormality #1:				(MAPPINGS1:t_frINVEEG.rcEABNO1) [1] <input type="radio"/> Spikes [2] <input type="radio"/> Spike Waves [3] <input type="radio"/> Sharp Waves [4] <input type="radio"/> Slow Waves [5] <input type="radio"/> Unspecified Epileptiform Abnormalities [6] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frINVEEG.txSPOTH1)					
4.*	Site (Select All That Apply) #1:				(MAPPINGS1:t_frINVEEG.cgELFRO1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVEEG.cgELOCC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVEEG.cgELPAR1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVEEG.cgELTEM1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVEEG.cgELANT1) [5] <input type="checkbox"/> Left Anterotemporal (MAPPINGS1:t_frINVEEG.cgELMES1) [6] <input type="checkbox"/> Left Mesiotemporal (MAPPINGS1:t_frINVEEG.cgELAMT1) [7] <input type="checkbox"/> Left Anteromesiotemporal (MAPPINGS1:t_frINVEEG.cgELPOS1) [8] <input type="checkbox"/> Left Posterotemporal (MAPPINGS1:t_frINVEEG.cgELHEM1) [9] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVEEG.cgERFRO1) [10] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVEEG.cgEROCC1) [11] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVEEG.cgERPAR1) [12] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVEEG.cgERTEM1) [13] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVEEG.cgERANT1) [14] <input type="checkbox"/> Right Anterotemporal (MAPPINGS1:t_frINVEEG.cgERMES1) [15] <input type="checkbox"/> Right Mesiotemporal (MAPPINGS1:t_frINVEEG.cgERAMT1) [16] <input type="checkbox"/> Right Anteromesiotemporal (MAPPINGS1:t_frINVEEG.cgERPOS1) [17] <input type="checkbox"/> Right Posterotemporal (MAPPINGS1:t_frINVEEG.cgERHEM1) [18] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVEEG.cgECENT1) [19] <input type="checkbox"/> Central (MAPPINGS1:t_frINVEEG.cgEMUFO1) [20] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVEEG.cgEGERA1)					

		<p>[21] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVEEG.cgEOTUS1)</p> <p>[22] <input type="checkbox"/> Other/Unspecified</p>
5.*	Abnormality #2:	<p>(MAPPINGS1:t_frINVEEG.rcEABNO2)</p> <p>[1] <input type="radio"/> Spikes</p> <p>[2] <input type="radio"/> Spike Waves</p> <p>[3] <input type="radio"/> Sharp Waves</p> <p>[4] <input type="radio"/> Slow Waves</p> <p>[5] <input type="radio"/> Unspecified Epileptiform Abnormalities</p> <p>[6] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frINVEEG.txSPOTH2)</p>
6.*	Site (Select All That Apply) #2:	<p>(MAPPINGS1:t_frINVEEG.cgELFRO2)</p> <p>[1] <input type="checkbox"/> Left Frontal</p> <p>(MAPPINGS1:t_frINVEEG.cgELOCC2)</p> <p>[2] <input type="checkbox"/> Left Occipital</p> <p>(MAPPINGS1:t_frINVEEG.cgELPAR2)</p> <p>[3] <input type="checkbox"/> Left Parietal</p> <p>(MAPPINGS1:t_frINVEEG.cgELTEM2)</p> <p>[4] <input type="checkbox"/> Left Temporal</p> <p>(MAPPINGS1:t_frINVEEG.cgELANT2)</p> <p>[5] <input type="checkbox"/> Left Anterotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgELMES2)</p> <p>[6] <input type="checkbox"/> Left Mesiotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgELAMT2)</p> <p>[7] <input type="checkbox"/> Left Anteromesiotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgELPOS2)</p> <p>[8] <input type="checkbox"/> Left Posterotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgELHEM2)</p> <p>[9] <input type="checkbox"/> Left Hemisphere</p> <p>(MAPPINGS1:t_frINVEEG.cgERFRO2)</p> <p>[10] <input type="checkbox"/> Right Frontal</p> <p>(MAPPINGS1:t_frINVEEG.cgEROCC2)</p> <p>[11] <input type="checkbox"/> Right Occipital</p> <p>(MAPPINGS1:t_frINVEEG.cgERPAR2)</p> <p>[12] <input type="checkbox"/> Right Parietal</p> <p>(MAPPINGS1:t_frINVEEG.cgERTEM2)</p> <p>[13] <input type="checkbox"/> Right Temporal</p> <p>(MAPPINGS1:t_frINVEEG.cgERANT2)</p> <p>[14] <input type="checkbox"/> Right Anterotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgERMES2)</p> <p>[15] <input type="checkbox"/> Right Mesiotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgERAMT2)</p> <p>[16] <input type="checkbox"/> Right Anteromesiotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgERPOS2)</p> <p>[17] <input type="checkbox"/> Right Posterotemporal</p> <p>(MAPPINGS1:t_frINVEEG.cgERHEM2)</p> <p>[18] <input type="checkbox"/> Right Hemisphere</p> <p>(MAPPINGS1:t_frINVEEG.cgECENT2)</p> <p>[19] <input type="checkbox"/> Central</p> <p>(MAPPINGS1:t_frINVEEG.cgEMUFO2)</p> <p>[20] <input type="checkbox"/> Multifocal</p> <p>(MAPPINGS1:t_frINVEEG.cgEGERA2)</p> <p>[21] <input type="checkbox"/> Generalized</p> <p>(MAPPINGS1:t_frINVEEG.cgEOTUS2)</p> <p>[22] <input type="checkbox"/> Other/Unspecified</p>
7.*	Abnormality #3:	<p>(MAPPINGS1:t_frINVEEG.rcEABNO3)</p> <p>[1] <input type="radio"/> Spikes</p> <p>[2] <input type="radio"/> Spike Waves</p> <p>[3] <input type="radio"/> Sharp Waves</p> <p>[4] <input type="radio"/> Slow Waves</p> <p>[5] <input type="radio"/> Unspecified Epileptiform Abnormalities</p>

	<p>[6] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frINVEEG.txSPOTH3)</p>
<p>8.* Site (Select All That Apply) #3:</p>	<p>(MAPPINGS1:t_frINVEEG.cgELFRO3) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frINVEEG.cgELOCC3) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frINVEEG.cgELPAR3) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frINVEEG.cgELTEM3) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frINVEEG.cgELANT3) [5] <input type="checkbox"/> Left Anterotemporal (MAPPINGS1:t_frINVEEG.cgELMES3) [6] <input type="checkbox"/> Left Mesiotemporal (MAPPINGS1:t_frINVEEG.cgELAMT3) [7] <input type="checkbox"/> Left Anteromesiotemporal (MAPPINGS1:t_frINVEEG.cgELPOS3) [8] <input type="checkbox"/> Left Posterotemporal (MAPPINGS1:t_frINVEEG.cgELHEM3) [9] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frINVEEG.cgERFRO3) [10] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frINVEEG.cgEROCC3) [11] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frINVEEG.cgERPAR3) [12] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frINVEEG.cgERTEM3) [13] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frINVEEG.cgERANT3) [14] <input type="checkbox"/> Right Anterotemporal (MAPPINGS1:t_frINVEEG.cgERMES3) [15] <input type="checkbox"/> Right Mesiotemporal (MAPPINGS1:t_frINVEEG.cgERAMT3) [16] <input type="checkbox"/> Right Anteromesiotemporal (MAPPINGS1:t_frINVEEG.cgERPOS3) [17] <input type="checkbox"/> Right Posterotemporal (MAPPINGS1:t_frINVEEG.cgERHEM3) [18] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frINVEEG.cgECENT3) [19] <input type="checkbox"/> Central (MAPPINGS1:t_frINVEEG.cgEMUFO3) [20] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frINVEEG.cgEGERA3) [21] <input type="checkbox"/> Generalized (MAPPINGS1:t_frINVEEG.cgEOTUS3) [22] <input type="checkbox"/> Other/Unspecified</p>
<p>* Item is not required</p>	

Column Name	Column Data Type	Design Note
dcEEGDT	DATE - DDMONYYYY	
rcEEGRES	NUMERIC	
rcEABNO1	NUMERIC	
txSPOTH1	STRING(100) - A100	
cgELFRO1	STRING(255)	
cgELOCC1	STRING(255)	
cgEMUFO2	STRING(255)	
cgEGERA2	STRING(255)	

cgEOTUS2	STRING(255)	
rcEABNO3	NUMERIC	
txSPOTH3	STRING(100) - A100	
cgELFRO3	STRING(255)	
cgELOCC3	STRING(255)	
cgELPAR3	STRING(255)	
cgELTEM3	STRING(255)	
cgECENT3	STRING(255)	
cgEMUFO3	STRING(255)	
cgEGERA3	STRING(255)	
cgEOTUS3	STRING(255)	
cgELFRO2	STRING(255)	
cgELOCC2	STRING(255)	
cgELPAR2	STRING(255)	
cgELTEM2	STRING(255)	
cgELANT2	STRING(255)	
cgELMES2	STRING(255)	
cgELAMT2	STRING(255)	
cgELPOS2	STRING(255)	
cgELHEM2	STRING(255)	
cgERFRO2	STRING(255)	
cgEROCC2	STRING(255)	
cgERPAR2	STRING(255)	
cgERTEM2	STRING(255)	
cgERANT2	STRING(255)	
cgELPAR1	STRING(255)	
cgELTEM1	STRING(255)	
cgELANT1	STRING(255)	
cgELMES1	STRING(255)	
cgELAMT1	STRING(255)	
cgELPOS1	STRING(255)	
cgELHEM1	STRING(255)	
cgERFRO1	STRING(255)	
cgEROCC1	STRING(255)	
cgERPAR1	STRING(255)	
cgERTEM1	STRING(255)	
cgERANT1	STRING(255)	
cgERMES1	STRING(255)	
cgERAMT1	STRING(255)	
cgERPOS1	STRING(255)	
cgERHEM1	STRING(255)	
cgECENT1	STRING(255)	
cgEMUFO1	STRING(255)	
cgEGERA1	STRING(255)	
cgEOTUS1	STRING(255)	
rcEABNO2	NUMERIC	

	STRING(100) - A100	
cgERMES2	STRING(255)	
cgERAMT2	STRING(255)	
cgERPOS2	STRING(255)	
cgERHEM2	STRING(255)	
cgECENT2	STRING(255)	
cgELANT3	STRING(255)	
cgELMES3	STRING(255)	
cgELAMT3	STRING(255)	
cgELPOS3	STRING(255)	
cgELHEM3	STRING(255)	
cgERFRO3	STRING(255)	
cgEROCC3	STRING(255)	
cgERPAR3	STRING(255)	
cgERTEM3	STRING(255)	
cgERANT3	STRING(255)	
cgERMES3	STRING(255)	
cgERAMT3	STRING(255)	
cgERPOS3	STRING(255)	
cgERHEM3	STRING(255)	

epigen2 : INVESTIGATION RESULTS - TELEMETRY (TEL) - Repeating Form					
#		Start Date	End Date	Type	Result
1	<input type="text"/>				
INVESTIGATION RESULTS - TELEMETRY					
1.*	Start Date: [editable]	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frTELA.dcTEASDT)			
2.*	End Date:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frTELA.dcTEAEDT)			
3.*	Type:	(MAPPINGS1:t_frTELA.cgASURF) [1] <input type="checkbox"/> Surface (MAPPINGS1:t_frTELA.cgADURA) [2] <input type="checkbox"/> Dural (MAPPINGS1:t_frTELA.cgASUBD) [3] <input type="checkbox"/> Subdural (MAPPINGS1:t_frTELA.cgAINCE) [4] <input type="checkbox"/> Intracerebral (MAPPINGS1:t_frTELA.cgAUNIN) [5] <input type="checkbox"/> Unspecified Intracranial			
4.*	Result:	(MAPPINGS1:t_frTELA.rcTEARES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (Please Fill Out The Appropriate Data In The Forms Below) [3] <input type="radio"/> Unknown			
* Item is not required					

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frTELB

CDD: MAPPINGS1 Table: t_frTELA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
cgASURF	STRING(255)	
cgADURA	STRING(255)	
cgASUBD	STRING(255)	
cgAINCE	STRING(255)	
cgAUNIN	STRING(255)	
rcTEARES	NUMERIC	
dcTEASDT	DATE - DDMONYYYY	
dcTEAEDT	DATE - DDMONYYYY	

epigen2 : INVESTIGATION RESULTS - TELEMETRY (CONTINUED A) (TEA) - Repeating Form				
#		Interictal Abnormality	Interictal Site	Ictal Seizure Type
1	<input type="checkbox"/>			
INTERICTAL EEG				
1.*	Abnormality:	(MAPPINGS1:t_frTELB.rcBABNO1) [1] <input type="radio"/> Spikes [2] <input type="radio"/> Spike Waves [3] <input type="radio"/> Sharp Waves [4] <input type="radio"/> Slow Waves [5] <input type="radio"/> Unspecified Epileptiform Abnormalities [6] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frTELB.txBSPOT1)		
2.*	Site (Select All That Apply):	(MAPPINGS1:t_frTELB.cgBLFRO1) [1] <input type="checkbox"/> Left Frontal (MAPPINGS1:t_frTELB.cgBLOCC1) [2] <input type="checkbox"/> Left Occipital (MAPPINGS1:t_frTELB.cgBLPAR1) [3] <input type="checkbox"/> Left Parietal (MAPPINGS1:t_frTELB.cgBLTEM1) [4] <input type="checkbox"/> Left Temporal (MAPPINGS1:t_frTELB.cgBLANT1) [5] <input type="checkbox"/> Left Anterotemporal (MAPPINGS1:t_frTELB.cgBLMES1) [6] <input type="checkbox"/> Left Mesiotemporal (MAPPINGS1:t_frTELB.cgBLAMT1) [7] <input type="checkbox"/> Left Anteromesiotemporal (MAPPINGS1:t_frTELB.cgBLPOS1) [8] <input type="checkbox"/> Left Posterotemporal (MAPPINGS1:t_frTELB.cgBLHEM1) [9] <input type="checkbox"/> Left Hemisphere (MAPPINGS1:t_frTELB.cgBRFRO1) [10] <input type="checkbox"/> Right Frontal (MAPPINGS1:t_frTELB.cgBROCC1) [11] <input type="checkbox"/> Right Occipital (MAPPINGS1:t_frTELB.cgBRPAR1) [12] <input type="checkbox"/> Right Parietal (MAPPINGS1:t_frTELB.cgBRTEM1) [13] <input type="checkbox"/> Right Temporal (MAPPINGS1:t_frTELB.cgBRANT1) [14] <input type="checkbox"/> Right Anterotemporal (MAPPINGS1:t_frTELB.cgBRMES1) [15] <input type="checkbox"/> Right Mesiotemporal (MAPPINGS1:t_frTELB.cgBRAMT1) [16] <input type="checkbox"/> Right Anteromesiotemporal (MAPPINGS1:t_frTELB.cgBRPOS1) [17] <input type="checkbox"/> Right Posterotemporal (MAPPINGS1:t_frTELB.cgBRHEM1) [18] <input type="checkbox"/> Right Hemisphere (MAPPINGS1:t_frTELB.cgBBRST1) [19] <input type="checkbox"/> Brainstem (MAPPINGS1:t_frTELB.cgBCEBE1) [20] <input type="checkbox"/> Cerebellar (MAPPINGS1:t_frTELB.cgBMFOC1) [21] <input type="checkbox"/> Multifocal (MAPPINGS1:t_frTELB.cgBGENR1) [22] <input type="checkbox"/> Generalized (MAPPINGS1:t_frTELB.cgBOTER1) [23] <input type="checkbox"/> Other		
ICTAL EEG				

3.*	Seizure Type:	(MAPPINGS1:t_frTELB.rcCETYP1)					
	<input type="radio"/>	Primary Generalized Tonic Clonic	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCGENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCC)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCGVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCC)
	<input type="radio"/>	Absence	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCBENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCBEDS1)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCBVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCBVDS1)
	<input type="radio"/>	Clonic	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCCENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCCEDS1)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCCVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCCVDS1)
	<input type="radio"/>	Tonic	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCOENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCOEDS1)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCOVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCOVDS1)
	<input type="radio"/>	Atonic	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCTENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCTEDS1)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCTVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCTVDS1)
	<input type="radio"/>	Myoclonic	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txCYENM1)	Description: A100			(MAPPINGS1:t_frTELB.txCYEDS1)
			Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txCYVNM1)	Description: A100			(MAPPINGS1:t_frTELB.txCYVDS1)
	<input type="radio"/>	Simple Partial	Focus: Pulldown List 1 (MAPPINGS1:t_frTELB.pcCCFO1)	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txDPENM1)	Description: A100		(MAPPINGS1:t_frTELB.txD)
		Hemisphere: Pulldown List 2 (MAPPINGS1:t_frTELB.pcCCH1)		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txDPVNM1)	Description: A100		(MAPPINGS1:t_frTELB.txD)
	<input type="radio"/>	Complex Partial	Focus: Pulldown List 3 (MAPPINGS1:t_frTELB.pcDPFO1)	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txEPENM1)	Description: A100		(MAPPINGS1:t_frTELB.txE)
		Hemisphere: Pulldown List 4 (MAPPINGS1:t_frTELB.pcDPHE1)		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txEPVNM1)	Description: A100		(MAPPINGS1:t_frTELB.txE)
	<input type="radio"/>	Secondary GTCS	Focus: Pulldown List 5 (MAPPINGS1:t_frTELB.pcEGFO1)	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txEGENM1)	Description: A100		(MAPPINGS1:t_frTELB.txE)
		Hemisphere: Pulldown List 6 (MAPPINGS1:t_frTELB.pcEGHE1)		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txEGVNM1)	Description: A100		(MAPPINGS1:t_frTELB.txE)
	<input type="radio"/>	Unclassified Partial	Focus: Pulldown List 7 (MAPPINGS1:t_frTELB.pcEPFO1)	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txFPENM1)	Description: A100		(MAPPINGS1:t_frTELB.txF)
		Hemisphere: Pulldown List 8 (MAPPINGS1:t_frTELB.pcEPHE1)		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txFPVNM1)	Description: A100		(MAPPINGS1:t_frTELB.txF)

			Seizures Of This Type Recorded On Video:	
[11]	<input type="radio"/> Unclassified GTCS	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txFGENM1) Description: A100		(MAPPINGS1:t_frTELB.txFGEDS1)
		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txFGVNM1) Description: A100		(MAPPINGS1:t_frTELB.txFGVDS1)
[12]	<input type="radio"/> Non-Epileptic Convulsive	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txFCENM1) Description: A100		(MAPPINGS1:t_frTELB.txFCEDS1)
		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txFCVNM1) Description: A100		(MAPPINGS1:t_frTELB.txFCVDS1)
[13]	<input type="radio"/> Non-Epileptic Non-Convulsive	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txFNENM1) Description: A100		(MAPPINGS1:t_frTELB.txFNEI)
		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txFNVNM1) Description: A100		(MAPPINGS1:t_frTELB.txFNVN)
[14]	<input type="radio"/> Uncertain	Number Of Seizures Of This Type Recorded On EEG: xxxxxxxx. (MAPPINGS1:t_frTELB.txGNENM1) Description: A100		(MAPPINGS1:t_frTELB.txGNEDS1)
		Number Of Seizures Of This Type Recorded On Video: xxxxxxxx. (MAPPINGS1:t_frTELB.txGNVNM1) Description: A100		(MAPPINGS1:t_frTELB.txGNVDS1)

* Item is not required

Pull-down List 1:

RefName	Display Text	Value	Design Note
ieFRON	Frontal	1	
ieTEMP	Temporal	2	
ieEXTR	Extratemporal	3	
ieMOTO	Motor Cortex	4	
ieSENS	Sensory Cortex	5	
iePARI	Parietal Cortex (Excluding Sensory Cortex)	6	
ieOCCI	Occipital	7	
ieDIFF	Diffuse	8	
ieFOUN	Unclassified	9	

Pull-down List 2:

RefName	Display Text	Value	Design Note
ieLEFT	Left	2	
ieRIGHT	Right	1	
ieUNLA	Unlateralized	3	

Pull-down List 3:

RefName	Display Text	Value	Design Note
ieFRON	Frontal	1	
ieTEMP	Temporal	2	
ieEXTR	Extratemporal	3	
ieMOTO	Motor Cortex	4	
ieSENS	Sensory Cortex	5	
iePARI	Parietal Cortex (Excluding Sensory Cortex)	6	
ieOCCI	Occipital	7	
ieDIFF	Diffuse	8	
ieFOUN	Unclassified	9	

Pull-down List 4:

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RefName	Display Text	Value	Design Note
ieLEFT	Left	2	
ieRIGHT	Right	1	
ieUNLA	Unlateralized	3	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieFRON	Frontal	1	
ieTEMP	Temporal	2	
ieEXTR	Extratemporal	3	
ieMOTO	Motor Cortex	4	
ieSENS	Sensory Cortex	5	
iePARI	Parietal Cortex (Excluding Sensory Cortex)	6	
ieOCCI	Occipital	7	
ieDIFF	Diffuse	8	
ieFOUN	Unclassified	9	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieLEFT	Left	2	
ieRIGHT	Right	1	
ieUNLA	Unlateralized	3	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieFRON	Frontal	1	
ieTEMP	Temporal	2	
ieEXTR	Extratemporal	3	
ieMOTO	Motor Cortex	4	
ieSENS	Sensory Cortex	5	
iePARI	Parietal Cortex (Excluding Sensory Cortex)	6	
ieOCCI	Occipital	7	
ieDIFF	Diffuse	8	
ieFOUN	Unclassified	9	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieLEFT	Left	2	
ieRIGHT	Right	1	
ieUNLA	Unlateralized	3	

Associations For Visit RefName vsBASELINE	
Visit RefName	Form RefName
vsBASELINE	frTELA

CDD: MAPPINGS1	Table: t_frTELB	Key Type: PATIENTVISIT

Column Name	Column Data Type	Design Note
txCTEDS1	STRING(100) - A100	
txCTVNM1	FLOAT - F10.0	
txCTVDS1	STRING(100) - A100	
txCYENM1	FLOAT - F10.0	
txCYEDS1	STRING(100) - A100	
txCYVNM1	FLOAT - F10.0	
txCYVDS1	STRING(100) - A100	
pcCCFO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
pcCCHE1	STRING(255) - 2, 1, 3	
txDPENM1	FLOAT - F10.0	
txDPEDS1	STRING(100) - A100	
txDPVNM1	FLOAT - F10.0	
txDPVDS1	STRING(100) - A100	
pcDPFO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
txCBENM1	FLOAT - F10.0	
txCBEDS1	STRING(100) - A100	
txCBVNM1	FLOAT - F10.0	
txCBVDS1	STRING(100) - A100	
txCCENM1	FLOAT - F10.0	
txCCEDS1	STRING(100) - A100	
txCCVNM1	FLOAT - F10.0	
txCCVDS1	STRING(100) - A100	
txCOENM1	FLOAT - F10.0	
txCOEDS1	STRING(100) - A100	
txCOVNM1	FLOAT - F10.0	
txCOVDS1	STRING(100) - A100	
txCTENM1	FLOAT - F10.0	
cgBRMES1	STRING(255)	
cgBRAMT1	STRING(255)	
cgBRPOS1	STRING(255)	
cgBRHEM1	STRING(255)	
cgBBRST1	STRING(255)	
cgBCEBE1	STRING(255)	
cgBMFOC1	STRING(255)	
cgBGENR1	STRING(255)	
cgBOTER1	STRING(255)	
rcCETYP1	NUMERIC	
txCGENM1	FLOAT - F10.0	
txCGEDS1	STRING(100) - A100	
txCGVNM1	FLOAT - F10.0	
txCGVDS1	STRING(100) - A100	
rcBABNO1	NUMERIC	
txBSPOT1	STRING(100) - A100	
cgBLFRO1	STRING(255)	
cgBLOCC1	STRING(255)	

	STRING(255)	
cgBLTEM1	STRING(255)	
cgBLANT1	STRING(255)	
cgBLMES1	STRING(255)	
cgBLAMT1	STRING(255)	
cgBLPOS1	STRING(255)	
cgBLHEM1	STRING(255)	
cgBRFRO1	STRING(255)	
cgBROCC1	STRING(255)	
cgBRPAR1	STRING(255)	
cgBRTEM1	STRING(255)	
txFPENM1	FLOAT - F10.0	
txFPEDS1	STRING(100) - A100	
txFPVNM1	FLOAT - F10.0	
txFPVDS1	STRING(100) - A100	
txFGENM1	FLOAT - F10.0	
txFGEDS1	STRING(100) - A100	
txFGVNM1	FLOAT - F10.0	
txFNVNM1	FLOAT - F10.0	
txFNVDS1	STRING(100) - A100	
txGNENM1	FLOAT - F10.0	
txGNEDS1	STRING(100) - A100	
txGNVNM1	FLOAT - F10.0	
txGNVDS1	STRING(100) - A100	
txFGVDS1	STRING(100) - A100	
txFCENM1	FLOAT - F10.0	
txFCEDS1	STRING(100) - A100	
txFCVNM1	FLOAT - F10.0	
txFCVDS1	STRING(100) - A100	
txFNENM1	FLOAT - F10.0	
txFNEDS1	STRING(100) - A100	
pcEPHE1	STRING(255) - 2, 1, 3	
pcDPHE1	STRING(255) - 2, 1, 3	
txEPENM1	FLOAT - F10.0	
txEPEDS1	STRING(100) - A100	
txEPVNM1	FLOAT - F10.0	
txEPVDS1	STRING(100) - A100	
pcEGFO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
pcEGHE1	STRING(255) - 2, 1, 3	
txEGENM1	FLOAT - F10.0	
txEGEDS1	STRING(100) - A100	
txEGVNM1	FLOAT - F10.0	
txEGVDS1	STRING(100) - A100	
pcEPFO1	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9	
cgBRANT1	STRING(255)	

epigen2 : PSYCHOMETRY (PSY) - Repeating Form											
#	Date	Result	Total IQ	Performance IQ	Verbal IQ	Verbal Memory	Visual Memory	Language Skills	Notes		
1											
PSYCHOMETRY											
1.*	Date Of Psychometry:					NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frPSYC.dcPSYCDT)					
2.*	Result:					(MAPPINGS1:t_frPSYC.rcPSYRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal [3] <input type="radio"/> Unknown					
3.*	Total IQ:					A20		(MAPPINGS1:t_frPSYC.txTOTIQ)			
4.*	Performance IQ:					A20		(MAPPINGS1:t_frPSYC.txPERFIQ)			
5.*	Verbal IQ:					A20		(MAPPINGS1:t_frPSYC.txVERBIQ)			
6.*	Verbal Memory:					Pulldown List 1 <input type="checkbox"/> (MAPPINGS1:t_frPSYC.pcVERMEM)					
7.*	Visual Memory:					Pulldown List 2 <input type="checkbox"/> (MAPPINGS1:t_frPSYC.pcVISEMEM)					
8.*	Language Skills:					Pulldown List 3 <input type="checkbox"/> (MAPPINGS1:t_frPSYC.pcLANGUA)					
9.*	Record Any Other Notes Here:					A100		(MAPPINGS1:t_frPSYC.txRECORD)			
* Item is not required											

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieINTA	Intact	1	
ieMIIM	Mild Impairment	2	
ieDEIM	Definite Impairment	3	
ieNOAP	Not Applicable	4	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieINTA	Intact	1	
ieMIIM	Mild Impairment	2	
ieDEIM	Definite Impairment	3	
ieNOAP	Not Applicable	4	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieINTA	Intact	1	
ieMIIM	Mild Impairment	2	
ieDEIM	Definite Impairment	3	
ieNOAP	Not Applicable	4	

CDD: MAPPINGS1 Table: t_frPSYC Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcPSYCDT	DATE - DDMONYYYY	

rcPSYRES	NUMERIC	
txTOTIQ	STRING(20) - A20	
txPERFIQ	STRING(20) - A20	
txVERBIQ	STRING(20) - A20	
pcVERMEM	STRING(255) - 1, 2, 3, 4	
pcVISMEM	STRING(255) - 1, 2, 3, 4	
pcLANGUA	STRING(255) - 1, 2, 3, 4	
txRECORD	STRING(100) - A100	

epigen2 : WADA (WAD) - Repeating Form							
#		Date	Result	Left Sided Injection	Right Sided Injection	Language	
1	<input type="text"/>						
WADA							
1.*	Date Of WADA Test:	NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> / NReq/Unk <input type="text"/> (1910-2020) (MAPPINGS1:t_frWADA.dcWADADT)					
2.*	Result:	(MAPPINGS1:t_frWADA.rcWADRES) [1] <input type="radio"/> Passed [2] <input type="radio"/> Failed [3] <input type="radio"/> Uncertain [4] <input type="radio"/> Unknown					
3.*	Score On Left-Sided Injection:	xx (0 =< n <= 11) (MAPPINGS1:t_frWADA.txLEFT1) of xx (0 =< n <= 11) (MAPPINGS1:t_frWADA.txLEFT2)					
4.*	Score On Right-Sided Injection:	xx (0 =< n <= 11) (MAPPINGS1:t_frWADA.txRIGHT1) of xx (0 =< n <= 11) (MAPPINGS1:t_frWADA.txRIGHT2)					
5.*	Language Dominance:	Pulldown List 1 <input type="text"/> (MAPPINGS1:t_frWADA.pcLANG)					
* Item is not required							

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieLEF	Left	1	
ieRIG	Right	2	
ieUND	Undetermined	3	

CDD: MAPPINGS1 Table: t_frWADA Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
dcWADADT	DATE - DDMONYYYY	
rcWADRES	NUMERIC	
txLEFT1	NUMERIC - N2	
txRIGHT1	NUMERIC - N2	
txRIGHT2	NUMERIC - N2	
pcLANG	STRING(255) - 1, 2, 3	
txLEFT2	NUMERIC - N2	

epigen2 : VISUAL FIELDS (VIS) - Repeating Form				
#		Date	Type	Result
1				
VISUAL FIELDS				
1.*	Date Of Visual Fields Test:	NReq/Unk / NReq/Unk / NReq/Unk (1910-2020) (MAPPINGS1:t_frVISUAL.dcVISDT)		
2.*	Type Of Test:	(MAPPINGS1:t_frVISUAL.rcVISTYP) [1] <input type="radio"/> Goldmann [2] <input type="radio"/> Humphrey [3] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frVISUAL.txVISOTH)		
3.*	Result:	(MAPPINGS1:t_frVISUAL.rcVISRES) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal (MAPPINGS1:t_frVISUAL.cgQUAD) [1] <input type="checkbox"/> Quadrantanopia Side: Pulldown List 1 (MAPPINGS1:t_frVISUAL.pcQSIDE) Severity: Pulldown List 2 (MAPPINGS1:t_frVISUAL.pcQSEVE) (MAPPINGS1:t_frVISUAL.cgHEMI) [2] <input type="checkbox"/> Hemianopia Side: Pulldown List 3 (MAPPINGS1:t_frVISUAL.pchSIDE) Severity: Pulldown List 4 (MAPPINGS1:t_frVISUAL.pchSEVE) (MAPPINGS1:t_frVISUAL.cgCONS) [3] <input type="checkbox"/> Constriction Side: Pulldown List 5 (MAPPINGS1:t_frVISUAL.pcCSIDE) Severity: Pulldown List 6 (MAPPINGS1:t_frVISUAL.pcCSEVE) (MAPPINGS1:t_frVISUAL.cgOTAB) [4] <input type="checkbox"/> Other Abnormality Specify: A50 (MAPPINGS1:t_frVISUAL.txOTAB) Side: Pulldown List 7 (MAPPINGS1:t_frVISUAL.pcOSIDE) Severity: Pulldown List 8 (MAPPINGS1:t_frVISUAL.pcOSEVE) [3] <input type="radio"/> Unknown		
* Item is not required				

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieLEF	Left	1	
ieRIG	Right	2	
ieBIL	Bilateral	3	
ieVUN	Unspecified	4	

Pulldown List 2:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 3:			
RefName	Display Text	Value	Design Note
ieLEF	Left	1	

ieRIG	Right	2	
ieBIL	Bilateral	3	
ieVUN	Unspecified	4	

Pulldown List 4:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieLEF	Left	1	
ieRIG	Right	2	
ieBIL	Bilateral	3	
ieVUN	Unspecified	4	

Pulldown List 6:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Pulldown List 7:			
RefName	Display Text	Value	Design Note
ieLEF	Left	1	
ieRIG	Right	2	
ieBIL	Bilateral	3	
ieVUN	Unspecified	4	

Pulldown List 8:			
RefName	Display Text	Value	Design Note
ieMILD	Mild	1	
ieMODE	Moderate	2	
ieSEVE	Severe	3	

Column Name	Column Data Type	Design Note
cgHEMI	STRING(255)	
pcHSIDE	STRING(255) - 1, 2, 3, 4	
pcHSEVE	STRING(255) - 1, 2, 3	
cgCONS	STRING(255)	
pcCSIDE	STRING(255) - 1, 2, 3, 4	
pcCSEVE	STRING(255) - 1, 2, 3	
cgOTAB	STRING(255)	
txOTAB	STRING(50) - A50	
pcOSIDE	STRING(255) - 1, 2, 3, 4	


pcOSEVE	STRING(255) - 1, 2, 3	
pcQSEVE	STRING(255) - 1, 2, 3	
dcVISDT	DATE - DDMONYYYY	
rcVISTYP	NUMERIC	
txVISOTH	STRING(100) - A100	
rcVISRES	NUMERIC	
cgQUAD	STRING(255)	
pcQSIDE	STRING(255) - 1, 2, 3, 4	

epigen2 : HAEMATOLOGY/BIOCHEMISTRY (HAE) - Repeating Form							
#	Hematology Date	Hematology Type	Hematology Result	Biochemistry Date	Biochemistry Type	Biochemistry Result	
1							
HAEMATOLOGY							
1.*	Date Of Haematology Test:			NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frHEMBIO.dcHAEMDT)			
2.*	Type:			(MAPPINGS1:t_frHEMBIO.rcHEMTYP) [1] <input type="radio"/> Full Blood Count [2] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frHEMBIO.txHEMOTH)			
3.*	Result:			A100 (MAPPINGS1:t_frHEMBIO.txHEMRES)			
BIOCHEMISTRY							
4.*	Date Of Biochemistry Test:			NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020) (MAPPINGS1:t_frHEMBIO.dcBIOCDT)			
5.*	Type:			(MAPPINGS1:t_frHEMBIO.rcBIOTYP) [1] <input type="radio"/> Ionogram [2] <input type="radio"/> Liver Function [3] <input type="radio"/> Other, Specify: A100 (MAPPINGS1:t_frHEMBIO.txBIOOTH)			
6.*	Result:			A100 (MAPPINGS1:t_frHEMBIO.txBIORES)			
* Item is not required							

Column Name	Column Data Type	Design Note
dcHAEMDT	DATE - DDMONYYYY	
rcHEMTYP	NUMERIC	
txHEMOTH	STRING(100) - A100	
txHEMRES	STRING(100) - A100	
dcBIOCDT	DATE - DDMONYYYY	
rcBIOTYP	NUMERIC	
txBIOOTH	STRING(100) - A100	
txBIORES	STRING(100) - A100	

epigen2 : OTHER TESTS (OTH) - Repeating Form					
#		Type	Date	Result	Notes
1	<input type="checkbox"/>				
OTHER INVESTIGATIONS					
1.*	Type Of Investigation:	A100		(MAPPINGS1:t_frOTTEST.txTESTYP)	
2.*	Date Of Other Investigation:	NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> / NReq/Unk <input type="checkbox"/> (1910-2020)		(MAPPINGS1:t_frOTTEST.dcINVEDT)	
3.*	Result:	(MAPPINGS1:t_frOTTEST.rcOTTERE) [1] <input type="radio"/> Normal [2] <input type="radio"/> Abnormal [3] <input type="radio"/> Unknown			
4.*	Record Any Other Notes Here:	A100		(MAPPINGS1:t_frOTTEST.txTESREC)	
* Item is not required					

Column Name	Column Data Type	Design Note
txTESTYP	STRING(100) - A100	
dcINVEDT	DATE - DDMONYYYY	
rcOTTERE	NUMERIC	
txTESREC	STRING(100) - A100	

epigen2 : NOTES (NOT) - Repeating Form			
#		Notes	
1			
ANY OTHER NOTES FOR THE STUDY			
1.*	Add Notes Here:	A200	(MAPPINGS1:t_frNOTES.txNOTES)
* Item is not required			

CDD: MAPPINGS1 Table: t_frNOTES Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
txNOTES	STRING(200) - A200	

epigen2 : FAMILY ETHNICITY/HISTORY (HIS)		
FAMILY ETHNICITY		
1.	Patient's Ethnic Group (This Can Include Patients That Are Predominantly From A Specific Region (3/4 Grandparents Is Sufficient):	(MAPPINGS1:t_frFAMILY.rcETHGRO) [1] <input type="radio"/> Caucasian, Region: Pulldown List 1 <input type="button" value="v"/> (MAPPINGS1:t_frFAMILY.pcCAUCAS) [2] <input type="radio"/> African, Region: Pulldown List 2 <input type="button" value="v"/> (MAPPINGS1:t_frFAMILY.pcAFRICA) [3] <input type="radio"/> Asian, Region: Pulldown List 3 <input type="button" value="v"/> (MAPPINGS1:t_frFAMILY.pcASIAN) [4] <input type="radio"/> Australasian, Region: Pulldown List 4 <input type="button" value="v"/> (MAPPINGS1:t_frFAMILY.pcAUSTRA) [5] <input type="radio"/> Native American, Region: Pulldown List 5 <input type="button" value="v"/> (MAPPINGS1:t_frFAMILY.pcNATIVE) [6] <input type="radio"/> Jewish [7] <input type="radio"/> Other, Specify: A50 (MAPPINGS1:t_frFAMILY.tcETHOTH) [8] <input type="radio"/> Mixed, Specify: A50 (MAPPINGS1:t_frFAMILY.tcETHMIX) [9] <input type="radio"/> Unclassified
2.*	Patient's Country Of Birth (See EHELFPAMHIST on Homepage):	xxxx (MAPPINGS1:t_frFAMILY.txPCOB)
3.*	Maternal Grandmother's Country Of Origin (See EHELFPAMHIST on Homepage):	xxxx (MAPPINGS1:t_frFAMILY.txMGMO)
4.*	Maternal Grandfather's Country Of Origin (See EHELFPAMHIST on Homepage):	xxxx (MAPPINGS1:t_frFAMILY.txMGFO)
5.*	Paternal Grandmother's Country Of Origin (See EHELFPAMHIST on Homepage):	xxxx (MAPPINGS1:t_frFAMILY.txPGMO)
6.*	Paternal Grandfather's Country Of Origin (See EHELFPAMHIST on Homepage):	xxxx (MAPPINGS1:t_frFAMILY.txPGFO)
FAMILY HISTORY		
7.*	How Many Brothers Does The Patient Have?:	xxxx (MAPPINGS1:t_frFAMILY.txBROTH)
8.*	How Many Sisters Does The Patient Have?:	xxxx (MAPPINGS1:t_frFAMILY.txSISTER)
9.*	How Many Half-Brothers Does The Patient Have?:	xxxx (MAPPINGS1:t_frFAMILY.txHAFBRO)
10.*	How Many Half-Sisters Does The Patient Have?:	xxxx (MAPPINGS1:t_frFAMILY.txHAFSIS)
11.*	Are You Sure All Patient's Siblings/Half-Siblings Are Included?:	(MAPPINGS1:t_frFAMILY.rcSIBSUR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
12.*	How Many Brothers Does The Patient's Mother Have?:	xxxx (MAPPINGS1:t_frFAMILY.txMBRO)
13.*	How Many Sisters Does The Patient's Mother Have?:	xxxx (MAPPINGS1:t_frFAMILY.txMSIS)
14.*	How Many Half-Brothers Does The Patient's Mother Have?:	xxxx (MAPPINGS1:t_frFAMILY.txMHFBRO)
15.*	How Many Half-Sisters Does The Patient's Mother Have?:	xxxx (MAPPINGS1:t_frFAMILY.txMHFSIS)
16.*	Are You Sure All Patient's Mother's Siblings/Half-Siblings Are Included?:	(MAPPINGS1:t_frFAMILY.rcMSIBSR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
17.*	How Many Brothers Does The Patient's Father Have?:	xxxx (MAPPINGS1:t_frFAMILY.txFBRO)
18.*	How Many Sisters Does The Patient's Father Have?:	xxxx (MAPPINGS1:t_frFAMILY.txFSIS)
19.*	How Many Half-Brothers Does The Patient's Father Have?:	xxxx (MAPPINGS1:t_frFAMILY.txFHFBRO)
20.*	How Many Half-Sisters Does The Patient's Father Have?:	xxxx (MAPPINGS1:t_frFAMILY.txHFSIS)
21.*	Are You Sure All Patient's Father's Siblings/Half-Siblings Are Included?:	(MAPPINGS1:t_frFAMILY.rcFSIBSR) [1] <input type="radio"/> Yes [2] <input type="radio"/> No
22.*	How Many Children Does The Patient Have?:	xxxx (MAPPINGS1:t_frFAMILY.txPCHILD)
23.	Is There A Family History Of Epilepsy Or FS?:	(MAPPINGS1:t_frFAMILY.rcFSHIST)

[1] Yes

If Yes, How Many Family Members Are Affected?: | xxxxx | (MAPPINGS1:t_frFAMILY.txFSHISY)

[2] No

[3] Unknown

* Item is not required

Form Design Note:

If Yes Is Selected For Is There A Family History Of Epilepsy Of FS Then The Family Members Affected By Epilepsy Or FS Form Will Dynamically Appear

Pulldown List 1:

RefName	Display Text	Value	Design Note
ieCANW	North-Western European	1	
ieCAEE	Eastern European	2	
ieCASE	Southern European	3	
ieCANA	North American European	4	
ieCAOT	Other Regions	5	
ieCAMI	Mixed	6	
ieCAUN	Unclassified	255	

Pulldown List 2:

RefName	Display Text	Value	Design Note
ieAFAF	African African	1	
ieAFNA	North American African	2	
ieAFAC	Afro-Caribbean	3	
ieAFOT	Other	4	
ieAFMI	Mixed	5	
ieAFUN	Unclassified	255	

Pulldown List 3:



RefName	Display Text	Value	Design Note
ieASSA	South Asia	1	
ieASEA	East Asia	2	
ieASMF	Middle Eastern	3	
ieASOT	Other	4	
ieASMI	Mixed	5	
ieASUN	Unclassified	255	

Pulldown List 4:

RefName	Display Text	Value	Design Note
ieAUAU	Australia	1	
ieAUNZ	New Zealand	2	
ieAUOT	Other	3	
ieAUMI	Mixed	4	
ieAUUN	Unclassified	255	

Pulldown List 5:			
RefName	Display Text	Value	Design Note
ieNAMA	Middle America	1	
ieNASA	South America	2	
ieNAOT	Other	3	
ieNAMI	Mixed	4	
ieNAUN	Unclassified	255	

CDD: MAPPINGS1 Table: t_frFAMILY Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcNATIVE	STRING(255) - 1, 2, 3, 4, 255	
tcETHOTH	STRING(50) - A50	
tcETHMIX	STRING(50) - A50	
txPCOB	NUMERIC - N4	
txMGMO	NUMERIC - N4	
txMGFO	NUMERIC - N4	
txPGMO	NUMERIC - N4	
txPGFO	NUMERIC - N4	
txBROTH	NUMERIC - N4	
txSISTER	NUMERIC - N4	
txHAFBRO	NUMERIC - N4	
txHAFSIS	NUMERIC - N4	
rcSIBSUR	NUMERIC	
txMBRO	NUMERIC - N4	
txMSIS	NUMERIC - N4	
txMHFBRO	NUMERIC - N4	
txMHFSIS	NUMERIC - N4	
rcMSIBSR	NUMERIC	
txFBRO	NUMERIC - N4	
txFSIS	NUMERIC - N4	
txFHFBRO	NUMERIC - N4	
txHFSIS	NUMERIC - N4	
rcFSIBSR	NUMERIC	
txPCHILD	NUMERIC - N4	
rcFSHIST	NUMERIC	
txFSHISY	NUMERIC - N4	
rcETHGRO	NUMERIC	
pcCAUCAS	STRING(255) - 1, 2, 3, 4, 5, 6, 255	
pcAFRICA	STRING(255) - 1, 2, 3, 4, 5, 255	
pcASIAN	STRING(255) - 1, 2, 3, 4, 5, 255	
pcAUSTRALIA	STRING(255) - 1, 2, 3, 4, 255	

epigen2 : FAMILY MEMBERS AFFECTED BY EPILEPSY AND/OR FS (FAM) - Repeating Form					
#		Relationship	Degree	Epilepsy or FS	Details
1					
FAMILY MEMBERS AFFECTED BY EPILEPSY AND/OR FS					
1.*	Relationship To Patient:			Pulldown List 1  (MAPPINGS1:t_frFAMFS.pcRELAPT)	
	Degree Of Relationship To Patient: <i>[read-only]</i>			(MAPPINGS1:t_frFAMFS.ccDERREL)	
2.*	Does Family Member Have Epilepsy Or Febrile Seizures?:			(MAPPINGS1:t_frFAMFS.rcFAMEP) <input type="radio"/> [1] Epilepsy <input type="radio"/> [2] FS <input type="radio"/> [3] Both	
3.*	Details:			A200 (MAPPINGS1:t_frFAMFS.txDETAIL)	
* Item is not required					

Pulldown List 1:			
RefName	Display Text	Value	Design Note
ieBROT	Brother	1	
ieHFBR	Half-Brother	2	
ieSIST	Sister	3	
ieHFSI	Half-Sister	4	
ieITMA	Identical Twin Male	5	
ieITFE	Identical Twin Female	6	
ieTWMA	Twin Male	7	
ieTWFE	Twin Female	8	
ieSON	Son	9	
ieDAUG	Daughter	10	
ieMOTH	Mother	11	
ieFATH	Father	12	
ieANTP	Aunt Paternal	13	
ieANTM	Aunt Maternal	14	
ieUNCP	Uncle Paternal	15	
ieUNCM	Uncle Maternal	16	
ie1CPM	First Cousin Paternal Male	17	
ie1CPF	First Cousin Paternal Female	18	
ie1CMM	First Cousin Maternal Male	19	
ie1CMF	First Cousin Maternal Female	20	
ieNEPH	Nephew	21	
ieNIEC	Niece	22	
ieGFP	Grandfather Paternal	23	
ieGFM	Grandfather Maternal	24	
ieGMP	Grandmother Paternal	25	
ieGMM	Grandmother Maternal	26	
ieGD	Granddaughter	27	
ieGS	Grandson	28	
ie3DM	Other 3rd Degree Or More Male	29	

ie3DF	Other 3rd Degree Or More Female	30
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CDD: MAPPINGS1 Table: t_frFAMFS Key Type: PATIENTVISIT		
Column Name	Column Data Type	Design Note
pcRELAPT	STRING(255) - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30	
ccDERREL	STRING(255)	
rcFAMEP	NUMERIC	
txDETAIL	STRING(200) - A200	

CRB Electronic Signature Affidavit

By my dated signature below, I, **[First Name] [Last Name]**, verify that all case report form pages accurately display the results of the examinations, tests, evaluations and treatments performed on this patient.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.

CRF Electronic Signature Affidavit

By my dated signature below, I, **[First Name] [Last Name]**, verify that this case report form accurately displays the results of the examinations, tests, evaluations and treatments noted within.

Pursuant to Section 11.100 of Title 21 of the Code of Federal Regulations, this is to certify that I intend that this electronic signature is to be the legally binding equivalent of my handwritten signature.

To this I do attest by supplying my user name and password and clicking the button marked **Submit** below.