

 Data Dictionary Codebook

03/14/2024 12:48pm

Codes for Missing Data	
Code / Value	Label
777	N/A
999	Missing
888	Declined

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Informed Consent (informed_consent)									
1	[subid]	Record ID	text (number, Min: 1000, Max: 10000)						
2	[safety_listserv]	Safety Email Address: <i>Auto-populated</i>	text (email) Field Annotation: @READONLY						
3	[visdt]	Date of Initial Assessment	text (date_mdy, Min: 2019-05-01, Max: 2024-05-01), Required						
4	[consent]	Did the participant sign the current, IRB approved consent form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
5	[condt]	Date of consent	text (date_mdy, Min: 2019-05-01, Max: 2024-05-01), Required						
6	[icver]	Version number of consent form	text (date_mdy, Min: 2018-12-01, Max: 2024-05-01), Required						
7	[icreceipt]	Did the participant receive a copy of the signed informed consent?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
8	[icname]	Name of research staff who consented participant	radio, Required						
9	[icnameoth] Show the field ONLY if: [icname] = '3'	If name is 'Other', please specify:	text, Required						
10	[language]	What is the participant's preferred language? <i>This will determine the need for translated forms.</i>	radio, Required <table><tr><td>0</td><td>English</td></tr><tr><td>1</td><td>Spanish</td></tr></table>	0	English	1	Spanish		
0	English								
1	Spanish								
11	[informed_consent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Demographics (demographics)  Enabled as survey									
12	[bvisdt]	Visit DateFecha de la visita	text (date_mdy, Min: 2019-01-31, Max: 2024-05-01), Required Field Annotation: @TODAY						

13	[dobdt]	Date of BirthFecha de nacimiento	text (date_mdy, Min: 1919-01-31, Max: 2007-01-31), Required																										
14	[age]	Age Años	calc, Required Calculation: rounddown(datediff([dobdt], [visdt], "y", "mdy"))																										
15	[sex]	Sex as defined at birth Sexo definido al nacer	radio, Required <table border="1"> <tr> <td>0</td> <td>Male...Masculino</td> </tr> <tr> <td>1</td> <td>Female... Femenino</td> </tr> </table>	0	Male...Masculino	1	Female... Femenino																						
0	Male...Masculino																												
1	Female... Femenino																												
16	[ethnic]	Section Header: <i>Race & Ethnicity</i> Raza y etnia With which race/ethnic group do you primarily identify (choose one)? ¿Con qué raza o grupo étnico se identifica principalmente (elijá uno)?	radio, Required <table border="1"> <tr> <td>1</td> <td>White / CaucasianDe raza blanca/caucásica</td> </tr> <tr> <td>2</td> <td>Black / Sub Saharan African descent De raza negra/descendencia africana subsahariana</td> </tr> <tr> <td>3</td> <td>Hispanic - Mexican, Mexican American, Chicano/a Hispana: mexicana, mexicanoamericana, chicano/a</td> </tr> <tr> <td>4</td> <td>Hispanic - Puerto Rican Hispana: portorriqueña</td> </tr> <tr> <td>5</td> <td>Hispanic - CubanHispana: cubana</td> </tr> <tr> <td>6</td> <td>Hispanic - Other Hispana: otra</td> </tr> <tr> <td>7</td> <td>Native American / AlaskanNativa americana/de Alaska</td> </tr> <tr> <td>23</td> <td>East Asian - Chinese, Japanese, Korean Asiática (del Este): china, japonesa, coreana</td> </tr> <tr> <td>14</td> <td>South Asian - India, Pakistan, Sri Lanka, BangladeshAsiática (del Sur): de India, Pakistán, Sri Lanka, Bangladesh</td> </tr> <tr> <td>15</td> <td>Central Asian - Iran, Afghanistan Asiática (central): Irán, Afganistán</td> </tr> <tr> <td>16</td> <td>Middle EasternOriente Medio</td> </tr> <tr> <td>24</td> <td>Multi-racial Multirracial</td> </tr> <tr> <td>99</td> <td>OtherOtro</td> </tr> </table>	1	White / CaucasianDe raza blanca/caucásica	2	Black / Sub Saharan African descent De raza negra/descendencia africana subsahariana	3	Hispanic - Mexican, Mexican American, Chicano/a Hispana: mexicana, mexicanoamericana, chicano/a	4	Hispanic - Puerto Rican Hispana: portorriqueña	5	Hispanic - CubanHispana: cubana	6	Hispanic - Other Hispana: otra	7	Native American / AlaskanNativa americana/de Alaska	23	East Asian - Chinese, Japanese, Korean Asiática (del Este): china, japonesa, coreana	14	South Asian - India, Pakistan, Sri Lanka, BangladeshAsiática (del Sur): de India, Pakistán, Sri Lanka, Bangladesh	15	Central Asian - Iran, Afghanistan Asiática (central): Irán, Afganistán	16	Middle EasternOriente Medio	24	Multi-racial Multirracial	99	OtherOtro
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17	[ethnicisp] Show the field ONLY if: [ethnic] = '99'	If 'Other', specify: Si la respuesta es 'Otro', especifique:	text, Required																										
18	[birth]	Country of birth País de nacimiento	radio, Required <table border="1"> <tr> <td>22</td> <td>USA... EE.UU.</td> </tr> <tr> <td>98</td> <td>Canada... Canadá</td> </tr> <tr> <td>12</td> <td>Mexico... México</td> </tr> <tr> <td>99</td> <td>Other... Otro</td> </tr> </table>	22	USA... EE.UU.	98	Canada... Canadá	12	Mexico... México	99	Other... Otro																		
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19	[birthsp] Show the field ONLY if: [birth] = '99'	If 'Other', specify: Si la respuesta es 'Otro', especifique:	text, Required																										
20	[insurance]	Section Header: <i>Socioeconomic questions</i> Preguntas socioeconómicas What form of health insurance do you have? ¿Qué formas de seguro de salud tiene?	radio, Required <table border="1"> <tr> <td>1</td> <td>Private...Privado</td> </tr> <tr> <td>2</td> <td>Medicare...Medicare</td> </tr> <tr> <td>3</td> <td>Medicaid... Medicaid</td> </tr> <tr> <td>4</td> <td>Medicare & Medicaid... Medicare& Medicaid</td> </tr> <tr> <td>5</td> <td>Tricare...Tricare</td> </tr> <tr> <td>6</td> <td>None... Ninguno</td> </tr> <tr> <td>7</td> <td>Other... Otro</td> </tr> </table>	1	Private...Privado	2	Medicare...Medicare	3	Medicaid... Medicaid	4	Medicare & Medicaid... Medicare& Medicaid	5	Tricare...Tricare	6	None... Ninguno	7	Other... Otro												
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21	[insurancesp] Show the field ONLY if: [insurance] = '7'	If 'Other', specify: Si la respuesta es 'Otro', especifique:	text, Required																										

22	[edu]	How far did you go in school? ¿Qué nivel educativo tiene?	radio, Required <table border="1"> <tr><td>1</td><td>None Ninguno</td></tr> <tr><td>2</td><td>Less than grade 9 Menos de 9.ºgrado</td></tr> <tr><td>3</td><td>9-11th grade, 12th grade with no diploma De 9.º a 11.ºgrado, 12.ºgrado sin diploma</td></tr> <tr><td>4</td><td>High school graduate or GED Graduado de la escuela preparatoria o GED</td></tr> <tr><td>7</td><td>Technical or vocational qualifications Cualificaciones técnicas o vocacionales</td></tr> <tr><td>5</td><td>Undergraduate degree or AA degree Diploma de grado o diploma de AA</td></tr> <tr><td>6</td><td>Postgraduate degree or diplomaDiploma de posgrado</td></tr> </table>	1	None Ninguno	2	Less than grade 9 Menos de 9.ºgrado	3	9-11th grade, 12th grade with no diploma De 9.º a 11.ºgrado, 12.ºgrado sin diploma	4	High school graduate or GED Graduado de la escuela preparatoria o GED	7	Technical or vocational qualifications Cualificaciones técnicas o vocacionales	5	Undergraduate degree or AA degree Diploma de grado o diploma de AA	6	Postgraduate degree or diplomaDiploma de posgrado								
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23	[emplst]	What is your employment status? ¿Cuál es su situación de empleo?	radio, Required <table border="1"> <tr><td>1</td><td>Full-time...Tiempo completo</td></tr> <tr><td>2</td><td>Part-time... Medio tiempo</td></tr> <tr><td>3</td><td>Retired... Retirado</td></tr> <tr><td>4</td><td>Student...Estudiante</td></tr> <tr><td>5</td><td>Homemaker... Labores del hogar</td></tr> <tr><td>6</td><td>Unemployed... Desempleado</td></tr> </table>	1	Full-time...Tiempo completo	2	Part-time... Medio tiempo	3	Retired... Retirado	4	Student...Estudiante	5	Homemaker... Labores del hogar	6	Unemployed... Desempleado										
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24	[occup]	What is, or was, your main lifetime occupation? ¿Cuál es, o fue, su ocupación principal?	radio, Required <table border="1"> <tr><td>1</td><td>Professional... Profesional</td></tr> <tr><td>2</td><td>Business...Empresa</td></tr> <tr><td>3</td><td>Skilled labor... Trabajo especializado</td></tr> <tr><td>4</td><td>Clerical...Empleado administrativo</td></tr> <tr><td>5</td><td>General labor... Trabajo general</td></tr> <tr><td>6</td><td>Self-employed... Autoempleo</td></tr> <tr><td>7</td><td>Homemaker... Labores del hogar</td></tr> <tr><td>8</td><td>Disability... Discapacidad</td></tr> <tr><td>9</td><td>Farmer... Agricultor</td></tr> <tr><td>10</td><td>Police or military... Policía o militar</td></tr> <tr><td>11</td><td>Other...Otro</td></tr> </table>	1	Professional... Profesional	2	Business...Empresa	3	Skilled labor... Trabajo especializado	4	Clerical...Empleado administrativo	5	General labor... Trabajo general	6	Self-employed... Autoempleo	7	Homemaker... Labores del hogar	8	Disability... Discapacidad	9	Farmer... Agricultor	10	Police or military... Policía o militar	11	Other...Otro
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25	[income_usd]	From all sources of income what was the total gross income of your household (before tax or anything was taken out of it)? De todas las fuentes de ingresos, ¿cuál es el ingreso bruto total de su vivienda (antes de deducir impuestos o cualquier retención)?	radio, Required <table border="1"> <tr><td>6</td><td>No income... Ningún ingreso</td></tr> <tr><td>1</td><td>\$1 to \$25,000 per year... \$1 a \$25000 por año</td></tr> <tr><td>2</td><td>\$25,001 to \$50,000 per year...\$25001 a \$50000 por año</td></tr> <tr><td>3</td><td>\$50,001 to \$75,000 per year... \$50001 a \$75000 por año</td></tr> <tr><td>4</td><td>\$75,001 or more per year...\$75001 o más por año</td></tr> <tr><td>7</td><td>Choose not to answer... Elijo no responder</td></tr> </table>	6	No income... Ningún ingreso	1	\$1 to \$25,000 per year... \$1 a \$25000 por año	2	\$25,001 to \$50,000 per year...\$25001 a \$50000 por año	3	\$50,001 to \$75,000 per year... \$50001 a \$75000 por año	4	\$75,001 or more per year...\$75001 o más por año	7	Choose not to answer... Elijo no responder										
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7	Choose not to answer... Elijo no responder																								
26	[marst]	Marital Status Estado civil	radio, Required <table border="1"> <tr><td>1</td><td>Married...Casado</td></tr> <tr><td>2</td><td>Widowed...Viudo</td></tr> <tr><td>3</td><td>Divorced... Divorciado</td></tr> <tr><td>4</td><td>Separated...Separado</td></tr> <tr><td>5</td><td>Never Married... Nunca me he casado</td></tr> <tr><td>6</td><td>Living with partner... Viviendo en pareja</td></tr> </table>	1	Married...Casado	2	Widowed...Viudo	3	Divorced... Divorciado	4	Separated...Separado	5	Never Married... Nunca me he casado	6	Living with partner... Viviendo en pareja										
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27	[pple]	Number of people in household (including self) Cantidad de personas en la vivienda (incluyendose usted mismo)	text (integer, Min: 1, Max: 30), Required						
28	[demographics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: NVS (nvs)									
29	[vs_img]	This information is on the back of a container of a pint of ice cream.	descriptive						
30	[vs_totcal]	Section Header: <i>Please select Yes if the participant answered the question correctly, and No vice versa</i> If you eat the entire container, how many calories will you eat? Correct answer: 1,000 calories.	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
31	[vs_carb]	If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? If patient answers "2 servings," ask "How much ice cream would that be if you were to measure it into a bowl?" Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container.	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
32	[vs_fat]	Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? Correct answer: 33	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
33	[vs_daily]	If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? Correct answer: 10%	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
34	[vs_safe]	Section Header: <i>READ TO SUBJECT: Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.</i> Is it safe for you to eat this ice cream? Correct answer: No.	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
35	[vs_peanut]	Why not? Correct explanation: Because it has peanut oil.	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
36	[nvs_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: BP and HR (bp_and_hr)									
37	[office_na]	Section Header: <i>Office Blood Pressure for Eligibility Assessment</i> If there is not a clinic BP in the participant's chart within the last 12 weeks, use the observed clinic blood pressure on the day of the screening/baseline assessments. Check this box if this is NOT a screening or baseline visit (i.e., this section is not applicable):	radio <table border="1"> <tr> <td>1</td> <td>Not applicable at this visit</td> </tr> </table>	1	Not applicable at this visit				
1	Not applicable at this visit								
38	[officebpdt] Show the field ONLY if: [office_na] <> '1'	What is the date of the participant's last automated clinic blood pressure measurement (this date will either be today's date or that documented in the participant's chart)?	text (date_mdy, Min: 2020-07-01)						

39	[office_sbp] Show the field ONLY if: [office_na] <> '1'	Automated clinic blood pressure measurement by healthcare professional - Systolic (mmHg)	text (number, Min: 80, Max: 220)						
40	[office_dbp] Show the field ONLY if: [office_na] <> '1'	Automated clinic blood pressure measurement by healthcare professional - Diastolic (mmHg)	text (number, Min: 40, Max: 110)						
41	[bp_device]	Section Header: <i>Blood Pressure and Heart Rate</i> Device used to capture blood pressure at this visit	radio, Required <table><tr><td>1</td><td>Omron HEM 907</td></tr><tr><td>2</td><td>Omron Series 5</td></tr><tr><td>3</td><td>Omron Series 3</td></tr></table>	1	Omron HEM 907	2	Omron Series 5	3	Omron Series 3
1	Omron HEM 907								
2	Omron Series 5								
3	Omron Series 3								
42	[bparm]	Arm used	radio, Required <table><tr><td>1</td><td>Left</td></tr><tr><td>2</td><td>Right</td></tr></table>	1	Left	2	Right		
1	Left								
2	Right								
43	[sbp]	Observed Blood pressure by research staff - Systolic (mmHg)	text (number, Min: 80, Max: 220), Required						
44	[dbp]	Observed Blood pressure by research staff - Diastolic (mmHg)	text (number, Min: 40, Max: 110), Required						
45	[hr]	Heart rate with observed BP (bpm)	text (number), Required						
46	[msatt]	Were the blood pressure measurements attended?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
47	[sbp1]	Sitting Blood Pressure 1 (at 5 minutes) - Systolic (mmHg)	text (number, Min: 80, Max: 220), Required						
48	[dbp1]	Sitting Blood Pressure 1 (at 5 minutes) - Diastolic (mmHg)	text (number, Min: 40, Max: 110), Required						
49	[hr1]	Heart Rate 1 (bpm)	text (number, Min: 50, Max: 100), Required						
50	[sbp2]	Sitting Blood Pressure 2 (at 6 minutes) - Systolic (mmHg)	text (number, Min: 80, Max: 220), Required						
51	[dbp2]	Sitting Blood Pressure 2 (at 6 minutes) - Diastolic (mmHg)	text (number, Min: 40, Max: 110), Required						
52	[hr2]	Heart Rate 2 (bpm)	text (number, Min: 50, Max: 100), Required						
53	[sbp3]	Sitting Blood Pressure 3 (at 7 minutes) - Systolic (mmHg)	text (number, Min: 80, Max: 220), Required						
54	[dbp3]	Sitting Blood Pressure 3 (at 7 minutes) - Diastolic (mmHg)	text (number, Min: 40, Max: 110), Required						
55	[hr3]	Heart Rate 3 (bpm)	text (number, Min: 50, Max: 100), Required						
56	[hrirreg]	Is the heart rate irregular?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
57	[sbpavg]	Section Header: <i>Averages</i> Average of BP 2 and 3 as per automated BP machine output - Systolic (mmHg)	calc, Required Calculation: ([sbp2]+[sbp3])/2						
58	[dbpavg]	Average of BP 2 and 3 as per automated BP machine output - Diastolic (mmHg)	calc, Required Calculation: ([dbp2]+[dbp3])/2						
59	[hravg]	Average HR 2 and 3 (bpm)	calc, Required Calculation: ([hr2]+[hr3])/2						
60	[bp_and_hr_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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Instrument: ECG (ecg)									
61	[ecg_src]	Where is the ECG from?	radio, Required <table><tr><td>1</td><td>Medical records</td></tr><tr><td>2</td><td>Current</td></tr></table>	1	Medical records	2	Current		
1	Medical records								
2	Current								

62	[ecg_method]	What method was used for the ECG?	radio, Required <table border="1"> <tr><td>1</td><td>12-lead ECG</td></tr> <tr><td>2</td><td>KardiaMobile</td></tr> <tr><td>3</td><td>Other</td></tr> </table>	1	12-lead ECG	2	KardiaMobile	3	Other
1	12-lead ECG								
2	KardiaMobile								
3	Other								
63	[ecg_other] Show the field ONLY if: [ecg_method] = '3'	If 'Other' ECG method, please specify:	text, Required						
64	[ecg_upload]	ECG file upload:	file, Required, Identifier						
65	[ecgdt]	Date of ECG	text (date_mdy, Min: 2019-01-31, Max: 2024-05-01), Required						
66	[ecgtm] <i>Enter in 24-hour (Military) Time</i>	Time of ECG	text (time), Required						
67	[rhythm] Show the field ONLY if: [ecg_method] != '2'	Rhythm	radio, Required <table border="1"> <tr><td>1</td><td>Sinus regular</td></tr> <tr><td>2</td><td>AF</td></tr> <tr><td>3</td><td>Other</td></tr> </table>	1	Sinus regular	2	AF	3	Other
1	Sinus regular								
2	AF								
3	Other								
68	[rhythmsp] Show the field ONLY if: [rhythm] = '3'	If 'Other' rhythm, please specify:	text, Required						
69	[vrates]	Ventricular Rate (bpm)	text (number, Min: 50, Max: 100), Required						
70	[qrs] Show the field ONLY if: [ecg_method] != '2'	QRS duration (ms)	text (number, Min: 80, Max: 120), Required						
71	[pr] Show the field ONLY if: [ecg_method] != '2'	PR interval (ms)	text (number, Min: 100, Max: 250), Required						
72	[qtc] Show the field ONLY if: [ecg_method] != '2'	QTc (ms)	text (number, Min: 275, Max: 480), Required						
73	[qt] Show the field ONLY if: [ecg_method] != '2'	QT (ms)	text (number, Min: 275, Max: 480), Required						
74	[ecg_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: ECG Review (ecg_review)  Enabled as survey									
75	[piped_ecg]	ECG Date: [ecgdt] Time: [ecgtm] Ventricular Rate (bpm): [vrates]	descriptive						
76	[piped_ecg_2] Show the field ONLY if: [ecg_method] != '2'	Rhythm: [rhythm] If 'Other' rhythm, specification: [rhythmsp] PR Interval (ms): [pr] QTc (ms): [qtc] QT (ms): [qt] QRS Duration (ms): [qrs]	descriptive						

77	[rhythm_clinician] Show the field ONLY if: [ecg_method] = '2'	After reviewing participant ECG file Rhythm as assessed by clinician	radio, Required <table border="1"> <tr><td>1</td><td>Sinus regular</td></tr> <tr><td>2</td><td>AF</td></tr> <tr><td>3</td><td>Other</td></tr> </table>	1	Sinus regular	2	AF	3	Other																		
1	Sinus regular																										
2	AF																										
3	Other																										
78	[rhythm_other] Show the field ONLY if: [rhythm_clinician] = '3'	If 'Other' rhythm, please specify:	text, Required																								
79	[lvh] Show the field ONLY if: [ecg_method] = '1' or [ecg_method] = '3'	Left Ventricular Hypertrophy (LVH)	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
80	[lvh_criteria]	LVH Criteria (for reference): https://en.ecgpedia.org/index.php?title=Chamber_Hypertrophy_and_Enlargement#Left_ventricular_hypertrophy	descriptive																								
81	[normal]	Normal ECG	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
82	[ecg_notes]	ECG Notes: <i>Please add any relevant information as needed.</i>	notes																								
83	[ecg_review_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										
Instrument: Medical Hx (medical_hx)  Enabled as survey																											
84	[wt]	Section Header: <i>Anthropometrics</i> Weight (kg)	text (number, Min: 40, Max: 200), Required																								
85	[ht]	Height (cm)	text (number, Min: 140, Max: 210), Required																								
86	[bmi]	BMI	calc, Required Calculation: round(([wt]/(([ht]/100)*([ht]/100))), 2)																								
87	[diag]	Section Header: <i>History of Hypertension</i> Has the participant previously been diagnosed with Hypertension? Confirmation: Have you previously been diagnosed with Hypertension? Confirmación: ¿A usted le han diagnosticado hipertensión anteriormente?	radio, Required <table border="1"> <tr><td>1</td><td>Yes... Sí</td></tr> <tr><td>0</td><td>No... No</td></tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
88	[diagmt] Show the field ONLY if: [diag] = '1'	If yes, when was the participant diagnosed with Hypertension? *Approximate month Confirmation: If yes, when were you diagnosed with Hypertension? Approximate month Confirmación: Si la respuesta es sí, ¿cuándo le diagnosticaron hipertensión?	dropdown, Required <table border="1"> <tr><td>1</td><td>January... Enero</td></tr> <tr><td>2</td><td>February...Febrero</td></tr> <tr><td>3</td><td>March...Marzo</td></tr> <tr><td>4</td><td>April... Abril</td></tr> <tr><td>5</td><td>May... Mayo</td></tr> <tr><td>6</td><td>June... Junio</td></tr> <tr><td>7</td><td>July...Julio</td></tr> <tr><td>8</td><td>August...Agosto</td></tr> <tr><td>9</td><td>September... Septiembre</td></tr> <tr><td>10</td><td>October... Octubre</td></tr> <tr><td>11</td><td>November... Noviembre</td></tr> <tr><td>12</td><td>December...Diciembre</td></tr> </table>	1	January... Enero	2	February...Febrero	3	March...Marzo	4	April... Abril	5	May... Mayo	6	June... Junio	7	July...Julio	8	August...Agosto	9	September... Septiembre	10	October... Octubre	11	November... Noviembre	12	December...Diciembre
1	January... Enero																										
2	February...Febrero																										
3	March...Marzo																										
4	April... Abril																										
5	May... Mayo																										
6	June... Junio																										
7	July...Julio																										
8	August...Agosto																										
9	September... Septiembre																										
10	October... Octubre																										
11	November... Noviembre																										
12	December...Diciembre																										

89	[<i>diagyr</i>] Show the field ONLY if: [diag] = '1'	Approximate year Año aproximado	text (number, Min: 1920, Max: 2023), Required																								
90	[<i>httrt</i>] Confirmation: Are you currently treated with blood pressure medication(s)? Confirmación: ¿Está actualmente bajo tratamiento con medicamento(s) para la tensión arterial?	Is the participant currently treated with blood pressure medication(s)? Confirmation: Are you currently treated with blood pressure medication(s)? Confirmación: ¿Está actualmente bajo tratamiento con medicamento(s) para la tensión arterial?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
91	[<i>httrmt</i>] Show the field ONLY if: [httrt] = '1'	If yes, when did participant start taking blood pressure medication? Approximate month Confirmation: If yes, when did you start taking blood pressure medication? Approximate month Confirmación: Si la respuesta es sí, ¿cuándo comenzó a tomar medicamentos para la tensión arterial? Mes aproximado	dropdown, Required <table border="1"> <tr><td>1</td><td>January... Enero</td></tr> <tr><td>2</td><td>February...Febrero</td></tr> <tr><td>3</td><td>March...Marzo</td></tr> <tr><td>4</td><td>April... Abril</td></tr> <tr><td>5</td><td>May... Mayo</td></tr> <tr><td>6</td><td>June... Junio</td></tr> <tr><td>7</td><td>July...Julio</td></tr> <tr><td>8</td><td>August...Agosto</td></tr> <tr><td>9</td><td>September... Septiembre</td></tr> <tr><td>10</td><td>October... Octubre</td></tr> <tr><td>11</td><td>November... Noviembre</td></tr> <tr><td>12</td><td>December...Diciembre</td></tr> </table>	1	January... Enero	2	February...Febrero	3	March...Marzo	4	April... Abril	5	May... Mayo	6	June... Junio	7	July...Julio	8	August...Agosto	9	September... Septiembre	10	October... Octubre	11	November... Noviembre	12	December...Diciembre
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10	October... Octubre																										
11	November... Noviembre																										
12	December...Diciembre																										
92	[<i>httrtyr</i>] Show the field ONLY if: [httrt] = '1'	Approximate year Año aproximado	text (number, Min: 1920, Max: 2023), Required																								
93	[<i>ctrsalt</i>]	Do you do anything on a regular basis to try and control your salt / sodium intake? ¿Usted hace algo regularmente para intentar controlar la ingesta de sal/sodio?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
94	[<i>hbpm</i>]	Do you have a home blood pressure monitor? ¿Usted tiene un monitor de tensión arterial en casa?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
95	[<i>hbpmreg</i>] Show the field ONLY if: [hbpm] = '1'	If yes, do you use it regularly (at least once per month)? Si la respuesta es sí, ¿lo utiliza con regularidad (al menos una vez al mes)?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
96	[<i>hbpmtm</i>] Show the field ONLY if: [hbpm] = '1'	How many times per month do you use it? ¿Cuántas veces al mes lo utiliza?	text (number, Min: 0, Max: 100), Required																								
97	[<i>cad</i>]	Section Header: Other Medical History: IF RESPONSE IS YES ANY OF THE FOLLOWING FOUR (4) ITEMS, THE PARTICIPANT IS INELIGIBLE Otros antecedentes médicos: SI LA RESPUESTA A CUALQUIERA DE LAS SIGUIENTES CUATRO (4) PREGUNTAS ES SÍ, EL PACIENTE NO ES ELEGIBLE. Coronary artery disease Confirmation: Have you previously been diagnosed with coronary artery disease? Confirmación: ¿A usted le han diagnosticado arteriopatía coronaria anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										
98	[<i>stroke</i>]	Stroke Confirmation: Have you previously had stroke? Confirmación: ¿Usted ha tenido un accidente cerebrovascular anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No																				
1	Yes... Sí																										
0	No... No																										

99	[hf]	Heart failure Confirmation: Have you previously been diagnosed with heart failure? Confirmación: ¿A usted le han diagnosticado insuficiencia cardíaca anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
100	[pvd]	Peripheral artery disease Confirmation: Have you previously been diagnosed with peripheral artery disease? Confirmación: ¿A usted le han diagnosticado insuficiencia arterial periférica anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
101	[af]	Section Header: Other Medical History (A YES to the following does not necessarily make the participant ineligible) Otros antecedentes médicos: (La respuesta Sí a una de estas preguntas no necesariamente convierte al paciente participante en no elegible) Atrial fibrillation Confirmation: Have you previously been diagnosed with atrial fibrillation? Confirmación: ¿A usted le han diagnosticado fibrilación auricular anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
102	[copd]	Chronic obstructive pulmonary disease Confirmation: Have you previously been diagnosed with chronic obstructive pulmonary disease? Confirmación: ¿A usted le han diagnosticado enfermedad pulmonar obstructiva crónica anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
103	[asthma]	Asthma Confirmation: Have you previously been diagnosed with asthma? Confirmación: ¿A usted le han diagnosticado asma anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
104	[apnea]	Sleep apnea Confirmation: Have you previously been diagnosed with sleep apnea? Confirmación: ¿A usted le han diagnosticado apnea de sueño anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
105	[ckd]	Chronic kidney disease Confirmation: Have you previously been diagnosed with chronic kidney disease? Confirmación: ¿A usted le han diagnosticado insuficiencia renal crónica anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
106	[ckdtrt] Show the field ONLY if: [ckd] = '1'	If yes (CKD), select treatment: Confirmation: What type of treatment have you received? Confirmación: Si la respuesta es sí (IRC), ¿qué tipo de tratamiento ha recibido?	radio, Required <table border="1"> <tr> <td>1</td> <td>Dialysis (Excluded from trial) Diálisis (Excluido del ensayo)</td> </tr> <tr> <td>2</td> <td>Transplant (Excluded from trial) Trasplante (Excluido del ensayo)</td> </tr> <tr> <td>3</td> <td>Neither Ninguno</td> </tr> </table>	1	Dialysis (Excluded from trial) Diálisis (Excluido del ensayo)	2	Transplant (Excluded from trial) Trasplante (Excluido del ensayo)	3	Neither Ninguno
1	Dialysis (Excluded from trial) Diálisis (Excluido del ensayo)								
2	Transplant (Excluded from trial) Trasplante (Excluido del ensayo)								
3	Neither Ninguno								
107	[db]	Diabetes Confirmation: Have you previously been diagnosed with diabetes? Confirmación: ¿A usted le han diagnosticado diabetes anteriormente?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes... Sí</td> </tr> <tr> <td>0</td> <td>No... No</td> </tr> </table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								

108	[dbage] Show the field ONLY if: [db] = '1'	If yes (diabetes), age at diagnosis Si la respuesta es sí (diabetes), edad al momento del diagnóstico	text (number, Min: 0, Max: 85), Required						
109	[dbtp] Show the field ONLY if: [db] = '1'	Type of diabetes Confirmation: What type of diabetes were you diagnosed with? Confirmación: ¿Qué tipo de diabetes le diagnosticaron?	radio, Required <table><tr><td>1</td><td>Type 1...Tipo 1</td></tr><tr><td>2</td><td>Type 2... Tipo 2</td></tr><tr><td>3</td><td>Gestational only... Solo gestacional</td></tr></table>	1	Type 1...Tipo 1	2	Type 2... Tipo 2	3	Gestational only... Solo gestacional
1	Type 1...Tipo 1								
2	Type 2... Tipo 2								
3	Gestational only... Solo gestacional								
110	[dborhg] Show the field ONLY if: [db] = '1'	Treated with oral hypoglycemics? Confirmation: Have you previously been treated with oral hypoglycemics? Confirmación: ¿Lo han tratado con antidiabéticos orales anteriormente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
111	[dbins] Show the field ONLY if: [db] = '1'	Treated with insulin? Confirmation: Have you previously been treated with insulin? Confirmación: ¿Lo han tratado con insulina?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
112	[dbmod] Show the field ONLY if: [db] = '1'	Treated with lifestyle modification? Confirmation: Have you previously been treated with lifestyle modification? Confirmación: ¿A usted lo han tratado con cambios en su estilo de vida anteriormente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
113	[depr] Show the field ONLY if: [db] = '1'	History of depression Confirmation: Have you previously been diagnosed with depression? Confirmación: ¿A usted le han diagnosticado depresión anteriormente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
114	[deprmed] Show the field ONLY if: [depr] = '1'	If yes (depression), treated with antidepressant medication? Confirmation: If yes (depression), have you previously been treated with antidepressant medication? Confirmación: Si la respuesta es sí (depresión), ¿A usted lo han tratado con antidepresivos anteriormente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
115	[deprpsy] Show the field ONLY if: [depr] = '1'	If yes (depression), treated with psychological therapy? Confirmation: If yes (depression), have you previously been treated with psychological therapy? Confirmación: Si la respuesta es sí (depresión), ¿A usted lo han tratado con psicoterapia previamente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
116	[deprect] Show the field ONLY if: [depr] = '1'	If yes (depression), treated with electroconvulsive therapy? Confirmation: If yes (depression), have you previously been treated with electroconvulsive therapy? Confirmación: Si la respuesta es sí (depresión), ¿A usted lo han tratado con terapia de electrochoque anteriormente?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								
117	[famhis] Show the field ONLY if: [fam] = '1'	Does the participant have a family history of heart disease or stroke in a first degree relative (a father or brother < 55 years, or mother or sister < 65 years)? Confirmation: Do you have a family history of heart disease or stroke in a first degree relative? Confirmación: ¿Usted tiene antecedentes familiares de cardiopatía o accidente cerebrovascular en un familiar de primer grado?	radio, Required <table><tr><td>1</td><td>Yes... Sí</td></tr><tr><td>0</td><td>No... No</td></tr></table>	1	Yes... Sí	0	No... No		
1	Yes... Sí								
0	No... No								

118	[fishoil]	Section Header: <i>Vitamins / Supplements Vitaminas/suplementos</i> Are you taking fish oil? ¿Usted está tomando aceite de pescado?	radio, Required 1 Yes... Sí 0 No... No
119	[vit]	Are you taking vitamins and / or minerals (e.g., multivitamin, vitamin C) ¿Usted está tomando vitaminas o minerales (p. ej. polivitamina, vitamina C)?	radio, Required 1 Yes... Sí 0 No... No
120	[tradmed]	Are you taking traditional medicines (Indigenous, Chinese)? ¿Usted está tomando medicamentos no convencionales (indígenas, chinos)?	radio, Required 1 Yes... Sí 0 No... No
121	[othersubs]	Are you taking any other substances which may increase blood pressure: American mistletoe, Angel's trumpet, Butcher's broom, Ephedra (ma huang), Gentian, Ginger preparations, Ginseng preparations, Liquorice, Melatonin, Peyote, Phenylalanine, Sage, St John's Wort? ¿Usted está tomando otras sustancias que puedan aumentar la tensión arterial? Muérdago estadounidense, trompeta de ángel, rusco, ephedra (ma huang), gentian, preparados con jengibre, preparados con ginseng, regaliz, melatonina, peyote, fenilalanina, salvia, hierba de San Juan.	radio, Required 1 Yes... Sí 0 No... No
122	[medical_hx_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Lifestyle (lifestyle)  Enabled as survey			
123	[smok]	Smoking: Have you ever smoked tobacco regularly (5 days / week for at least a year)? ¿Ha fumado tabaco regularmente (5 días a la semana por al menos un año)?	radio, Required 1 Yes... Sí 0 No... No
124	[smokst] Show the field ONLY if: [smok] = '1'	If yes, current or ex-smoker? Si la respuesta es sí, ¿Actual o exfumador?	radio, Required 1 Current... Actual 2 Ex-smoker... Exfumador
125	[smokyr] Show the field ONLY if: [smok] = '1'	If yes, number of years regular smoker Si la respuesta es sí, cantidad de años de fumador regular	text (number, Min: 0, Max: 100), Required
126	[smokage] Show the field ONLY if: [smok] = '1'	If yes, age when started smoking regularly Si la respuesta es sí, edad en la que comenzó a fumar regularmente	text (number, Min: 0, Max: 100), Required
127	[smokavg] Show the field ONLY if: [smok] = '1'	If yes, average cigarettes smoked per day Si la respuesta es sí, promedio de cigarrillos fumados por día	text (number, Min: 0, Max: 100), Required
128	[ecigavg] Show the field ONLY if: [smok] = '1'	If yes, average e-cigarettes smoked per day Si la respuesta es sí, promedio de cigarrillos electrónicos fumados por día	text (number, Min: 0, Max: 100), Required
129	[cigavg] Show the field ONLY if: [smok] = '1'	If yes, average cigars smoked per day Si la respuesta es sí, promedio de cigarros fumados por día	text (number, Min: 0, Max: 100), Required
130	[pipeavg] Show the field ONLY if: [smok] = '1'	If yes, average times pipe smoked per day Si la respuesta es sí, promedio de pipas fumadas por día	text (number, Min: 0, Max: 100), Required
131	[smokage1] Show the field ONLY if: [smok] = '1' and [smokst] = '2'	If ex-smoker, age when last smoked regularly Si es exfumador, edad a la que fumó regularmente por última vez	text (number, Min: 0, Max: 100), Required

132	[alc]	Alcohol: Do you currently drink alcohol once a week or more (most weeks for a least the last year)? ¿Actualmente, consume alcohol una vez a la semana o más (la mayoría de las semanas durante el año pasado)?	radio, Required 1 Yes...Sí 0 No... No
133	[wine] Show the field ONLY if: [alc] = '1'	If yes, average standard drinks of wine per week Si la respuesta es sí, promedio estándar de vino por semana	text (number, Min: 0, Max: 50), Required
134	[spirits] Show the field ONLY if: [alc] = '1'	If yes, average standard drinks of spirits per week Si la respuesta es sí, promedio estándar de licores por semana	text (number, Min: 0, Max: 50), Required
135	[beer] Show the field ONLY if: [alc] = '1'	If yes, average standard drinks of beer per week Si la respuesta es sí, promedio estándar de cerveza por semana	text (number, Min: 0, Max: 50), Required
136	[caff]	Caffeine: Do you currently drink coffee, tea or other drinks containing caffeine? (include all caffeine containing products - coffee, black tea, green tea, energy drinks, caffeinated fizzy drink, cola nut, yerba mate, guarana) ¿Actualmente, bebe café, té u otra bebida con cafeína? (incluye todos los productos que contienen cafeína: café, té negro, té verde, bebidas energéticas, gaseosas con cafeína, nuez de cola, yerba mate, guaraná).	radio, Required 1 Yes...Sí 0 No... No
137	[caffavg] Show the field ONLY if: [caff] = '1'	If yes, average number of caffeinated drinks per week? Si la respuesta es sí, ¿promedio de bebidas con cafeína por semana?	text (number, Min: 0, Max: 50), Required
138	[fruit]	Fruit: How many days per week do you eat fresh fruit? ¿Cuántos días a la semana come fruta fresca?	dropdown, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 99 < weekly
139	[fruitsv] Show the field ONLY if: [fruit] = '1' or [fruit] = '2' or [fruit] = '3' or [fruit] = '4' or [fruit] = '5' or [fruit] = '6' or [fruit] = '7'	How many servings per day? ¿Cuántas porciones por día?	text (number, Min: 0, Max: 20), Required
140	[veguc]	Vegetables: How many days per week do you eat uncooked vegetables? ¿Cuántos días a la semana come vegetales crudos?	dropdown, Required 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 99 < weekly

141	[vegucsv] Show the field ONLY if: [veguc] = '1' or [veguc] = '2' or [veguc] = '3' or [veguc] = '4' or [veguc] = '5' or [veguc] = '6' or [veguc] = '7'	How many servings per day? ¿Cuántas porciones por día?	text (number, Min: 0, Max: 20), Required																		
142	[vegc]	Vegetables: How many days per week do you eat cooked vegetables? ¿Cuántos días a la semana come vegetales cocinados?	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>99</td><td>< weekly</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	99	< weekly
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3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
99	< weekly																				
143	[vegcsv] Show the field ONLY if: [veg] = '1' or [veg] = '2' or [veg] = '3' or [veg] = '4' or [veg] = '5' or [veg] = '6' or [veg] = '7'	How many servings per day? ¿Cuántas porciones por día?	text (number, Min: 0, Max: 20), Required																		
144	[fish]	Fish: How many days per week do you eat fish? ¿Cuántos días a la semana come pescado?	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>99</td><td>< weekly</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	99	< weekly
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3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
99	< weekly																				
145	[fishsv] Show the field ONLY if: [fish] = '1' or [fish] = '2' or [fish] = '3' or [fish] = '4' or [fish] = '5' or [fish] = '6' or [fish] = '7'	How many servings per day? ¿Cuántas porciones por día?	text (number, Min: 0, Max: 20), Required																		
146	[exvig]	Exercise: How many days per week do you do moderate / vigorous exercise? ¿Cuántos días a la semana hace ejercicio moderado o intenso?	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>99</td><td>< weekly</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	99	< weekly
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3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
99	< weekly																				
147	[exvigmin] Show the field ONLY if: [exvig] = '1' or [exvig] = '2' or [exvig] = '3' or [exvig] = '4' or [exvig] = '5' or [exvig] = '6' or [exvig] = '7'	Minutes per day Minutos por día	text (number, Min: 0, Max: 240), Required																		

148	[exmild]	Exercise: How many days per week do you do mild exercise (e.g. walking)? ¿Cuántos días a la semana hace ejercicio leve (por ejemplo, caminar)?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>99</td><td>< weekly</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	99	< weekly
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4	4																				
5	5																				
6	6																				
7	7																				
99	< weekly																				
149	[exmildmin] Show the field ONLY if: [exmild] = '1' or [exmild] = '2' or [exmild] = '3' or [exmild] = '4' or [exmild] = '5' or [exmild] = '6' or [exmild] = '7'	Minutes per day Minutos por día	text (number, Min: 0, Max: 240), Required																		
150	[sithrs]	How much time do you spend sitting or reclining in a typical day? (excluding sleeping) Hours ¿Cuánto tiempo pasa sentado o recostado en un día típico? (excluya los momentos en los que duerme) Horas	text (number, Min: 0, Max: 24), Required																		
151	[sitmin]	Minutes Minutos	text (number, Min: 0, Max: 59), Required																		
152	[lifestyle_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Labs (labs)																					
153	[ua_src]	Section Header: <i>Urinalysis</i> Where is the urinalysis from?	radio, Required <table border="1"> <tr><td>1</td><td>Medical records</td></tr> <tr><td>2</td><td>Current</td></tr> </table>	1	Medical records	2	Current														
1	Medical records																				
2	Current																				
154	[labdt_urinalysis]	Date of urinalysis laboratory assessment	text (date_mdy, Min: 2019-01-31, Max: 2024-05-01), Required																		
155	[ua_albumin]	Urinary Albumin (ug/mL)	text (number, Min: 0, Max: 100000), Required																		
156	[ua_creatinine]	Urinary Creatinine (mg/dL)	text (number, Min: 0, Max: 200), Required																		
157	[uacr]	UACR (mg/g creat)= Urine Albumin (mg/dL) / Urine Creatinine (g/dL) <i>If this value is >300mg/g, this participant should be excluded from study</i>	calc, Required Calculation: round(((0.1*[ua_albumin]) / (0.001*[ua_creatinine])), 3)																		
158	[preg]	Result of pregnancy test	radio, Required <table border="1"> <tr><td>1</td><td>Pregnant</td></tr> <tr><td>2</td><td>Not pregnant</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Pregnant	2	Not pregnant	3	N/A												
1	Pregnant																				
2	Not pregnant																				
3	N/A																				
159	[blood_src]	Section Header: <i>Blood Test</i> Where is the blood test from?	radio, Required <table border="1"> <tr><td>1</td><td>Medical records</td></tr> <tr><td>2</td><td>Current</td></tr> </table>	1	Medical records	2	Current														
1	Medical records																				
2	Current																				
160	[labdt_blood]	Date of blood laboratory assessment	text (date_mdy, Min: 2019-01-31, Max: 2024-05-01), Required																		
161	[fasting]	Was this a fasted blood test?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
162	[sodium]	Sodium (mmol/L)	text (number, Min: 134, Max: 144), Required																		

163	[potassium]	Potassium (mmol/L)	text (number, Min: 3.5, Max: 5.2), Required						
164	[chloride]	Chloride (mmol/L)	text (number, Min: 96, Max: 106), Required						
165	[bicarb]	Bicarbonate (mmol/L)	text (number, Min: 20, Max: 29), Required						
166	[urea]	Urea (mg/dL)	text (number, Min: 6, Max: 24), Required						
167	[uacid]	Uric acid (mg/dL)	text (number, Min: 3.7, Max: 8.6), Required						
168	[creat]	Serum Creatinine (mg/dL)	text (number, Min: .76, Max: 1.27), Required						
169	[egfr_aa]	eGFR (mL/min/1.73m2) Calculated WITH race in equation <i>Calculated WITH race in equation</i>	text (number, Min: 59), Required						
170	[egfr_nonaa]	eGFR (mL/min/1.73m2) Calculated WITHOUT race in equation <i>Calculated WITHOUT race in equation</i>	text (number, Min: 59), Required						
171	[alt]	ALT (IU/L)	text (number, Min: 0, Max: 44), Required						
172	[ast]	AST (IU/L)	text (number, Min: 0, Max: 40), Required						
173	[alp]	Alkaline Phosphatase (IU/L)	text (number, Min: 39, Max: 117), Required						
174	[albumin]	Serum Albumin (g/dL)	text (number, Min: 3.5, Max: 5.5), Required						
175	[bilirubin]	Bilirubin, Total (mg/dL)	text (number, Min: 0.0, Max: 1.2), Required						
176	[gluc]	Glucose (mg/dL)	text (number, Min: 65, Max: 140), Required						
177	[haemogl]	Hemoglobin (g/dL)	text (number, Min: 11.1, Max: 15.9), Required						
178	[tchol]	Section Header: <i>Lipid Panel</i> Total Cholesterol (mg/dL)	text (number, Min: 100, Max: 199), Required						
179	[hdl]	HDL (mg/dL)	text (number, Min: 39), Required						
180	[ldl]	LDL (mg/dL)	text (number, Min: 0, Max: 99), Required						
181	[trigl]	Triglycerides (mg/dL)	text (number, Min: 0, Max: 149), Required						
182	[labs_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: ABPM (abpm)									
183	[abpm_upload]	ABPM file upload:	file, Required, Identifier						
184	[abparm]	Arm used	radio, Required <table><tr><td>1</td><td>Left</td></tr><tr><td>2</td><td>Right</td></tr></table>	1	Left	2	Right		
1	Left								
2	Right								
185	[cuffsize]	Cuff size	radio, Required <table><tr><td>1</td><td>2</td></tr><tr><td>2</td><td>3</td></tr><tr><td>3</td><td>4</td></tr></table>	1	2	2	3	3	4
1	2								
2	3								
3	4								
186	[abppdt]	Start Date	text (date_mdy, Min: 2019-05-01, Max: 2024-05-01), Required						
187	[overall_samples]	Section Header: <i>Overall Period</i> Overall Samples	text (number, Min: 0, Max: 200), Required						
188	[overall_abpsbp]	Overall Mean BP (Systolic)	text (number, Min: 80, Max: 220), Required						
189	[overall_abpsbp_stdv]	Overall BP Standard Deviation (Systolic)	text (number, Min: 0, Max: 50), Required						
190	[overall_abpdp]	Overall Mean BP (Diastolic)	text (number, Min: 40, Max: 110), Required						
191	[overall_abpdp_stdv]	Overall BP Standard Deviation (Diastolic)	text (number, Min: 0, Max: 50), Required						
192	[overall_hrbpm]	Overall Mean HR BPM	text (number, Min: 60, Max: 100), Required						
193	[overall_hrbpm_stdv]	Overall HR BPM Standard Deviation	text (number, Min: 0, Max: 50), Required						
194	[overall_sbploads]	Overall BP Loads % (Systolic)	text (number, Min: 0, Max: 100), Required						
195	[overall_dbploads]	Overall BP Loads % (Diastolic)	text (number, Min: 0, Max: 100), Required						

196	[awake_samples]	Section Header: <i>Awake Period</i> Awake Period Samples	text (number, Min: 0, Max: 200), Required						
197	[awake_abpsbp]	Awake Period Mean BP (Systolic)	text (number, Min: 80, Max: 220), Required						
198	[awake_abpsbp_stdv]	Awake Period BP Standard Deviation (Systolic)	text (number, Min: 0, Max: 50), Required						
199	[awake_abpdbp]	Awake Period Mean BP (Diastolic)	text (number, Min: 40, Max: 110), Required						
200	[awake_abpdbp_stdv]	Awake Period BP Standard Deviation (Diastolic)	text (number, Min: 0, Max: 50), Required						
201	[awake_hrbpm]	Awake Period Mean HR BPM	text (number, Min: 60, Max: 100), Required						
202	[awake_hrbpm_stdv]	Awake Period HR BPM Standard Deviation	text (number, Min: 0, Max: 50), Required						
203	[awake_sbploads]	Awake Period BP Loads % (Systolic)	text (number, Min: 0, Max: 100), Required						
204	[awake_dbploads]	Awake Period BP Loads % (Diastolic)	text (number, Min: 0, Max: 100), Required						
205	[asleep_samples]	Section Header: <i>Asleep Period</i> Asleep Period Samples	text (number, Min: 0, Max: 200)						
206	[asleep_abpsbp]	Asleep Period Mean BP (Systolic)	text (number, Min: 80, Max: 220), Required						
207	[asleep_abpsbp_stdv]	Asleep Period BP Standard Deviation (Systolic)	text (number, Min: 0, Max: 50), Required						
208	[asleep_abpdbp]	Asleep Period Mean BP (Diastolic)	text (number, Min: 40, Max: 110), Required						
209	[asleep_abpdbp_stdv]	Asleep Period BP Standard Deviation (Diastolic)	text (number, Min: 0, Max: 50), Required						
210	[asleep_hrbpm]	Asleep Period Mean HR BPM	text (number, Min: 40, Max: 100), Required						
211	[asleep_hrbpm_stdv]	Asleep Period HR BPM Standard Deviation	text (number, Min: 0, Max: 50), Required						
212	[asleep_sbploads]	Asleep Period BP Loads % (Systolic)	text (number, Min: 0, Max: 100), Required						
213	[asleep_dbploads]	Asleep Period BP Loads % (Diastolic)	text (number, Min: 0, Max: 100), Required						
214	[sys_dip]	Section Header: <i>Asleep Dipping</i> Systolic % Dipping <i>Enter % value (between -100%-100%)</i>	text (number, Min: -100, Max: 100)						
215	[dia_dip]	Diastolic % Dipping: <i>Enter % value (between -100%-100%)</i>	text (number, Min: -100, Max: 100)						
216	[abpm_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Eligibility (eligibility)

217	[inc01]	Section Header: <i>Inclusion Criteria</i> If the answer is NO for any of the inclusion criteria, then the participant is ineligible for the study Participant is aged 18 years or over	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
218	[inc02]	Participant is Spanish or English speaker	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
219	[inc03]	Previous documentation within past 24 months of hypertension or high blood pressure (SBP 130-179 mmHg or DBP 80-109 mmHg) from general practitioner, pharmacist or health care professional	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
220	[inc04]	Is the participant:	radio, Required <table><tr><td>1</td><td>Treatment naive (i.e., never treated)</td></tr><tr><td>2</td><td>Currently not on treatment (not taken in last 4 weeks)</td></tr><tr><td>3</td><td>Currently taking one BP lowering drug (i.e., ACEI, ARB, CCB, BB, aldosterone antagonist, alphablocker)</td></tr><tr><td>4</td><td>None of the above</td></tr></table>	1	Treatment naive (i.e., never treated)	2	Currently not on treatment (not taken in last 4 weeks)	3	Currently taking one BP lowering drug (i.e., ACEI, ARB, CCB, BB, aldosterone antagonist, alphablocker)	4	None of the above
1	Treatment naive (i.e., never treated)										
2	Currently not on treatment (not taken in last 4 weeks)										
3	Currently taking one BP lowering drug (i.e., ACEI, ARB, CCB, BB, aldosterone antagonist, alphablocker)										
4	None of the above										
221	[inc04drg] Show the field ONLY if: [inc04] = '3'	Name of drug (if on monotherapy) <i>Enter in ALL CAPS; Please add to the ConMeds</i>	text, Required								

222	[elig_table]	Please review the participant's age and BP measurements below and check the following table for blood pressure eligibility: Age: [age] years Office SBP: [office_sbp] Office DBP: [office_dbp] Research Grade SBP: [sbpavg] Research Grade DBP: [dbpavg] ABPM Average Daytime SBP: [awake_abpsbp] ABPM Average Daytime DBP: [awake_abpdp]	descriptive
223	[inc05]	Is the participant's automated clinic BP within 12 weeks of the date of consent? <i>A value of '1' indicates YES (meets the criterion)</i>	calc Calculation: if (datediff([officebpdt],[condt],"d") < 84, 1, 0)
224	[inc06] Show the field ONLY if: [inc04] = '1' or [inc04] = '2'	Is the blood pressure within range for the participant who has never been treated? <i>A value of '1' indicates YES (meets the criterion)</i>	calc Calculation: if (([inc04] = '1' or [inc04] = '2') AND ([office_sbp] >= 140 OR [office_dbp] >= 90) and [office_sbp] < 180 and [office_dbp] < 110 ,1,0)
225	[inc07] Show the field ONLY if: [inc04] = '3'	Is the blood pressure within range for the participant on monotherapy? <i>A value of '1' indicates YES (meets the criterion)</i>	calc Calculation: if (([inc04] = '3') AND ([office_sbp] >= 130 OR [office_dbp] >= 85) and [office_sbp] < 160 and [office_dbp] < 100 ,1,0)
226	[inc08]	Is the research grade BP within range? <i>A value of '1' indicates YES (meets the criterion)</i>	calc Calculation: if (([sbpavg] >= 115 and [dbpavg] >= 60) ,1,0)
227	[excl_uacr]	Section Header: <i>Current Values from Lab:</i> UACR: [baseline_arm_1][uacr]	descriptive, Required
228	[excl_cad]	Section Header: <i>Current Values from Medical History:</i> Coronary artery disease: [baseline_arm_1][cad]	descriptive
229	[excl_stroke]	Stroke: [baseline_arm_1][stroke]	descriptive
230	[excl_hf]	Heart failure: [baseline_arm_1][hf]	descriptive
231	[excl_pvd]	Section Header: <i>Exclusion Criteria If the answer is YES for any of the exclusion criteria, then the participant is ineligible for the study</i> Peripheral artery disease: [baseline_arm_1][pvd]	descriptive
232	[excl01]	Contraindication to candesartan, amlodipine, indapamide or bisoprolol	yesno, Required 1 Yes 0 No
233	[excl01sp] Show the field ONLY if: [excl01] = '1'	If yes, name of drug and type of reaction	text
234	[excl02]	Previous diagnosis of coronary artery disease, stroke, or heart failure	yesno, Required 1 Yes 0 No
235	[excl03]	Presence of significant proteinuria (based on 3+ proteinuria via spot urinalysis or >300mg/dL of proteinuria based on random urinary albumin-to-creatinine ratio testing of 300 mg/g)	yesno, Required 1 Yes 0 No
236	[excl04]	Evidence of secondary cause of hypertension e.g., renal artery stenosis; significant renal impairment (eGFR < 50), raised serum potassium (above lab normal limit of 5.5 mEq/L)	yesno, Required 1 Yes 0 No
237	[excl05] Show the field ONLY if: [sex] = '1'	Participant is female who is pregnant, breast feeding or of childbearing potential and is not using / does not plan to use medically acceptable form of contraception throughout the study (pharmacological or barrier methods)	yesno, Required 1 Yes 0 No
238	[excl07]	Participation in a concurrent interventional medical investigation or clinical trial. Patients in observational, natural history or epidemiological studies not involving an intervention are eligible.	yesno, Required 1 Yes 0 No
239	[excl08]	Participant's responsible primary care or other responsible physician believes it is not appropriate for participant to switch current monotherapy	yesno, Required 1 Yes 0 No

240	[exc109]	Inability or unwillingness to provide written informed consent	yesno, Required 1 Yes 0 No
241	[exc110]	Unable to complete study procedures	yesno, Required 1 Yes 0 No
242	[exc111]	Definite indication for combination therapy	yesno, Required 1 Yes 0 No
243	[exc106]	Concomitant illness, physical impairment or mental condition which, in the opinion of the study team / primary care physician, could interfere with the conduct of the study including outcome assessments	yesno, Required 1 Yes 0 No
244	[eli_dec] Show the field ONLY if: ([sex] = '1' and [inc01] = '1' and [inc02] = '1' and [inc03] = '1' and [inc05] = '1' and ([inc06] = '1' or [inc07] = '1') and [inc08] = '1' and [excl01] = '0' and [excl02] = '0' and [excl03] = '0' and [excl04] = '0' and [excl05] = '0' and [excl07] = '0' and [excl08] = '0' and [excl09] = '0' and [excl10] = '0' and [excl11] = '0' and [excl06] = '0' and [inc01] <> "" and [inc02] <> "" and [inc03] <> "" and [inc05] <> "" and ([inc06] <> "" or [inc07] <> "") and [inc08] <> "" and [excl01] <> "" and [excl02] <> "" and [excl03] <> "" and [excl04] <> "" and [excl05] <> "" and [excl07] <> "" and [excl08] <> "" and [excl09] <> "" and [excl10] <> "" and [excl11] <> "" and [excl06] <> "") OR ([sex] = '0' and [inc01] = '1' and [inc02] = '1' and [inc03] = '1' and [inc05] = '1' and ([inc06] = '1' or [inc07] = '1') and [inc08] = '1' and [excl01] = '0' and [excl02] = '0' and [excl03] = '0' and [excl04] = '0' and [excl07] = '0' and [excl08] = '0' and [excl09] = '0' and [excl10] = '0' and [excl11] = '0' and [excl06] = '0' and [inc01] <> "" and [inc02] <> "" and [inc03] <> "" and [inc05] <> "" and ([inc06] <> "" or [inc07] <> "") and [inc08] <> "" and [excl01] <> "" and [excl02] <> "" and [excl03] <> "" and [excl04] <> "" and [excl07] <> "" and [excl08] <> "" and [excl09] <> "" and [excl10] <> "" and [excl11] <> "" and [excl06] <> "")	This Participant is Eligible.	descriptive

245	[ineli_dec] Show the field ONLY if: [inc01] = '0' or [inc01] = "" or [inc02] = '0' or [inc02] = "" or [inc03] = '0' or [inc03] = "" or [inc05] = '0' or [inc05] = "" or ([inc06] = '0' and [inc07] = '0') or ([inc06] = "" and [inc07] = "") or [inc08] = '0' or [inc08] = "" or [excl01] = '1' or [excl02] = '1' or [excl03] = '1' or [excl04] = '1' or [excl05] = '1' or [excl07] = '1' or [excl08] = '1' or [excl09] = '1' or [excl10] = '1' or [excl11] = '1' or [excl06] = '1' or [excl01] = "" or [excl02] = "" or [excl03] = "" or [excl04] = "" or [excl07] = "" or [excl08] = "" or [excl09] = "" or [excl10] = "" or [excl11] = "" or [excl06] = "" or ([sex] = '1' and [excl05] = "")	This Participant is Ineligible.	descriptive						
246	[ascvd]	What is the ASCVD percent of the participant? (NO longer Required as of 12/2020) <i>N/A after Protocol Version 4.1</i>	text (number, Min: 0, Max: 100)						
247	[eligibility_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
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2	Complete								
Instrument: Randomization (randomization)									
248	[rddt]	Date of randomization	text (date_mdy, Min: 2019-05-01, Max: 2024-05-01), Required						
249	[eligible]	Does the participant fulfill all requirements for randomization into the study?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								

252	[randomization_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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2	Complete												
Instrument: Global Health (global_health)  Enabled as survey													
253	[global01]	Section Header: <i>Please respond to each item by marking one box per row. Responda a cada enunciado marcando una casilla por línea.</i> In general, would you say your health is: En general, diría que su salud es:	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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2	Fair (2) Pasable												
1	Poor (1) Mala												
254	[global02]	In general, would you say your quality of life is: En general, diría que su calidad de vida es:	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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2	Fair (2) Pasable												
1	Poor (1) Mala												
255	[global03]	In general, how would you rate your physical health? En general, ¿cómo calificaría su salud física?	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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1	Poor (1) Mala												
256	[global04]	In general, how would you rate your mental health, including your mood and your ability to think? En general, ¿cómo calificaría su salud mental, incluidos su estado de ánimo y su capacidad para pensar?	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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257	[global05]	In general, how would you rate your satisfaction with your social activities and relationships? En general, ¿cómo calificaría su satisfacción con sus actividades sociales y sus relaciones con otras personas?	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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1	Poor (1) Mala												
258	[global09]	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) En general, califique en qué medida puede realizar sus actividades sociales y funciones habituales. (Esto comprende las actividades en casa, en el trabajo y en el área donde reside, así como sus responsabilidades como padre o madre, hijo/a, cónyuge, empleado/a, amigo/a, etc.)	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Excellent (5) Excelente</td></tr> <tr><td>4</td><td>Very good (4) Muy buena</td></tr> <tr><td>3</td><td>Good (3) Buena</td></tr> <tr><td>2</td><td>Fair (2) Pasable</td></tr> <tr><td>1</td><td>Poor (1) Mala</td></tr> </table>	5	Excellent (5) Excelente	4	Very good (4) Muy buena	3	Good (3) Buena	2	Fair (2) Pasable	1	Poor (1) Mala
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2	Fair (2) Pasable												
1	Poor (1) Mala												

259	[global06]	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? ¿En qué medida puede realizar sus actividades físicas diarias, como caminar, subir escaleras, cargar las compras o mover una silla?	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Completely (5) Completamente</td></tr> <tr><td>4</td><td>Mostly (4) En su mayoría</td></tr> <tr><td>3</td><td>Moderately (3) Moderadamente</td></tr> <tr><td>2</td><td>A little (2) Un poco</td></tr> <tr><td>1</td><td>Not at all (1) Para nada</td></tr> </table>	5	Completely (5) Completamente	4	Mostly (4) En su mayoría	3	Moderately (3) Moderadamente	2	A little (2) Un poco	1	Not at all (1) Para nada												
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260	[global10]	Section Header: <i>In the past 7 days... En los últimos 7 días...</i> How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? ¿Con qué frecuencia le han afectado problemas emocionales como sentir ansiedad, depresión o irritabilidad?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (1) Nunca</td></tr> <tr><td>2</td><td>Rarely (2) Rara vez</td></tr> <tr><td>3</td><td>Sometimes (3) Algunas veces</td></tr> <tr><td>4</td><td>Often (4) A menudo</td></tr> <tr><td>5</td><td>Always (5) Siempre</td></tr> </table>	1	Never (1) Nunca	2	Rarely (2) Rara vez	3	Sometimes (3) Algunas veces	4	Often (4) A menudo	5	Always (5) Siempre												
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4	Often (4) A menudo																								
5	Always (5) Siempre																								
261	[global08]	How would you rate your fatigue on average? En promedio, ¿cómo calificaría su cansancio?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>None (1) Ninguno</td></tr> <tr><td>2</td><td>Mild (2) Leve</td></tr> <tr><td>3</td><td>Moderate (3) Moderado</td></tr> <tr><td>4</td><td>Severe (4) Intenso</td></tr> <tr><td>5</td><td>Very severe (5) Muy intenso</td></tr> </table>	1	None (1) Ninguno	2	Mild (2) Leve	3	Moderate (3) Moderado	4	Severe (4) Intenso	5	Very severe (5) Muy intenso												
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5	Very severe (5) Muy intenso																								
262	[global07]	How would you rate your pain on average? En promedio, ¿cómo calificaría su dolor?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>No pain Ningún dolor 0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>Worst imaginable pain El peor dolor imaginable 10</td></tr> </table>	0	No pain Ningún dolor 0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	Worst imaginable pain El peor dolor imaginable 10
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263	[global_health_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
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Instrument: Belief (belief)  Enabled as survey																									
264	[bfs1]	Section Header: <i>Your views about blood pressure medicines. • I would like to ask you about your personal views about blood pressure medicines. • These are statements other people have made about blood pressure medication. • Please indicate the extent to which you agree or disagree with them by placing a cross in the appropriate box. • There are no right or wrong answers. I am interested in your personal views. • Please only cross one box per question. Su opinión sobre los medicamentos para la tensión arterial. • Me gustaría preguntarle qué opina sobre los medicamentos para la tensión arterial. • Estas son declaraciones que hicieron otras personas sobre los medicamentos para la tensión arterial. • Indique en qué medida está de acuerdo o en desacuerdo colocando una cruz en el recuadro apropiado. • No hay respuestas correctas o incorrectas. Me interesa su opinión personal. • Marque solo una casilla por pregunta.</i> My health at present depends on blood pressure medicinesMi salud actual depende de los medicamentos para la tensión arterial	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo												
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265	[bfs2]	Having to take blood pressure medication worries me Tener que tomar medicamentos para la tensión arterial me preocupa	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
266	[bfs3]	My life would be impossible without blood pressure medicationMi vida sería imposible sin los medicamentos para la tensión arterial	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
267	[bfs4]	Without blood pressure medication I would be very ill Estaría muy enfermo sin los medicamentos para la tensión arterial	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
268	[bfs5]	I sometimes worry about the long-term effects of blood pressure medication A veces me preocupan los efectos a largo plazo de los medicamentos para la tensión arterial	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
269	[bfs6]	Blood pressure medication is mystery to meLos medicamentos para la tensión arterial son un misterio para mí	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
270	[bfs7]	My health in the future will depend on blood pressure medication En el futuro, mi salud dependerá de que tome medicamentos para la tensión arterial	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
271	[bfs8]	Blood pressure medication disrupts my lifeLos medicamentos para la tensión arterial interrumpen mi vida	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo
272	[bfs9]	I sometimes worry about becoming too dependent on blood pressure medication A veces me preocupa volverme muy dependiente de los medicamentos para la tensión arterial.	radio (Matrix), Required 5 Strongly Agree Totalmente de acuerdo 4 AgreeDe acuerdo 3 UncertainIncierto 2 Disagree En desacuerdo 1 Strongly DisagreeTotalmente en desacuerdo

273	[bfs10]	Blood pressure medication protects me from becoming worse Los medicamentos para la tensión arterial evitan que empeore	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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274	[bfs11]	Doctors use too many medicinesLos médicos usan demasiados medicamentos	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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275	[bfs12]	People who take medicines should stop their treatment for a while every now and again Las personas que toman medicamentos deberían detener su tratamiento por un tiempo cada tanto	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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276	[bfs13]	Medicines do more harm than goodLos medicamentos hacen más daños que bien	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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3	UncertainIncierto												
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1	Strongly DisagreeTotalmente en desacuerdo												
277	[bfs14]	Doctors place too much trust on medicinesLos médicos confían demasiado en la medicina	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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3	UncertainIncierto												
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1	Strongly DisagreeTotalmente en desacuerdo												
278	[bfs15]	If doctors had more time with patients they would prescribe fewer medicinesSi los médicos pasaran más tiempo con los pacientes, recetarían menos medicamentos	radio (Matrix), Required <table border="1"> <tr><td>5</td><td>Strongly Agree Totalmente de acuerdo</td></tr> <tr><td>4</td><td>AgreeDe acuerdo</td></tr> <tr><td>3</td><td>UncertainIncierto</td></tr> <tr><td>2</td><td>Disagree En desacuerdo</td></tr> <tr><td>1</td><td>Strongly DisagreeTotalmente en desacuerdo</td></tr> </table>	5	Strongly Agree Totalmente de acuerdo	4	AgreeDe acuerdo	3	UncertainIncierto	2	Disagree En desacuerdo	1	Strongly DisagreeTotalmente en desacuerdo
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279	[belief_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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2	Complete												

Instrument: **TSQM** (tsqm)  Enabled as survey

280	[tsqm1]	Section Header: Please take some time to think about your level of satisfaction or dissatisfaction with the study drug you are taking in this clinical trial. We are interested in your evaluation of the effectiveness, side effects, and convenience of the study drug over the last two to three weeks, or since you last used it. For each question, please place a single check mark next to the response that most closely corresponds to your own experiences. Instrucciones: Piense por unos minutos en su nivel de satisfacción o insatisfacción con el medicamento que está usando en este estudio clínico. Nos interesa su evaluación - correspondiente a las últimas dos a tres semanas o al lapso transcurrido desde la última vez que usó el medicamento - con respecto a la eficacia y los efectos secundarios del medicamento, y si resulta práctico usarlo. En cada pregunta, coloque una sola marca al lado de la respuesta que mejor concuerde con su experiencia particular. How satisfied or dissatisfied are you with the ability of the study drug to prevent or treat your condition? Indique el grado de satisfacción o insatisfacción con la capacidad del medicamento para prevenir o tratar su condición.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Extremely dissatisfied Sumamente insatisfecho(a)</td></tr> <tr><td>2</td><td>Very dissatisfied Muy insatisfecho(a)</td></tr> <tr><td>3</td><td>Dissatisfied Insatisfecho(a)</td></tr> <tr><td>4</td><td>Somewhat satisfied Algo satisfecho(a)</td></tr> <tr><td>5</td><td>Satisfied Satisfecho(a)</td></tr> <tr><td>6</td><td>Very satisfied Muy Satisfecho(a)</td></tr> <tr><td>7</td><td>Extremely satisfied Sumamente satisfecho(a)</td></tr> </table>	1	Extremely dissatisfied Sumamente insatisfecho(a)	2	Very dissatisfied Muy insatisfecho(a)	3	Dissatisfied Insatisfecho(a)	4	Somewhat satisfied Algo satisfecho(a)	5	Satisfied Satisfecho(a)	6	Very satisfied Muy Satisfecho(a)	7	Extremely satisfied Sumamente satisfecho(a)
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7	Extremely satisfied Sumamente satisfecho(a)																
281	[tsqm2]	How satisfied or dissatisfied are you with the way the study drug relieves your symptoms? Indique el grado de satisfacción o insatisfacción con la manera en que el medicamento alivia sus síntomas.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Extremely dissatisfied Sumamente insatisfecho(a)</td></tr> <tr><td>2</td><td>Very dissatisfied Muy insatisfecho(a)</td></tr> <tr><td>3</td><td>Dissatisfied Insatisfecho(a)</td></tr> <tr><td>4</td><td>Somewhat satisfied Algo satisfecho(a)</td></tr> <tr><td>5</td><td>Satisfied Satisfecho(a)</td></tr> <tr><td>6</td><td>Very satisfied Muy Satisfecho(a)</td></tr> <tr><td>7</td><td>Extremely satisfied Sumamente satisfecho(a)</td></tr> </table>	1	Extremely dissatisfied Sumamente insatisfecho(a)	2	Very dissatisfied Muy insatisfecho(a)	3	Dissatisfied Insatisfecho(a)	4	Somewhat satisfied Algo satisfecho(a)	5	Satisfied Satisfecho(a)	6	Very satisfied Muy Satisfecho(a)	7	Extremely satisfied Sumamente satisfecho(a)
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6	Very satisfied Muy Satisfecho(a)																
7	Extremely satisfied Sumamente satisfecho(a)																
282	[tsqm3]	How satisfied or dissatisfied are you with the amount of time it takes the study drug to start working? Indique el grado de satisfacción o insatisfacción con el tiempo que demora el medicamento en empezar a hacer efecto.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Extremely dissatisfied Sumamente insatisfecho(a)</td></tr> <tr><td>2</td><td>Very dissatisfied Muy insatisfecho(a)</td></tr> <tr><td>3</td><td>Dissatisfied Insatisfecho(a)</td></tr> <tr><td>4</td><td>Somewhat satisfied Algo satisfecho(a)</td></tr> <tr><td>5</td><td>Satisfied Satisfecho(a)</td></tr> <tr><td>6</td><td>Very satisfied Muy Satisfecho(a)</td></tr> <tr><td>7</td><td>Extremely satisfied Sumamente satisfecho(a)</td></tr> </table>	1	Extremely dissatisfied Sumamente insatisfecho(a)	2	Very dissatisfied Muy insatisfecho(a)	3	Dissatisfied Insatisfecho(a)	4	Somewhat satisfied Algo satisfecho(a)	5	Satisfied Satisfecho(a)	6	Very satisfied Muy Satisfecho(a)	7	Extremely satisfied Sumamente satisfecho(a)
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7	Extremely satisfied Sumamente satisfecho(a)																
283	[tsqm4]	As a result of taking this study drug, do you experience any side effects at all? ¿Tiene algún efecto secundario a consecuencia de este medicamento?	radio, Required <table border="1"> <tr><td>1</td><td>Yes... Sí</td></tr> <tr><td>0</td><td>No... No</td></tr> </table>	1	Yes... Sí	0	No... No										
1	Yes... Sí																
0	No... No																
284	[tsqm5] Show the field ONLY if: [tsqm4] = '1'	How bothersome are the side effects of the study drug you take to treat your condition? Indique el grado de molestia de los efectos secundarios del medicamento que toma para el tratamiento de su afección.	radio, Required <table border="1"> <tr><td>1</td><td>Extremely bothersome.... Molestias excesivas</td></tr> <tr><td>2</td><td>Very bothersome.... Muchas molestias</td></tr> <tr><td>3</td><td>Somewhat bothersome.... Algunas molestias</td></tr> <tr><td>4</td><td>A little bothersome.... Pocas molestias</td></tr> <tr><td>5</td><td>Not at all bothersome.... Ninguna molestia</td></tr> </table>	1	Extremely bothersome.... Molestias excesivas	2	Very bothersome.... Muchas molestias	3	Somewhat bothersome.... Algunas molestias	4	A little bothersome.... Pocas molestias	5	Not at all bothersome.... Ninguna molestia				
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5	Not at all bothersome.... Ninguna molestia																
285	[tsqm6] Show the field ONLY if: [tsqm4] = '1'	To what extent do the side effects interfere with your physical health and ability to function (i.e., strength, energy levels, etc.)? ¿Hasta qué punto interfieren los efectos secundarios con su salud física y con su capacidad de funcionamiento (es decir, fuerza, nivel de energía, etc.)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>A great deal Muchísimo</td></tr> <tr><td>2</td><td>Quite a bit Mucho</td></tr> <tr><td>3</td><td>Somewhat Algo</td></tr> <tr><td>4</td><td>Minimally Muy poco</td></tr> <tr><td>5</td><td>Not at all Nada</td></tr> </table>	1	A great deal Muchísimo	2	Quite a bit Mucho	3	Somewhat Algo	4	Minimally Muy poco	5	Not at all Nada				
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5	Not at all Nada																

286	[tsqm7] Show the field ONLY if: [tsqm4] = '1'	To what extent do the side effects interfere with your mental function (i.e., ability to think clearly, stay awake, etc.)? ¿Hasta qué punto interfieren los efectos secundarios con su capacidad mental (es decir, la capacidad de pensar con claridad, mantenerse despierto, etc.)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>A great deal Muchísimo</td></tr> <tr><td>2</td><td>Quite a bit Mucho</td></tr> <tr><td>3</td><td>Somewhat Algo</td></tr> <tr><td>4</td><td>Minimally Muy poco</td></tr> <tr><td>5</td><td>Not at all Nada</td></tr> </table>	1	A great deal Muchísimo	2	Quite a bit Mucho	3	Somewhat Algo	4	Minimally Muy poco	5	Not at all Nada				
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3	Somewhat Algo																
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287	[tsqm8] Show the field ONLY if: [tsqm4] = '1'	To what degree have study drug side effects affected your overall satisfaction with the study drug? ¿Hasta qué punto influyeron los efectos secundarios en su satisfacción general con el medicamento?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>A great deal Muchísimo</td></tr> <tr><td>2</td><td>Quite a bit Mucho</td></tr> <tr><td>3</td><td>Somewhat Algo</td></tr> <tr><td>4</td><td>Minimally Muy poco</td></tr> <tr><td>5</td><td>Not at all Nada</td></tr> </table>	1	A great deal Muchísimo	2	Quite a bit Mucho	3	Somewhat Algo	4	Minimally Muy poco	5	Not at all Nada				
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5	Not at all Nada																
288	[tsqm9]	How easy or difficult is it to use the study drug in its current form? ¿Hasta qué punto fue fácil o difícil usar/tomar el medicamento en su forma actual?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Extremely difficult Sumamente difícil</td></tr> <tr><td>2</td><td>Very difficult Muy difícil</td></tr> <tr><td>3</td><td>Difficult Difícil</td></tr> <tr><td>4</td><td>Somewhat easy Algo fácil</td></tr> <tr><td>5</td><td>Easy Fácil</td></tr> <tr><td>6</td><td>Very easy Muy fácil</td></tr> <tr><td>7</td><td>Extremely easy Sumamente fácil</td></tr> </table>	1	Extremely difficult Sumamente difícil	2	Very difficult Muy difícil	3	Difficult Difícil	4	Somewhat easy Algo fácil	5	Easy Fácil	6	Very easy Muy fácil	7	Extremely easy Sumamente fácil
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289	[tsqm10]	How easy or difficult is it to plan when you will use the study drug each time? ¿Hasta qué punto es fácil o difícil planear cada vez que debe usar/tomar el medicamento?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Extremely difficult Sumamente difícil</td></tr> <tr><td>2</td><td>Very difficult Muy difícil</td></tr> <tr><td>3</td><td>Difficult Difícil</td></tr> <tr><td>4</td><td>Somewhat easy Algo fácil</td></tr> <tr><td>5</td><td>Easy Fácil</td></tr> <tr><td>6</td><td>Very easy Muy fácil</td></tr> <tr><td>7</td><td>Extremely easy Sumamente fácil</td></tr> </table>	1	Extremely difficult Sumamente difícil	2	Very difficult Muy difícil	3	Difficult Difícil	4	Somewhat easy Algo fácil	5	Easy Fácil	6	Very easy Muy fácil	7	Extremely easy Sumamente fácil
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7	Extremely easy Sumamente fácil																
290	[tsqm11]	How convenient or inconvenient is it to take the study drug as instructed? ¿Hasta qué punto es o no es práctico tomar el medicamento tal como se indica?	radio, Required <table border="1"> <tr><td>1</td><td>Extremely inconvenient.... Nada práctico</td></tr> <tr><td>2</td><td>Very inconvenient.... Muy poco práctico</td></tr> <tr><td>3</td><td>Inconvenient.... Poco práctico</td></tr> <tr><td>4</td><td>Somewhat convenient.... Algo práctico</td></tr> <tr><td>5</td><td>Convenient.... Práctico</td></tr> <tr><td>6</td><td>Very convenient.... Muy práctico</td></tr> <tr><td>7</td><td>Extremely convenient.... Sumamente práctico</td></tr> </table>	1	Extremely inconvenient.... Nada práctico	2	Very inconvenient.... Muy poco práctico	3	Inconvenient.... Poco práctico	4	Somewhat convenient.... Algo práctico	5	Convenient.... Práctico	6	Very convenient.... Muy práctico	7	Extremely convenient.... Sumamente práctico
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7	Extremely convenient.... Sumamente práctico																
291	[tsqm12]	Overall, how confident are you that taking this study drug is a good thing for you? En términos generales, ¿qué confianza tiene de que tomar este medicamento es bueno para usted?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all confident.... Ninguna confianza</td></tr> <tr><td>2</td><td>A little confident.... Un poco de confianza</td></tr> <tr><td>3</td><td>Somewhat confident.... Algo de confianza</td></tr> <tr><td>4</td><td>Very confident.... Mucha confianza</td></tr> <tr><td>5</td><td>Extremely confident.... Confianza absoluta</td></tr> </table>	1	Not at all confident.... Ninguna confianza	2	A little confident.... Un poco de confianza	3	Somewhat confident.... Algo de confianza	4	Very confident.... Mucha confianza	5	Extremely confident.... Confianza absoluta				
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4	Very confident.... Mucha confianza																
5	Extremely confident.... Confianza absoluta																
292	[tsqm13]	How certain are you that the good things about your study drug outweigh the bad things? ¿Hasta qué punto está convencido(a) de que las ventajas del medicamento superan las desventajas?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all certain.... Nada convencido(a)</td></tr> <tr><td>2</td><td>A little certain.... Un poco convencido(a)</td></tr> <tr><td>3</td><td>Somewhat certain.... Algo convencido(a)</td></tr> <tr><td>4</td><td>Very certain.... Muy convencido(a)</td></tr> <tr><td>5</td><td>Extremely certain.... Totalmente convencido(a)</td></tr> </table>	1	Not at all certain.... Nada convencido(a)	2	A little certain.... Un poco convencido(a)	3	Somewhat certain.... Algo convencido(a)	4	Very certain.... Muy convencido(a)	5	Extremely certain.... Totalmente convencido(a)				
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4	Very certain.... Muy convencido(a)																
5	Extremely certain.... Totalmente convencido(a)																

293	[tsqm14]	Taking all things into account, how satisfied or dissatisfied are you with this study drug? Teniendo en cuenta todos los aspectos, ¿cuál es su grado de satisfacción o insatisfacción con este medicamento?	radio, Required <table border="1"> <tr><td>1</td><td>Extremely dissatisfied Sumamente insatisfecho(a)</td></tr> <tr><td>2</td><td>Very dissatisfied.... Muy insatisfecho(a)</td></tr> <tr><td>3</td><td>Dissatisfied Insatisfecho(a)</td></tr> <tr><td>4</td><td>Somewhat satisfied.... Algo satisfecho(a)</td></tr> <tr><td>5</td><td>Satisfied.... Satisfecho(a)</td></tr> <tr><td>6</td><td>Very satisfied.... Muy satisfecho(a)</td></tr> <tr><td>7</td><td>Extremely satisfied.... Sumamente satisfecho(a)</td></tr> </table>	1	Extremely dissatisfied Sumamente insatisfecho(a)	2	Very dissatisfied.... Muy insatisfecho(a)	3	Dissatisfied Insatisfecho(a)	4	Somewhat satisfied.... Algo satisfecho(a)	5	Satisfied.... Satisfecho(a)	6	Very satisfied.... Muy satisfecho(a)	7	Extremely satisfied.... Sumamente satisfecho(a)
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294	[tsqm_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
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Instrument: Adherence (adherence)  Enabled as survey																	
295	[adhere_intro]	Ask the participant the following questions in relation to his / her study drug. Hágale al paciente participante las siguientes preguntas relacionadas con su fármaco del estudio.	descriptive														
296	[medtm]	Approximately what time do you take your study medication? ¿Aproximadamente a qué hora toma su medicamento del estudio (horario de 24horas)? <i>Be sure to complete using 24-hour clock</i>	text (time, Min: 00:00, Max: 23:59), Required														
297	[easyuse]	During the trial, how easy did you find it to take the trial medications? Durante el estudio, ¿qué tan fácil le resultó tomar los medicamentos del estudio?	radio, Required <table border="1"> <tr><td>1</td><td>Very easy...Muy fácil</td></tr> <tr><td>2</td><td>Easy... Fácil</td></tr> <tr><td>3</td><td>Average... Promedio</td></tr> <tr><td>4</td><td>Difficult... Difícil</td></tr> <tr><td>5</td><td>Very difficult... Muy difícil</td></tr> </table>	1	Very easy...Muy fácil	2	Easy... Fácil	3	Average... Promedio	4	Difficult... Difícil	5	Very difficult... Muy difícil				
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5	Very difficult... Muy difícil																
298	[ldqt]	If the LDQT (low-dose quadruple therapy pill) is available to be prescribed by your usual doctor, how likely would you be to request it? Si el LDQTestá disponible para que su médico habitual se la recete, ¿cuán probable es que el paciente participante lo solicite?	radio, Required <table border="1"> <tr><td>1</td><td>Very likely... Muy probable</td></tr> <tr><td>2</td><td>Likely... Probable</td></tr> <tr><td>3</td><td>Average... Promedio</td></tr> <tr><td>4</td><td>Unlikely... Improbable</td></tr> <tr><td>5</td><td>Very unlikely... Muy improbable</td></tr> </table>	1	Very likely... Muy probable	2	Likely... Probable	3	Average... Promedio	4	Unlikely... Improbable	5	Very unlikely... Muy improbable				
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5	Very unlikely... Muy improbable																
299	[ldqtcn]	Do you have any other comments about the LDQT (low-dose quadruple therapy pill)? ¿Conoce algún otro comentario que haya hecho el paciente participante sobre el LDQT?	text														
300	[forget]	Do you sometimes forget to take your tablets? ¿A veces se olvida de tomar los comprimidos?	radio, Required <table border="1"> <tr><td>1</td><td>Yes... Sí</td></tr> <tr><td>0</td><td>No... No</td></tr> </table>	1	Yes... Sí	0	No... No										
1	Yes... Sí																
0	No... No																
301	[miss30]	On how many days in the last 30 days did you miss any of your study drug? ¿Cuántos días de los últimos 30 días no tomó algunos de los medicamentos?	text (integer, Min: 0, Max: 30), Required														
302	[miss7]	On how many days in the last 7 days did you miss any of your study drug? ¿Cuántos días de los últimos 7 días no tomó algunos de los medicamentos?	text (integer, Min: 0, Max: 7), Required														

303	[trtpat]	Which treatment do you think you received? ¿Qué tratamiento cree que recibió?	radio <table border="1"> <tr> <td>1</td> <td>LDQT...</td> </tr> <tr> <td>2</td> <td>Candesartan...Candesartán</td> </tr> <tr> <td>3</td> <td>Unsure...No estoy seguro</td> </tr> </table>	1	LDQT...	2	Candesartan...Candesartán	3	Unsure...No estoy seguro										
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304	[adherence_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: Health Service (health_service)  Enabled as survey																			
305	[ed]	Section Header: <i>Since the last assessment, how many times have you seen the following practitioners? Desde la última evaluación, ¿cuántas veces ha consultado a los siguientes proveedores?</i> Provider in Emergency Departments Proveedor en departamentos de emergencia	text (integer, Min: 0, Max: 20), Required																
306	[urgent_care]	Provider in Urgent Care Proveedor en atención de urgencia	text (integer, Min: 0, Max: 20), Required																
307	[outpatient]	Provider in Outpatient Center for any reason (this includes primary care provider) Proveedor en centro para pacientes ambulatorios por cualquier razón (incluye proveedor de atención primaria)	text (integer, Min: 0, Max: 20), Required																
308	[specialist]	Provider in Specialist Clinic for any reason Proveedor en clínica especializada por cualquier motivo	text (integer, Min: 0, Max: 20), Required																
309	[hs_comments]	Comments Comentarios	notes																
310	[health_service_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																		
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2	Complete																		
Instrument: ConMeds (conmeds)																			
311	[medbrand]	Medication Brand Name <i>Enter in ALL CAPS</i>	text, Required																
312	[med]	Medication Generic Name <i>Enter in ALL CAPS</i>	text, Required																
313	[dose]	Dose	text, Required																
314	[unit]	Unit	radio, Required <table border="1"> <tr> <td>1</td> <td>g</td> </tr> <tr> <td>2</td> <td>mg</td> </tr> <tr> <td>3</td> <td>ug</td> </tr> <tr> <td>4</td> <td>ml</td> </tr> <tr> <td>5</td> <td>ul</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>Unknown</td> </tr> <tr> <td>8</td> <td>gtt</td> </tr> </table>	1	g	2	mg	3	ug	4	ml	5	ul	6	Other	7	Unknown	8	gtt
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7	Unknown																		
8	gtt																		
315	[unit_oth] Show the field ONLY if: [unit] = '6'	If 'Other', please specify:	text, Required																

316	[freq]	Frequency	radio, Required <table border="1"> <tr><td>4</td><td>QD = once a day</td></tr> <tr><td>1</td><td>BID = 2x per day</td></tr> <tr><td>2</td><td>TID = 3x per day</td></tr> <tr><td>3</td><td>QID = 4x per day</td></tr> <tr><td>5</td><td>QOD = every other day</td></tr> <tr><td>6</td><td>QW = once a week</td></tr> <tr><td>7</td><td>BIW = 2x per week</td></tr> <tr><td>8</td><td>TIW = 3x per week</td></tr> <tr><td>9</td><td>Q = every hour increment</td></tr> <tr><td>10</td><td>X1 = once</td></tr> <tr><td>11</td><td>Other</td></tr> <tr><td>12</td><td>Unknown</td></tr> </table>	4	QD = once a day	1	BID = 2x per day	2	TID = 3x per day	3	QID = 4x per day	5	QOD = every other day	6	QW = once a week	7	BIW = 2x per week	8	TIW = 3x per week	9	Q = every hour increment	10	X1 = once	11	Other	12	Unknown
4	QD = once a day																										
1	BID = 2x per day																										
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9	Q = every hour increment																										
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11	Other																										
12	Unknown																										
317	[freq_oth] Show the field ONLY if: [freq] = '11'	If 'Other', please specify.	text, Required																								
318	[route]	Route	radio, Required <table border="1"> <tr><td>1</td><td>IM = intramuscular</td></tr> <tr><td>2</td><td>IV = intravenous (bolus and/or infusion)</td></tr> <tr><td>3</td><td>PO = oral</td></tr> <tr><td>4</td><td>TO = topical</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>6</td><td>Unknown</td></tr> <tr><td>7</td><td>SUBQ = subcutaneous</td></tr> </table>	1	IM = intramuscular	2	IV = intravenous (bolus and/or infusion)	3	PO = oral	4	TO = topical	5	Other	6	Unknown	7	SUBQ = subcutaneous										
1	IM = intramuscular																										
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5	Other																										
6	Unknown																										
7	SUBQ = subcutaneous																										
319	[route_oth] Show the field ONLY if: [route] = '5'	If 'Other', please specify.	text, Required																								
320	[cmstdt]	Start date	text (date_mdy, Min: 1950-01-01, Max: 2024-05-01), Required																								
321	[cmendt]	Stop date	text (date_mdy, Min: 2019-01-01, Max: 2024-05-01)																								
322	[ongo]	Check if ongoing at the END of the study (when the participant exits the study)	radio, Required <table border="1"> <tr><td>1</td><td>Ongoing</td></tr> </table>	1	Ongoing																						
1	Ongoing																										
323	[conmeds_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
0	Incomplete																										
1	Unverified																										
2	Complete																										
Instrument: Participant Status (participant_status)																											
324	[last_contact]	Date of last contact <i>NOTE: this is the exit date when the participant leaves the study</i>	text (date_mdy, Min: 2019-05-01, Max: 2024-05-01), Required																								

325	[patstat]	Status of participant	radio, Required <table><tr><td>1</td><td>Ineligible (never enrolled)</td></tr><tr><td>2</td><td>Pending randomization</td></tr><tr><td>3</td><td>Actively enrolled</td></tr><tr><td>4</td><td>Actively enrolled, no longer on study drug</td></tr><tr><td>5</td><td>Lost to follow-up (LTFU)</td></tr><tr><td>6</td><td>Participant withdrew consent</td></tr><tr><td>7</td><td>Removed from study (investigator decision)</td></tr><tr><td>8</td><td>Deceased</td></tr><tr><td>9</td><td>Completed study participation</td></tr><tr><td>0</td><td>Other</td></tr></table>	1	Ineligible (never enrolled)	2	Pending randomization	3	Actively enrolled	4	Actively enrolled, no longer on study drug	5	Lost to follow-up (LTFU)	6	Participant withdrew consent	7	Removed from study (investigator decision)	8	Deceased	9	Completed study participation	0	Other
1	Ineligible (never enrolled)																						
2	Pending randomization																						
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8	Deceased																						
9	Completed study participation																						
0	Other																						
326	[stat_specify] Show the field ONLY if: [patstat] = '5' or [patstat] = '6' or [patstat] = '7' or [patstat] = '0'	Specify for LTFU / withdrawn / removed / other	text																				
327	[alivedt] Show the field ONLY if: [patstat] = '8'	Last date known alive	text (date_mdy), Required																				
328	[dthdt] Show the field ONLY if: [patstat] = '8'	Date of death	text (date_mdy), Required																				
329	[dthcause] Show the field ONLY if: [patstat] = '8'	Cause of death	text, Required																				
330	[stat_cons]	Section Header: <i>Visit Date Information</i> Consent date: [baseline_arm_1][condt]	descriptive																				
331	[stat_rand]	Randomization date: [baseline_arm_1][rddt]	descriptive																				
332	[stat_w6] Show the field ONLY if: [patstat] = '3' or [patstat] = '4' or [patstat] = '5' or [patstat] = '6' or [patstat] = '7' or [patstat] = '8' or [patstat] = '9' or [patstat] = '0'	Week 6 visit date:	text (date_mdy), Required																				
333	[week6_vis] Show the field ONLY if: [patstat] = '3' or [patstat] = '4' or [patstat] = '5' or [patstat] = '6' or [patstat] = '7' or [patstat] = '8' or [patstat] = '9' or [patstat] = '0'	Week 6 visit details	radio, Required <table><tr><td>1</td><td>Within window</td></tr><tr><td>2</td><td>Out of window</td></tr><tr><td>3</td><td>Missed visit</td></tr></table>	1	Within window	2	Out of window	3	Missed visit														
1	Within window																						
2	Out of window																						
3	Missed visit																						
334	[stat_w12] Show the field ONLY if: [patstat] = '3' or [patstat] = '4' or [patstat] = '5' or [patstat] = '6' or [patstat] = '7' or [patstat] = '8' or [patstat] = '9' or [patstat] = '0'	Week 12 visit date:	text (date_mdy), Required																				
335	[week12_vis] Show the field ONLY if: [patstat] = '3' or [patstat] = '4' or [patstat] = '5' or [patstat] = '6' or [patstat] = '7' or [patstat] = '8' or [patstat] = '9' or [patstat] = '0'	Week 12 visit details	radio, Required <table><tr><td>1</td><td>Within window</td></tr><tr><td>2</td><td>Out of window</td></tr><tr><td>3</td><td>Missed visit</td></tr></table>	1	Within window	2	Out of window	3	Missed visit														
1	Within window																						
2	Out of window																						
3	Missed visit																						

336	[contact1]	Section Header: <i>Participant Contact Attempts</i> Contact 1	radio <table border="1"> <tr><td>1</td><td>Email</td></tr> <tr><td>2</td><td>Phone</td></tr> <tr><td>3</td><td>Text</td></tr> <tr><td>4</td><td>Mail / letter</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Email	2	Phone	3	Text	4	Mail / letter	5	Other												
1	Email																								
2	Phone																								
3	Text																								
4	Mail / letter																								
5	Other																								
337	[contdt1] Show the field ONLY if: [contact1]>'0'	Contact 1 Date	text (date_mdy) Custom alignment: RH																						
338	[contact2]	Contact 2	radio <table border="1"> <tr><td>1</td><td>Email</td></tr> <tr><td>2</td><td>Phone</td></tr> <tr><td>3</td><td>Text</td></tr> <tr><td>4</td><td>Mail / letter</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Email	2	Phone	3	Text	4	Mail / letter	5	Other												
1	Email																								
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3	Text																								
4	Mail / letter																								
5	Other																								
339	[contdt2] Show the field ONLY if: [contact2]>'0'	Contact 2 Date	text (date_mdy) Custom alignment: RH																						
340	[contact3]	Contact 3	radio <table border="1"> <tr><td>1</td><td>Email</td></tr> <tr><td>2</td><td>Phone</td></tr> <tr><td>3</td><td>Text</td></tr> <tr><td>4</td><td>Mail / letter</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Email	2	Phone	3	Text	4	Mail / letter	5	Other												
1	Email																								
2	Phone																								
3	Text																								
4	Mail / letter																								
5	Other																								
341	[contdt3] Show the field ONLY if: [contact3]>'0'	Contact 3 Date	text (date_mdy) Custom alignment: RH																						
342	[stat_comments]	Comments	notes																						
343	[participant_status_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																								
1	Unverified																								
2	Complete																								
Instrument: Protocol Violation (protocol_violation)																									
344	[pd_reason]	Reason of protocol violation	dropdown, Required <table border="1"> <tr><td>1</td><td>Inadequate or delinquent informed consent</td></tr> <tr><td>2</td><td>Inclusion/exclusion criteria not met</td></tr> <tr><td>3</td><td>Unreported serious adverse events</td></tr> <tr><td>4</td><td>Improper breaking of the blind</td></tr> <tr><td>5</td><td>Incorrect or missing baseline assessments</td></tr> <tr><td>6</td><td>Mishandled samples</td></tr> <tr><td>7</td><td>Materially inadequate record keeping</td></tr> <tr><td>8</td><td>Missed primary outcome data collection</td></tr> <tr><td>9</td><td>Intentional deviation from protocol, Good Clinical Practice, or regulations by study personnel</td></tr> <tr><td>10</td><td>Repeated protocol non-compliance</td></tr> <tr><td>11</td><td>Other</td></tr> </table>	1	Inadequate or delinquent informed consent	2	Inclusion/exclusion criteria not met	3	Unreported serious adverse events	4	Improper breaking of the blind	5	Incorrect or missing baseline assessments	6	Mishandled samples	7	Materially inadequate record keeping	8	Missed primary outcome data collection	9	Intentional deviation from protocol, Good Clinical Practice, or regulations by study personnel	10	Repeated protocol non-compliance	11	Other
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11	Other																								
345	[pd_reason_oth] Show the field ONLY if: [pd_reason] = '11'	Specify other reason for violation	text, Required																						

346	[pd_desc]	Protocol violation description	notes, Required						
347	[pd_date]	Protocol violation date	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required						
348	[pd_irbdate]	Date Reported to IRB	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required						
349	[pd_withdrawal]	Did the protocol violation result in withdrawal?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
350	[pd_aevent]	Did the protocol violation result in an adverse event?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
351	[pd_modification]	Did the protocol violation result in a protocol modification?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
352	[pd_suspend]	Did the protocol violation result in an enrollment or study suspension?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
353	[pd_other]	Did the protocol violation cause another result?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
354	[pd_other_desc] Show the field ONLY if: [pd_other] = '1'	Specify other protocol violation result	text, Required						
355	[pd_resol_dt]	Protocol violation resolution or corrective action date	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required						
356	[pd_comments]	Describe steps taken to resolve or provide other comments surrounding the protocol violation	notes, Required						
357	[protocol_violation_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Drug Tracking (drug_tracking)									
358	[track_kit]	Participant Kit Number: [baseline_arm_1][kitnumber] [baseline_arm_1][kitnumber2]	descriptive						
359	[b1_dispdn]	Section Header: <i>Study Drug Dispense</i> Baseline (Study drug)	radio (Matrix) <table><tr><td>0</td><td>Not dispensed</td></tr><tr><td>1</td><td>Dispensed</td></tr></table>	0	Not dispensed	1	Dispensed		
0	Not dispensed								
1	Dispensed								
360	[w6_dispdn]	Week 6 (Study drug)	radio (Matrix) <table><tr><td>0</td><td>Not dispensed</td></tr><tr><td>1</td><td>Dispensed</td></tr></table>	0	Not dispensed	1	Dispensed		
0	Not dispensed								
1	Dispensed								
361	[amlo_dispdn]	Amlodipine (5 mg) add-on at Week 6	radio (Matrix) <table><tr><td>0</td><td>Not dispensed</td></tr><tr><td>1</td><td>Dispensed</td></tr></table>	0	Not dispensed	1	Dispensed		
0	Not dispensed								
1	Dispensed								
362	[b1_whyndisp] Show the field ONLY if: [b1_dispdn] = '0'	Reason why STUDY DRUG not dispensed (Baseline)	text						
363	[w6_whyndisp] Show the field ONLY if: [w6_dispdn] = '0'	Reason why STUDY DRUG not dispensed (Week 6):	text						

364	[amlo_whyndis] Show the field ONLY if: [amlo_dispd] = '0'	Reason why AMLODIPINE (5mg) add-on NOT dispensed:	radio <table border="1"> <tr><td>1</td><td>Not indicated (controlled BP at Week 6)</td></tr> <tr><td>2</td><td>Potential side effect / contraindication</td></tr> <tr><td>3</td><td>Failed to attend Week 6 visit</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Not indicated (controlled BP at Week 6)	2	Potential side effect / contraindication	3	Failed to attend Week 6 visit	4	Other		
1	Not indicated (controlled BP at Week 6)												
2	Potential side effect / contraindication												
3	Failed to attend Week 6 visit												
4	Other												
365	[oth_amlond] Show the field ONLY if: [amlo_whyndis] = '4'	If 'Other', please specify	text										
366	[capsret6]	Section Header: <i>Study Drug Return</i> Number of capsules returned at Week 6	text (integer, Min: 0, Max: 49)										
367	[lost6]	Number reported lost / stolen at Week 6	text (integer, Min: 0, Max: 49)										
368	[capsret12]	Number of capsules returned at Week 12	text (integer, Min: 0, Max: 49)										
369	[lost12]	Number reported lost / stolen at Week 12	text (integer, Min: 0, Max: 49)										
370	[track_comm]	Comments	notes										
371	[drug_tracking_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: AE Tracking (ae_tracking)													
372	[sae_email]	Section Header: <i>This form is meant as a placeholder for all participants. In order to allow for SAE email alerts to activate, each participant must be enter into Arm #2 (AE) via this form.</i> SAE Admin Email <i>This is an automatic / read only field for each participant.</i>	text (email) Field Annotation: @READONLY dropdown										
373	[ae_tracking_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Adverse Events (adverse_events)													
374	[ae_reporter]	Person reporting AE:	dropdown, Required, Identifier <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										
375	[aereportsp] Show the field ONLY if: [ae_reporter] = '777'	If 'Other', specify:	text, Required										
376	[saerptp]	Report Type:	radio, Required <table border="1"> <tr><td>1</td><td>Pre-randomization</td></tr> <tr><td>2</td><td>Post-randomization</td></tr> </table>	1	Pre-randomization	2	Post-randomization						
1	Pre-randomization												
2	Post-randomization												
377	[saestartdt]	Start date:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required										
378	[saestopdt]	Stop date:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required										

379	[sae_term]	Adverse Event Experienced: <i>This drop-down contains a list of expected side effects; if none of these match the event experienced, select 'Other' and specify below.</i>	dropdown (autocomplete), Required <table><tr><td>1</td><td>Allergic reaction</td></tr><tr><td>2</td><td>Anxiety</td></tr><tr><td>3</td><td>Blurred vision / vision or hearing changes</td></tr><tr><td>4</td><td>Breathing problems</td></tr><tr><td>5</td><td>Change in sex drive / performance</td></tr><tr><td>6</td><td>Chest pain</td></tr><tr><td>7</td><td>Cold, tingling or numb hands / feet</td></tr><tr><td>8</td><td>Confusion</td></tr><tr><td>9</td><td>Cough</td></tr><tr><td>10</td><td>Depression</td></tr><tr><td>11</td><td>Diarrhea</td></tr><tr><td>12</td><td>Dry mouth</td></tr><tr><td>13</td><td>Dry or burning eyes</td></tr><tr><td>14</td><td>Facial flushing</td></tr><tr><td>15</td><td>Feeling faint / lightheaded / falling</td></tr><tr><td>16</td><td>Headache</td></tr><tr><td>17</td><td>Infection or flu-like symptoms</td></tr><tr><td>18</td><td>Irregular / fast heartbeat</td></tr><tr><td>19</td><td>Irregular / slow heartbeat</td></tr><tr><td>20</td><td>Loss of appetite</td></tr><tr><td>21</td><td>Muscle aches and pains</td></tr><tr><td>22</td><td>Muscle cramps or spasms</td></tr><tr><td>23</td><td>Nausea, vomiting</td></tr><tr><td>24</td><td>Passing less urine</td></tr><tr><td>25</td><td>Redness, blistering, peeling, loosening of skin (includes inside mouth)</td></tr><tr><td>26</td><td>Stomach gas, pain</td></tr><tr><td>27</td><td>Sweating</td></tr><tr><td>28</td><td>Swelling of hands or feet</td></tr><tr><td>29</td><td>Swelling of legs or ankles</td></tr><tr><td>30</td><td>Tremors</td></tr><tr><td>31</td><td>Trouble sleeping</td></tr><tr><td>32</td><td>Unusually weak or tired</td></tr><tr><td>777</td><td>Other</td></tr></table>	1	Allergic reaction	2	Anxiety	3	Blurred vision / vision or hearing changes	4	Breathing problems	5	Change in sex drive / performance	6	Chest pain	7	Cold, tingling or numb hands / feet	8	Confusion	9	Cough	10	Depression	11	Diarrhea	12	Dry mouth	13	Dry or burning eyes	14	Facial flushing	15	Feeling faint / lightheaded / falling	16	Headache	17	Infection or flu-like symptoms	18	Irregular / fast heartbeat	19	Irregular / slow heartbeat	20	Loss of appetite	21	Muscle aches and pains	22	Muscle cramps or spasms	23	Nausea, vomiting	24	Passing less urine	25	Redness, blistering, peeling, loosening of skin (includes inside mouth)	26	Stomach gas, pain	27	Sweating	28	Swelling of hands or feet	29	Swelling of legs or ankles	30	Tremors	31	Trouble sleeping	32	Unusually weak or tired	777	Other
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380	[saeoth1sp]	If 'Other', specify:	text, Required																																																																		
381	[saeterm_coding]	Adverse Event Experienced (Term for MedDRA Coding) <i>Please fill one AE terminology for MedDRA Coding</i>	text, Required																																																																		

382	[saeiponset]	Was the participant on study drug(s) at the time of this event?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
383	[saeiplast]	Date of last dose of study drug prior to onset of AE:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required				
384	[saenarrat]	Event narrative: <i>Use section to provide detail (symptoms, signs, laboratory data, etc.) of the event</i>	notes, Required				
385	[saedeath]	Section Header: <i>Serious Adverse Event (SAE) Determination</i> Death	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes
0	No						
1	Yes						
386	[saelifethrt]	Life threatening	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes
0	No						
1	Yes						
387	[saehosp]	Required hospitalization / prolongation of existing hospitalization	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes
0	No						
1	Yes						
388	[saedis]	Resulted in persistent disability	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes
0	No						
1	Yes						
389	[saecong]	Resulted in congenital anomaly / birth defect	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes
0	No						
1	Yes						
390	[saeimpevnt]	Important medical event that may require intervention to prevent one of the above	radio (Matrix), Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> Field Annotation: May require intervention to prevent one of the above.	0	No	1	Yes
0	No						
1	Yes						
391	[sae_present]	SAE Present: <i>This is a calculated field; it will be '1' if an SAE is present and '0' if it is not.</i>	calc Calculation: if(([saelifethrt]=1 or [saedeath]=1 or [saehosp]=1 or [saedis]=1 or [saecong]=1 or [saeimpevnt]=1),1,0)				
392	[sae_popup] Show the field ONLY if: [saedeath] = '1' or [saelifethrt] = '1' or [saehosp] = '1' or [saecong] = '1' or [saeimpevnt] = '1' or [saedis] = '1'	THIS EVENT MEETS CRITERIA FOR AN SAE.	descriptive				

393	[sae_prerev] Show the field ONLY if: [saerptp] = '1'	Section Header: <i>Clinician Review</i> Study physician review:	radio, Required <table border="1"> <tr><td>0</td><td>Proceed with randomization</td></tr> <tr><td>1</td><td>Do not randomize</td></tr> <tr><td>2</td><td>Hold until further review</td></tr> </table>	0	Proceed with randomization	1	Do not randomize	2	Hold until further review						
0	Proceed with randomization														
1	Do not randomize														
2	Hold until further review														
394	[ae_reviewer] Show the field ONLY if: [saedeath] = '1' or [saelifethr t] = '1' or [saehosp] = '1' or [sa econg] = '1' or [saeimpevnt] = '1' or [saehosp] = '1'	First-line Review:	radio, Required <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												
395	[saesever]	Severity:	radio, Required <table border="1"> <tr><td>1</td><td>Mild</td></tr> <tr><td>2</td><td>Moderate</td></tr> <tr><td>3</td><td>Severe</td></tr> </table>	1	Mild	2	Moderate	3	Severe						
1	Mild														
2	Moderate														
3	Severe														
396	[saerelate]	Relatedness:	radio, Required <table border="1"> <tr><td>1</td><td>Unrelated</td></tr> <tr><td>2</td><td>Unlikely</td></tr> <tr><td>3</td><td>Possible</td></tr> <tr><td>4</td><td>Probable</td></tr> <tr><td>5</td><td>Definite</td></tr> </table>	1	Unrelated	2	Unlikely	3	Possible	4	Probable	5	Definite		
1	Unrelated														
2	Unlikely														
3	Possible														
4	Probable														
5	Definite														
397	[saecausal]	Verification of whether there is a reasonable possibility that the AE was caused by the study drug: <i>NOTE: 1 = Possibly related; 0 = Unlikely related</i>	calc, Required Calculation: if ((([saerelate]='3' or [saerelate]='4' or [saerelate]='5'),1,0)												
398	[saeipaction]	Action taken with study drug:	radio, Required <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Temporarily withdrawn</td></tr> <tr><td>3</td><td>Permanently discontinued</td></tr> </table>	1	None	2	Temporarily withdrawn	3	Permanently discontinued						
1	None														
2	Temporarily withdrawn														
3	Permanently discontinued														
399	[saeipwdrdt] Show the field ONLY if: [saeipaction] = '2'	Date withdrawn:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required												
400	[saeiprstdt] Show the field ONLY if: [saeipaction] = '2'	Date restarted:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required												
401	[saeipdisdt] Show the field ONLY if: [saeipaction] = '3'	Date of discontinuation:	text (date_mdy, Min: 2019-05-01, Max: 2025-05-01), Required												
402	[saeoutc]	Outcome:	radio, Required <table border="1"> <tr><td>1</td><td>Ongoing / Not resolved</td></tr> <tr><td>2</td><td>Resolved with sequelae</td></tr> <tr><td>3</td><td>Resolved without sequelae</td></tr> <tr><td>4</td><td>Fatal</td></tr> <tr><td>5</td><td>Unknown</td></tr> <tr><td>6</td><td>Ongoing at study exit</td></tr> </table>	1	Ongoing / Not resolved	2	Resolved with sequelae	3	Resolved without sequelae	4	Fatal	5	Unknown	6	Ongoing at study exit
1	Ongoing / Not resolved														
2	Resolved with sequelae														
3	Resolved without sequelae														
4	Fatal														
5	Unknown														
6	Ongoing at study exit														
403	[llt_code_sae]	Lowest Level Term Code	text <table border="1"> <tr><td>BIOPORTAL:MEDDRA</td><td>BIOPORTAL:MEDDRA</td></tr> </table>	BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA										
BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA														
404	[pt_code_sae]	Preferred Term Code	text <table border="1"> <tr><td>BIOPORTAL:MEDDRA</td><td>BIOPORTAL:MEDDRA</td></tr> </table>	BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA										
BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA														
405	[hlt_code_sae]	High Level Term Code	text <table border="1"> <tr><td>BIOPORTAL:MEDDRA</td><td>BIOPORTAL:MEDDRA</td></tr> </table>	BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA										
BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA														
406	[hlgt_code_sae]	High Level Group Term Code	text <table border="1"> <tr><td>BIOPORTAL:MEDDRA</td><td>BIOPORTAL:MEDDRA</td></tr> </table>	BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA										
BIOPORTAL:MEDDRA	BIOPORTAL:MEDDRA														

407	[soc_code_sae]	System Organ Classes Code	text BIOPORTAL:MEDDRA BIOPORTAL:MEDDRA
408	[adverse_events_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: SAE Alert (sae_alert)  Enabled as survey			
409	[desc_email]	This is a safety alert email triggered automatically to indicate Participant [subid] has a documented SAE. Please indicate you received this message. Please check the participant's record and follow-up as required per AE reporting requirements.	descriptive
410	[alert_received]	Indicate here whether you received this email:	radio, Required 1 Received
411	[saeverify_dt]	Date verified:	text (date_mdy), Required Field Annotation: @TODAY
412	[alert_name]	Enter your name here:	text, Required, Identifier
413	[related_reviewer]	Please indicate your initial assessment on relatedness to study medication:	radio, Required 1 Unrelated 2 Unlikely 3 Possible 4 Probable 5 Definite
414	[recommend_action]	Please indicate your recommendation regarding action to take with study medication:	radio, Required 1 None 2 Temporarily withdrawn 3 Permanently discontinued
415	[sae_notes]	Notes on follow-up:	notes
416	[desc_aecontact]	Contact the study coordinator [ae_reporter] with any questions or follow-up. You may access the participant's records here: https://redcap.nubic.northwestern.edu/redcap/redcap_v8.1.19/index.php?pid=3452	descriptive
417	[sae_alert_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Form Tracking (form_tracking)			
418	[formtracking_matrix]	Form Name Baseline Week 6 Week 12 Consent {consent_c} N/A N/A Demographics {demographics_c} N/A N/A NVS {nvs_c} N/A N/A BP & HR {bphr_baseline_c} {bphr_week6_c} {bphr_week12_c} Medical History {medicalhx_c} N/A N/A Lifestyle {lifestyle_c} N/A N/A Global Health {globalhealth_c} N/A {globalhealth_week12_c} Belief {belief_c} N/A {belief_week12_c} TSQM N/A {tsqm_week6_c} {tsqm_week12_c} Adherence N/A {adherence_week6_c} {adherence_week12_c} Health Service N/A {healthservice_week6_c} {healthservice_week12_c}	descriptive
419	[consent_c]	Consent Completed	radio 1 In-person 2 Electronic

420	[demographics_c]	Demographics Completed	radio 1 In-person 2 Electronic
421	[nvs_c]	NVS Completed	radio 1 In-person 2 Electronic Field Annotation: @DEFAULT = '1'
422	[bphr_baseline_c]	BP and HR Completed	radio 1 In-person 2 Electronic Field Annotation: @DEFAULT = '1'
423	[bphr_week6_c]	BP and HR Completed	radio 1 In-person 2 Electronic Field Annotation: @DEFAULT = '1'
424	[bphr_week12_c]	BP and HR Completed	radio 1 In-person 2 Electronic Field Annotation: @DEFAULT = '1'
425	[medicalhx_c]	Medical History Completed	radio 1 In-person 2 Electronic
426	[lifestyle_c]	Lifestyle Completed	radio 1 In-person 2 Electronic
427	[tsqm_week6_c]	TSQM Completed	radio 1 In-person 2 Electronic
428	[tsqm_week12_c]	TSQM Completed	radio 1 In-person 2 Electronic
429	[adherence_week6_c]	Adherence Completed	radio 1 In-person 2 Electronic
430	[adherence_week12_c]	Adherence Completed	radio 1 In-person 2 Electronic
431	[healthservice_week6_c]	Health Service Completed	radio 1 In-person 2 Electronic
432	[healthservice_week12_c]	Health Service Completed	radio 1 In-person 2 Electronic
433	[globalhealth_c]	Global Health Completed	radio 1 In-person 2 Electronic

434	[globalhealth_week12_c]	Global Health Completed	radio <table><tr><td>1</td><td>In-person</td></tr><tr><td>2</td><td>Electronic</td></tr></table>	1	In-person	2	Electronic		
1	In-person								
2	Electronic								
435	[belief_c]	Belief Completed	radio <table><tr><td>1</td><td>In-person</td></tr><tr><td>2</td><td>Electronic</td></tr></table>	1	In-person	2	Electronic		
1	In-person								
2	Electronic								
436	[belief_week12_c]	Belief Completed	radio <table><tr><td>1</td><td>In-person</td></tr><tr><td>2</td><td>Electronic</td></tr></table>	1	In-person	2	Electronic		
1	In-person								
2	Electronic								
437	[form_tracking_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								